AHCCCS 5010 834 Consortium

Tuesday, August 23, 2011
2:30 p.m.

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

Facilitator: Lori Petre

Handouts: Agenda

Attendees: Teleconference attendees are shown with an *

Abrazo Health
Christine Cheesman*
Mike Flynn
Liz Liska
Veronica Rivera
JoAnn Ward*

ADES
David Gardner
Laura Reith
Donna Schneider

ADHS
Kevin Gibson
Mani Kumar
Terri Speaks
Tim Stanley

AETNA
Maurice Hill*
Brian Horgeshimer
David Vargas

AHCCCS
Deborah Burrell
Dwanna Epps

Kelly Gerard
Lynn Hopkins
Ester Hunt
Cheryl Kelly*
Dora Lambert
Mike Upchurch
Rhonda Zollers

AmeriChoice
M. Converse*
Karen Saelens*

Care 1st Arizona
M. Alexander*
Susan Cordier*
Kathy Thurman*

Centene Corporation
Keith Lueking*
Jessica Silver*
K.A. Wilson*

Health Choice
Mike Sisson

Iasis Healthcare
Christine McGraw
Jesse Perlmutter

Scan Healthplan
Selva Abeyta
Sharon Hawn*
Maureen McGurrin
Julie Shannon*
Vicki Wright*

UHC
Debra Alix
Carolyn Anderson*
Janice Curtis*
Jennifer Dickerman*
Jeffrey Greenspan
Aradhana Gupta*
James Solivsky
Lori Stiffler

UPH
Kim Bolton*
Jean Warner*

OVERALL STATUS UPDATES   Lori Petre

Lori Petre opened the Consortium by welcoming the attendees. Lori then stated that like the last Consortium, she would be covering 5010 for the first one-half and other things the second half and that anyone wanting to hear only about 5010 would have an opportunity to leave before the second half.

✉…email comments and questions to lori.petre@azahcccs.gov.

HIPAA UPDATES   Lori Petre

Current Project Timelines:

- AHCCCS is continuing with the previously communicated timelines as before with CMS' acknowledgement and we will be compliant with most of 5010 by the end of the year, with full compliance with all of 5010 by July 2012.
- Regarding 270/271 - 276/277, we are still testing and are on track. 835, 277PSI, 278, and NCPDP post-adjudication history (PAH) – These are the transactions where AHCCCS will not have full compliance until July 2012.
- 837 in the short term, we will be reverse mapping these transactions and in the long term, for 7/1/2012 forward, we will be eliminating the reverse map and doing full 5010 processing in PMMIS. Lori encouraged attendees to begin testing as soon as they were ready.   Lori stated that if anyone wanted to test 5010 files, should send them first through Community Manager with a notification to Dennis Koch.

Milestones:

- 837 Claims/Encounters: Once all of the October 1 projects are in, we will restart coding for the long term solution (full 5010 processing in PMMIS and elimination of the reverse maps) and we will need to be done by January 2012. AHCCCS will internal test immediately following completion of coding with an external testing window to begin in March 2012. We will need to be fully completed by July 1, 2012.
- Changes for 834 on October 1, 2011: As previously communicated –
  - Move 834 to the Addendum version
  - Change the date and time in the ISA09 and ISA10 to be the create date of the transaction file. (This was at the request of at least one of the health plans.)
  - Add the Renewal Date in the 2700 Reporting Loop (The renewal date is the date that the member needs to contact AHCCCS to renew their eligibility. It is also called the re-determination date. If the member does not comply with this date, they may lose AHCCCS eligibility.)
- Unless we are notified otherwise, we assume all contractors will ready to implement the 5010 versions of the 834 and 820 by no later than 1/1/12.
- BHS active care members, changes are in process to provide this information to the contractors on the 834. Testing approximately October 2011 with implementation January 2012. We will keep everyone advised as to our progress as well as the details of the change.

Lori stated that if anyone had any questions or concerns to please let her know.

Documentation Status:

Lori advised that there is a timeline for the documentation.

- Most draft guides are already posted to the Webpage. Please review and provide us with any comments, questions, etc...
- NCPDP post-adjudication Encounters/Claims companion guide should be ready by approximately mid- to late September.
- 278 will be out in October.

    Lori asked if there were any questions. None.

Testing Overview for 837 Encounters:

The schedule for testing 837 submitters is now through June 29, 2012; with a dedicated test environment (health plan and recipient production refresh will be scheduled for refresh quarterly, usually by the first week of the quarter). If we receive file by 5 p.m. on Thursday, the file will be included in that week's cycle, which starts at 5 p.m. on Friday. If you send a file at the last minute, it will be included in the following week's processing. All test files will go through the Validator. AHCCCS will try to be consistent with the test environment.

The naming convention of Encounter test files can be anything under 30 characters in length with no spaces in the file name. The file is to be placed in the xxx/test/EDI-In directory. "XXX" is your plan's name and cannot end in .TMP. The acknowledgment files will be placed in xxx/test/EDI-Out directory.

Lori advised the attendees that all 837 test files would be validated and recommended at least two files should be validated through Community Manager for compliance before submission to us for processing. It was stressed to the attendees that files submitted during the quarter would be lost when the next refresh was completed and health plans should keep that in mind when planning test cycles and scenarios.

The AHCCCS testing unit has asked that submissions be no larger than 25 transactions per file.

➢ Question: Will there be production size limits? No.

OTHER TECHNICAL UPDATES   Lori Petre

- Status Code B:

    There is one new reference table, RFC25, the layout was distributed to the Contractors and the test file was made available on August 16.

- Multiple Surgery:

    Also on August 16, there was an e-mail sent advising of a partial extract of RF724 to the contractors, and that the test file was available.

- OPFS:

    Also on August 16, e-mail sent regarding the layout of RFC97 and RF133 and that test files were available.

- Benefit Limits:

Layout and test file availability sent via August 1 e-mail.

- NCCI/MUE:

  Contractors were advised via August 16 e-mail of Tables RF128 (with changes), RF129 and RF131 layouts and test file availability.

Lori advised the attendees that all layouts had been distributed and that there should also be an initial test file for each.

Reference table RF133 is the OP Clinic fee schedule – this is only a test file (contains test data pending completion of the fee schedule). Everything else is a production file (contains production values).

Lori then re-iterated that she had given updates on Status Code B, Multiple Surgery, OPFS, Benefit Limits and NCCI/MUE. She requested that she be advised if anyone wanted additional test files and that AHCCCS would probably have one more download before October.

- ➢ Question: For NCCI Reference RF128, format changed from current? Correct, per the layout new data elements were added.

Lori talked a bit about MUEs. They are in a separate table and not as extensive as either Medicare MUEs or our own Daily procedure limits.

Q: Are there code Pairs outside NCCI based on AHCCCS policy?
A: Yes, there are a very limited # included on the table and designated as AHCCCS.

Modifier Exceptions: We will implement in accordance with CMS.

Clinic Fee Schedule:

- RF133 – The production values for this table will be going out shortly.

- Episode of Care: This means within the same claim, bundling occurs.

Lori encouraged the attendees to ask questions if they were not sure.

- ➢ Question: With all of the AHCCCS changes, claims systems and everything flowing into Encounters, policies will be consistent? Yes. Shared logic modules in PMMIS whenever possible.

Lori asked if there were any more questions regarding Status Code B, MUEs, or CCI. None.

Attendees were reminded that last time everyone was given outpatient spreadsheet and that this gives some testing examples and that if anyone had any questions, to please ask.

OPFS Decision Tree: There were two minor corrections from the previous version.

- ➢ Question: On the old flow chart, does the modifier percentage difference refer to RF121 – is modifier present with HCPCs? Yes.

Benefit Limits (from the matrix): There are two new limits effective October 1, 2011:

Inpatient is 25 days per benefit year for adults 21 and over. With exceptions to the limit for the Maricopa burn unit, American Indian facilities, qualified psychiatric days, transplant related days, and QMB dual members.

Respite is 600 hours per benefit year.

Other benefits under consideration have been dropped at this time (ED Visits, non-ER use of the ER, office visits, non-ER transportation); but may be considered in the future. None are being considered for October 1, and January 2012 is not likely, either.

✉…email comments regarding HIPAA Updates to ahcccshipaaworkgroup@azahcccs.gov and any other questions to lori.petre@azahcccs.gov.

OTHER/WRAP-UP   Lori Petre

Lori advised the group that AHCCCS was working on project planning for ICD10.   After October, AHCCCS will begin looking a lot more at ICD10.

Attendees were encouraged to read the posted documentation for all the projects discussed today as well as the ICD10 project and ask questions.

There being nothing further, the meeting was adjourned.

Corrections to the minutes should be directed to NpiConsortiumCoordinator@azahcccs.gov.