

**312 CYE 14 THROUGH CYE 18 CHILDREN'S REHABILITATIVE SERVICES
PROGRAM TIERED RECONCILIATION**

EFFECTIVE DATE: 10/01/13, 01/01/2014, 10/01/15, 10/01/17

REVISION DATE: 11/15/12, 10/24/13, 01/15/15, 10/15/15, 05/03/18

I. PURPOSE

This Policy applies to the CRS Contractor. The CRS Program Tiered Reconciliation applies to dates of service from October 1, 2013 through September 30, 2018 and is based upon adjudicated medical expense and net capitation as described in this Policy. AHCCCS will recoup/reimburse a percentage of the Contractor's profit or loss for the CRS program as described below using a tiered approach. All profit/loss sharing is based on adjudicated encounter data and subcapitated/block purchase expense reports. This reconciliation is performed annually on a contract year basis.

II. DEFINITIONS**ADMINISTRATIVE
COMPONENT**

The administrative component is equal to the administrative Per Member Per Month (PMPM) awarded to the Contractor including any administrative adjustments deemed necessary by AHCCCS during the capitation rate setting process multiplied by the actual member months for the contract year being reconciled.

**ACCESS TO PROFESSIONAL
SERVICES INITIATIVE
(APSI)**

Effective October 1, 2017 and forward AHCCCS seeks to provide enhanced support to certain professionals in order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated hospitals who meet the definition outlined in ACOM Policy 325.

**HEALTH INSURER FEE
CAPITATION ADJUSTMENT**

An amount equal to the capitation adjustment for the year being reconciled that accounts for the Contractor's liability for the excise tax imposed by section 9010 of the Patient Protection and Affordable Care Act and the premium tax and any other state or federal taxes associated with that portion of the capitation rate.

MEDICAL EXPENSE

Expenses reported through **fully adjudicated encounters** and subcapitated/block purchase expenses incurred by the Contractor for covered services with dates of service during the contract year. This will exclude APSI expenses.

NET CAPITATION

Capitation less the administrative component, the health insurer fee capitation adjustment, APSI capitation, and the premium tax component.

PREMIUM TAX COMPONENT

The premium tax component is equal to the tax imposed pursuant to A.R.S. §36-2905 for all payments made to Contractors for the contract year.

PRIOR PERIOD COVERAGE (PPC)

The period of time prior to the member's enrollment, during which a member is eligible for covered services. The timeframe is from the effective date of eligibility (usually the first day of the month of application) until the date the member is enrolled with the Contractor. Refer to 9 A.A.C. 22 Article 1. If a member made eligible via the Hospital Presumptive Eligibility (HPE) program is subsequently determined eligible for AHCCCS via the full application process, prior period coverage for the member will be covered by AHCCCS fee for service and the member will be enrolled with the Contractor only on a prospective basis.

REINSURANCE

For purposes of this reconciliation, reinsurance means the actual reinsurance payments received by the Contractor as the result of medical expense incurred by the Contractor for covered services with dates of service during the contract year being reconciled.

SUBCAPITATED/ BLOCK PURCHASE EXPENSES

Expenses incurred by the Contractor as payments to a provider under a subcapitated or block purchase arrangement. The subcapitated/block purchase expenses used in this reconciliation are reported by the Contractor through quarterly financial reports in the format required by AHCCCS.

TIERED RECONCILIATION POPULATION

All CRS members, with the exception of State Only Transplant members, are subject to this tiered reconciliation.

VALUE-BASED PURCHASING (VBP) PAYMENT PER VALUE-BASED PURCHASING CONTRACT

A payment from a Contractor to a provider upon successful completion or expectation of successful completion of contracted goals/measures in accordance with the VBP strategy selected for the contract. This is a non-encounterable payment and does not reflect payment for a direct medical service to a member. This payment will typically occur after the completion of the contract period, but could include quarterly or semi-annual payments if contract terms specify such payments in recognition of successful performance measurement. Refer to ACOM Policy 319 CYE 16 for more information.

III. POLICY
A. GENERAL

1. The CRS tiered reconciliation shall be based on net capitation less medical expense plus reinsurance payments. The amount due from or due to the Contractor as the result of this reconciliation will be based on aggregated profits and losses across the tiered reconciliation population. The enhanced portion of a payment for Primary Care Enhanced Payment (PCP Parity) that is subject to AHCCCS cost settlement will not be included in the reconciliation; the non-enhanced portion of the payment will be included in the reconciliation. The enhanced portion of a payment for APSI that is subject to a unique reconciliation as outlined in ACOM Policy 325 will also be excluded from this reconciliation.
2. The reconciliation will limit the Contractor's profits and losses to the percent of net capitation according to the following schedule, per contract year as noted:

CYE 14, CYE 16 and forward

| PROFIT | CONTRACTOR SHARE | STATE SHARE | MAX CONTRACTOR PROFIT | CUMULATIVE CONTRACTOR PROFIT |
|----------------|------------------|-------------|-----------------------|------------------------------|
| <= 3% | 100% | 0% | 3% | 3% |
| > 3% and <= 6% | 50% | 50% | 1.5% | 4.5% |
| > 6% | 0% | 100% | 0% | 4.5% |

| LOSS | CONTRACTOR SHARE | STATE SHARE | MAX CONTRACTOR LOSS | CUMULATIVE CONTRACTOR LOSS |
|-------|------------------|-------------|---------------------|----------------------------|
| <= 3% | 100% | 0% | 3% | 3% |
| > 3% | 0% | 100% | 0% | 3% |

CYE 15 only

| PROFIT | CONTRACTOR SHARE | STATE SHARE | MAX CONTRACTOR PROFIT | CUMULATIVE CONTRACTOR PROFIT |
|----------------|------------------|-------------|-----------------------|------------------------------|
| <= 3% | 100% | 0% | 3% | 3% |
| > 3% and <= 6% | 50% | 50% | 1.5% | 4.5% |
| > 6% | 0% | 100% | 0% | 4.5% |

| LOSS | CONTRACTOR SHARE | STATE SHARE | MAX CONTRACTOR LOSS | CUMULATIVE CONTRACTOR LOSS |
|-------|------------------|-------------|---------------------|----------------------------|
| <= 1% | 100% | 0% | 1% | 1% |
| > 1% | 0% | 100% | 0% | 1% |

Profits in excess of the percentages set forth above will be recouped by AHCCCS.
 Losses in excess of the percentages set forth above will be paid to the Contract.

AHCCCS RESPONSIBILITIES

- No sooner than six months after the end of the period to be reconciled, AHCCCS shall perform an initial reconciliation of actual medical cost experience to net capitation and reinsurance, as follows:

Profit/Loss to be reconciled = Net Capitation – Medical Expense – Subcapitated Expense/Block Purchase Expenses + Reinsurance payments.

Profit/Loss % = Profit/Loss to be reconciled divided by Net Capitation.

Attachment A to this Policy provides an example of the tiered reconciliation calculation.

- AHCCCS will utilize only medical expense supported by fully adjudicated encounters and subcapitated/block purchase expenses reported by the Contractor to determine the expense subject to reconciliation. The enhanced portion of a payment for PCP Parity that is subject to AHCCCS cost settlement will not be included in the reconciliation; the non-enhanced portion of the payment will be included in the reconciliation.
- AHCCCS will utilize amounts paid to the Contractor for reinsurance as of the date the reconciliation is processed to determine profit/loss to be reconciled.
- AHCCCS will compare fully adjudicated encounters and self-reported subcapitated/block purchase expense information to financial statements and other Contractor submitted files for reasonableness. AHCCCS may perform an audit of self-reported subcapitated or block purchase expenses included in the reconciliation.
- AHCCCS will provide the Contractor the data used for the initial reconciliation and provide written notice of the deadlines for review and comment by the Contractor.

Upon completion of the review period, AHCCCS will evaluate Contractor comments and make any adjustments to the data or reconciliation as warranted. AHCCCS may then process partial distributions/recoupments through future monthly capitation payments.

8. A final reconciliation will be performed no sooner than 15 months after the end of the period to be reconciled. This will allow for completion of the claims lag, encounter reporting, and reinsurance payments. AHCCCS will provide the Contractor the data used for the final reconciliation and written notice of the deadline for review and comment by the Contractor. Upon completion of the review period, AHCCCS will evaluate Contractor comments and make any adjustments to the data or reconciliation as warranted.
9. Any amount due to or due from the Contractor as a result of the final reconciliation that was not distributed or recouped as part of the initial reconciliation will be paid or recouped through a future monthly capitation payment.
10. AHCCCS may include adjustments to the reconciliations to account for completion factors.

For CYE 14 Only: If a new Contractor is awarded the CRS contract, PPC medical expense for dates of service prior to October 1, 2013 will be separately included in the reconciliation at 100% risk sharing with no risk band. If the incumbent Contractor is awarded the CRS contract, all PPC medical expense that relate to acute care and behavioral health services for dates of service prior to October 1, 2013 will be included in the reconciliation at 100% risk sharing with no risk band. All PPC medical expense that relate to CRS specialty services with dates of service prior to October 1, 2013 will be excluded from the reconciliation.

11. For CYE 16 and forward, AHCCCS will add the total of all certified VBP payments to providers per VBP contract pursuant to ACOM Policy 319 CYE 16 to the total of the reconciliation receivable or payable, or as an added payable if the Contractor is within the risk corridor/band. This will only be added to the final reconciliation.

B. CONTRACTOR RESPONSIBILITIES

1. The Contractor shall submit encounters for prospective medical expense and those encounters must reach fully adjudicated status by the required due dates. AHCCCS will only utilize fully adjudicated encounters reported by the Contractor to determine the medical expense used in the reconciliation.
2. The Contractor shall maintain financial statements that separately identify all CRS transactions, and shall submit such statements as required by contract and in the format specified in the AHCCCS Financial Reporting Guide for the CRS Contractor.
3. The Contractor shall monitor the estimated CRS program tiered reconciliation receivable/payable and record appropriate accruals on all financial statements

submitted to AHCCCS on a quarterly basis as specified in the AHCCCS Financial Reporting Guide for the CRS Contractor.

4. It is the Contractor's responsibility to identify to AHCCCS any encounter data issues or necessary adjustments associated with the initial reconciliation by the deadlines for review and comment. It is also the responsibility of the Contractor to have any identified encounter data issues corrected and adjudicated no later than 15 months from the end of the period being reconciled. AHCCCS will not consider any data submitted for reconciliations by the Contractor after these timeframes. Any encounter data issues identified that are the result of an error by AHCCCS will be corrected prior to the final reconciliation.
5. The Contractor shall submit any additional data as requested by AHCCCS for reconciliation purposes (e.g. encounter detail file, reinsurance payments, etc.).
6. The Contractor shall report all subcapitated/block purchase expenses in a format requested by AHCCCS. Subcapitated and block purchase encounters should have a CN 1 code of 05 and a paid amount of \$0 for all non-PCP rate parity encounters. All subcapitated encounters that have a health plan paid amount greater than \$0 will be excluded from the reconciliation expenditures. This includes all subcapitated amounts greater than \$0 for PCP Rate Parity that are subject to AHCCCS cost settlement.
7. If the Contractor performs recoupments/refunds/recoveries on the related claims, the related encounters must be adjusted (voided or void/replaced) pursuant to ACOM Policy 412. AHCCCS reserves the right to adjust any previously issued reconciliation results for the impact of the revised encounters and recoup any amounts due AHCCCS. If the Contractor does not submit the revised encounters within the required timeframe, AHCCCS may recoup the estimated impact on the reconciliation and reserves the right to sanction the Contractor.