

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

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 **Virginia** New submission

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

1 of 6 Submission type

All fields are required

Programs

CCC Plus X Medallion X

Choose a submission type

☒ Contract action only

☐ Contract action and rate certification

Contract action type

☐ Base contract

☒ Amendment to base contract

Is this a risk-based contract?
See 42 CFR § 438.2

☒ Yes ☐ No

Submission description
Provide a 1-2 paragraph summary of your submission that highlights any important changes CMS reviewers will need to be aware of
[View description examples](#)

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc vulputate libero et velit interdum, ac aliquet odio mattis.

[Cancel](#) [Continue](#)

Contract details (1 of 3)



Submission type

Contract details

Rate details

Contacts

Supporting documents

Review and submit

2 of 6 Contract details

All fields are required

Upload contract

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



November 2021 testing feedback.pdf

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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

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 for help or support 7500 Security Boulevard Baltimore, MD 21244

Rate details (1 of 2)

one
MAC

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Arizona

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
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Was this rate certification uploaded to any other submissions?

☐ Yes

☒ No

Programs this rate certification covers

ACC-RBHA x  

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

12/20/2022



End date
mm/dd/yyyy

12/31/2022



Date certified
mm/dd/yyyy

12/06/2022



Certifying Actuary

Name

test

Title/Role

test

Email

kelseylistrom@truss.works

Actuarial firm

- ☒ Mercer
- ☐ Milliman
- ☐ Optumas
- ☐ Guidehouse
- ☐ Deloitte
- ☐ State in-house
- ☐ Other

[Add another rate certification](#)

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Contacts (1 of 1)

4 of 6 Contacts

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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Virginia

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

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Document name	Contract-supporting	Rate-supporting	
Aetna Signature Page CCC Plus Jul 2021 (1) (1).pdf	☒	☐	Remove
FINAL July 2021 Contract Change Document.pdf	☒	☐	Remove
United Signature Page CCC Plus Jul 2021 UHC Signed 6.24.21 (1) (1).pdf	☒	☐	Remove
Optima July 1, 2021 Signature CCC Plus (1) (1).pdf	☒	☐	Remove
FY2022 FINAL CCC Plus Rate Report_20210614 (2).pdf	☐	☒	Remove

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