

**ATTACHMENT 1. AVERAGE CONTRACTED RATE DATA
WORKSHEET INSTRUCTIONS**

If an enrollee receives covered, non-emergency services from a contracting health facility at which, or as the result of which, the enrollee receives services provided by a noncontracting individual health professional, those services are subject to Health and Safety Code Section 1371.9. The ACR Data Worksheet collects the average contracted rate data for the services most frequently subject to Health and Safety Code Section 1371.9 in each geographic region in which the services were rendered for the calendar year 2015.

Plans and Delegated Entities will use the ACR Data Worksheet to enter each distinct ACR that it will use as a basis for payment in 2017 and 2018 for the applicable payments described in the paragraph above. This includes the specific ACRs for each payment region, service procedure code (with applicable modifiers), and payment category (e.g., type of provider). Please use the rows of the template to indicate each unique combination of geographical payment locality and a procedure code (CPT or HCPCS). There is no limit to the number of rows that may be entered.

The columns may be extended to include any variation within the geographic localities and procedure codes (these have been labeled as 'payment category'). The reasons for variation may include provider payment class (physician, non-physician, specialist, etc.), type of facility where care was rendered, site of service, or other variations that affect the determination of the payment rate. Each distinct ACR for a given geographic area and procedure code should be provided in a separate set of columns. There is no limit to the number of columns that may be entered. Please describe each payment category in its respective column heading.

ACR Data Worksheet Instructions:

1. Entity Name

Enter Entity's name

2. Payment Category

Enter payment category type (e.g. physician, non-physician, specialty type)

3. Entity-Defined Region

Enter the specific payment region for ACR

Note: If geographic payment areas other than county or Medicare locality are used, please provide a crosswalk between the areas as defined in the ACR calculation and the county.

4. Procedure Code

Enter Procedure Code (CPT or HCPCS)

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Note: For pathology and radiology procedures that can be billed either as the global service or only the technical or professional component, please indicate each type of billing on a separate CPT line with the appropriate modifier. Global billing/payment should be listed as the CPT code alone (e.g., 71020), and professional component billing/payment should be listed with the modifier (e.g., 71020-26). If the ACR for such services has been calculated in a different manner, please provide an explanation of the approach used. Entries for the technical component do not need to be entered.

5. Modifier (If Applicable)

Enter Modifier if Applicable

6. Average Contracted Rate (ACR)

Enter ACR that corresponds to the region and procedure code for each row

Example:

1. Entity Name:		Plan 1			
			Payment Category 1	Payment Category 2	Payment Category 3
			2. Physician	2. Specialist	2. Non-Physician
3. Entity-Defined Region	4. Procedure Code	5. Modifier (If Applicable)	6. ACR	6. ACR	6. ACR
01: Orange County	99204		\$75.25	\$48.75	\$25.75
01: Orange County	71020		\$115.00	\$58.00	\$32.00
01: Orange County	71020	26	\$80.00	\$40.00	\$20.00
02: Los Angeles County	99204		\$85.00	\$70.00	\$65.00
02: Los Angeles County	71020		\$135.00	\$115.00	\$95.00
02: Los Angeles County	71020	26	\$80.00	\$40.00	\$20.00