

AHCCCS TPL State Plan Amendment (SPA)
Change Matrix

	SECTION	CHANGE
1	4.22(b)(1). Frequency of data exchanges required by 42 CFR 433.138(d)(1), State Wage Information Collection Agency (SWICA), and SSA Wage and Earnings Files.	Minor language changes were made to clarify and update procedures. For example, data files are no longer provided by tape.
2	4.22(b)(1). Frequency of data exchange required by 42 CFR 433.138(d)(4)(i), State Workers Compensation or Industrial Accident Commission.	Changed language to report that AHCCCS now data matches with the Industrial Commission of Arizona (ICA) after the end of each quarter.
3	4.22(b)(1). Frequency of data exchange required by 42 CFR 433.138(d)(4)(ii), State Motor Vehicle accident report files.	Changed language to report that AHCCCS now data matches with the Arizona Department of Transportation (ADOT) after the end of each quarter.
4	4.22(b)(1). Frequency of the diagnosis and trauma code edits 800-999 (excluding 994.6) per 42 CFR 433.138(e).	Clarified that the TPL Contractor gets a monthly extract of fee-for-service (FFS) paid claims instead of AHCCCS paid claims. Also streamlined the section by deleting unnecessary process detail.
5	4.22(b)(1). Method for meeting the follow-up requirements contained in 42 CFR 433.138(g)(2)(i), Health insurance information and Workers' Compensation data exchanges.	Minor language changes were made to clarify and update procedures. For example, data files are provided through a secure FTP server instead of on tape.
6	4.22(b)(3). Method used for meeting the follow-up requirements contained in 42 CFR 433.138(g)(3)(i)(iii), State motor vehicle accident report file data exchanges.	Changed language to report that AHCCCS now conducts quarterly data matches with ADOT and to summarize the data matching process.
7	4.22(b)(4). Method used for following up on paid claims contained in 42 CFR 433.138(g)(4)(i)(ii)(iii), diagnosis and trauma code edits.	HCFA changed to CMS as agency that develops the list of trauma codes to review. Other minor language changes were made to clarify, simplify, and update procedures. For example, data files are provided through a secure FTP server instead of on tape.
8	1902(a)(25)(I). STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE COVERAGE ELIGIBILITY AND CLAIMS DATA	Added a reference to A.R.S. § 36-2923, with an effective date after June 30, 2009, that requires third parties to provide the State with coverage, eligibility and claims data that is outlined in 25 USC § 1902(a)(25)(I).
9	4.22(d)(2). Method used in determining cost effectiveness as specified in 42 CFR 433.139(f)(2).	Changed language to clarify and simplify the description of the AHCCCS method used in determining cost effectiveness.
10	4.22(d)(2). Method used for determining billing accumulation as specified in 42 CFR 433.139	Changed language to clarify and simplify the description of the AHCCCS method used in determining billing accumulation.