

Service Matrix / Selection Criteria

The ALTCS/EPD Service Matrix defines the selection criteria used for each of the service matrix categories. The service matrix represents a hierarchy of medical service criteria for the encounters to be grouped. This means that a single encounter can only be counted in one service matrix category. One exception occurs in the Service Matrix Categories Nursing Facility, Assisted Living Home, Assisted Living Center and Adult Foster Care. Since it is possible for a single UB-04 or CMS 1500 encounter to contain Revenue Codes for more than one level it was necessary to assign the total days for those services across more than one Level for the Service Utilization Count.

The ALTCS/EPD 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 – Service Utilization Count - This defines the actual count from the encounter. Count values include days, units or encounter count. Exception found in service matrix category number 51 - Behavioral Health-Non Inpatient.

Column 4 - Form Type - This is the selection criteria for form type for this service matrix category. See Section E in the Data Supplement for Offerors' for definitions of each form type.

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

Column 6 – AHCCCS Category of Service (COS) - This is the selection criteria for the AHCCCS Categories of Service to be included for this service matrix category. See Section E 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 did not result in a hospital admission were counted in the service matrix category number 37 - Emergency Facility Visits.
- Service matrix categories that measured the actual number of encounters as the utilization can differ by form type. For UB-04 claims, the claim represented one, for CMS-1500s, each line was counted to derive total utilization. For example, outpatient facility visits will count each UB-04 claim as a single visit. However, outpatient surgery center claims will have counted 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.