



**AMERIGROUP ATTENDANT CARE ENHANCEMENT PAYMENT PROGRAM
ANNUAL REPORT - REPORT CERTIFICATION**

Provider Name: _____

Address: _____

Remittance TAX ID Number: _____

Reporting Period - State Fiscal Contract Year: _____

Part I: Amerigroup Reported

- 1. Total number of service units paid by Amerigroup for qualified service codes: _____
- 2. Total dollars paid by Amerigroup for qualified service codes: _____
- 3. Total dollars paid for attendant compensation rate enhancement: _____

Part II: Provider Agency Reported

- 1. Grand total of dollars paid in employee salaries including all applicable payroll taxes (including FUTA, SUTA, FICA, etc.):
 - A. Salary: \$ _____
 - B. Taxes: \$ _____
 - C. Grand Total: \$ _____ (Add Line A to Line B for the total salary)
- 2. Grand total of all STAR+PLUS unit of service hours provided for qualified services:
 - \$ _____

PART III – Fund Distribution Methodology Description

Please provide a brief narrative explaining in general terms the manner or methodology in which the provider agency applied the Attendant Care Enhancement payment dollars paid by Amerigroup to the agency and applied to qualifying employees of the participating provider agency. Funds must be used in accordance and within the guidelines of TAC § 355.103(b)(2)(A-B) and 355.105(b)(2)(B)(xi). If the agency has utilized these funds in a combination of qualified methods as described in TAC § 355.103(b)(2)(A-B) and 355.105(b)(2)(B)(xi), then please allocate a percentage of the funds that were used in each methodology narrative description provided.

Signer Certification

Legal name of contracted provider _____

1. Federal tax identification number _____

2. Printed/typed name of signer _____

3. Title of signer _____

4. Address of signer (street, P.O. box, city, state, ZIP code)

5. Phone number with area code _____ Fax number with area code _____

6. Signature of signer _____

7. Date _____

Signer Authority (please check one)

Sole proprietor Agency Officer Partner Corporate Officer L.L.C. Member

Other Legal Party, please describe: _____

AMERIGROUP ATTENDANT CARE ENHANCEMENT PAYMENT PROGRAM ANNUAL REPORT FORM INSTRUCTIONS

Reporting Periods Due

- SFY 2010: September 1, 2009 to August 31, 2010 – due by February 28, 2013
- SFY 2011: September 1, 2010 to August 31, 2011 – due by February 28, 2013
 - This reporting year includes the Amerigroup expansion of the STAR+PLUS program in the Dallas and Fort Worth service areas beginning February 2011 and the Jefferson service area effective September 2011.
- SFY 2012: September 1, 2011 to August 31, 2012 – due by March 15, 2013
 - This reporting year includes the Amerigroup expansion of the STAR+PLUS program in the El Paso and Lubbock service areas beginning February 2012.
- Prenotification for SFY 2013: September 1, 2012 – August 31, 2013 – due by January 30, 2014

PART I

This information is provided by Amerigroup for the provider's reference. It is calculated from the total paid claims data during the reporting period for Amerigroup STAR+PLUS enrolled members only. This information should in no way be altered by the provider during the report submission and certification process.

Qualified Service Codes are defined as follows:

- S5101 – Day Activity Health Services
- S5125 – Personal Attendant Services, Agency and Agency Model for Self Direction
- T2031 – Assisted Living/Residential Care
- Consumer/Self Directed program services are not eligible
- Respite services are not eligible

- Attendant Compensation Rate Enhancement rules applicable to this report, which define allowable and unallowable costs as described in TAC § 355.103(b)(2)(A-B) and 355.105(b)(2)(B)(xi).
- The provider agrees to spend approximately 90 percent (TAC § Rule 355.112) of the total attendant revenues, including enhanced add-on rate revenues, on attendant compensation. Attendant compensation includes salaries, payroll taxes, benefits, and mileage reimbursement.

PART II

1. Provider should input the grand total of dollars paid in salaries and all applicable payroll taxes (including Federal Unemployment Tax (FUTA), State Unemployment Tax (SUTA), Federal Insurance Contributions Act (FICA), etc.).
 - a. Line A = the hourly wage without taxes, incentives or bonuses
 - b. Line B = all tax paid by or on behalf of the employeeEmployee is defined as anyone provided direct care to an Amerigroup Member.

Provider should input the Grand Total of all STAR+PLUS service unit hours provided/billed for qualified services as defined in the above section Part I. A unit of service hour is 1 unit = 1 hour of care per qualified code.

2. Provider should input the Grand Total of all bonuses or incentives paid to qualifying agency employees.

PART III: Fund Distribution Methodology Description

Explain in general terms the manner or methodology in which the Attendant Care Enhancement Payment dollars paid by Amerigroup were applied to qualifying employees of the participating provider agency. If the agency has utilized these funds in a combination of qualified methods as described in TAC § 355.103(b)(2)(A-B) and 355.105(b)(2)(B)(xi), then allocate a percentage of the funds that were used in each methodology.

PART IV: Report Attestation

Complete, sign, and include one report certification per reporting period.

Signer Certification

1. Legal name of contracted provider: Type or print the agency's legal name and doing business as (dba) per the federal W-9 form on file with Amerigroup.
2. Federal Tax Identification Number (FTIN): Type or print the FTIN as per the federal W-9 form on file with Amerigroup.
3. Printed/typed name of signer: Type or print the name of the person signing the report certification
4. Title of signer: Type or print the position title of the person signing the report certification
5. Address of signer (street, P.O. Box, city, state, ZIP code): Type or print as per the agency's federal W-9 form on file with Amerigroup.
6. Phone number with area code: Type or print as per the Federal W-9 form on file with Amerigroup. Fax Number w/ area code: Type or print the agency's fax number.
7. Signature of signer: Have the person responsible for certifying this report per the terms defined in report certification of the form sign in either blue or black ink an original signature and date of the signature (line 9).

Submission Instructions:

1. Reports are due by close of business on the dates listed above for each reporting year.
2. A reporting year is described as the State Fiscal Year (SFY), which begins on Sept 1, XX, and continues through August 31, XX.
3. Providers should maintain a copy of this report for their records.
4. Reports should be submitted to:
Arlene Salazar
Amerigroup
4400 South Piedras Drive, Suite 120
San Antonio, TX 78228
5. Ensure the attached forms are completed and included in your final report packet – one for each reporting period submitted.