

Comment #17 – 5/15/14 – 3:21 p.m.

I have some thoughts about the draft as written:

- Some of the requirements that are discussed are not actuarial in nature but are required by the present Medicaid Checklist used by the regional offices. These are regulatory requirements and should be identified as such, since they are not necessarily actuarial. An example is section 3.2.5 when it discusses non state plan services. The exclusion of these services is a regulatory requirement, not an actuarial one.
- Section 3.27 discusses adjustments to the base data. It does not appear to explicitly discuss that in some cases Medicaid MCOs may not have reported complete encounter data for whatever reason, even if that data exists. There does not appear to be any “catch-all” category, but rather categories discussing specific reasons why data may be missing. Sometimes Medicaid MCOs are just not as thorough as they should be when ensuring that all encounter data is reported,

It is clear from the final product the amount of hard work that the drafting committee put in to create the exposure draft.

Dave Ogden | FSA, Consulting Actuary
Milliman