AHCCCS Update Meeting – Systems Update – October 2013

Cost Sharing (Copays)

- Will require modifications to the populations currently subject to mandatory and optional (nominal) copayments; populations exempt from copayments; amounts for applicable copayments; and services for which copayment apply
- □ Implementation of these provisions is anticipated to <u>begin</u> in early 2014; Currently evaluating changes/updates needed or available and determining 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 shortand long-term strategies to improve care coordination
- Ongoing provide at least quarterly

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/DRGBasedP ayments.aspx
- □ Working on Issues/Considerations/Questions related to system and operational impacts
- □ Initial Contractor Overview Meeting occurred last month

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*)
- □ Reminder 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 related to an e-prescribing initiative (which may include incentive payments and/or the assessment of penalties) effective October 1, 2014.

ICD-10

- □ The AHCCCS ICD10 Project remains on schedule
- □ AHCCCS ICD10 Project Milestones
 - Requirements and Design Reference System Completed
 - Coding Reference Systems Completed
 - Requirements and Design All other Systems Completed
 - Internal Testing Reference System Completed
 - Coding All other System Areas In progress
 - System Implementation Reference System Completed
 - Initial Reference Table Loads Completed (final qc in progress)

ICD-10 (cont.)

- ICD10 Reference Table Extracts for Contractors In Progress
- Internal Testing All other Systems In Progress
- External Testing Begins January 2014
 - □ 837 Submissions (Claims/Encounters) January 2014
 - Claims/Encounters Editing and Results Reporting March 2014
 - □ Reports June 2014
 - □ ICD10/DRG Integrated End to End June 2014
- System Implementation All other Systems September
 2014

ICD-10 (cont.)

- External Testing Ends No earlier than September 2014
- Reminder ICD10 Effective Date October 1 2014 (Professional and Outpatient dates of service; Inpatient dates of discharge)
- Contractor Milestone Reporting began in June; Thanks to all for your timely submissions
- Contractors will be provided with and will be required to successfully execute a defined set of test scenarios likely during the ICD10/DRG Integrated End to End testing timeframe
- Webpage -



ICD-10 (cont.)

□ 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
- 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

Security Audit

- ☐ Finalized and published policy after solicitation of Contractor feedback
- □ First audit will be due June 1, 2014