

# Prospective Offerors' Technical Interface Meeting

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# Introduction

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- Provide all potential Offerors with an overview of the AHCCCS technical environment, data exchanges/interfaces and related standards.



# Agenda

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- Technical Environment
  - EDI
  - PMMIS
- Key Interfaces
  - Recipient/Health Plan
    - Eligibility
    - Enrollment
    - Capitation
    - Data Exchange
  - Provider
    - Provider Information
    - Provider Affiliation



# Agenda (cont.)

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- Reference
  - Recipient Related
  - Encounter Related
  - Code and Processing Rules
- Encounters
  - Encounters
  - Data Validation
- Reinsurance





# Agenda (cont.)

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- ❑ Trading Partner Set-up and Maintenance
- ❑ Testing
- ❑ Documentation and Resources
- ❑ New - Technical Items
- ❑ Claims Data Exchange
- ❑ Information Technology (IT) Systems Demonstration





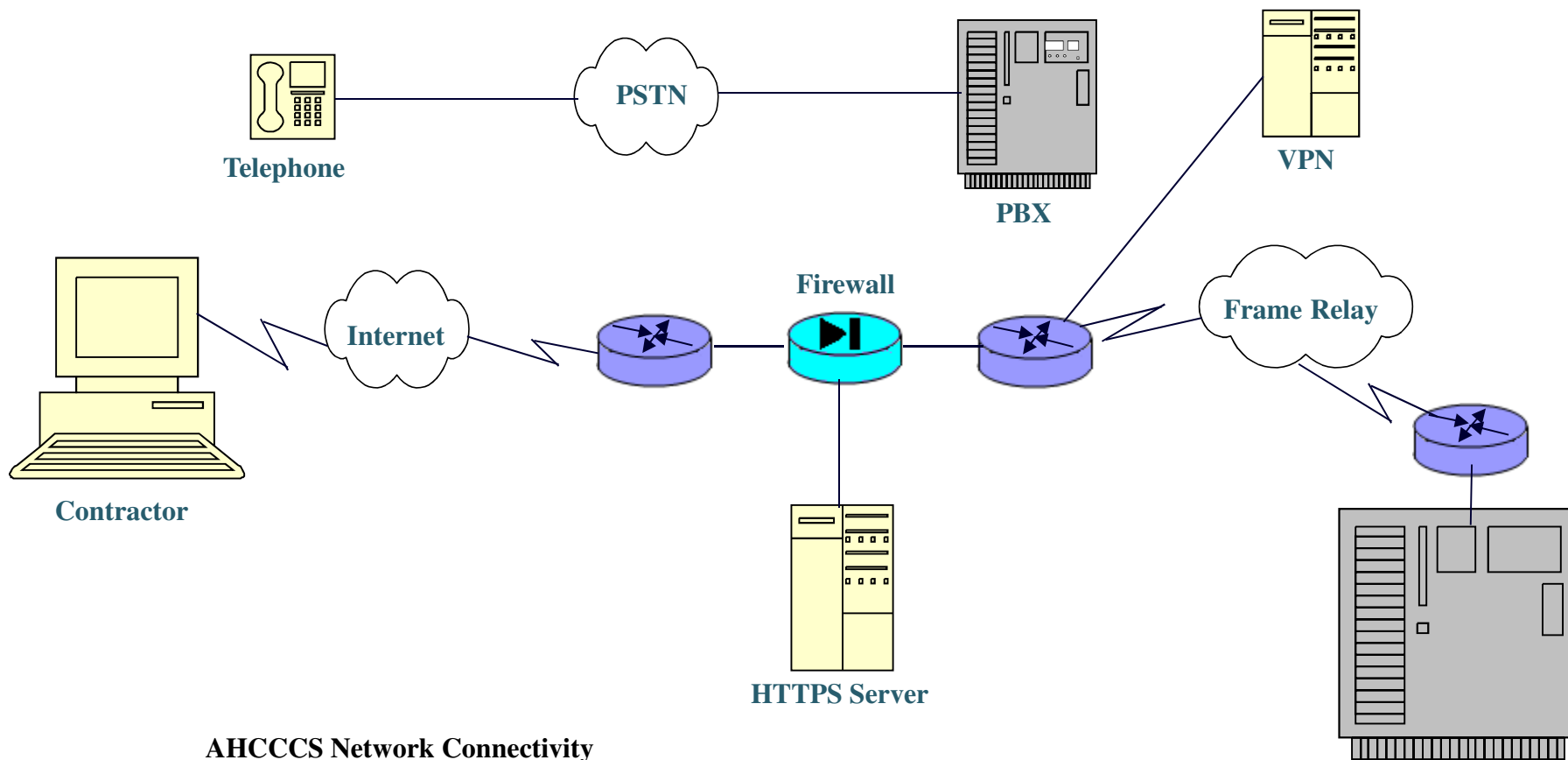
# Technical Environment

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- EDI
- PMMIS



# Technical Environment Overview



AHCCCS Network Connectivity



**30 Years of Medicaid Innovation**  
*Our first care is your health care*  
Arizona Health Care Cost Containment System

# EDI (Electronic Data Interchange)

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- All data exchanged between AHCCCS and the Contractor is done through the Secured File Transfer Protocol (SFTP) server
- Data files are generally produced on daily or monthly cycles
- Each Contractor will have secured folders as well as access to the Shared Info folder - SFPT/VPN Share INFO





# EDI (Electronic Data Interchange)

## (cont.)

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- Contractors will have secured pre-defined folders on the SFTP server called –
  - OTHER – Used to exchange non-system files with AHCCCS
  - PROD – This folder is used to send and receive production datasets
    - IN – Send non-X12 data to AHCCCS in this folder
    - OUT – Receive non-X12 data from AHCCCS in this folder
    - EDI-IN - Send X12 data to AHCCCS in this folder. Files are swept immediately for processing
    - EDI-OUT - Receive non-X12 data from AHCCCS in this folder



# EDI (Electronic Data Interchange) (cont.)

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- TEST – This folder is used to send and receive test datasets.
  - IN – Send non-X12 data to AHCCCS in this folder
  - OUT – Receive non-X12 data from AHCCCS in this folder
  - EDI-IN - Send X12 data to AHCCCS in this folder. Files are swept immediately for processing
  - EDI-OUT - Receive X12 data from AHCCCS in this folder



# EDI (Electronic Data Interchange)

## (cont.)

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- Staff members of the Contractor can request access to the folders for the exchange of test and production data
- Forms can be found at;  
<http://azahcccs.gov/commercial/ISD/DataAccessForms.aspx>  
X
  - Two Forms are needed
  - Electronic Data Exchange Request Form – will receive an ID/password to the SFTP server
  - External User Affirmation Statement – Must be signed by each person requesting access





# EDI Interface Tools

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- ❑ Community Manager
- ❑ Transaction Insight (TI)
- ❑ Validation and Translation



# EDI Interface Tools – Community Manager

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- ❑ TIBCO® Foresight Community Manager® is a secure online self-testing web portal AHCCCS makes available to all Trading Partners for the pre-submission testing of EDI transactions to AHCCCS
- ❑ Tool to ensure compliance with 5010 X12 transaction standards
- ❑ Includes a comprehensive testing regimen
- ❑ Incorporates additional AHCCCS developed guidelines
- ❑ Produces real-time results



# EDI Interface Tools – Transaction Insight (TI)

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- ❑ TIBCO® Foresight Transaction Insight® secure web portal
- ❑ EDI file Validation, performance reporting, and error correction capabilities available to AHCCCS Trading Partners
- ❑ Allows for form-based error correction facilities for encounters
- ❑ Allows Trading Partners to search for specific documents from the TI database using a powerful built in search function



# EDI Interface Tools – Validation and Translation

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- ❑ TIBCO® Foresight Instream® transaction validation
- ❑ High-speed validation of transactions using standards and custom business rules (guidelines)
- ❑ Automatically creates, validates and distributes EDI Acknowledgements (TA1, 277CA, 824 and 999)
- ❑ Translator IBM® Websphere Transformation Extender ® (WTX)



# EDI Tools – Resources

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- Community Manager  
<https://tradingpartnertesting.azahcccs.gov>
- Transaction Insight (Test) <https://tiwebtst.statemedicaid.us>
- Transaction Insight (Production)  
<https://tiwebprd.statemedicaid.us>





# PMMIS

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- AHCCCS operates a mainframe processing system known as PMMIS (Pre-paid Medical Management Information System). PMMIS is made up of multiple sub-systems, each with a distinct function (Recipient, Encounters, Claims, Reference, etc...). The sub-systems, however, are interrelated and share common data and many rules of processing.





# Key Interfaces

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- Recipient/Health Plan
- Provider
- Reference
- Encounters
- Reinsurance



# Recipient/Health Plan Interfaces

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- AHCCCS maintains Medicaid eligible members in the Recipient System. Members are assigned to a Contractor based on enrollment rules, choice or the auto assignment algorithm. Health Plans are notified daily of new and disenrolling members
- Recipient information is used for current and historical identification of: each person who is or was eligible for medical care under one or more of the qualifying programs; the nature and scope of services for which the person qualifies as defined by eligibility and enrollment characteristics; the Contractor responsible for delivery of and payment for covered services; the funding source for the medical care coverage; etc...



# Recipient/Health Plan – Eligibility

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- Eligibility Sources – HIX; SSA; ACE; Other
- Provide – Eligibility Adds; Discontinuance; Changes to Demographics (Name, Gender, Date of Birth); Address Changes; Contractor Choice; Third Party Liability Leads information for Medicaid members



# Recipient/Health Plan – Enrollment

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- Enrollment Choice
  - Eligibility sites provide Contractor availability information to applicants
  - Some Eligibility sources will collect and send Contractor choice information to AHCCCS
  - Member may also call the AHCCCS communication center with their choice



# Recipient/Health Plan – Enrollment (cont.)

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- Contractors receive all enrolled member related adds, changes and disenrollments via the daily 834 process [http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834\\_820TI\\_CGv1-1\\_201105FINAL.pdf](http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834_820TI_CGv1-1_201105FINAL.pdf)



# Recipient/Health Plan – Enrollment (cont.)

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- Enrollment Dates
  - Usually effective the date AHCCCS updates the action
  - Exceptions
    - Prospective Enrollments – As of the 1<sup>st</sup> of the next month (last daily)
    - Administrative Actions – Can be any day in the past (any daily)
    - System Unavailable at Notification – Can be retroactive (month end)



# Recipient/Health Plan – Enrollment (cont.)

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- Disenrollment Dates
  - For loss of eligibility, disenrollment is the last day of the month
  - For reasons other than loss of eligibility, usually effective the day prior to the update (includes Voluntary Withdrawal, CMDP/Foster Care, Age out, etc...)
  - Exceptions
    - Date of Death (Retroactive)
    - Incarceration (Can be Retroactive)
    - Linking/Duplicate Enrollment (Can be Retroactive)
    - Administrative (Can be Retroactive)





# Recipient/Health Plan – Enrollment (cont.)

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- County Moves
  - County to County Move No Choice
    - Move to a county served by current Contractor
    - Disenrollment from current county the day before and enroll with the same Contractor in the new county
  - County to County Move With Choice
    - Move to a county “not” served by current Contractor
    - Member is assigned to an available Contractor
    - Member receives notification that they may change from the assigned Contractor to another available Contractor in the new county



# Recipient/Health Plan – Enrollment (cont.)

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- Enrollment Rules
  - Newborn (differs for Acute and CRS)
  - 90 day re-enrollment
  - Enrollment Choice
  - Family Continuity
  - American Indian on reservation zip code
  - Special Enrollment Rules for SMI (Maricopa County) and CRS
  - Auto-Assignment



# Recipient/Health Plan – Enrollment (cont.)

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- Specialty Enrollment Rules
  - CRS Integrated (Statewide)
    - Disenroll from Contractor date of update minus one (1)
    - Enroll into CRS Integrated effective date of update
  - SMI Integrated (Maricopa County only)
    - Disenroll from Contractor date of update plus thirteen (13)
    - Enroll into SMI Integrated date of update plus fourteen (14)



# Recipient/Health Plan – Enrollment (cont.)

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- Annual Enrollment Choice (AEC) – Acute Only
  - Each Case is assigned an anniversary month
  - AEC phone calls or letters are generated two months in advance of the anniversary date
  - Members With Choice file generated to Contractor – Identifies all Contractor’s members who are eligible for AE choice
  - Member Makes Choice
  - Potential Transition Listing generated to Contractor – Identifies all members who will be enrolled into a Contractor and those who will be leaving the unsuccessful Incumbent Contractor



# Recipient/Health Plan – Enrollment (cont.)

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- Open Enrollment
  - Special Process when needed – New Contractor; Contractor Termination
  - Auto-Assign Population
  - Generate letter to member with auto-assigned Contractor and choice material
  - Member makes choice to change (optional)
  - Potential Transition Listing generated to Contractor – Potential Transition Listing generated to Contractor – Identifies all members who will be enrolled into gaining Contractor and those who will be leaving the losing Contractor



# Recipient/Health Plan – Acute Capitation

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- ❑ Contractors receive weekly capitation payments/recoupments, and related notifications via the weekly 820 file  
[http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834\\_820TI\\_CGv1-1\\_201105FINAL.pdf](http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834_820TI_CGv1-1_201105FINAL.pdf)
- ❑ Capitation is calculated based upon – Contractor; GSA; Contract Type; Rate Code
- ❑ Capitation is calculated on a per diem basis;  $\text{Rate} \div \text{Days in the month} \times \text{days of enrollment thru end of month}$
- ❑ Recoupments are subtracted from Contractor's weekly payments



# Recipient/Health Plan – Acute Capitation (cont.)

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- Recoupments are calculated on a per diem basis;  $\text{Rate} \div \text{Days in the month} \times \text{days of disenrollment thru end of the month}$



# Recipient/Health Plan – CRS Capitation

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- Contractor receives weekly capitation payments/recoupments, and related notifications via the weekly 820 file  
[http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834\\_820TI\\_CGv1-1\\_201105FINAL.pdf](http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834_820TI_CGv1-1_201105FINAL.pdf)
- CRS – will no longer be paid one month in arrears
- Capitation for CRS members who receive Acute Care services through CRS Contractor will be paid like Acute Care Contractors:
  - Monthly and weekly capitation payments





# Recipient/Health Plan – CRS Capitation (cont.)

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- Capitation for CRS members who will not receive Acute Care services through CRS Contractor will be paid:
  - Monthly capitation payments only
  - Each subsequent month will reconcile prior month's capitation for partial member months



# Recipient/Health Plan Capitation

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- Special Payments
  - Delivery Supplemental – Acute Only
    - Paid when a Contractor notifies AHCCCS of a birth
    - Mother was enrolled with the Contractor on the date of birth
    - Mother was not in a PPC period on the date of birth
    - One Delivery Supplemental payment per delivery – Multiple births are considered one delivery; payment is made on the Mother’s record



# Recipient/Health Plan Capitation (cont.)

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- Mass Adjustments – Acute and CRS
  - Ability to change capitation payment for a population (Risk Group)
  - Impacts historical payments
  - Contractors receive notification via the 820
  - No enrollment activity impact
  - Only reflect changes in payment due to changes in payment rate



# Recipient/Health Plan Capitation (cont.)

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- Manual Payments – Acute and CRS
  - Error in record prevents enrollment/disenrollment action from appearing on daily 834 file
  - Manual capitation correction on an individual record
  - Payments will appear on the weekly 820 file
  - Activity will also appear on Manual Payment file
  - When no capitation is involved – Manual notification to Contractor



# Recipient/Health Plan Data Exchanges

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- Online eligibility and enrollment updates to PMMIS occur between 6:00am and 6:00pm daily
- In the event a member needs services and the Contractor has not yet received the daily 834 files, enrollment for the member can be verified using one of the automated verification processes
- Automated Verification Processes
  - Allow Contractors and providers to obtain eligibility, enrollment, TPL and Medicare coverage information for members for a single date of service or a date range
  - Automated processes available include – IVR, MEVS, WEB and 270/271



# Recipient/Health Plan Data Exchanges (cont.)

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- IVR – Integrated Voice Response
  - Telephone based verifications; available 24/7; No cost to providers; Information faxed back to local area providers; Requires input of AHCCCS Id or SSN; Real time inquiry; Single Request
  
- MEVS – Medicaid Eligibility Verification System
  - PC or POS based verifications; available 24/7; Hardware/Software provided by Vendor; Contracted vendor charges for services; Ability to print information; Requires input of AHCCCS Id, SSN, or Key Demographics; Real time inquiry; Single or Batch Request



# Recipient/Health Plan Data Exchanges (cont.)

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- Web Based Verifications

- Internet based verifications; available 24/7; No costs to providers; Requires advance registration; Ability to print information; Requires input of AHCCCS Id, SSN, or Key Demographics; Real time inquiry

- 270/271 Verifications

- EDI based verifications; available 24/7; No costs to providers; Requires advance registration; Ability to print/download information; Requires input of AHCCCS Id, SSN, or Key Demographics; Single or Batch Request; [http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ270\\_271TI\\_CGv0-3\\_201105DRAFT.pdf](http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ270_271TI_CGv0-3_201105DRAFT.pdf)



# Recipient/Health Plan Data Exchanges (cont.)

- Daily Batch Processing Cycle
  - Starts at 6:00pm every evening; 834 files available to Contractors no later than 7:00am – Email notification if files will be delayed. Based on listserv at <http://listserv.azahcccs.gov>
  - Enrollment activity includes – Enrollments; Retroactive enrollment blocks; Disenrollments; Disenrollment blocks; Demographic changes
- “Last Daily” Processing Cycle
  - Three days before the 1<sup>st</sup> of the next month (i.e. 9/28/2013; 10/29/2013; 11/28/2013, etc...) starting at 12:00 (noon)
  - Monthly processing cycle available – <ftp://ftp.azahcccs.gov/content/notice/hplan/hplan.htm#downtime>
  - Activity includes – enrollments; retroactive enrollment blocks; disenrollments; demographic changes; rate code changes





# Recipient/Health Plan Data Exchanges (cont.)

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- Monthly Processing Cycle
  - Occurs immediately after “Last Daily” cycle
  - Month enrollment notification – Full file of all members enrolled with Contractor as of the 1<sup>st</sup> of the upcoming month
  - Basis for prospective capitation payments
  - File used to validate Contractor’s data – Discrepancies in Contractor’s data to be reported to DHCM
  - Management Reports



# Recipient/Health Plan Data Exchanges (cont.)

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- “Next Daily” Processing Cycle
  - Starts at or after completion of Monthly Cycle; Output files available to Contractors by 7:00am
  - Includes all enrollment activity since last daily – Enrollments; Retroactive enrollment blocks; Disenrollments (will recoup prospective capitation already paid); Disenrollment blocks; Demographic changes
  - Two files, must be processed after “Last Daily” and Monthly enrollment notifications



# Recipient/Health Plan Data Exchanges (cont.)

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- Data From AHCCCS to Contractors
  - Daily Files
    - Enrollment notification (834)
    - Manual Payment file
    - Daily Rate Code summary
    - Active Care file
    - Prior Plan file
    - Early Intervention Program
  - Weekly Files
    - Capitation notification (820)



# Recipient/Health Plan Data Exchanges (cont.)

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- Monthly Files -
  - Enrollment notification (834)
  - Members with Choice file
  - Monthly Rate Code Summary
  - Review File
  - Potential Transition listing
  - Management Summary reports
- Unscheduled/As Needed Files
  - Open Enrollment Potential Transition listing
  - Mass Adjustment Capitation notification (820)
  - Rural Hospital – Acute Only (820)



# Recipient/Health Plan Data Exchanges (cont.)

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- Data from Contractors to AHCCCS
  - Third Party Leads Update file
  - Newborn Notifications – Real time web entry





# Provider

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- Provider Information
- Provider Affiliation



# Provider Interfaces

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- AHCCCS maintains registration files for all provider eligible for participation in the AHCCCS program; AHCCCS requires that all providers utilized by Contractors to provide services be registered with AHCCCS and validate this information on reported encounters



# Provider Information

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- ❑ AHCCCS produces two provider files for distribution to Contractors: Provider Profile and Provider File.
- ❑ Files found in the SFPT/VPN ShareINFO folder
- ❑ Files produced weekly on Wednesday and available to Contractors on Thursday
- ❑ Files include – Demographic data; Provider enrollment status; Categories of Service; Provider rate schedules; Licenses and certifications; Specialties; Medicare information; Restrictions; Address Information; Provider Type Profiles





# Provider Information (cont.)

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- More information available in the AHCCCS Encounter Manual -  
<http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter5.pdf>



# Provider Affiliation

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- The Provider Affiliation Transmission (PAT) is an integral part of the monitoring process in the Division of Health Care Management (DHCM) to ensure that Contractor's provider networks are adequate and meet the minimum contractual requirements to deliver medically necessary services to members. This information is also used for reporting to CMS, legislature and other entities
- These requirements are presented in the AHCCCS Provider Affiliation Transmission User Manual  
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/OperationsReporting.aspx>



# Provider Affiliation (cont.)

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- ❑ Submitted quarterly
- ❑ Includes information about each individual provider within the Contractor's network and must represent the Contractor's entire provider network
- ❑ Contractor is responsible for submitting true and valid information
- ❑ Certain fields of the PAT are not systematically edited prior to acceptance; Each PAT must have an error rate of less than 5.0% for the fields that are edited prior to acceptance



# Provider Affiliation (cont.)

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- Reports
  - Transmission Validation - Provides information about the status of PAT; If all conditions are met, the transmission passes and is accepted for loading; If transmission fails, the transmission is rejected and returned to the Contractor for correction and resubmission
  - PAT Comparison-Exception by Provider - Provides a list of all exception errors that occurred during the PAT load process; Sorted by Provider ID; Aids the Contractor in error correction; All exception errors must be corrected prior to next submission



# Provider Affiliation (cont.)

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- PAT Comparison-Exception by Field - Provides a list of all exception errors that occurred during the PAT load process; Sorted by field in error; Aids the Contractor in error correction; All exception errors must be corrected prior to next submission
- PAT Comparison-Detail Report - Provides a complete list of all PAT loaded; Sorted by Provider ID
- Summary Totals Report - Provides summarized information about the providers listed on the PAT; Includes totals of PCPs, PCPs with EPSDT, PCPs with OB, OB Providers, BH Providers





# Reference

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- ❑ Recipient Related Extracts
- ❑ Encounter Related Extracts
- ❑ Code and Processing Rule Tables



# Reference Extracts

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- AHCCCS produces a number of files containing information pertaining to recipient, provider and reference data that are intended to assist Contractors with successful and accurate data exchanges with AHCCCS. Contractors are encouraged to use this data as appropriate on a timely basis to facilitate timely and accurate processing



# Recipient Related Extracts

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- Recipient produces one reference file for Contractor use
  - Master Carrier ID file
    - Complete file of TPL Carrier ID numbers
    - Produced every Friday
    - Layout and additional information may be found in the Technical Interface Guidelines  
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/HealthPlan/tables/MasterCarrierIDFile.aspx>
    - Used when reporting TPL Leads information to AHCCCS





# Encounter Related Extracts

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- Also at the beginning and middle of the month, AHCCCS produces Encounter processing information extracts
- These files include AHCCCS PMMIS information related to:  
Encounter internal field values for each form type; Encounter internal field relationship information for each error code; List of all current Encounter Error Codes and Descriptions
- Layouts and additional information may be found in the AHCCCS Encounter Manual  
<http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterManual.aspx>



# Code and Processing Rule Tables

- AHCCCS maintains key code tables utilized for AHCCCS FFS claims processing and validation of submitted encounters
- At the beginning and middle of the month AHCCCS produces multiple code set and/or processing rules related reference files that it makes available to all Contractors via the SFTP server. These files include AHCCCS PMMIS data related to: HCPCS Status; Age, Gender and Frequency limitations; Modifiers; Coverage Indicators; AHCCCS Outpatient Fee Schedule (OPFS) processing rules; Fee for Service Fee Schedule Amounts, etc...



# Code and Processing Rule Tables

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- Layouts and additional information may be found in the AHCCCS Encounter Manual  
<http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterManual.aspx>





# Encounters

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- Encounter Processing
- Data Validation



# What is an Encounter?

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- An Encounter is a record (claim) of a medically related service rendered by a registered AHCCCS provider to an AHCCCS member enrolled with a Contractor (MCO), which has been adjudicated by the MCO
  - Includes sub-capitated services and fee-for-service payments
  - Submitted electronically by MCO to AHCCCS
  - Includes both paid and certain denied/disallowed services



# Encounter General Principles

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- Guidelines for submitting individual encounters generally follow health insurance industry standards used by commercial insurance companies, Medicare and AHCCCS Fee for Service
- Some requirements are specific to the AHCCCS program; to avoid pending or denial of encounters, Contractors must ensure that encounters are consistent with both the general principles and those requirements specific to AHCCCS



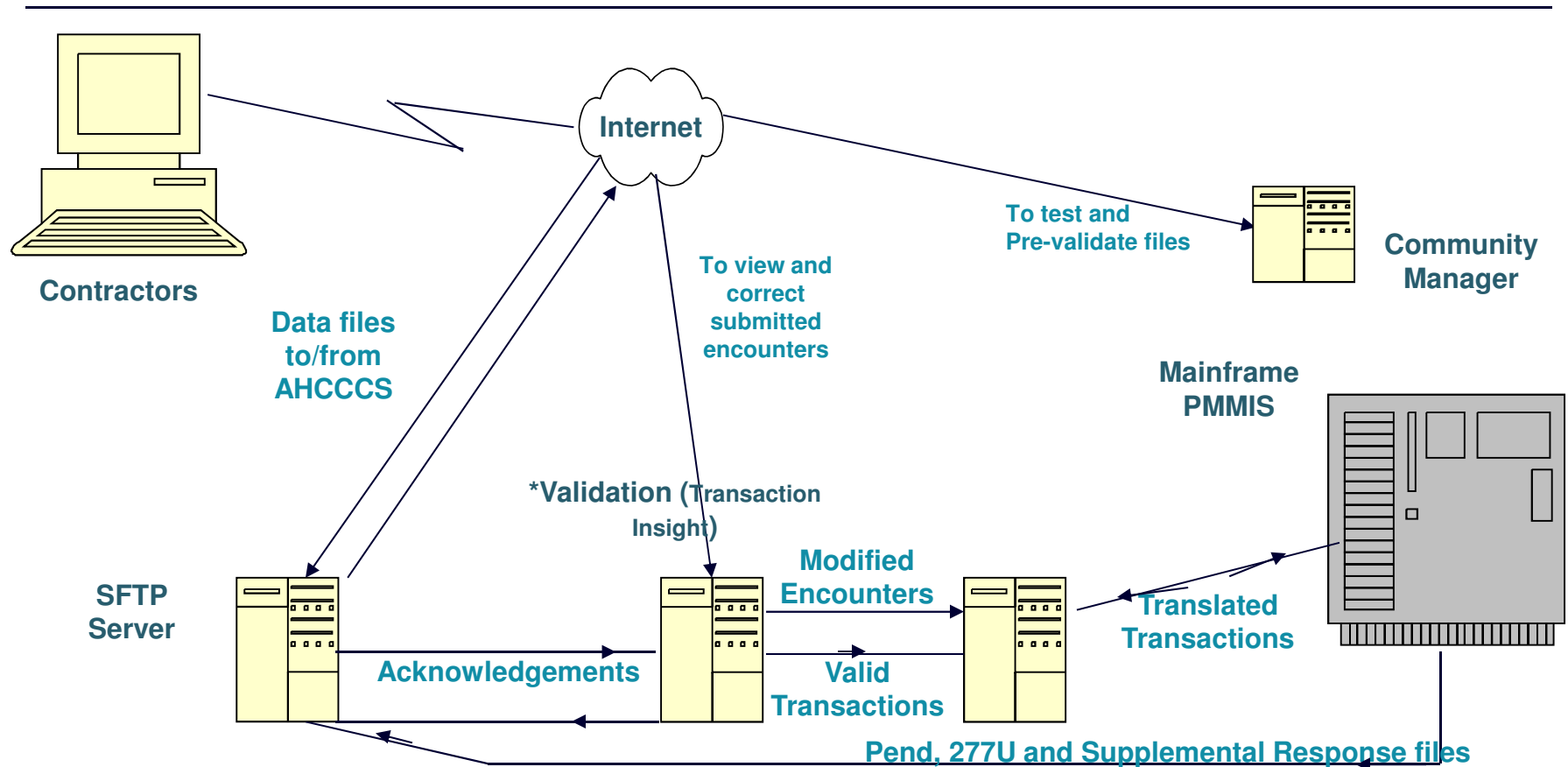
# Encounter General Principles (cont.)

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- Include, but are not limited to:
  - A service must be completed, and the provider's claim or encounter finalized by the Contractor, before an encounter is submitted to AHCCCS
  - If a Contractor makes a post payment revision to a provider's claim after it has been encountered to AHCCCS, the Contractor must submit a replacement or void encounter (whichever is appropriate) to AHCCCS
  - Medicare and other third-party payment or indication of denial must be accounted for prior to submitting the encounter, and Medicare and third-party payment amounts must be included in the appropriate fields on the submitted encounter



# Encounter Data Exchange Flow





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Silver, Shelli, 11/2/2012

# Encounter Submission Standards

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- Encounter files must be submitted to the AHCCCS EFT/SFTP server in appropriate HIPAA and NCPDP compliant formats (as defined in the AHCCCS Encounter Manual, related transaction Companion Guides and TR3 Documents) and include HIPAA compliant data such as National Provider Identifiers (NPI) and code sets
  - HIPAA 837P (Professional), 837I (Institutional) and 837D (Dental)
  - NCPDP PAH (Post Adjudicated History) (Pharmacy)
- Each encounter file must pass validation including assessment of appropriate file structures, validity of code sets, and financial balancing



# Encounter Submission Standards (cont.)

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- ❑ Each file must contain a required BBA related data attestation statement as outlined in the AHCCCS Encounter Manual
- ❑ Each file will undergo and must pass translation and syntax checks
- ❑ AHCCCS defines the receipt date for encounters as the date the encounter is received on the AHCCCS SFTP server



# Encounter Processing

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- Encounter cycles run twice monthly:
  - One full cycle – including the recycle of all encounters currently pended in the AHCCCS system (files are due by COB the first Thursday of the month)
  - One limited cycle (files are due by COB the third Thursday of the month)
  - Contractors can and are encouraged to submit encounters throughout the month for processing in one or both cycles
  - It is important that Contractors recognize the key differences between these cycles



# Encounter Processing (cont.)

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- ❑ Encounter data is loaded daily to the mainframe “staging area” where the encounter is held until loaded for full processing
- ❑ A copy of the encounter in its received form is maintained for historical reference in the mainframe “staging area”
- ❑ Processing includes claims-type edits
- ❑ Applicable results are produced and communicated to the Contractors after each cycle



## Encounter Processing (cont.)

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- Detailed information on encounter processing can be found in the AHCCCS Encounter Manual, in the Encounter Keys newsletter (published quarterly on the AHCCCS Website), in applicable EDI Companion Guides and on the AHCCCS Encounters Webpage  
<http://www.azahcccs.gov/commercial/ContractorResources/encounters/encounters.aspx>



# Encounters Technical Assistance

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- AHCCCS Encounter Unit staff are available via phone or email Monday through Friday to assist Contractors in the submission of encounters as well as the resolution of encounter pends and denials
- Each Contractor is assigned a main point of contact within the Encounter Unit
- The Encounter Unit conducts individual 1-1 meetings with all Contractors and is available to provide training upon request.



# Data Validation

- CMS requires that AHCCCS collect complete, accurate and timely encounter data from Contractors. AHCCCS Data Validation studies evaluate the completeness, accuracy and timeliness of the collected encounter data on at least an annual basis
- Detailed information related to Data Validation may be found on the AHCCCS webpage -  
<http://www.azahcccs.gov/commercial/Downloads/Encounters/CompanionTechnical/EncounterValidationTechnicalDocument.pdf>





# What is Reinsurance?

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- A risk-sharing program provided by AHCCCS to Contractors for the reimbursement of certain service costs incurred by a member or eligible person beyond a monetary



# Reinsurance Processing

- Reinsurance cycles run once monthly:
  - Reinsurance Case Creation and Association cycles run immediately following the completion of the first (full) encounter cycle
  - Reinsurance Payment cycle runs after the first Wednesday of each month
  - A Reinsurance cycle is not run after the second monthly encounter cycle
  - Detailed information on reinsurance processing can be found in the AHCCCS Reinsurance Processing Manual, in the *Reinsurance Hot News* newsletter and on the AHCCCS reinsurance Webpage <http://www.azahcccs.gov/commercial/ContractorResources/reinsurance/reinsurance.aspx>



# Reinsurance Processing (cont.)

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- The RI system generates the following monthly reports:  
Reinsurance Case Initiation; Reinsurance Reconciliation;  
Reinsurance Case Summary; Reinsurance Remittance Advice
- Contractors can change/correct the RI Encounters using the  
Reinsurance Correction Process via the PMMIS on-line  
system
- Contractors are required to notify AHCCCS of any third party  
coverage identified in a Reinsurance case



# Reinsurance Processing (cont.)

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- Regular Reinsurance
  - Provided to partially reimburse Contractor for the cost of care for members who meet the criteria and requirements for Reinsurance
  - Members are identified through submitted encounters for covered services in excess of Contract Year deductibles
  - Not all AHCCCS covered services are covered under Reinsurance



# Reinsurance Processing (cont.)

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- Catastrophic Reinsurance
  - Provided to partially reimburse Contractor for the cost of care for members who meet the criteria and requirements for Catastrophic Reinsurance
  - Contractor is responsible for identifying members and submitting written notification to the Division of Health Care Management (DHCM), Medical Management Unit
  - Supporting medical documentation must accompany request. Details are include in the Reinsurance Processing Manual



# Reinsurance Processing (cont.)

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## □ Transplant Reinsurance

- Provided to partially reimburse Contractor for the cost of care for members who meet the criteria and requirements for Transplant Reinsurance
- Covers members eligible to received AHCCCS covered solid organ or tissue transplants
- Contractor is responsible for identifying members and submitting written notification to the Division of Health Care Management (DHCM), Medical Management Unit



# Trading Partner Set-up and Maintenance

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- EDI
- PMMIS



# Trading Partner Set-up - EDI

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- ❑ Contractor completes EDI Data Exchange Agreements
- ❑ AHCCCS assigns a Trading Partner Id to the Contractor
- ❑ Contractor is provided with access to Community Manager, Transaction Insight (Test and Production), an individually assigned Secured Folder on the SFTP Server
- ❑ Contractor completes initial testing with Community Manager and subsequently successfully completes testing with TI via actual data exchanges
- ❑ Once all testing is completed, the Contractor is approved for production exchanges





# Trading Partner Set-up – EDI (cont.)

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- Forms and instructions may be obtained in the AHCCCS Encounter Manual on the AHCCCS webpage - <http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter2.pdf>



# Trading Partner Set-up - PMMIS

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- Before a Contractor may submit encounter data, AHCCCS requires the completion of a Encounter Submission Notification and Transmission Submitter Number (TSN) Application
- Contractors may also optionally request direct security access to PMMIS (production and/or test) for purposes of encounter pend and denial research and as appropriate, the performance of encounter pend overrides and online voids



# Trading Partner Set-up – PMMIS (cont.)

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- Forms and instructions may be obtained in the AHCCCS Encounter Manual on the AHCCCS webpage - <http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter2.pdf>



# Testing

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- Testing must be completed prior to: Implementation of a new Contractor; change in software vendor or major system upgrade; change by AHCCCS resulting in an impact to any data exchange
- Testing must successfully be completed prior to any implementation
- AHCCCS maintains a test environment that is available for use by all Contractors to submit test encounter files for AHCCCS processing; to provide test Recipient/Health Plan, Reference, Provider or other data exchange files for Contractor processing



# Testing (cont.)

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- Prior to beginning the testing phase, the Contractor must have provided all necessary control documents to AHCCCS
- Once the necessary control documents are received, AHCCCS will also schedule a training session for the Contractor during which the testing process as well as other key information will be reviewed



# Documentation and Resources

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- EDI Resources -  
<http://www.azahcccs.gov/commercial/EDIresources/EDITEchnicalDocuments.aspx>
- Encounter Technical Documents -  
<http://www.azahcccs.gov/commercial/ContractorResources/encounters/encounters.aspx>
- Reinsurance Technical Documents -  
<http://www.azahcccs.gov/commercial/ContractorResources/reinsurance/reinsurance.aspx>
- Technical Interface Guidelines -  
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/Default.aspx>



# Documentation and Resources (cont.)

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- Encounter Keys Newsletter –  
<http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterKeys.aspx>
- AHCCCS maintains specific email addresses as well as topic specific webpages to assist Contractors with the receipt and submission of AHCCCS data –
  - For Encounter pend, denial or adjudication related inquiries  
[AHCCCSEncounters@azahcccs.gov](mailto:AHCCCSEncounters@azahcccs.gov)
  - For Encounter validation and/or translation related inquiries  
[AHCCCSSTIEncounters@azahcccs.gov](mailto:AHCCCSSTIEncounters@azahcccs.gov)
  - For EDI related inquiries  
<http://www.azahcccs.gov/commercial/EDIresources/EDIresources.aspx>



# Documentation and Resources (cont.)

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- ❑ For EDI inquiries, roster issues, or to become an AHCCCS Trading Partner [EDICustomerSupport@azahcccs.gov](mailto:EDICustomerSupport@azahcccs.gov)
- ❑ Contractors are required to participate in regularly scheduled 1-1 meetings with Encounter Unit staff, as well as periodically scheduled AHCCCS Technical Consortiums





# New - Technical Items

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- ❑ Contractors must implement ICD10 code sets for Outpatient dates of service or Inpatient dates of discharge 10/1/2014 and after. Additional information will be available on the AHCCCS ICD10 webpage <http://www.azahcccs.gov/commercial/EDIresources/ICD10.aspx>
- ❑ AHCCCS will move to an APR-DRG payment system for inpatient hospital claims effective 10/1/2014 – Contractors will be required to implement this system for payment of non-contracted hospital claims
- ❑ Contractors must comply with HIPAA requirements related to CORE Operating Rules for Eligibility Verifications and Claims Status Inquiries effective 1/1/2013
- ❑ AHCCCS will move to the use of a National Health Plan Identifier effective 10/1/2014 – Contractors will be required to comply with requirements related to the use of this element



# Claims Data Exchange – Acute

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- New
- “AHCCCS will provide a new Contractor (including an Incumbent Contractor new to a GSA) with three years of historical Acute Care Program encounter data for members enrolled with the Contractor as of December 1”
- “On a monthly basis AHCCCS will make available a claims data file of behavioral health claims and encounters for all General Mental Health, Children and non-integrated members with serious mental illness enrolled with the Contractor”



# Claims Data Exchange – CRS

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- New
- “AHCCCS will provide the Contractor with three years of historical encounter data during CYE 14 for all members enrolled with the Contractor, for all CRS coverage types”
- “On a recurring basis, AHCCCS shall provide the Contractor a claims data file of encounter data for members enrolled with the Contractor that have received services through CMDP and DES/DDD”



# Claims Data Exchange – Acute and CRS

- “Contractors should use this data to assist with identifying members in need of medical management”
- “The Contractor shall develop a plan outlining short- and long-term strategies for improving care coordination using the data provided. In addition, the Contractor shall develop an outcome measurement plan to track the progress of the strategies”
- Further information as to the layout and timeline for distributions of these extracts will be provided as they are determined



# Information Technology (IT) Systems Demonstration

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- New
- “Offerors will be required to participate in mock Information Systems scenarios which require the submission of responses by the Offeror”
- Provisions –
  - All data provided to the Offeror either for response or processing will be “mock” data created by AHCCCS
  - All Offerors will receive the same “mock” data files and scenarios
  - All “mock” scenarios will be designed to allow the Offeror to utilize an automated system or a manual process



# Information Technology (IT) Systems Demonstration (cont.)

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- Formats and content for “processing summaries” from Offerors to AHCCCS will be provided by AHCCCS
- Initial and Daily 834 enrollment files will not exceed 50 records per iteration
- Initial and subsequent claims scenarios will not exceed 50 records per iteration
- Encounter submissions will be based upon claims adjudicated by the Offeror as part of the claims scenarios exercises
- First and second eligibility and claims status inquires will not exceed 5 records per iteration
- Provided file data and scenarios will be simple and represent the most common situations for that type of exchange



# Information Technology (IT) Systems Demonstration (cont.)

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- Data exchanges from AHCCCS to the Offeror will be available as early as 6:00 p.m. the day prior to, but no later than, 7:00 a.m. Arizona time on the dates noted on the calendar
- Data exchanges from the Offeror to AHCCCS must be delivered no later than 5:00 p.m. Arizona time on the dates noted on the calendar
- AHCCCS will pre-validate all data exchanges provided to ensure the accuracy of the data as well as the expected results
- A centralized SFTP testing folder will be created, and Offerors provided access, to pick up the "mock" data files and scenarios from AHCCCS
- Individual and secure SFTP testing folders will be created, and Offerors provided access, for the submission of processing summaries and responses to AHCCCS



# Information Technology (IT) Systems Demonstration (cont.)

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- All scenarios will be based upon member, provider and reference data supplied to the Offeror by AHCCCS
- No data exchanges are scheduled or expected for weekends or holidays
- A process will be established to allow for a formal question and answer period during each of the days specified on the calendar. Questions received between 8:00 a.m. and 12:00 p.m. Arizona time will be answered, if appropriate, no later than 3:00pm the same day. All questions and responses will be made available to all Offerors





# Information Technology (IT) Systems Demonstration (cont.)

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- Demonstration begins January 29, 2013, the day after Proposals are due to AHCCCS
- Responses submitted over the 10 day demonstration will be scored along with Proposal submitted January 28, 2013
- See the Bidders' Library for more information  
<http://www.azahcccs.gov/commercial/Purchasing/bidderslibrary/YH14-0001.aspx>



# Information Technology (IT) Systems Demonstration (cont.)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
	Tuesday January 29	Wednesday January 30	Thursday January 31	Friday February 1	Monday February 4	Tuesday February 5	Wednesday February 6	Thursday February 7	Friday February 8	Monday February 11
<b>Data Provided FROM AHCCCS TO OFFEROR: Available to Offerors no later than 7:00 a.m. Arizona time on day noted.</b>										
834 - Enrollment File	Initial Daily (Adds Only)		Second Daily (Adds, Changes and Terminations)		Third Daily (Adds, Changes and Terminations)			Last Daily (Adds, Changes and Terminations)	Monthly	
820 - Capitation File				Initial					Monthly	
Eligibility Status Inquiry					Inquiry - 1				Inquiry - 2	
Claims (Paper and 837)	Claims Scenarios - Group 1			Claims Scenarios - Group 2			Claims Scenarios - Group 3			
Claims Status Inquiry						Status Inquiry -1			Status Inquiry -2	
277U - Encounter Adjudication; Pend and Encounter Cycle Reports					Initial Cycle Results				Second Cycle Results	
Reference Data Extract	Initial Extract					Second Extract				
Provider Extract Data	Initial Extract					Second Extract				
<b>Data Due FROM OFFEROR TO AHCCCS: Must be submitted to AHCCCS no later than 5:00 p.m. Arizona time on day noted.</b>										
Summary of 834 - Enrollment File Processing		Summary of Initial Daily		Summary of Second Daily		Summary of Third Daily			Summary of Last Daily	Summary of Monthly Reconciliation
Summary of 820 - Capitation File Processing					Summary of Initial					Summary of Monthly
Eligibility Status Response						Response - 1				Response - 2
Summary of Claims Processing			Summary for Claims Scenarios Group 1			Summary for Claims Scenarios Group 2			Summary for Claims Scenarios Group 3	
Claims Status Inquiry Response							Status Responses - 1			Status Response -2
837 Encounters				Initial 837 Encounter Submission				Second 837 Encounter Submission		





# Questions?

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