

Service Matrix / Selection Criteria

The Service Matrix defines and describes the selection criteria used for each of the service categories shown in the utilization sections of the Encounter Utilization Reports. The matrix represents a hierarchy of medical service categories for the encounters to be classified into. This means that a single encounter can only be counted in one service category, with the exception of a UB-92 that has days in more than one tier level. Each column of the matrix is defined as follows:

Column 1 - Num. – The order that the service categories appear in the utilization section of the Encounter Utilization Reports.

Column 2 – Service Category - The title of the service categories that appear in the utilization section of the Encounter Utilization Reports.

Column 3 - Count - Defines what was actually counted from the encounters and any applicable formula used to obtain the figure shown in the utilization table.

Column 4 - Form Type - The selection criteria for claim form type for this service category. See Section E for definitions of each form type.

Column 5 - Provider Type - The selection criteria for service provider types for this service category. See Section E for definitions of each provider type.

Column 6 - Category of Service - The selection criteria for the categories of service to be included for this service category. See Section E for definitions of each category of service.

Column 7 - Other Selection Criteria – 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 regarding the service categories to bring to the bidders attention include:

- Only Emergency Room services which did not result in a hospital admission were counted in the Emergency Facility Visits Category.
- For some service categories, all encounters on the form type will be considered one unit; for others, each individual encounter will be used to determine units. For example, a UB-92 claim will count as one inpatient stay or outpatient visit. All lines with HCPCSs on a HCFA 1500 form will be counted to calculate total units.

- 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.