



AHCCCS 5010 834 Consortium

January 14, 2010

2:30 PM to 4:30 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Handouts: *(All were distributed to meeting attendees electronically prior to or immediately following the meeting)*

- Agenda
- 834 v5010 Crib Notes
- 5010 834 Overview (.ppt presentation)
- 834 AZ Transaction Changes Overview.
- 834 Transaction Examples (zip files of 21 examples)

Attendees: Teleconference attendees are shown with an *

Abrazo Health	Cheesman, Christine*	DHS	Ross, Susan
Abrazo Health	Jayapal, Shanthi*	DHS	Vasquez, Luis
Abrazo Health	Liska, Liz*		
Abrazo Health	Rivera, Veronica	Care 1st	Reyes, Margarita
Abrazo Health	Ward, Joanne*	Care 1st	Thurman, Kathy
ADES	Bobby Arredondo	Centene	Cervantes, Monica
ADES	Raj Nicodemus	Centene	Lueking, Keith*
ADES	Rup Mamadi		
ADES	Vega, Josias	Yavapai County	Ducharme, Becky*
ADES	Booth, Leo R		
ADES	Reith, Laura	Hawaii	Chau, Randy*
AETNA	Cassel, Todd	IASIS Healthcare	Perikly, Jaime
AETNA	Perea, Angelica	IASIS Healthcare	Sisson, Mike
Americhoice	Saelens, Karen	Pinal County	Davis, Cheryl
AHCCCS	Altman, Cindy	Pinal County	Schwarz, Jennifer
AHCCCS	Burrell, Deborah	SCAN Health Plan	Wright, Vicki*
AHCCCS	Gerard, Kelly		
AHCCCS	Giliana, Midia	UHC	Alix, Debra
AHCCCS	Gray, Jeffrey	UHC	Anderson, Carolyn*
AHCCCS	Himes, Margo	UHC	Ashwin, Jain*
AHCCCS	Hopkins, Lynn	UHC	Ball, Michael*
AHCCCS	Horrell, Zina	UHC	Graf, Donald A
AHCCCS	Lambert, Dora	UHC	Mischung, Nancy J
AHCCCS	LeCount, Stephanie	UHC	Schaffler, Trent*
AHCCCS	Lennear, Asia	UHC	Stepp, Sean*
AHCCCS	McElroy, Jacqueline	UHC	Suftko, David
AHCCCS	Murray, John	UHC	Upton, Jane
AHCCCS	Perez, Alicia	UPH	Phillips, Seth*
DHS	Caisse, Kayla		
DHS	Gopal, Madan		
DHS	Rendfeld, Paula		

Arizona NPI Technical Consortium
January 14, 2010, 2:30 pm – 4:30 pm

Lori Petre

Today's presentation will cover an 834 change overview, transaction examples, and a newly formatted worksheet called the "crib notes."

It is anticipated one additional follow-up meeting on the 834 may be necessary. A separate meeting covering the 275 – Electronic Claims Attachments, will be held for those Plans who wish to participate.

Cheryl Kelly, EDI Business Analyst
Kelly Gerard, Project Leader

834 Changes Overview (PowerPoint Presentation)

Changes in the 834 include improved organization into a more logical order and diversion of certain extraneous data into a new reporting category, the 2710 loop.

Address Change and SOC

- Extraneous data has been removed. There will be separate transaction each for address, name, or rate code change. SOC will contain only SOC data.

2300 loop

- Co-pay data is reorganized and amount segments will no longer be used for co-pay data; co-pay level only will be sent - not co-pay amount
- Member mailing address will be sent only when it is different from the resident address
- Attributes (identifiers) will be moved to the new 2700 loop
- TPL data will be sent in a separate transaction
- An 834 transaction regarding coordination of benefits will be sent for any member who does not have changes to enrollment
- Part B will be included in the 2300

2700 loop

- Rate code, Prior Plan ID, Action code, Pregnancy, and NICU will be included
- 834 daily (CRS, AzeIP, TSC or Medicare HMO) will be moved to 2700 loop
- No change to member enrollment; identifying information will be separate

Additions to 834

- Mother's information, RBHA/TRHBA, expected delivery date, new enrollment health plan, TPL address and contact are additions
- COB data will be in the Monthly 834

Eliminations from 834

- Prior Plan proprietary files, daily and monthly TPL proprietary files are eliminated

**Arizona NPI Technical Consortium
January 14, 2010, 2:30 pm – 4:30 pm**

Cheryl Kelly, EDI Business Analyst
Kelly Gerard, Project Leader

Walk-through of Transaction Examples (PowerPoint Presentation)

The 834 “crib notes” document highlights changes from the 4010 to the 5010 version. The notes correspond with each of the transaction examples in the zip file.

Slides of each example were reviewed and discussed: SIMPLE ADD, ADD WITH COB, NEWBORN ADD, DISENROLL , ADDRESS CHANGE, COPAY CHANGE, DEMO CHANGE, MH CHANGE OR TERM, PREGNANCY OR NICU INDICATOR, RATE CODE CHANGE, SHARE OF COST CHANGE, COB CHANGE, 1ST OF THE MONTH, MONTHLY.

Questions following the slide review were as follows:

Are we changing the information we are requesting back on TPL leads?

“No, we are not changing the requirements of either the policy number or policyholder’s SSN to be submitted along with the TPL referral because the policyholder’s SSN may not be known to AHCCCS. The policy number or policyholder’s SSN assists the TPL contractor in identifying and verifying the coverage. You are still required either one. “

Email addresses?

“The email address is not incorporated at this time but this is an eventual goal for AHCCCS.” We are currently working on collecting and maintaining it in the system but do not know where it will go as yet.

NM103 Master Carrier ID and Carrier Name?

“The master carrier ID is a number on the AHCCCS record and we provide the master carrier reference file on the server in the “share info reference” and is called master car ID and is produced weekly. There, you can see the table we use for our reference or the master carrier number and the carrier name, along with the address, telephone, and other data. Use of that table helps in matching carriers to existing carrier in our system.”

Daily on the 1st?

“We are not sending effective dates with Daily on the 1st transaction. The 1st is the day you can consider effective. Much of this data is received during the month and much of it is activity for the prior month. The Daily is just notification that a person is served by CRS and targeted support coordination, etc. In contrast, TPL does have begin and end dates.

2710 codes?

Codes identified in the Crib Notes are the only codes expected for use in the 2710 loop

Co-Pay?

Current display of 834 co-pay amounts will be discontinued in lieu of co-pay levels. In the 4010, the co-pay level will be in the 2000 Loop, REF01 (DX) and REF02 (co-pay level number). The reference table will incorporate the level number to a set of services and the associated amounts. Implementation on 7/1/10 will provide co-pay on the Daily 1st of the month. With 5010 implementation, data will move to the 2710 Loop.

Note: PowerPoint slides were emailed after the meeting.

**Arizona NPI Technical Consortium
January 14, 2010, 2:30 pm – 4:30 pm**

Close

Lori Petre

Results of the open requirement related questions sent to Health Plans were shared:

In the DTP segment - File Effective Date; would the "file create" date be helpful to the Health Plans/Program Contractors?

This is a new field in 5010. AHCCS wants to know if the file create date would be helpful? Would file create date be helpful. The majority of Health Plans said yes. As a result, this field will be included for "optional" use.

In the new QTY segment - Transaction Set Control Totals; would the inclusion of this information be helpful to the Health Plans/Program Contractors?

Many internal conversations have addressed this question. The Health Plans wanted to know what the segment would be used for and the majority said no. This field could hold a variety of data. The question will be further defined for the Plans.

Currently the member's verified SSN, when available, is sent on Adds, Disenrolls, Rate Code Changes and on the Monthly 834. Our current draft requirements for the 5010 version of the 834 transaction call for us to no longer send this data element. Is this data element helpful to the Health Plans/Program Contractors? If so what are its uses and what would the impacts of our no longer sending it be?

The current practice is to send what is available. AHCCCS proposes removing the SSN. The votes from the Health Plans were equally divided. Some use it in batch process and Medicare identification. AHCCCS will wait for a deciding vote.

Are you experiencing any challenges with this transaction (834) as currently defined and/or if you have specific suggestions as to improvements we might introduce with regards to the information exchanged?

No one registered as issues.

Are there objections to the timeframes?

AHCCCS wants feedback from the Health Plans while there is time to reevaluate. It is a goal to move all Plans simultaneously. The assumption is there is no debate until someone lets us know

Final Comments

There is a forthcoming document about co-pays, a list of changes and what they look like. The test files will be available May 1, with a DOS implementation on July 1. There is a new reference file and two new encounters edits. Nominal (Optional) co-pay parameters have changed. Every member will have a co-pay level assignment, even if it indicates exempt.

Benefit limits for physical therapy are being revisited. Any new decisions will be provided.

It is requested that the crib notes be reviewed and any questions or scenario's submitted as soon as possible.

It is advised that Health Plans include a technical representative at the future 275 meeting.