

October 8, 2024

Ms. Karla Mouw
DCS Assistant Director
Comprehensive Health Plan
PO Box 29202, Site Code CH010-18
Phoenix, AZ 85038-9202

Dear Ms. Mouw:

Attached are the final results of the Encounter Data Validation studies for Comprehensive Health Plan for Contract Year Ending (CYE) 2022. The review was conducted in accordance with Section D, Paragraph 63 of Contract YH15-0001 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 InCIm) – reviewed for omission.
- Encounters reported in PMMIS but not included in the Contractor's claim submission (InEnc NotCIm) – 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 945,699 encounter/claim matches identified from a sample size of 947,662 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 16,467 encounter/claim matches identified from a sample size of 16,572 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 0 timeliness errors, yielding an overall error rate of 0.00% for accuracy and 0.00% for timeliness.

For study “A” NotEnc InCIm, there were 1,963 possible omissions identified from a sample size of 947,662 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 3 omission errors, yielding an overall error rate of 0.00%. For study “B” NotEnc InCIm, there were 105 possible omissions identified from a sample size of 16,572 claims; a subsample of 105 was randomly

selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 8 omission errors, yielding an overall error rate of 0.05%.

For study “A” InEnc NotCIm, there were 33,508 possible omissions identified from a sample size of 979,207 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 5 omission errors, yielding an overall error rate of 0.05%. For study “B” InEnc NotCIm, there were 462 possible omissions identified from a sample size of 16,929 encounters; a subsample of 80 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 8 omission errors, yielding an overall error rate of 0.27%.

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 InCIm	0.00%	\$0.00
A InEnc NotCIm	0.05%	\$0.00
B Match Accuracy	0.00%	\$0.00
B Match Timeliness	0.00%	\$0.00
B NotEnc InCIm	0.05%	\$0.00
B InEnc NotCIm	0.27%	\$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 Comprehensive Health Plan 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.



Katie Hobbs, Governor
Carmen Heredia, Director

Jefferson Street, 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:

A handwritten signature in black ink, appearing to read "M. LaPorte", is enclosed within a blue DocuSign signature box.

6720D03F007E4A8...

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

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linda.oakley@azahcccs.gov
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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:

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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.

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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.

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