

Introduction

Service Matrix / Selection Criteria

Included in this section are two documents, the Acute Care Service/CRS Service Matrix and the Behavioral Health Services Service Matrix. The Behavioral Health Services Service Matrix only applies to Offerors bidding on CRS. The service matrices define the selection criteria used for each of the service matrix categories. The service matrices represent 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 category. The only exception to this would be a UB-04 that has days in more than one tier level.

The 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 what is actually counted from the encounters. Count values include days, units or encounter count.

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

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

	Acute Care/CRS Services	Behavioral Health Services
Only Emergency Room services which did not result in a hospital admission were counted in the Emergency Facility Visits Category.	X	
Service matrix categories that measured the actual number of encounters as the utilization can differ by form type. For UB-04 encounters, the encounter represented one, for CMS-1500s, each line was counted to derive total utilization.	X	X
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.	X	X
For 'tier' reimbursement - tier days are used, for "other" hospital days - the above calculated inpatient length of stay is used.	X	
For Home Health Care, multipliers were used to equalize the units, i.e., a code may specify 15 minutes while another code may specify 1 hour, to equate the units the various time differences a multiplier was applied to the units.	X	