



AHCCCS Update Meeting – Systems Update – August 21, 2013



Our first care is your health care
Arizona Health Care Cost Containment System

“Reaching across Arizona to provide comprehensive quality
health care for those in need”

Cost Sharing (Copays)

- Modifications to the populations currently subject to mandatory and optional (nominal) copayments, copayment exceptions, copayment amounts, and services for which copays are required.
- Implementation of these provisions is anticipated to begin in early 2014
- Two step approach to evaluate changes/updates needed and determine implementation timelines



Data Exchange

- AHCCCS will manage an exchange of encounter and claims data to Contractors in order to eliminate “blind spots” for services provided to a member shared by multiple programs
- In compliance with Federal privacy regulations
- Contractors should use this information to develop short- and long-term strategies to improve care coordination
- Historical – provide up to 3 years of data (1 time process/limited Contractors)
- Ongoing – provide at least quarterly



Data Exchange (cont.)

- A final draft proprietary format for the data exchange has been provided to Contractor technical staff
- Planned Future Data Exchange
 - Medicare Paid Claims Data (Part D; D-SNP; Medicare FFS) – On Target for early 2014



DRG's

- On schedule for 10/1/2014 Implementation
- Webpage -
<http://azahcccs.gov/commercial/ProviderBilling/DRGBasedPayments.aspx>
- Working on Issues/Considerations/Questions related to system and operational impacts
- Contractor update scheduled for Friday, September 13th



E-Prescribing

- Effective October 1, 2013, the Contractor is required to collect, and submit to AHCCCS, prescription origination information on all Pharmacy encounter records, as outlined in the AHCCCS NCPDP Post Adjudicated History Transaction Companion Guide (*Note – prescription origination field is not new; change is to the enforcement of its submission*)
- AHCCCS will begin hard-editing for the appropriate completion of this data element beginning January 1, 2014.



E-Prescribing (cont.)

- Origination information reported prior to October 1, 2014, will be used by AHCCCS and the Contractor to determine provider compliance with e-prescribing standards that will be established by AHCCCS for utilization in the e-prescribing initiative effective October 1, 2014.
- Implementation of the e-prescribing initiative on October 1, 2014 may include incentive payments and/or the assessment of penalties to provider. The initiative may also include penalties assessed against the Contractor.



ICD-10

□ AHCCCS ICD10 Project Milestones

- Requirements and Design – Reference; December 2012 - Completed
- Coding – Reference; January 2013 - Completed
- Requirements and Design – All other Systems; July 2013 – Completed August 2013; w/ the exception of Reporting which remains in progress
- Internal Testing Began – Reference; March 2013 - Completed
- Began Coding – All other System Areas August 2013 – In progress



ICD-10 (cont.)

- System Implementation – Reference; June 2013 - Completed
- Initial Reference Table Loads; June 2013 - Completed
- First ICD10 Reference Table Extracts available to Contractors; July or August 2013 – In Progress
- Internal Testing Begins – All other Systems; October 2013
- External Testing Begins; January 2014
- System Implementation – All other Systems; September 2014



ICD-10 (cont.)

- External Testing Ends No earlier than September 2014
- ICD10 Effective Date October 1 2014 (Professional and Outpatient dates of service; Inpatient dates of discharge)
- Contractor Milestone Reporting began in June
- Contractors will be provided with and will be required to successfully execute a defined set of test scenarios
- Webpage - <http://azahcccs.gov/commercial/EDIresources/ICD10.aspx>



PCP Rate Parity

- Payment of new claims, and 4 month window for retro processing began 8/1
- The enhanced payments apply only to qualified services provided on and after January 1, 2013 by qualified/attested providers
- The Contractor shall reprocess all qualifying claims for qualifying providers back to January 1, 2013 or the providers PCP specialty begin date if after January 1, 2013, with no requirements that providers re-submit claims or initiate any action



PCP Rate Parity (cont.)

- The Contractor shall not apply any quick payment discounts to the enhanced rates
- In the event that a provider retroactively loses qualification for enhanced payments, the Contractor shall identify impacted claims and automatically reprocess for the recoupment of enhanced payments



PCP Rate Parity (cont.)

- AHCCCS will make quarterly cost-settlement payments to the Contractor based upon adjudicated/approved encounter data. The Contractor will be required to refund payments to AHCCCS for any reduced claim payments in the event that a provider is subsequently “decertified” for enhanced payments due to audit or other reasons
- AHCCCS is currently reviewing and resolving open questions related to:
 - Posted Attestation Dates
 - Begin/End Dates
 - VFC enhanced rates



Security Audit

- Distributed a draft policy and solicited Contractor feedback in June
- Met internally to review feedback and define responses to be distributed shortly along with any incorporated revisions to the policy
- First audit will be due June 1, 2014

