

**Summary of AHCCCS System Changes/Impacts to support “Hard” Co-Pays for TMA and TWG**

Recipient Co-Pay Programs will identify those Traditional (Nominal), TMA or TWG eligible members, not outlined in the Rule as exempt from co-pays, by applicable Eligibility Key Codes.

All members will be flagged in the Co-Pay Program for applicable eligibility periods as subject to No Co-Pays (Exempt), Optional (Nominal) Co-Pays or as either TMA or TWG Mandatory Co-Pays.

Co-Pay Levels as of 10/1/2010 –

00	Exempt	Exempt			No Copay to be charged
20	Nominal	Traditional	Pharmacy	\$2.30	Copay may be charged but services can't be refused for nonpayment of Copay
			Office Visit	\$3.40	
			Therapy	\$2.30	
40	Mandatory	TWG	Generic Rx	\$4	Copay to be charged and services can be refused for nonpayment of Copay
			Brand Name Rx	\$10	
			Non Emergency use of ER	\$30	
			Office Visit	\$5	
50	Mandatory	TMA	Pharmacy	\$2.30	Copay to be charged and services can be refused for nonpayment of Copay
			Surgery	\$3	
			OP Therapy	\$3	
			Office Visit	\$4	

Communication of Co-Pay related information will be facilitated as follows:

4010a 834 –

1. Co-Pay services and amounts will no longer be provided in the 2100A, AMT01/AMT02 fields on the 834.
2. Co-Pay level will be provided in the 2000 Loop  
REF{DX{*co-pay level*

  - *Sample on Attachment 1*
  - *Co-pay Levels will be as outlined above*

4010a 271 –

1. Co-Pay services and amounts will no longer be provided in the 2110C, AMT01/AMT02 fields on the 271.
2. Co-Pay level will be provided in the 2110C Loop  
REF{1L{*co-pay level*

  - *Sample on Attachment 2*

5010 834 – *Covered under HIPAA 5010 documentation.*

5010 271 - *Covered under HIPAA 5010 documentation.*

**Bi-Monthly Reference Extracts –**

New table which defines for the TMA, TWG and Nominal populations, services to which co-pays apply, how those services are identified and what the applicable co-pay amounts are.

New table which defines Family Planning Diagnosis and NDC codes.

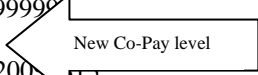
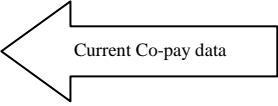
Encounter reporting requirements and related editing will be as follows:

Encounter Data Reporting Requirements – Applicable co-pay amounts should be reported in the CAS segment for the associated encounter.

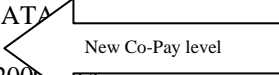
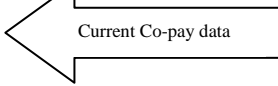
Co-Pay Related Encounter Editing – If an expected co-pay amount is not submitted an edit will fail. If an expected co-pay is submitted but the amount is not appropriate to the service an edit will fail.

# Attachment 1 834 Transaction

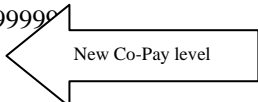
## ADD – TMA Example

INS{Y{18{021{28{A{E}{FT  
REF{0F{A99999999  
REF{1L{NO DATA  
REF{3H{999999999  
REF{17{H99999999  
**REF{DX{50**  New Co-Pay level  
DTP{303{D8{200  
NM1{IL{1{LLLLL{FFFFFF{{{34{999999999  
PER{IP{{HP{999999999  
N3{9999 X SSSSSSSS{APT 99999  
N4{MESA{AZ{99999}{CY{13  
DMG{D8{YYYYMMDD{F{U{H  
AMT{C1{0  
AMT{C1{0  Current Co-pay data  
AMT{C1{1  
AMT{C1{1  
LUI{LE{ENG  
NM1{31{1  
N3{9999 X SSSSSSSS{APT 99999  
N4{MESA{AZ{99999  
HD{021{{HMO{1117 EC  
DTP{348{D8{20090813  
REF{1L{A

## COPAY CHG – TMA Example

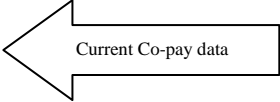
INS{Y{18{001{33{A{C}{FT  
REF{0F{A99999999  
REF{1L{NO DATA  
**REF{DX{50**  New Co-Pay level  
DTP{303{D8{200  
NM1{IL{1{LLLLLLL{FFFFFFFFF{M  
DMG{D8{YYYYMMDD{F  
AMT{C1{0  
AMT{C1{0  Current Co-pay data  
AMT{C1{1  
AMT{C1{1

## ADD – TWG Example

INS{Y{18{021{28{A{E}{FT  
REF{0F{A99999999  
REF{1L{NO DATA  
REF{3H{999999999  
REF{17{H99999999  New Co-Pay level

**REF{DX{40**

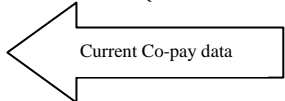
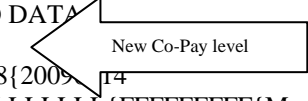
DTP{303{D8{20090813  
NM1{IL{1{LLLLL{FFFFFF{{{34{99999999  
PER{IP{{HP{999999999  
N3{9999 X SSSSSSS{APT 9999  
N4{MESA{AZ{99999{{CY{13  
DMG{D8{YYYYMMDD{F{U{H  
AMT{C1{0  
AMT{C1{0  
AMT{C1{1  
AMT{C1{1  
LUI{LE{ENG  
NM1{31{1  
N3{9999 X SSSSSSS{APT 9999  
N4{MESA{AZ{99999  
HD{021{{HMO{1117  
DTP{348{D8{20090813  
REF{1L{A



EC

**COPAY CHG – TMA Example**

INS{Y{18{001{33{A{C{{FT  
REF{0F{A99999999  
REF{1L{NO DATA  
**REF{DX{40**  
DTP{303{D8{20090813  
NM1{IL{1{LLLLLLL{FFFFFFF{M  
DMG{D8{YYYYMMDD{F  
AMT{C1{0  
AMT{C1{0  
AMT{C1{1  
AMT{C1{1



## Attachment 2 271 Transaction

HL{3{2{22{0  
TRN{1{9999999999{9999999999{AAAAAAAAAAAAA  
NM1{IL{1{LLLLL{FFFFFF{{{MI{A999999999  
N3{9999 W AAAAAAAAAAAAAA  
N4{CCCCCCCCC{AZ{85142{{CY{MARICOPA  
DMG{D8{999999999{F  
DTP{472{RD8{20080926-20100110  
EB{1{IND{30{MC{CATEGORICAL ELIG  
DTP{307{D8{20091101  
DTP{318{D8{20091103  
EB{1{IND{30{HM{ACU/CAP  
DTP{307{D8{20090731  
MSG{4312 SOBRA CHILD 01-05 M & F N  
LS{2120  
NM1{P5{2{HEALTH PLAN  
LE{2120  
EB{R{IND{30{C1  
REF{1L{999999999999{BC/BS OF ARIZONA  
DTP{290{RD8{20081001-20090614

**REF{1L{5  
0**

