

Arizona Health Care Cost Containment System

Manual: Office of Managed Care
Policy and Procedures

Effective Date:4/1/97
Revision Date: 11/02

Subject: AHCCCS Health Plan/Program Contractor
HIV/AIDS Supplemental Payments

Authorized Signature:

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I. Purpose

This policy outlines the procedures necessary to generate the HIV/AIDS supplemental payment for health plan and program contractor members on approved HIV/AIDS drugs.

Per ALTCS Contract, Section D, Paragraph 56, Compensation, and the Acute Care Contract, Section D, Paragraph 37, Compensation, *HIV/AIDS Supplement*, "In addition to the capitation payment..., a separate and additional payment will be made to the Contractor to help defray costs for members receiving approved HIV/AIDS drugs and associated lab work related to their treatment for HIV/AIDS."

On a quarterly basis, the Contractor shall submit to AHCCCSA, Office of Managed Care, an unduplicated monthly count of members, by rate code, who are using approved HIV/AIDS drugs. The report shall be submitted, along with the quarterly financial reporting package, within 60 days after the end of each quarter.

The rate for reimbursement for the payment will be specified in the contract and is subject to review during the term of the contract. Payment will be made quarterly to the Contractor based on the reported members for the quarter, plus/minus any adjustments for previous quarters. AHCCCS reserves the right to recoup any amounts paid for ineligible members as determined as well as an associated penalty for incorrect reporting.

Due to the strict confidentiality of HIV/AIDS patient records, care must be taken when conducting these procedures to preserve confidentiality of member identity.

II. Definitions

Contractor: A person, organization, or entity agreeing through a direct contracting relationship with the Administration, to provide goods and services specified by this contract under the requirements of the contract and these rules.

Member (For purposes of this policy) - A person who is eligible for AHCCCS who is enrolled with a Contractor for not less than 15 days during the reporting month.

Quarterly HIV-Supplemental Payment Report - quarterly information reporting form used to calculate supplemental payments to Contractors to defray the costs for members receiving approved HIV/AIDS drugs for the treatment of HIV/AIDS.

HIV/AIDS Supplement - A separate and additional payment made to Contractors to help defray the costs for members receiving approved HIV/AIDS drugs.

Accuracy: The reports shall be prepared in strict conformity with AHCCCS defined standards.

Completeness: All required information shall be fully disclosed with no material omissions. All reports shall be completed in compliance with the instructions outlined on the report.

HIV/AIDS Drugs: A class of drugs that limit HIV's ability to make new copies of itself by interfering with the HIV enzyme protease.

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.

Pharmacy Log - A detailed listing of approved HIV/AIDS prescriptions filled by a pharmacy. The information on the log should include the dates the prescriptions were filled, member's name receiving the prescription, name and dosage of drug. *This log must come from a source independent from the health plan.*

III. Policy

A. Health Plan and Program Contractor Responsibilities

The health plans and program contractors should submit the HIV/AIDS Supplemental Report and pharmacy log with the quarterly reporting package due to OMC 60 days after the quarter ends. Health plans and program contractors whose quarters end in months other than March, June, September, and December must report monthly. (See sample of HIV/AIDS Report and pharmacy log attached.)

B. AHCCCSA Responsibilities (Performed by the Program Compliance Auditor)

1. Within one week of the quarterly package due date, obtain copies of the submitted HIV/AIDS Reports and pharmacy log for each of the health plans and program contractors.
2. Maintain a log of the submitted reports, recording the date received by OMC.
3. Follow up with a phone call, and, if necessary, a letter for any missing reports.

4. Review the reports for completeness and accuracy. Verify the pharmacy log detail includes member name, AHCCCS ID, NDC code, and reporting month. Verify length of enrollment for each month a member is receiving the drug. The member must be enrolled no less than 15 days in the given month. Verification can be done in the PMMIS system. Verify the NDC code is on AHCCCS list of approved HIV/AIDS drugs. Compare the reports to prior submissions for reasonableness. Follow up with a phone call and if necessary, a letter regarding any errors, inconsistencies or large variations noted. Any revisions should be reflected in revised health plan or program contractor generated reports sent or faxed to OMC.
5. Verify the count on the HIV/AIDS Supplemental Payment Request form. See sample form attached.
6. Have fellow Program Compliance Auditor perform a quality control check to ensure member count on pharmacy logs agree to health plan / program contractor submitted reports.
7. Financial Consultant should review calculations on the request form.
8. Obtain signature from Financial Manager approving the request.
9. Prepare letter to each health plan / program contractor detailing expected payment and any adjustments that are made to payment.
10. Attach the check request form to a copy of all the HIV/AIDS reports and forward to the Assistant Director of DB&F for payment. The request should be forwarded to DB&F within 10 business days of the due date for the quarterly reporting package.
11. Keep a copy of the check request, letters, and reports for OMC's files.
12. Obtain verification of payment from DB&F and record payment date on the copy of check request maintained in OMC.
13. Maintain a log or spreadsheet of monthly reported amounts and payments by health plan and program contractor by rate code.

C. Adjustments to HIV/AIDS Supplemental Payment Reports

AHCCCS will make payment adjustments to health plans and program contractors for members receiving HIV/AIDS drugs for a previous quarter. Contractors are limited to the two prior quarters for requests for additional payments due to an adjustment; however, all adjustments which would reduce the payment made should be submitted, regardless of the length of time involved. An explanation from the health plan or program contractor for the adjustment must be submitted along with the revised reports to AHCCCS before a payment related to a previous quarter will be made.

Once the request is submitted, it should be reviewed for reasonableness and approved for payment. The calculation for the payment will be prepared on a separate section of the supplemental payment check request form.

IV. Sanctions

- A. Recoupment of overpayments to the health plans and program contractors
 - 1. Proposed recoupments and sanctions must be reviewed by the Assistant Director of OMC.
 - 2. Presentation to Cheery-O's if there are proposed monetary sanctions.

- A. Up to a \$5,000 penalty for incorrect reporting per audit period.
 - 1. Presentation to Cheery-O's if there are proposed sanctions.

V. File Format

- A. All HIV/AIDS related materials kept on file and stored at: s:\fn\dse\hiv\files.

VI. Reference

- Acute Care Contract - Section D, Paragraph 53, Compensation, *HIV/AIDS Supplement*.
- ALTCS Contract, Section D, Paragraph, 56, Compensation, *HIV/AIDS Supplement*
- AHCCCS AIDS Advisory Committee (AAAC) Revised 3/98