

## Data Book Service Matrix

The Integrated Contractor Service Matrix defines the selection criteria used to group encounters into service matrix categories using a hierarchy of medial service criteria. A single encounter can only be counted in one service category.

The Data Book Service Matrix is defined as follows:

**Column 1 - Service Matrix Category Number** - This is the number of the service matrix category.

**Column 2 - Service Matrix Category Description** - This is the description of the service matrix categories.

**Column 3 - Count** - This defines what is actually counted as utilization from the encounters. Count values include days, units or encounter count.

**Column 4 - AHCCCS Form Type** - This is the selection criteria for form type for this service matrix category. See Section E- AHCCCS Reference Tables for definitions of each AHCCCS Form Type.

**Column 5 - AHCCCS Provider Type** - This is the selection criteria for the servicing provider type for this service matrix category. See Section E – AHCCCS Reference Tables for definitions of each AHCCCS Provider Type.

**Column 6 - AHCCCS Category of Service** - This is the selection criteria for the AHCCCS Categories of Service to be included for this service matrix category. See Section E – AHCCCS Reference Tables for definitions of each AHCCCS Category of Service.

**Column 7 - Other Selection Criteria** - This column includes any other necessary selection criteria. The bidder should pay close attention to this column in order to understand how the encounter information was selected and organized.

Specific items to note:

- Only Emergency Room services which do not result in a hospital admission are counted in the service matrix category number 37 - Emergency Facility Visits.
- Service matrix categories that measure the number of encounters (Column 3 – Count in the Integrated Contractor Service Matrix document) will create a count that can differ by form type.

For example, outpatient facility visits billed on UB-04 will count each claim as a single visit. However, outpatient surgery center billed on CMS-1500s will count each procedure code billed as a separate utilization.

- Each inpatient length of stay is calculated by subtracting the service begin date from the service end date. For inpatient encounters where the patient status is 20 (expired) or 30 (still a patient), one day will be added to the number of hospital days related to that stay.