

Katie Hobbs, Governor Carmen Heredia, Director

October 8, 2024

Ms. Cynthia Leach Administrator, Long Term Care Mercy Care - LTC 4750 S 44th Place Phoenix, AZ 85040

Dear Ms. Leach:

Attached are the final results of the Encounter Data Validation studies for Mercy Care – LTC for Contract Year Ending (CYE) 2022. The review was conducted in accordance with Section D, Paragraph 68 of Contract YH18-0001-02 and the Encounter Data Validation Technical Document. The review scope included two sections: study "A" for all professional services and study "B" for all facility services. The studies measured:

- Claims included in the Contractor's claim submission and encountered in AHCCCS' Prepaid Medical Management Information System (PMMIS) (Match) – reviewed for accuracy and timeliness.
- Claims included in the Contractor's claim submission but not encountered in PMMIS (NotEnc InClm) reviewed for omission.
- Encounters reported in PMMIS but not included in the Contractor's claim submission (InEnc NotClm) reviewed for omission from claim submission file.

A preliminary report was provided to allow the Contractor the opportunity to review and submit any additional information that may have affected the final error rate calculations. After considering the Contractor response, the results have been applied to the total population of "A" and "B" encounters.

For study "A" Match, there were 2,151,638 encounter/claim matches identified from a sample size of 2,194,107 claims; a subsample of 150 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 0 accuracy errors and 1 timeliness error, yielding an overall error rate of 0.00% for accuracy and 0.67% for timeliness. For study "B" Match, there were 68,727 encounter/claim matches identified from a sample size of 69,127 claims; a subsample of 150 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 2 accuracy errors and 1 timeliness error, yielding an overall error rate of 1.33% for accuracy and 0.67% for timeliness.



For study "A" NotEnc InClm, there were 42,469 possible omissions identified from a sample size of 2,194,107 claims; a subsample of 315 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 0 omission errors, yielding an overall error rate of 0.00%. For study "B" NotEnc InClm, there were 400 possible omissions identified from a sample size of 69,127 claims; a subsample of 315 was randomly

selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 5 omission errors, yielding an overall error rate of 0.01%.

For study "A" InEnc NotClm, there were 127,602 possible omissions identified from a sample size of 2,279,240 encounters; a subsample of 315 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 33 omission errors, yielding an overall error rate of 0.59%. For study "B" InEnc NotClm, there were 5,089 possible omissions identified from a sample size of 73,816 encounters; a subsample of 30 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters; a subsample of 30 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 10 omission errors, yielding an overall error rate of 2.30%.

For each study, if the error rate falls below the acceptable rate of 5%, no sanction will be applied. The Contractor's error rates and sanction amounts, if applicable, for each study are as follows:

STUDY	Error Rate	Sanction
A Match Accuracy	0.00%	\$0.00
A Match Timeliness	0.67%	\$0.00
A NotEnc InClm	0.00%	\$0.00
A InEnc NotClm	0.59%	\$0.00
B Match Accuracy	1.33%	\$0.00
B Match Timeliness	0.67%	\$0.00
B NotEnc InClm	0.01%	\$0.00
B InEnc NotClm	2.30%	\$0.00

Per the terms of the Contract, sanctions are not AHCCCS' exclusive remedy. In particular and without limiting possible future actions, if any legal action is brought against AHCCCS as the result of your non-compliance with the Contract, AHCCCS will seek compensation from you for any damages arising from such legal action including, but not limited to, AHCCCS' cost of representation, as well as the cost of any attorneys' fees and costs payable to the party bringing the action.

If Mercy Care – LTC disagrees with this decision, the Contractor may file a dispute with the AHCCCS Administration using the process outlined in A.A.C. R9-34-401 et.seq. The dispute must be filed in writing and must be received by the AHCCCS Administration, Office of General Counsel at 801 E. Jefferson Street,



Katie Hobbs, Governor Carmen Heredia, Director

Phoenix, Arizona 85034, no later than 60 days from the date of this letter. The dispute shall specify the legal and factual bases for the dispute as well as the relief requested.

Thank you for your assistance with this Centers for Medicare and Medicaid Services (CMS) requirement. If you have any questions, please contact Linda Oakley at (602) 417-4308 or linda.oakley@azahcccs.gov.

Sincerely,

DocuSigned by:

Malon

Meggan LaPorte CPPO, MSW Chief Procurement Officer Division of Business and Finance Mail Drop #5700

# **DocuSign**<sup>\*</sup>

Certificate Of Completion		-
•	71350	Statue: Completed
Envelope Id: 0AFB44A9026744AEBCD7B6A23FF7		Status: Completed
Subject: Complete with Docusign: Mercy LTC CYE Source Envelope:	22 final findings.docx	
Document Pages: 3	Signatures: 1	Envelope Originator:
Certificate Pages: 5	Initials: 0	anntonia cota
AutoNav: Enabled	initials. 0	801 E. Jefferson St.
Envelopeld Stamping: Enabled		Phoenix, AZ 85034
		anntonia.cota@azahcccs.gov
Time Zone: (UTC-07:00) Arizona		IP Address: 70.163.202.213
Record Tracking		
Status: Original	Holder: anntonia cota	Location: DocuSign
10/8/2024 7:39:12 AM	anntonia.cota@azahcccs.gov	5
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Arizona Health Care Cost Containment	Location: DocuSign
	System	
Signer Events	Signature	Timestamp
Meggan LaPorte	DocuSigned by:	Sent: 10/8/2024 7:40:06 AM
Meggan.LaPorte@azahcccs.gov	Mlafor-	Viewed: 10/8/2024 9:11:13 AM
Chief Procurement Officer	6720D03F007E4A8	Signed: 10/8/2024 9:11:17 AM
AHCCCS		0
Security Level: Email, Account Authentication (None)	Signature Adoption: Uploaded Signature Image Using IP Address: 13.86.232.74	
Electronic Record and Signature Disclosure: Not Offered via DocuSign In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
-		· · · · · · · · · · · · · · · · · · ·
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Linda Oakley		Sent: 10/8/2024 9:11:17 AM
linda.oakley@azahcccs.gov	COPIED	Viewed: 10/8/2024 11:24:56 AM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Accepted: 12/7/2023 3:42:23 PM ID: 4f0df8b4-bfa3-43d2-8594-a9751fb61800 Company Name: Carahsoft OBO Arizona Healt	h Care Cost Containment System	
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
-	-	·
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/8/2024 7:40:06 AM

Security Checked

10/8/2024 9:11:13 AM

Certified Delivered

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	10/8/2024 9:11:17 AM
Completed	Security Checked	10/8/2024 9:11:17 AM
Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

## ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Arizona Health Care Cost Containment System (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### How to contact Arizona Health Care Cost Containment System:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows: To contact us by email send messages to: anthony.flot@azahcccs.gov

### To advise Arizona Health Care Cost Containment System of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at anthony.flot@azahcccs.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### To request paper copies from Arizona Health Care Cost Containment System

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### To withdraw your consent with Arizona Health Care Cost Containment System

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <u>https://support.docusign.com/guides/signer-guide-signing-system-requirements</u>.

#### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Arizona Health Care Cost Containment System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arizona Health Care Cost Containment System during the course of your relationship with Arizona Health Care Cost Containment System.