



**REPORTING GUIDE FOR  
CONTRACTED RATES DELIVERABLE**

Effective Date October 1, 2015

Pursuant to Section D, Paragraph 56 of the Arizona Long Term Care contract, AHCCCS shall ensure that individual nursing facility rates are at least equal to the fee-for-service rates. This guide is established to provide Contractors with the minimum reporting requirements. The required reports are subject to change during the contract term and are summarized in Attachment F3, Contractor Chart of Deliverables.

**Report Due Date:** The deliverable is due annually on October 15<sup>th</sup>

### **Definitions of Terms**

#### **ARIZONA HEALTH CARE COST**

##### **CONTAINMENT SYSTEM (AHCCCS)**

A State agency, as described in A.R.S. Title 36, Chapter 29, which is responsible for the provision of hospitalization and medical care to members through contracts with Contractors. AHCCCS is Arizona's Medicaid program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program.

#### **ARIZONA LONG**

##### **TERM CARE SYSTEM (ALTCs)**

An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

#### **CONTRACT SERVICES**

See "COVERED SERVICES."

#### **CONTRACTOR**

An organization or entity that has a prepaid capitated contract with the AHCCCS administration pursuant to A.R.S. §36-2904 to provide goods and services to members either directly or through subcontracts with providers, in conformance with contractual requirements, AHCCCS Statute and Rules, and Federal law and regulations.

#### **COVERED SERVICES**

The health and medical services to be delivered by the Contractor as described in Section D, Program Requirements.

#### **MEMBER**

An eligible person who is enrolled in AHCCCS, as defined in A.R.S. §36-2931, §36-2901, §36-2901.01 and A.R.S. §36-2981.

## **General Report Instructions:**

Upload an electronic copy to the FTP server, and email the DHCM Program Compliance Auditor with notification of upload

### **Section 1: Nursing Facility Contracted Rates Template / Weighted Average Rate**

The template, provided as an attachment, includes a hypothetical example of reporting information for a Nursing Facility, presented for illustration purposes only.

#### **The following information should be reported:**

- Nursing Facility Name
- Provider Identification Number, the provider identification number should match the AHCCCS provider identification number and should be six digits in length.
- County
- Contracted Services
  - Class 1
  - Class 2
  - Class 3
  - Wandering
  - Behavioral Health
  - Medical Sub-acute
  - Bariatric
  - Other (use as many lines as needed)
- If there are sub-categories of a specialty service; provide an explanation as to the differences between these sub-categories. Examples of sub-categories for a specialty service include:
  - Under Behavioral
    - Behavioral – High Acuity
    - Behavioral – Standard
    - Behavioral – Step-down
    - Behavioral– Troublesome
- Prior contract year contracted rate
- Current contract year contracted rate
- Number of members placed at each facility by contracted service.
  - The Contractor can choose the date of member placement as of 8/1/20XX, 9/1/20XX or 10/1/20XX.
  - The date must be disclosed.
- The weighted average rate is calculated for each facility by line of service. See the template for example of calculation.

#### **Additional Reporting Requirements:**

- Include all of the nursing facilities for which the AHCCCS Contractor has contracts.
- Identify any nursing facilities no longer under contract.
- Identify any nursing facilities currently under contract negotiation.
- AHCCCS Contractor may add to descriptions to coincide with payment methodology for facility type.

Disclose any projected significant changes in overall placement for the coming contract year.

## **Section 2: Program Contractor HCBS Rate Information**

The template provided includes ALTCS Provider Contractor Services and Procedure Codes/Modifiers.

### **Information to be reported should include the following:**

- Prior contract year average rate for ALTCS Provider Contract Services by Procedure Code/Modifier as of October 1<sup>st</sup> of the prior contract year
- Current contract year average rate for ALTCS Provider Contract Services by Procedure Code/Modifier as of October 1<sup>st</sup> of the current contract year
- If rates vary by provider, Contractors should submit electronically in an excel format and note average rates are based on weighting of Contractor utilization.

## **Section 3: Alternative Residential Settings Rates Template/Weighted Average Rate**

The template provided includes a hypothetical example of reporting information for Alternative Residential Settings presented for illustration purposes only. The information to be reported should be organized by type of Alternative Residential Setting. Alternative Residential Settings include:

- Assisted Living Homes
- Assisted Living Centers
- Adult Foster Care Homes
- Other Placements

### **Information to be reported should include the following:**

- Alternative Residential Setting's name under the column Facility Name
  - If the name is that of an individual, list last name first.
    - Examples:
      - Adult Foster Care Home ID# 353756, Margarita Cecen should be listed as Cecen, Margarita
      - Adult Foster Care Home ID# 353623, Patsy Arandia AFC Home should be listed as Arandia, Patsy AFC Home
- Provider Identification Number, the provider identification number should match the AHCCCS provider identification number and should be six digits in length.
- County
- Contracted Services
  - Class 1
  - Class 2
  - Class 3
  - Wandering
  - Behavioral Health
  - Medical Sub-acute
  - Bariatric
  - Other (use as many lines as needed)
- If there are sub-categories of a specialty services; provide an explanation as to the differences between these sub-categories. Examples of sub-categories for a specialty service include:  
Under Behavioral

- Behavioral – High Acuity
- Behavioral – Standard
- Behavioral – Step-down
- Behavioral– Troublesome
- Prior contract year contracted rate
- Current contract year contracted rate
- Number of members placed at each setting by contracted service.
  - The Contractor can choose the date of member placement as of 8/1/20XX, 9/1/20XX or 10/1/20XX.
  - The date must be disclosed
- The weighted average rate is calculated for each setting by line of service. See the template for example of calculation.

**Additional Reporting Requirements:**

- Include all of the Alternative Residential Settings for which the AHCCCS Contractor has contracts.
- Identify any Alternative Residential Settings no longer under contract.
- Identify any Alternative Residential Settings currently under contract negotiation.
- List any projected significant changes in overall placement for the coming contract year