

Data Book Introduction

Overview

AHCCCS provides Data Books with each RFP to present Offerors with historical membership, cost and utilization data. These Data Books have traditionally been provided to Offerors for use in the preparation of a medical cost component capitation rate bid when such bids are required. For the AHCCCS Complete Care (ACC) RFP, which does not include a requirement for a medical cost component bid, the Data Books are provided to allow the Offerors insight into the scope of the membership, utilization and expenditures.

The ACC Data Book files consist of two text files. One file contains member month information (Member Months Data Book file) and one file contains utilization and cost information (Services Data Book file) for Contract Years Ending (CYE):

- 14 (10/01/2013 – 09/30/2014); also known as contract year 32
- 15 (10/01/2014 – 09/30/2015); also known as contract year 33
- 16 (10/01/2015 – 09/30/2016); also known as contract year 34

The Services Data Book file does **not** have completion factors added and is based on fully adjudicated and paid encounter data.

An encounter is a record of a medical service provided by an AHCCCS registered provider to an AHCCCS member. AHCCCS conducts encounter validation studies on an annual basis. Additionally, AHCCCS' actuaries perform a variety of analyses to gauge the completeness of encounter data and to ensure the appropriateness of payment data. Because of the many review processes that AHCCCS performs to ensure timeliness, accuracy and completeness of its encounter data, encounter data is the primary source used for setting capitation rates. However, AHCCCS cannot guarantee that the encounter data is 100% accurate and complete; the Offeror should use this data with care and consider other factors that will impact capitation rates.

The Contractor that paid a claim/encounter is identified as the "claim program" and is determined by the claim health plan ID. The Contractor with whom a member is enrolled to receive his/her physical health services is identified as the "enrolled program" and is determined by the enrolled health plan ID.

The Services Data Book file was run after the first July 2017 encounter cycle. Utilization and cost data included in the Services Data Book file are based on approved and adjudicated encounter data submitted by AHCCCS Contractors for the following claim programs:

- Acute Care utilization and cost data: based on encounter data submitted by Contractors participating in the Acute Care Program (excluding CMDP)

- Children’s Rehabilitative Services (CRS) (Fully Integrated and Partially-Integrated – Acute) utilization and cost data: based on encounter data submitted by the Contractor participating in the CRS Program (excluding data for members enrolled in CMDP, DDD and AIHP)
- Behavioral Health (BH) utilization and cost data: based on encounter data submitted by Contractors participating in the Regional Behavioral Health Authority (RBHA) Program for those members who are Acute Care enrolled (excluding data for CMDP, DDD and SMI members)

The Member Months Data Book file contains enrolled member months data for Acute Care members (excluding CMDP) and CRS (Fully Integrated and Partially-Integrated - Acute) members. CRS Partially-Integrated - Acute members are those members receiving all acute health and CRS-related services from the CRS Contractor and receiving behavioral health services from a Tribal RBHA. There are no member months associated with the RBHA Program in this file since all members who are assigned to the RBHA Contractors for behavioral health services only are already accounted for in the Acute Care enrolled members.

Data Book Files Exclusions and Adjustments

The information contained in the Data Book files only includes information pertaining to this RFP. The following information is thus excluded:

- CRS services/member information for members enrolled in CMDP, DDD and AIHP
- RBHA specific functions (i.e. utilization, cost and member information for SMI, CMDP and DDD members)

Also of note, the Data Book files are not adjusted for most program and reimbursement changes.

The Data Book files were adjusted for SMI Integration by removing services to individuals determined SMI, and removing membership information, for CYEs 14 and 15. SMI Integration for Maricopa County was effective April 1, 2014, SMI Integration for Greater Arizona was effective October 1, 2015.

Specific Items of Note by Claim Program:

- Acute Care Program:
 - Excludes physical health data and member months for members determined to be Seriously Mentally Ill (SMI) in Maricopa County from 10/1/13 – 3/31/14
 - Excludes physical health data and member months for members determined to be SMI in Greater Arizona from 10/1/13 – 9/30/15
 - Includes behavioral health data for members who are dually eligible for Medicare with General Mental Health or Substance Abuse needs (GMH/SA Duals) from 10/1/15 – 9/30/16

- Includes separately identifiable delivery supplement member, cost and utilization data for members who had a delivery supplemental payment
- CRS Program:
 - Includes physical health data (including both acute care and CRS-related care) and behavioral health data for all years for Fully Integrated members
 - Includes physical health data (including both acute care and CRS-related care) for all years for Partially-Integrated - Acute members
 - Excludes data (encounters and member months) for members who are both determined to be SMI and have a CRS condition; these members will not be included in the AHCCCS Complete Care contract
 - Costs associated with maternity care are not separately identifiable as there is no delivery supplemental payment in the CRS Program
- RBHA Program:
 - Excludes data for members enrolled in CMDP and DDD
 - Excludes data for members determined to be SMI
 - Includes behavioral health data for GMH/SA Dual members from 10/1/13 – 9/30/15
 - Includes all crisis data, both those unique services that will remain with the RBHAs and those services that will be included in the AHCCCS Complete Care contract
 - Crisis services that will remain with the RBHA include immediate crisis services provided via telephone hotline and mobile teams, as well as stabilization and observation under 24 hours
 - When AHCCCS' Actuaries develop the capitation rates for the ACC contract, RBHA-unique crisis services will be excluded from the rates

Data Book and Report Descriptions

The Services Data Book file contains information by contract year, claim program, type of eligibility, county, ACC Geographic Service Area (GSA), gender, risk group, behavioral health service indicator and service matrix categories. Individual Contractor information is not available. The Member Months Data Book File contains information across all the same factors as the Services Data Book file, except for behavioral health service indicator and service matrix categories, and instead of claim program it contains enrolled program.

Summary reports by enrolled program, GSA and contract year for member months, and by claim program, GSA and contract year for costs and units, are provided by AHCCCS in Section C in the Data Supplement so that Offerors may perform high level checks and verify their data extracts.

The Services Data Book file contains service matrix category fields. The Bidders' Library, Data Supplement, Section D contains the Data Book Service Matrix for the Integrated Contractor

Services which provide the criteria used to group the encounters into the service matrix categories, as well as what was used in the service utilization count field.

The costs included in the Services Data Book file are actual costs reported by the Contractor unless the Contractor has a sub-capitated or block purchasing arrangement. This type of arrangement would be noted by the CN1 code equal to 05 on the encounter. If there is a sub-capitated/block purchasing arrangement, AHCCCS has formulaically estimated a cost for each encounter with CN1 code equal to 05, and those estimated costs are included in the Services Data Book file.

Data Book Layout

Section C of the data supplement contains two text files that are comma delimited with a single-quote text qualifier, with the following names:

- Services Text File
- Member Months Text File

The layout and descriptions of the files are provided below. These files may be imported or read into an application program (i.e., Microsoft Excel, Microsoft Access etc.) for additional analysis and reporting. If loading into Excel, click on “Delimited”, click Next, then click Comma, then click the single-quote text qualifier, then click Next and verify that the CTY-CD (in both files) and SVC (in the Service file only) fields are formatted as Text to keep the leading zeros, then click Finish. If loading these files into MS Access, first click on comma delimited, then click the single-quote text qualifier and then check the box for “First Row Contains Field Names.” Do not check the “First Row Contains Field Names” box until you click the single-quote text qualifier or you will get a text box indicating that you have some invalid field names.

Summary reports are also provided summarizing costs, utilization and member months. The summary reports have the following names:

- Services Summary Report
- Member Months Summary Report

Services File Layout:

| Column Name | Description |
|--------------|--|
| CTRT-YR | Contract Year |
| CTRT-YR-DESC | Dates for the Contract Year |
| CLM-PG | Claim Program (Acute, CRS, RBHA) |
| ELG-TYP | Eligibility Type (Prospective, PPC, Maternity) |
| CTY-CD | County Number |
| CTY-CD-DESC | County Name |
| GSA-CD | GSA Name |

| | |
|------------|---|
| GENDER-CAT | Gender Breakouts |
| RISK-GRP | Risk Group Breakouts |
| BHS-IND | Behavioral Health Services Indicator ¹ |
| SVC | Numeric Value for Service Categories |
| SVC-DESC | Service Categories |
| TOTL UNTS | Total Utilization |
| TOTL COSTS | Total Costs |

- 1) BHS-IND equal to Y (yes) is for any encounter that has primary diagnosis of behavioral health or therapeutic class codes mainly used for behavioral health services. See reference tables below for those definitions.

Member Months File Layout:

| Column Name | Description |
|--------------|--|
| CTRT-YR | Contract Year |
| CTRT-YR-DESC | Dates for the Contract Year |
| ENRL-PG | Enrolled Program (Acute, CRS) |
| ELG-TYP | Eligibility Type (Prospective, PPC, Maternity) |
| CTY-CD | County Number |
| CTY-CD-DESC | County Name |
| GSA-CD | GSA Name |
| GENDER-CAT | Gender Breakouts |
| RISK-GRP | Risk Group Breakouts |
| TOTL-MMs | Total Member Months ¹ |

- 1) For the risk group Delivery Supplemental Payments, the data included in the Member Months file is a count of the number of delivery supplemental payments. Since CRS Program members did not previously receive a delivery supplemental payment, they would not be included in the count for Delivery Supplemental Payments nor are their maternity costs listed as “Maternity” in “ELG-TYP” for Encounters. AHCCCS Actuaries will incorporate these expenses into the delivery supplemental payment rate when setting the capitation rates for the ACC Contract.

Reference Tables

| GSA | County |
|---------|---|
| North | Apache, Coconino, Mohave, Navajo, Yavapai |
| South | Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, Yuma |
| Central | Gila, Maricopa, Pinal |

| County | County Description |
|--------|--------------------|
| 1 | Apache |
| 3 | Cochise |
| 5 | Coconino |

| | |
|----|------------|
| 7 | Gila |
| 9 | Graham |
| 11 | Greenlee |
| 13 | Maricopa |
| 15 | Mohave |
| 17 | Navajo |
| 19 | Pima |
| 21 | Pinal |
| 23 | Santa Cruz |
| 25 | Yavapai |
| 27 | Yuma |
| 29 | La Paz |

| Therapeutic Class Codes used to identify encounter as BH type of service | Therapeutic Class Codes Descriptions |
|--|--|
| 281608 | ANTIPSYCHOTICS |
| 281604 | ANTIDEPRESSANTS |
| 282492 | ANXIOLYTICS, SEDATIVES, & HYPNOTICS MISC |
| 282004 | AMPHETAMINES |
| 282800 | ANTIMANIC AGENTS |
| 282408 | BENZODIAZEPINES |
| 281208 | BENZODIAZEPINES |
| 283632 | MONOAMINE OXIDASE B INHIBITORS |
| 920400 | ALCOHOL DETERRENTS |

| ICD-9 Diagnosis Codes used to identify encounter as BH type of service | ICD-10 Diagnosis Codes used to identify encounter as BH type of service |
|--|---|
| 290. – 316.99 | F01. - F99. |
| 317 | |
| 319 | |
| 32702 | |
| 32715 | |
| 33382 | |
| 33392 | |
| 64833 | |
| 64843 | |
| 99550 | |
| 99551 | |
| 99552 | |
| 99553 | |
| 99554 | |

AHCCCS Complete Care RFP YH19-0001

Section C – Data Book Information

Introduction

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|--------|--|
| 99581 | |
| 99583 | |
| V 1581 | |
| V 400 | |
| V 6110 | |
| V 6111 | |
| V 6120 | |
| V 6121 | |
| V 6122 | |
| V 6129 | |
| V 613 | |
| V 6141 | |
| V 6149 | |
| V 618 | |
| V 619 | |
| V 623 | |
| V 624 | |
| V 6281 | |
| V 6282 | |
| V 6283 | |
| V 6284 | |
| V 6289 | |
| V 629 | |
| V 652 | |
| V 7101 | |
| V 7102 | |
| V 7109 | |
| V 799 | |