

## Attachment A: Application Screenshots

**Note:** The pages and the fields inside each page are conditional based on various selections the state makes as they work through the form. What you see below are all of the possible pages and options fleshed out in full, though what a state would actually encounter would be a subset of what you see here, based on their submission type and other information.

### Submission type

The screenshot shows the 'Submission type' form in the oneMAC Managed Care Review system. The page header includes the oneMAC logo, 'Managed Care Review', and the user email 'bob@dmas.virginia.gov' with a 'Sign out' link. The page title is 'Virginia New submission'. A progress bar at the top shows six steps: 'Submission type' (active), 'Contract details', 'Modification of capitation rates', 'Supporting documents', 'Contacts', and 'Review and submit'. A circular indicator shows '1 of 6 Submission type'. The form itself is titled 'All fields are required' and contains the following sections:

- Programs:** A dropdown menu with 'CCC Plus X' and 'Medallion X' selected.
- Choose a submission type:** Radio buttons for 'Contract action only' (selected), 'Contract action and rate certification', and 'Contract action type'.
- Contract action type:** Radio buttons for 'Base contract' and 'Amendment to base contract' (selected).
- Is this a risk-based contract?** Radio buttons for 'Yes' (selected) and 'No'. Below this is the text 'See 42 CFR § 438.2'.
- Submission description:** A text area with the instruction 'Provide a 1-2 paragraph summary of your submission that highlights any important changes CMS reviewers will need to be aware of' and a link 'View description examples'. The text area contains placeholder text: 'Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc vulputate libero et velit interdum, ac aliquet odio mattis.'

At the bottom of the form are 'Cancel' and 'Continue' buttons.

### Contract details (1 of 3)

**2 of 6 Contract details**

All fields are required

**Upload contract**

[Document definitions and requirements](#)

This input only accepts PDF, CSV, DOC, DOCX, XLS, XLSX files.

Drag files here or [choose from folder](#)

1 file added (1 complete, 0 errors, 0 pending)

 November 2021 testing feedback.pdf [Remove](#)

**Contract action type**

- Base contract
- Amendment to base contract

**Contract status**

- Fully executed
- Unexecuted by some or all parties

**Contract effective dates**

[Effective date guidance](#)

Start date

mm/dd/yyyy

01/17/2022 


End date

mm/dd/yyyy

01/16/2023 

## Contract details (2 of 3)

### Managed Care entities

[Managed Care entity definitions](#) 

Check all that apply

- Managed Care Organization (MCO)
- Prepaid Inpatient Health Plan (PIHP)
- Prepaid Ambulatory Health Plans (PAHP)
- Primary Care Case Management Entity (PCCM Entity)

### Active federal operating authority

[Managed Care authority definitions](#) 

Check all that apply

- 1932(a) State Plan Authority
- 1915(b) Waiver Authority
- 1115 Waiver Authority
- 1915(a) Voluntary Authority
- 1937 Benchmark Authority
- Title XXI Separate CHIP State Plan Authority

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### Contract details (3 of 3)

**Does this contract action include new or modified provisions related to any of the following**

Benefits provided by the managed care plans

Yes  No

Geographic areas served by the managed care plans

Yes  No

Medicaid beneficiaries served by the managed care plans (e.g. eligibility or enrollment criteria)

Yes  No

Risk-sharing strategy (e.g., risk corridor, minimum medical loss ratio with a remittance, stop loss limits, reinsurance, etc.) in accordance with 42 CFR § 438.6(b)(1)

Yes  No

Incentive arrangements in accordance with 42 CFR § 438.6(b)(2)

Yes  No

Withhold arrangements in accordance with 42 CFR § 438.6(b)(3)

Yes  No

State directed payments in accordance with 42 CFR § 438.6(c)

Yes  No

Pass-through payments in accordance with 42 CFR § 438.6(d)

Yes  No

Payments to MCOs and PIHPs for enrollees that are a patient in an institution for mental disease in accordance with 42 CFR § 438.6(e)

Yes  No

Medical loss ratio standards in accordance with 42 CFR § 438.8

Yes  No

Other financial, payment, incentive or related contractual provisions

Yes  No

Enrollment/disenrollment process

Yes  No

Grievance and appeal system

Yes  No

Network adequacy standards

Yes  No

Length of the contract period

Yes  No

Non-risk payment arrangements

Yes  No


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## Modification of capitation rates

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 **Virginia** VA-CCCPlus-Medallion-0002

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Submission type | Contract details | **Modification of capitation rates** | Supporting documents | Contacts | Review and submit

**3** of 6 **Modification of capitation rates**

All fields are required

**Does this contract action modify the capitation rates during the rating period?**

See § 438.7(c)(3) and § 438.4(c)(2)


Up to 1.5% change to the previously certified capitation rate(s) per rate cell (i.e., de minimis rate change)


Up to 1% change to the capitation rate(s) per rate cell within the previously certified rate range

No change

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 **Medicaid.gov**  
Keeping America Healthy

 A federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services and part of the MACPro suite.

Email: [mcrrspilot@cms.hhs.gov](mailto:mcrrspilot@cms.hhs.gov) for help or support 7500 Security Boulevard Baltimore, MD 21244

## Rate details (1 of 2)

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 MCR-AZ-0045-ACCRBHA-DCSCHP

Submission type | Contract details | **Rate details** | Contacts | Supporting documents | Review and submit

**3** of 6 **Rate details**


All fields are required

**Rate certification**

**Upload rate certification**  
[Document definitions and requirements](#)  
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**Was this rate certification uploaded to any other submissions?**

Yes  
 No

**Programs this rate certification covers**

ACC-RBHA x x | v

**Rate certification type**  
[Rate certification type definitions](#)

New rate certification  
 Amendment to prior rate certification

**Does the actuary certify capitation rates specific to each rate cell or a rate range?**  
See 42 CFR §§ 438.4(b) and 438.4(c)

Certification of capitation rates specific to each rate cell  
 Certification of rate ranges of capitation rates per rate cell

## Rate details (2 of 2)

### Rating period

Start date

mm/dd/yyyy



End date

mm/dd/yyyy



### Date certified

mm/dd/yyyy



### Certifying Actuary

Name

Title/Role

Email

Actuarial firm

Mercer

Milliman

Optumas

Guidehouse

Deloitte

State in-house

Other

[Add another rate certification](#)

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### State contacts

Enter contact information for the state personnel you'd like to receive all CMS communication about this submission.

A state contact is required  
**State contacts 1 (required)**

Name

test

Title/Role

test

Email

kelseylistrom@truss.works

[Add another state contact](#)

### Additional Actuary Contacts

Provide contact information for any additional actuaries who worked directly on this submission.

[Add actuary contact](#)

### Actuaries' communication preference

**Communication preference between CMS Office of the Actuary (OACT) and all state's actuaries (i.e. certifying actuaries and additional actuary contacts)**

- OACT can communicate directly with the state's actuaries but should copy the state on all written communication and all appointments for verbal discussions.
- OACT can communicate directly with the state, and the state will relay all written communication to their actuaries and set up time for any potential verbal discussions.

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# Supporting documents

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Managed Care Review

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MCR-VA-MEDALLION-0009

- Submission type
- Contract details
- Rate details
- Contacts
- Supporting documents**
- Review and submit

5 of 6 Supporting documents

### Upload any additional supporting documents

[Document definitions and requirements](#)

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Drag files here or [choose from folder](#)

5 files added (5 complete, 0 errors, 0 pending)

Document name	Contract-supporting	Rate-supporting	
Aetna Signature Page CCC Plus Jul 2021 (1) (1).pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Remove</a>
FINAL July 2021 Contract Change Document.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Remove</a>
United Signature Page CCC Plus Jul 2021 UHC Signed 6.24.21 (1) (1).pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Remove</a>
Optima July 1, 2021 Signature CCC Plus (1) (1).pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Remove</a>
FY2022 FINAL CCC Plus Rate Report_20210614 (2).pdf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Remove</a>

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