



# Plan de Salud VITAL High Cost High Need Reports Management Standard Operating Procedures

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Responsible Party: Plan VITAL  
Managed Care Organizations & ASES

**Version 2.0**  
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## I. Document Information

Required Information	Description
<b>Owner:</b>	ASES
<b>ASES Approved By/Date:</b>	

## II. Document Revision History

Version Number	Date	Description
<b>v 0.1</b>	<12/26/18>	First version released for revision.
<b>v 0.2</b>	<01/02/19>	Inserted HCHN Reports Management Processes Overview Flowchart; Inserted Transaction type information in the Step-by-Step for the HCHN Population Identification and Reporting Procedure.
<b>V 0.3</b>	<01/15/19>	Inserted a Background section and an introduction for the HCHN Population Premium Payments Audit Procedure. Updated procedures according to latest changes to the HCHN Registry Report Layout. Updated the Table of Content.
<b>v 0.4</b>	<02/12/19>	Inserted Tran_Id: "M" as an option to modify information of a previously submitted record.
<b>V 0.5</b>	<03/29/19>	(1) Modified the document regarding adjudication procedure changes, (2) described the Exceptional Period, (3) inserted definitions accordingly and (4) inserted References C, D and E.
<b>V 0.6</b>	<04/12/19>	Inserted information regarding the exclusion of the laboratory and radiology claims as means for identification for the HCHN population and pertaining the exclusion of the dual eligible population from the HCHN Rate Cell designation.
<b>V 0.7</b>	<04/23/19>	References C, D and E were replaced by a new Reference C.
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## 1 Acronyms and Terms

The table below provides definitions for the acronyms and terms used throughout this document.

**Table 1: Acronyms and Terms**

Acronym	Definition
<b>ASES</b>	Administración de Seguros de Salud de Puerto Rico
<b>CLM File</b>	Monthly report of the Encounter Data submitted by the MCO to ASES using the <i>CLAIMSSERVICES Input File Layout</i> .
<b>Enrollee</b>	A person who is currently enrolled in the Contractor’s GHP Plan, as provided in the Contract, and who, by virtue of relevant Federal and Puerto Rico laws and regulations, is an Eligible Person listed in Section 1.3.1 of the Contract.
<b>HCHN</b>	High Cost High Need
<b>HCHN Enrollee</b>	A person who is currently enrolled in the Contractor’s GHP Plan, as provided in the Contract, who meets the qualifying criteria of a HCHN Condition Category as defined in Attachment 28 of the contract.
<b>HCHN Registry Report (Report 8)</b>	This is the report that each Contractor is required to submit on the 15 <sup>th</sup> of each month containing a complete list of all HCHN enrollees along with their qualifying health condition data.
<b>MCO</b>	Managed Care Organizations. An insurance company, health care organization, or any other approved health organization in Puerto Rico that meets the CMS definition.
<b>Effective Date for Payment</b>	Effective date for payment will be the month following the reporting month; i.e. cases reported in July will affect payment for August if all required information is submitted timely and passes validation procedures by ASES.
<b>Encounter/qualified encounter for HCHN</b>	<p>A distinct set of services provided to an Enrollee in a Telehealth, Telemedicine, Tele dentistry, or face-to-face setting on the dates that the services were delivered and properly documented on the appropriate health record, regardless of whether the Provider is paid on a Fee-for-Service, Capitated, salary, or alternative payment methodology basis. Encounters with the same Provider, that take place on the same day in the same location will constitute a single Encounter, except when the Enrollee, after the first Encounter, suffers an illness or injury requiring an additional diagnosis or treatment.</p> <p>A qualified encounter that validates an Enrollee in the High Cost High Need Registry includes all describes that also present a diagnosis of a HCHN condition, except laboratory and radiology and denied services.</p> <p><b><i>Note that in accordance with the previous definition a pharmacy claim is not considered a qualified encounter.</i></b></p>

Acronym	Definition
<b>Exceptional Period</b>	Grace period from November 2018 thru June 2019 in which ASES will be adjudicating retroactive payments for the HCHN cases identified through a certified encounter by the ASES actuaries.
<b>HCHN Validity Period</b>	<p><b>Certified Encounter Classification:</b> Twelve (12) month moving period starting in the month following the Diagnosis Date of an encounter certified by the ASES Actuaries. This period is extended once a new encounter is submitted and properly certified by the ASES Actuaries.</p> <p><b>Classification by Notification:</b> Six (6) month initial period starting in the month following the reporting month of a valid HCHN Notification submitted by the MCO stating that the HCHN condition is present. This period is extended once an encounter is submitted and properly certified by the ASES Actuaries.</p>
<b>HCHN Pre-Registry</b>	Contains all members in the HCHN Registry that have not been validated by a qualified encounter and are subject to a removal.
<b>HCHN Population Registry</b>	Contains a list constituted by new cases and modifications of existing cases of HCHN enrollees along with their qualifying health condition data.
<b>HCHN Rate Cell</b>	A function of the enrollee's Category of Eligibility (COE) including Medicaid, CHIP, and State-funded (Commonwealth) enrollees that considers age and gender, along with High Cost High Need (HCHN) condition categories that have been defined by ASES. Each of the HCHN rate cells have a distinct premium that will be paid to the Contractor for each enrollee.
<b>Plan de Salud VITAL</b>	Government healthcare plan.

## 2 Purpose

This HCHN Reports Management Standard Operating Procedure (SOP) outlines the process that is in place for the proper reporting of the HCHN Population of the Plan de Salud VITAL. It also establishes the validation processes that will be implemented in order to adjudicate HCHN Rate Cells to enrollees with the purpose of maintaining a HCHN Population Registry which will play an important role in the Premium Payment processes.

## 3 Background

ASES has established a capitation payment method, based on rate cells, for the population of the qualified Managed Care Organization (MCO) participating in Plan Vital.

The rate cells defined by ASES include, among other variables, the evaluation of six (6) categories of High Cost High Need (HCHN) conditions identified by a specific set of diagnosis codes.

For these purposes, ASES keeps a registry of the population that presents a category of HCHN condition. This registry is identified as the *HCHN Registry* and is fed using data from the Contractor through the monthly submission of the following reports:

- Report 8-High Cost High Needs (HCHN) Report
- CLM files

In order to keep the HCHN Registry accurate for payments, the Contractor is required to identify from all of its members those presenting a potential HCHN condition. The identified members are notified to ASES by the submission of Report 8.

The initial identification of a HCHN condition will result in the inclusion of the member in a Pre-Registry status for a period of six (6) months. This inclusion is conditional, and it will be revoked after six (6) months if ASES has not received a qualified encounter reported in the CLM File during that period.

Only once a qualified encounter is received, it will grant a twelve (12) month validity period from the service date of the encounter containing the HCHN diagnosis. In order to extend this period a new qualified encounter has to be received by ASES with a more recent service date.

All inclusions of a member in the HCHN Registry are performed prospective to the Report Date. Also, the inclusion of a member in the HCHN Registry in a specific period will be used to adjudicate the rate cell to the member for the capitation payment on the same period.

ASES will retroactively review the assignment of any enrollee into a rate cell based on a category of HCHN condition. The retroactive review will be performed considering the methodology for the HCHN identification and validation which may include, but is not limited to:

1. Analysis of Report 08 (HCHN).
2. Analysis of Eligibility and Enrollment history.
3. Analysis of Encounter and Claims history.
4. Direct contact with enrollee's PCP, specialist or physician directing the enrollee HCHN care plan.
5. Review of Enrollee behavioral health data.
6. Review of Enrollee pharmacy data.
7. Referrals

After these validations are concluded, a report will be produced confirming the adequacy of the payments previously adjudicated. In the case that ASES determines that a member has been inappropriately classified as a HCHN beneficiary the corresponding premium payments will be retroactively adjusted.

### Special Transition Period

ASES has delimited an exceptional period from November 2018 through June 2019 in which a qualified encounter will result in a retroactive payment from the month of the encounter's service date onwards for valid months within Plan Vital. This only applies to encounters reported and received by ASES during the defined period in full compliance with the HCHN requirements.

After the exceptional period is over, ASES will adjudicate HCHN rates cells for each enrollee prospectively to the reported date.

## **4 Process Triggers**

The HCHN reporting and validation process begins each month, with MCO submission of Report 8 (HCHN) and the Encounters and Claims File (CLM File). Both submissions are due on the first day of each month and will remain so until the 15<sup>th</sup> of each month.

## **5 Scope**

This SOP addresses the following procedures:

- HCHN Population Identification and Validation.
  - HCHN Population Identification by the MCO.
  - HCHN Population Validation by ASES.
- HCHN Registry Generation and Maintenance.
- Impact of HCHN Registry in Rate Cell Adjudication and Capitation Payment.

## **6 Responsible Parties**

The following parties are responsible for the execution of this SOP.

1. Plan VITAL Managed Care Organizations (MCOs)
2. Puerto Rico Health Insurance Administration (ASES)
  - Actuary
  - HCHN Division
  - Eligibility and Enrollment Division
  - Premium Payment Division

## **7 HCHN Reports Management Standard Operating Procedures**

This SOP has the purpose of delineating the procedures that lie behind the identification of the HCHN Population to maintain the HCHN Registry. In

addition, an overview of the whole process is inserted as an introductory section.

## 7.1 HCHN Procedure Overview

**Table 2: Step-by-Step Procedure for HCHN Reports Management Processes Overview**

Step #	Description	Responsible Party
<b>1</b>	Identify the assigned population with a category of HCHN Condition. Submit the following report before the 15 <sup>th</sup> of the month: <ul style="list-style-type: none"> <li>• Report 8 (HCHN)</li> <li>• CLM File</li> </ul>	MCO
<b>2</b>	Identify the population with qualified encounters validating or extending the validation of a category of HCHN condition. The Encounter Data validated is feed with the transactions received in the CLM Files. Submit the following report before the 26th of the month: <ul style="list-style-type: none"> <li>• HCHN Actuary Report.</li> </ul>	ASES Actuary
<b>3</b>	Process Report 8 (HCHN) and submit evaluation Results and Findings to the MCO. Process HCHN Actuary Report and submit evaluation Results and Findings to ASES Actuary.  Update HCHN Registry. Generate and Submit HCHN Registry File to MCO.  This is performed as part of the End-Of-Month processes within ASES.	ASES HCHN Division
<b>4</b>	Adjudicate Member Rate Cells. Generate and Submit MRC File to MCO.	ASES Eligibility & Enrollment

Step #	Description	Responsible Party
	This is performed as part of the End-Of-Month processes within ASES.	Division
<b>5</b>	Generate the Capitation Payment for the corresponding Premium Payment Cycle.  Submit the Explanation of Payment to MCO (820) by the 15th day of the month.	ASES Premium Payment Division

## 7.2 HCHN Population Identification and Reporting Procedure

The MCO is responsible for the establishment of a program to actively identify and maintain the reporting of members diagnosed with any of the categories of HCHN condition. The prompt identification of these members will impact the PMPM received in the Capitation Payment by the MCO.

**Table 3: Step-by-Step for the HCHN Population Identification and Reporting Procedure**

Step #	Description	Responsible Party
<b>1</b>	Identify the members that have been diagnosed with a new category of HCHN condition. Use the diagnosis codes (ICD10) shared by ASES.  The identification methods are: <ul style="list-style-type: none"> <li>● Encounter</li> <li>● Pharmacy</li> <li>● Certification of Diagnosis</li> <li>● Inpatient Admission.</li> </ul> When using Encounter Data note that: <ul style="list-style-type: none"> <li>● Encounter containing a services line for Laboratory or Radiology procedure</li> </ul>	MCO

Step #	Description	Responsible Party
	<p>cannot be used to identify a HCHN Condition.</p> <ul style="list-style-type: none"> <li>Only for inpatient admission, a services line for laboratory or radiology procedure will be excluded but the admission procedure line will be considered as a qualified encounter if it is not denied.</li> </ul> <p>Service Lines Adjudicated with a Denied Status by the MCO cannot be used to identify a HCHN Condition, unless otherwise stated by ASES, if so, there must be a Normative Letter issued by ASES or an update to attachment 28 with the specific instructions that will also modify this document.</p>	
2	<p>Identify the members that have a new encounter for the same category of HCHN Condition already included in the HCHN Registry.</p> <p>The new encounter will extend the validity period of this member in the HCHN Registry for the corresponding category.</p> <p>The extension is counted using 12 months starting from the next month of the encounter service date.</p>	MCO
3	<p>Review the transactions submitted in previous reports and identify any transactions with any defect that may need an amendment or withdrawal procedure.</p>	MCO
	<p>Use the identified members and transactions on previous steps to generate:</p>	

Step #	Description	Responsible Party
<p><b>4</b></p>	<p><i>Report 8 – High Cost High Needs (HCHN) Report</i></p> <p>Follow the instructions from:  <i>Plan Vital Reporting Guide.</i></p>	<p>MCO</p>
<p><b>5</b></p>	<p>Upload the resulting Report 8 file to the ASES FTP Server within the due period</p> <ul style="list-style-type: none"> <li>• Due Period is from the 1st day to the 15th day of every month.</li> </ul> <p>A file uploaded after the 15th day of the month won't be evaluated.</p>	<p>MCO</p>
<p><b>6</b></p>	<p>Upload Report 8 file to ASES HCHN subsystem database.</p> <p>If a file cannot be processed due to a wrong file layout ASES may notify the MCO in order to allow for a new file to be submitted within the Due Period.</p> <p>If no file is received with the correct file layout the next steps won't be executed.</p>	<p>ASES HCHN Division</p>
<p><b>7</b></p>	<p>Process transactions received on Report 8.</p> <p>At this point ASES won't match transactions received on Report 8 with the Encounter Data.</p> <p>The only exception is for transactions for which ASES already has evidence in the Encounter Data that the service line has a Laboratory or Radiology procedure. These transactions will be denied.</p>	<p>ASES HCHN Division</p>

Step #	Description	Responsible Party
	<p>Approve all transactions that comply with the required reporting instructions and Deny those that do not comply.</p> <p>Approved transactions will be used in the maintenance of the HCHN Registry.</p> <p>Produce a Result file with all transactions Approved and Denied. For denied transactions a Finding file is also generated.</p>	
<b>8</b>	Submit Results and Findings File to the MCO.	ASES HCHN Division

**Table 4: Step-by-Step for the HCHN Population validated by ASES**

Step #	Description	Responsible Party
<b>1</b>	<p>Generate CLM File.</p> <p>Follow the instructions from:</p> <ul style="list-style-type: none"> <li>• <i>Carrier to ASES Data Submissions - CLAIMSSERVICES Input File Layout</i></li> </ul> <p>Verify that all transactions reported, used to identify a category of HCHN condition for a member, contain the required information, specially but not limited to: service date, procedure codes, diagnosis codes and payment status.</p>	MCO
<b>2</b>	<p>Upload the resulting CLM file to the ASES FTP Server within the due period.</p> <ul style="list-style-type: none"> <li>• Due Period is from the 1st day to the 15th day of every month.</li> </ul>	MCO

Step #	Description	Responsible Party
3	<p>Upload CLM file to ASES Encounter subsystem database.</p> <p>If a file cannot be processed due to a wrong file layout ASES may notify the MCO in order to allow for a new file to be submitted within the Due Period.</p> <p>If no file from a MCO is received with the correct file layout within the Due Period, the next steps won't be executed.</p>	ASES
4	Process CLM File to Identify the Last Encounter validating a category of HCHN Condition for all members in the received CLM Files for all MCO participating in Plan Vital.	ASES Actuary
5	Generate the HCHN Actuary Report and submit it to ASES	ASES Actuary
6	<p>Upload HCHN Actuary Report file to ASES HCHN subsystem database.</p> <p>All transactions received will be used in the maintenance of the HCHN Registry.</p>	ASES HCHN Division

### 7.3 HCHN Registry Generation and Maintenance

The HCHN Registry is evaluated on a monthly basis. For each month all members qualifying with a category of HCHN condition will be included with new transactions for that month.

The HCHN Registry was first generated for the start of Plan Vital using the Encounter Data received before November 2018 and evaluated by ASES Actuary.

**Table 5: Step-by-Step for the HCHN Generation and Maintenance**

Step #	Description	Responsible Party
1	<p><u>HCHN Registry inclusion on Pre-Registry status:</u></p> <p>Add all members identified by the MCO on Report 8 not yet validated by the HCHN Actuary Report.</p> <p>If a member has been on the HCHN Registry for 6 months on a category of HCHN Condition and it's not yet validated by the HCHN Actuary Report, it won't be added to the new month.</p>	<p>ASES HCHN Division</p>
2	<p><u>HCHN Registry inclusion on Validated status:</u></p> <p>Add all members validated by the HCHN Actuary Report.</p> <p>If a member has been on the HCHN Registry for a date exceeding 12 months from the next month of the service date of the last encounter, it won't be added to the new month.</p>	<p>ASES HCHN Division</p>
3	<p><u>Remove members expiring the Pre-Registry period.</u></p> <p>This is with the removal of all members that have been 6 months in the HCHN Registry for the category of HCHN Condition they have not been validated by the HCHN Actuary Report.</p> <p>The member is removed for all of the 6 months that was included in the HCHN Registry for that category.</p>	<p>ASES HCHN Division</p>
4	<p><u>Evaluate Eligibility and Enrollment Data.</u></p> <p>Dual Members or Members on the Virtual Region are removed in the HCHN Registry from the month they started in those conditions.</p>	<p>ASES HCHN Division</p>

Step #	Description	Responsible Party
	Members losing their eligibility are removed from the HCHN Registry for the month they lost their eligibility.  Members changing carriers will be seen as removed or not included for the carrier losing the member from the date the change is effective.	
<b>5</b>	Export HCHN Registry and submit to each MCO.	ASES HCHN Division

## 7.4 Pharmacy Rule (Pre- Registry using Pharmacy Claims)

Applicable rules for the use of pharmacy claims in the identification of enrollees potentially eligible for HCHN program, with incurred date on or after July 1, 2020.

The Contractor may use pharmacy claims for the identification of enrollees potentially eligible for HCHN, when the medication is approved and used for a medical condition defined in the HCHN Program.

These cases shall be considered for the pre-registry. Therefore, the Contractor must register a qualified encounter within 180 days from the Prescription Date as reported in the CLM File. This will permit the validation of the enrollee in the HCHN Registry for a period of 12 months including the pre-registry elapsed months.

The next extension of the enrollee in the HCHN Registry beyond the 12 months shall be subject to the identification of a qualified encounter, not a pharmacy claim, with service date after the one that was used to initially validate the case.

## 7.5 Extension of HCHN Validity Period for Pre-Registry Cases (Subject to Actuarial Evaluation)

In accordance with the language established in amendment 28 .....“The qualified encounter for register an enrollee in the HCHN Program, is subject

to the period in which the provider submits the claims to the MCO for payment of services provided. Consequently, the payment period for Enrollees registered in the HCHN Program could be less than 12 months.

ASES will evaluate alternative methods that allows early identification and registration of Enrollees that qualifies for the HCHN program. In the event the alternative method or methods represent a material change in the established in the certified rates, a new actuarial certification shall be in place, as well as the corresponding Contract amendment. On the other hand, should the alternative method identified by ASES do not represent a material change on the already certified rates, ASES shall issue a Normative Letter notifying.

The following procedure will apply for Pre-Registry enrollees:

If the Contractor submit to ASES a qualified encounter within 180 days from the Service Date as reported in the CLM File, this will permit the validation of the enrollee in the HCHN Registry for a period of 12 months including the Pre-Registry elapsed months.

**Figure: Example**

2020												2021					
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
				PRE	Months Paid in Pre-Registry									Extend to sum up 12 months			
													x	x	x	x	
<b>Encounter Service 1</b>	1	2	3	4	5	6	7	8	9	10	11	12					
	Not Paid on HCHN				REPORT												

## 7.6 HCHN Rate Cell Adjudication and Capitation Payment

ASES performs the procedures for Rate Cell Adjudication and Capitation Payment on a monthly basis for all members in Plan Vital.

This document explains the relevant elements taking place in those processes in relation to the HCHN Registry.

- The Rate Cell Adjudication verifies if the member is active in a category of HCHN condition in order to assign the corresponding rate cell based on the hierarchy defined by ASES.
- Rate cells for Dual Members and Virtual Region Population have more priority than the rate cells associated with any category of HCHN condition.
- If a member is removed or changed in the HCHN Registry for a previous period, the Rate Cell will be retroactively adjudicated.
- Once a rate cell is adjudicated for a member, the Premium Payment process will use that information for calculating the Capitation Payment.
- If there is a retroactive rate cell adjudication a Capitation Payment Adjustment will be performed for the incurred period.

## **8. Successors**

The HCHN Procedures are defined to generate and maintain the HCHN Registry.

The following procedures are impacted by this procedure

- Member Rate Cell Adjudication
  - Rate Cells for members presenting a category of HCHN Condition require the HCHN Registry up to date.
- Premium Payment
  - Capitation Payment Rates are calculated based on HCHN rate cells matching the latest maintenance of the HCHN Registry.

## 9. References

The following items will be used to execute this procedure.

### 9.1 Reference A: Attachment 28 HCHN Rate Cells

#### ATTACHMENT 28 – HCHN Rate Cells

##### HCHN Rate Cell Assignment

Starting on November 1, 2018 each enrollee in the GHP will be assigned to one of 37 distinct rate cells. **Appendix A** lists each rate cell by eligibility group. The rate cell assignment is a function of the enrollee's Category Of Eligibility (COE) including Federal, Dual Eligible, CHIP, and State-funded (Commonwealth) enrollees, Age, Gender, Medicare status, and Domestic Abuse and Foster Children (formerly Virtual region) and select High Cost High Need (HCHN) condition categories. Each of the 37 rate cells will have a distinct premium that will be paid to the Contractor for each enrollee.

##### Rate Cell Assignment Prior to November 1, 2018

Prior to November 1, 2018 ASES will identify the HCHN conditions using the carrier reported claims data according to the methodology described below. The Contractor will receive an enrollment data file (.sus) (please refer to Attachment 09) that will contain the enrollees assigned to the Contractor according to the auto-enrollment algorithm. The file will contain fields that identify the rate cell and if applicable the specific HCHN condition(s) for each enrollee. In addition, the file will include date of initial diagnosis, date of last encounter with the diagnosis, and end date of HCHN rate cell eligibility (12 months after the date of last encounter).

##### Rate Cell Assignment after November 1, 2018

By the 15<sup>th</sup> day of each month the Contractor shall submit a HCHN Registry Report that will contain the roster of all enrollees and the HCHN conditions identified. The file shall be formatted in the data layout contained in **Appendix C**.

If the Contractor provides all required information in a timely manner ASES will disburse the premium for each enrollee according to HCHN Registry Report in the subsequent month. If the report is not received with the required information or in the specified timeline, ASES will disburse the premium for each enrollee according to the HCHN Eligibility Report received in the previous month. No retroactive premium will be paid due to reports that do not comply with the procedures established in this attachment.

The Contractor can internally identify enrollees with the specific HCHN conditions with methods other than claims data (Clinical Review, Behavioral health data, Pharmacy data, Care Management, and referrals etc.). However, it is the responsibility of the Contractor to report the enrollee's encounter with the specific diagnosis codes that qualify for a HCHN rate cell. (See below for specific diagnostic codes that qualify as a HCHN rate cell)

##### Retroactive Review of HCHN Registry Report

ASES reserves the right to retroactively review the assignment of any enrollee into a HCHN condition rate cell. In addition, ASES can at any time request information regarding the diagnosis, supporting documentation, revised HCHN registry report, and care management plan of the enrollee. In the case that ASES determines that the member should not have been enrolled into a HCHN rate cell, premium will be retroactively recovered in the amount equal to

### 9.2 Reference B: HCHN Population Report Layout



### 9.3 Reference C: HCHN-ASES to MCOs File Layouts

#### HCHN - ASES to MCO Files Layout