AHCCCS SUMMARY- COMMERCIAL TPL REFFERAL DESKTOP OVERVIEW

- This process is for Commercial Third Party Lead (TPL) coverage: Medical, Dental+, Pharmacy+, Behavioral Health** and Medicare Supplemental*.
- Contractor (Health Plan) Leads/Referrals submitted to AHCCCS are either written to PMMIS (AHCCCS Prepaid Medicaid Management Information System) or rejected back to Contractor, via AHCCCS SFTP Server, through the Leads Status Report.
- All referral sources are bundled by AHCCCS and given a status code = 'P' (pended). The referrals are batched and transmitted to HMS (AHCCCS TPL Vendor) for coverage verification.
- HMS combines batched and HMS (Referral Database – REFDB) direct data entry records and uses their external carrier resource databases or works the record/s manually to obtain verification.
- HMS also generates valid TPL coverage records from their internal Match processes.
- Verified and Not Verified status records are transmitted back from HMS to AHCCCS.
- AHCCCS sends out files to Contractors via the SFTP Server.
- Encounters deny/pend when AHCCCS PMMIS TPL file indicates verified coverage exists and the encounter does not indicate a COB payment value. Contractors either recoup claims for COB and resubmit the encounter or research and submit corrected/updated TPL leads to clear the pends/denials.

   * Medicare Supplemental policies are considered commercial and go through HMS verification.

   ** AHCCCS is not currently verifying Behavioral Health stand alone coverage policies. Do not submit to AHCCCS on the TPL leads file.

   +These types of coverage records (D, RX and BH) are for stand alone coverage policies, not part of Medical coverage policies.

TPL Referral sources to AHCCCS:

1. AHCCCS
2. Contractor TPL Leads loaded to SFTP using Third Party Lead Submissions File (See AHCCCS Website TIG) https://www.azahccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/
3. Centers for Medicare & Medicaid (CMS)
4. Arizona Department of Economic Security (DES)/ Social Security Administration (SSA)
5. ACE (ALTCS Client Eligibility)
6. Health-e-Arizona Plus (HEAPlus)

TPL Referral sources to HMS:

1. Direct entry into HMS <u>Referral DB (REFDB)</u>
2. Nightly TPL lead/referral files from AHCCCS
3. HMS Match process generated TPL coverage records all with Verified (V) status
4. HMS keyed correction information related to HMS record errors (e.g. duplicates, invalid term dates.)

Medicare Coverage Verification

CMS Medicare enrollment information is loaded into the PMMIS <u>RP-MDC-CVG database</u> by the EDB (CMS Enrollment Data Base) file that AHCCCS processes monthly (which updates Medicare and Medicare Advantage coverage). Also monthly the SMIB and HIB process updates Medicare for members who are in "Buy In" status.

Corrections to Medicare COB information need to go to AHCCCS - <u>Gina Aker</u> for research and potential correction by AHCCCS Division of Member Services (DMS).

Note: <u>Medicare Supplement policies</u> are considered commercial and go through HMS verification.

Commercial TPL Referral Loading to AHCCCS PMMIS Database for COB Processing and Encounter Editing

The following information is loaded into PMMIS TPL DB Table (RF-INS-CVG-R (RP155) :

- Batch Lead/Referral records <u>that pass AHCCCS TPL referral editing</u> (daily) *See section below **HP TPL lead editing***
  https://www.azahcccs.gov/Resources/Downloads/HealthPlanInterfaceFileLayouts/ThirdPartyLeadsSubmissionFileLayout.pdf
- Direct DDE by AHCCCS
- ACE
- DES/ SSA agency data
- Eligibility files- TPL data utilized to create a referrals forwarded to HMS for verification

All TPL referral records are loaded into PMMIS (RP155) as referral with <u>status of P= pended</u> which means waiting nightly processing; and then subsequently updated to <u>status R=referred</u> when submitted to HMS. The files are returned from HMS with either <u>I= invalid status </u> and written to PMMIS TPL History table - RP155H OR <u>V= Verified status</u> and written or updated in RP155 as valid coverage.

When existing Verified records in RP155 do not have a verified end date, the submitted update or terminate records received will have end date verified by HMS and posted to the verified record or rejected back to the Contractor as invalid date.

- *Contractor TPL Lead Editing*

When the Contractor submits Third Party Lead files to AHCCCS via the SFTP, those files are picked up nightly by AHCCCS and processed. The outcome of records on those files is returned to the Contractors in a status report uploaded to the server—

XXX/PROD/OUT/ YYMMDD.RP94D576.TPL.report.txt   (where XXX is Contractor acronym)

This report contains PMMIS load status after editing of all records submitted in a TPL lead batch. Records that pass editing are loaded into RP155 with P=pending status for nightly sweep of records to be sent to HMS for verification. Records that failed editing (including those that are determined to be duplicates) are not loaded.

The report provides reasons for load status in the message field e.g. "MESSAGES: TPL ADDED SUCCESSFULLY". There is sometimes additional messaging that indicates current eligibility status of the member- 0186 RECIPIENT IS NOT CURRENTLY ELIGIBLE. None of these messages indicate that a TPL record is verified and updated; but just provide notification whether or not the record was loaded as pended and will be sent to HMS for verification.

When a record fails editing messages indicate the reason the record was not loaded e.g. "member not matched" or "CRITICAL TPL DATA MISSING - NO UPDATE- 4233 CARRIER NAME IS REQUIRED" or "Duplicate TPL record already in validation process with HMS".

NOTE: if you receive a NO MATCH on a record where you submitted the correct AHCCCS ID#, then check spelling of first and last name and DOB to be sure it matches exactly with AHCCCS PMMIS data for this member. Our member match logic uses all four elements to determine a FULL MATCH. Beware of adding middle initial to first name; this will cause failure to match.

Overview of Edit Logic:

(NOTE: all 3 edit logic programs have been updated with last changes going into production on 3-16-17)

For Contractor submitted leads all commercial carrier record matching is now based upon AHCCCS ID#, Sequence # and Master Carrier ID (MCID) code (RF563). All of these fields have been required since early 2015 as noted in the TPL Lead record layout.

- The first program (RP97L576) reformats TPL records and edits for syntax and required fields. Failure at this point will produce critical errors being listed on the report, and the record will not be written and must be re-submitted with corrected information. Examples include: missing required fields; invalid coding; invalid date syntax; relational edits like end date before begin date, etc.

- The second program (RP94L576) continues editing and links to existing records in the member eligibility tables to bring in demographic information and to the (MCID) table to bring in carrier information. Failure in this program will also produce error messages on the report related to accuracy of AHCCCS Id for the member and Carrier. Some of the report messages read:
  - *"Record added successfully"*= Add transaction types passing all editing
  - *"Duplicate TPL record already in validation process by HMS"* = means that this record has already been submitted to HMS and is in "R" status on RP155. Do not resubmit unless you finally see the record returned by HMS as Invalid and you believe that the coverage is valid.
  - NOTE: All returned invalid records are listed on the Daily Invalid - .NOT files. The reason a record was returned as invalid is also listed on RP155H. IF HMS requested additional/corrected information, correct and resubmit.
- The final program (RP92L576) manages TPL file updates to existing records.
  - Contractors may only update existing verified records to insert term dates. The term date can only be added to a verified record where no term date is already posted.
  - For Verified records, changes to an existing term date, or any other field, can only be made by entering an update transaction directly to HMS through REFDB.
  - The following messages relate to TPL Lead transactions submitted to post term dates into existing verified records:
    - *"No update made to existing verified status TPL record "*= the record submitted matches an already verified record with a term date posted. If Contractor believes this is an incorrect date or that the policy should not be terminated then they must submit an updated record in REFDB.
    - *"Term date Posted, existing TPL record reset to P status"* = the submitted term date was posted to the previously verified record and re-submitted to HMS in 'R' status.

HMS Referral Verification Processing

AHCCCS Referrals to be verified by HMS are batched in nightly transmissions and uploaded into HMS five days per week (Mon-Fri). These referrals should be returned to AHCCCS either verified or not verified within 90 days from transmission. Referrals entered directly into HMS TPL RefDB undergo real=time editing for required fields that assists in faster record throughput. These records should be returned either verified or not verified to AHCCCS within seven working days.

HMS queries Federal, State, and Commercial Carrier databases for electronic matches, and when necessary, conducts manual verification that includes contacting the carrier to verify information received on the referral.

HMS returns completed records to AHCCCS for updating member's PMMIS TPL records. RP155 status is updated from 'R' to 'V' if verified and other field data is updated per HMS; **or** the 'R' status changed to 'I' not verified and the record is moved to RP155H. Not verified records will have a RSN in the PMMIS history file

indicating why the record was not verified, e.g. "policy never effective". (See reason code table inserted at end of this document.) RP155H records are not used for encounter editing.

Contractor COB staffs often encounter problems with getting information from carriers. HMS has similar issues and may return a TPL record Invalid with reason "Carrier will not verify". If Contractors encounter this message, and have good coverage source information indicating that coverage does in fact exist, contact HMS.

- E-mail: cbermudez@hms.com with the carrier contact information, EOB, or other documentation. If the Contractor doesn't receive a response within three weeks contact Gina Aker Gina.Aker@azahcccs.gov for AHCCCS assistance. Include the original email notification to HMS.

Re-verifications

HMS generates re-verifications automatically six months from date of original or last verification date for currently eligible members. Historically, if HMS was not able to re-verify an existing verified record it was returned as invalid with the 'Policy Not Found" reason message and the existing verified record was deleted from RP155 and moved to RP155 History.

HMS has implemented new logic to the re-verification process. Now, failed re-verifications are returned with a message *"unable to re verify, defaulted end date"*. This will end date the record with the processing date and keep the original verified record in RP155 to provide an audit trail for AHCCCS and the Contractors. Once the record is end dated, it will no longer produce Denials/Pends for COB. This will clean up older coverage records that were not properly end dated and causing encounter issues. If you have COB research and/documentation indicating that the record should still be valid please e-mail cbermudez@hms.com with documentation.

Outbound TPL Files Provided to Contractors

AHCCCS produces several outbound TPL response files. All of these files contain the AHCCCS Carrier ID as well as Carrier name. Information about these files, file layouts and SFTP folder locations are found on the AHCCCS web at:

https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/   under Third Party Liability Process

https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/Tables/   for file layouts

Note: Verified TPL file information is sent to enrollee's current plan, if a member is not currently enrolled, then to the last plan on enrollment record.

Note: AHCCCS keeps sending 834 records for a full two years after plan termination.

- Daily Verified- combined verified commercial TPL records returned from HMS and Medicare Coverage Data from CMS is returned to Contractors. Provides added/updated TPL records in PMMIS DB table RP155. *(Much of this data is also provided in Contractors' daily 834 files, AHCCCS is looking into adding additional TPL/COB data elements to the 834 and eliminating this file.)*

- Daily NOT Verified- notification of invalid TPL lead referrals. These records are returned from HMS as not verified- with reason codes (e.g. not able to verify, insurance company uncooperative, duplicate record, etc.) Some returned records are generated from referral sources other than the Contractors; as well as returns of previously verified records that fail the reverification process. There is no other reporting source providing this information to the Contractors.

- Monthly TPL Verified Data File- contains current TPL data for a plan's enrollees on the first day of a month, where PMMIS TPL records have verified status. *(This information also comes over on monthly 834 and is largely redundant and may be discontinued at sometime in the future).*

- Contractors Master Carrier ID (MCID) –provides **status indicator** (either A=Active or I= inactive); the 5 byte numeric AHCCCS Master Carrier ID value assigned sequentially by HMS or AHCCCS ISD; carrier name; carrier address and phone info. The file is uploaded to the AHCCCS' SFTP Servicer weekly. Layout can be found at the following AHCCCS website location. https://www.azahcccs.gov/Resources/Downloads/HealthPlanInterfaceFileLayouts/MasterCarrierIDFileLayout.pdf

Use of the MCID File

The MCID File contains both active and inactive MCID records**.** The Contractors should select only active records when adding new TPL records. Updates to PMMIS reference table are processed as such:

- HMS submits to AHCCCS a weekly file used to update the RF563 table. That file contains new MCID records and updated address and phone information for the existing MCID records.
- HMS assigns new MCID records using "9XXXX" series numbering. Their update initials are "PCG".
- Excluding the "49XXX" series of numbers (those used internally by AHCCCS), the MCID table has been cleaned up to list only one entry for each carrier/per coverage type. These HMS MCIDs have the addressing/phone number needed by HMS for their verification process and may also be most helpful to Contractors in their TPL research contacts with Carriers. Other, duplicative, MCID records have been changed to "Inactive" status and will not show up on PMMIS RF562/563 displays.
- Contractor staff should select the carrier code for new TPL records by name and coverage type (indicted in the name). All the other inactive numbers have been mapped by HMS to the remaining active numbers. Nomenclature (Carrier Name) does not have to match from your system to AHCCCS PMMIS as the carrier will be identified by carrier code not by name.

- "I" = Inactive MCID records may be used only as required when submitting Change or Terminate Lead transactions for existing <u>validated</u> PMMIS RP155 records posted with a now inactive number. In this case the Member's AHCCCS ID, Sequence number of the record you are attempting to update with the term date and the carrier ID number on that existing record must be submitted in order to affect the correct record.
- If a Plan needs to have a Commercial Carrier added to the MCID table they are instructed to e-mail their request to CBermudez@hms.com   with relevant Carrier information e.g. name, address, phone, type of coverage. <u>Do not submit Medicare Advantage Plans, Vision Carriers or Life Insurance carriers</u>. HMS will review to see if a new carrier needs to be added or notify you which existing carrier MCID to use. <u>Do not submit request to modify address or phone number</u>. You should expect response within 3 weeks, if not received please copy your original e-mail request to Gina.Aker@azahcccs.gov for further AHCCCS assistance.

For more detailed MCID documentation please see AHCCCS RF563 MCID Contractor Desktop .docx

HMS Invalid Reason Code Table   **NOTE: Contractor=HP in this table**

INVALID REASON MESSAGE	EXPLANATION	HP ACTION REQUIRED
CARRIER WILL NOT VERIFY	This happens when a Carrier will not verify through normal channels.	If HP determines that coverage is valid; HP to submit e-mail to HMS with carrier contact information and any documentation like recent claim EOB showing Carrier payment
DEPENDENT NOT FOUND	The insured policy exists but the member is not listed on it as a dependent.	HP to correct its COB system records, do not resubmit.
DUPLICATE RECORD IN PMMIS WITH DIFFERENT SEQUENCE NUMBER	This is used when a record is good in all other respects but it overlaps the coverage period of another valid record with the same carrier and insurance type.	HP to review existing TPL coverage BEG/END dates and correct its TPL system records OR HP believes this message was received in error, e-mail documentation to HMS for further review.
MEDICAID	When a policy is determined to be a Medicaid Policy, normally seen with MCO records	HP do not resubmit; not TPL commercial coverage
MEDICARE	When a policy is determined to be a Medicare Policy other than Medicare Supplemental. This would be Medicare Fee-for Service and Medicare Advantage plans.	HP do not resubmit; not TPL commercial coverage.
NEED CORRECT CARRIER INFO	The Carrier information is nonexistent , too ambiguous or wrong	HP to resubmit with complete and/ or accurate coverage data
NEED CORRECT HOLDER INFO	The Policy Holder information is nonexistent, ambiguous or wrong.	HP to resubmit with complete and/ or accurate coverage data
NEED CORRECT POLICY ID	The Policy ID information is nonexistent, ambiguous or wrong.	HP to resubmit with complete and/ or accurate coverage data
NO MAJOR MEDICAL	Record with insurance type M that does not have major medical included.	HP to review coverage information in their TPL system. If major medical coverage does not exist, do not resubmit. IF coverage is stand alone RX or Dental coverage resubmit with correct Coverage indicator code

HMS Invalid Reason Code Table - continued

INVALID REASON MESSAGE	EXPLANATION	HP ACTION REQUIRED
POLICY NEVER EFFECTIVE	Records with policies that exist but never became active.	Do Not Resubmit. IF HP determines that coverage is/was active; HP to submit e-mail to HMS with carrier contact information and any documentation like recent claim EOB showing Carrier payment
POLICY NOT FOUND	Records with policies that are determined not to exist.	Do Not Resubmit. IF HP determines that policy coverage is valid; HP to submit e-mail to HMS with carrier contact information and any documentation like recent claim EOB showing Carrier payment
VISION ONLY	Records with a policy for a Vision only policy.	HMS does not verify stand alone Vision coverage records. Do Not resubmit.
UNABLE TO REVERIFY, DEFAULT END DATE	Records that were verified as active at one time, but now cannot be re-verified, for example BC/BS of Arizona will not verify records older than 33 months.	These records will be automatically end dated with the processing date. If HP has current documentation that coverage still exists, email to HMS.