DATABOOK INFORMATION

Overview

The databook is a text file, containing prospective enrollment utilization and cost information for contract years '05 (10/01/04-09/30/05), '06 (10/01/05-09/30/06), and the first six months of contract year '07 (10/01/06-03/31/07). Complete data for the second half of CY '07 is unavailable due to the reporting lag of encounter data. No completion factor has been assumed in this data.

Data included in this databook are based on encounter data submitted by current acute health plans contracted with AHCCCS. An encounter is a record of medical services provided by health plans to AHCCCS members. AHCCCS compiled these encounter submissions and summarized them in a text file (i.e. databook) for bidder use. AHCCCS performs encounter validation studies on an annual basis as well as imposes sanctions on health plans for delays in resolving issues that cause encounters to pend. Because of the many review processes that AHCCCS performs to ensure timeliness, accuracy and completeness of its encounter data, AHCCCS and its actuaries weight the encounter data for capitation rate setting more than financial information. However, AHCCCS cannot guarantee that the encounter data is 100% accurate and complete; therefore, the bidder should use this data with care and consider other factors that will impact capitation rates.

One health plan was excluded from all databooks due to encounter data issues. AHCCCS believes it is in the best interest to exclude this health plan data, and its exclusion does not materially impact the data or resulting rate ranges.

In addition, Delivery Supplement related costs are excluded from this databook. Summary Delivery Supplement information may be found in Section R of the data supplement.

Databook and Report Descriptions

The databook contains utilization and cost information by contract year, by county, by Geographic Service Area (GSA), by Age/Gender, by category of service and by risk group. Individual health plan information is not available.

Summary reports by GSA, Risk Group, and Contract Year for units, costs and member months are provided by AHCCCS in this section so that bidders may perform high level checks and verify their data extracts.

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The following counties are grouped into Geographic Service Areas (GSAs) for capitation rates and data presentation:

Geographic Service Area (GSA)		
2.	Yuma, La Paz	
4.	Mohave, Coconino, Apache,	
	Navajo	
6.	Yavapai	
8.	Pinal, Gila	
10.	Pima, Santa Cruz	
12.	Maricopa	
14.	Graham, Greenlee, Cochise	

Section I of the data supplement provides a summary of rate code groupings cross walked to the risk groups contained in the databook. Members are assigned rate codes based on their type of eligibility. Rate codes that are paid the same capitation rate are grouped together into the risk groups listed below (see RFP Section D, Paragraph 2, *Eligibility Categories* for more information).

- ✓ TANF PLUS is equivalent to TANF(1931)/KidsCare/BCCTP/SOBRA Women/HIFA Parents—this group is further risk adjusted for age and gender: <1 MF, 1-13 MF, 14-44F, 14-44M, and 45-64 MF and 65+ MF (AHCCCS combines the 45-64 and 65+ populations for capitation purposes).
- ✓ SSI—this group is further risk adjusted for Medicare coverage: with or without Medicare primary.
- ✓ Title XIX Waiver Group—this group is further risk adjusted for the Medical Expense Deduction (MED) spend down program, and those members who are not spend down (non-MED).

The databooks contain a category of service field. Section D of the data supplement contains a Service Matrix, which provides the criteria used to group the encounters into the categories of service as well as what was used in the "units/service" field.

Annualized utilization per 1,000 is calculated by dividing the total number of encounters/units in the "units/service" field by the total number of member months and multiplying the result by 12,000 (1,000 members for 12 months). This formula yields average annual utilization per 1,000 members.

Unit Cost information is calculated by dividing the total costs by total units. The costs are actual costs reported by the health plan unless the health plan has a sub-capitated arrangement. This type of arrangement would be noted by the sub-capitation code on the encounter. If there is a sub-capitated arrangement and the Health Plan Paid Amount is zero, the AHCCCS Allowed Amount is substituted. In the case where AHCCCS Allowed Amount is used and the AHCCCS Allowed amount is greater than the Billed Amount, the Billed Amount is used.

Per Member Per Month (PMPM) is calculated by taking Utilization Per 1,000 multiplied by Unit Cost divided by 12,000, or Costs divided by member months.

Databook Layout

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

- 1) Utilization and Costs Text File
- 2) 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-quite text qualifier. 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" 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 by GSA and risk group. In addition, an inpatient hospitalization report by GSA and risk group summarizing Average Length of Stay (ALOS) and Admits per 1,000 will be provided on the web by mid February 2008. The summary reports have the following names:

- 1) Utilization and Cost Summary Report
- 2) Member Months Summary Report
- 3) Inpatient Hospital Summary Report

Note: The Inpatient Hospital Summary Report utilizes data from the prospective enrollment time period only and does not include delivery related stays as discussed in Section R of the Data Supplement.

Notes regarding the ASCII files:

- Each record (row) represents data for a specific Record Type, Contract Year, GSA, County, Age Category, Risk Group, and Service Category
- Numeric Values for Counties, GSAs, Age Category, and Service Categories are provided for sorting convenience.

Prospective Utilization and Costs:

Column Name	Description
REC-TYPE	C = Capitation (prospective)
CTRTYR	Contract Year
CTRT-YR DESC	Dates for the Contract Year

GSA Number
Description of the GSA (i.e. Counties in GSA)
County Number
County Name
Numeric Age Breakouts
Age Breakout Descriptions
Numeric Value for Service Categories
Service Categories
TANF/KIDSCARE/SOBRA/HIFA Costs
TANF/KIDSCARE/SOBRA/HIFA Utilization
SSI with Medicare Costs
SSI with Medicare Utilization
SSI without Medicare Costs
SSI without Medicare Utilization
NON MED Medicare Costs
NON MED Medicare Utilization
MED Medicare Costs
MED Medicare Utilization

Prospective Member Months:

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Column Name	Description
REC-TYPE	C = Capitation (prospective)
CTRT YR	Contract Year
CTRT DTE	Contract Date
GSA	GSA Number
GSA-DESC	Description of the GSA (i.e. Counties in GSA)
CTY	County Number
CTY- NAME	County Name
AGE-CAT	Numeric Age Breakouts
AGE-DESC	Age Breakout Descriptions
TANF-PLUS-MM	TANF/KIDSCARE/SOBRA/HIFA Medicare
	Member Months
SSI-MM	SSI with Medicare Member Months
SIWO-MM	SSI without Member Months
NON-MED-MM	NON MED Medicare Member Months
MED-MM	MED Medicare Member Months

GSA	Counties Included
2	Yuma, La Paz
4	Apache, Coconino, Mohave, Navajo
6	Yavapai
8	Gila, Pinal
10	Pima, Santa Cruz
12	Maricopa
14	Cochise, Graham, Greenlee

County	County Description
1	Apache
3	Cochise
5	Coconino
7	Gila
9	Graham
11	Greenlee

Section C – Databook Information - Introduction

13	Maricopa
15	Mohave
17	Navajo
19	Pima
21	Pinal
23	Santa Cruz
25	Yavapai
27	Yuma
29	La Paz

Age	Age Description
1	< 1
2	1-13
3	14-44 Male
4	14-44 Female
5	45-64
6	65+