ENCOUNTERS
TPL DATA EXCHANGE SUMMARY

(Revised Date: 09/1/2024)

Introduction: This procedural document provides instructions for commercial Third-Party Leads (TPL) coverage (Medical, Dental, Pharmacy, Behavioral Health**, and Medicare Supplemental).

Overview: Contractor (Health Plan) verified Third Party Liability (TPL) referrals submitted to the Arizona Health Care Cost Containment System (AHCCCS) are either written to the AHCCCS Prepaid Medicaid Management Information System (PMMIS) or rejected back to the contractor via the AHCCCS Secure File Transfer Protocol (SFTP) Server through the Leads Status Report. All referral sources are bundled by AHCCCS and given a Pended (P) status code. The referrals that pass the leads file verification process are batched and transmitted to the Health Management Systems (HMS), AHCCCS' TPL vendor, who returns the record as verified for commercial coverage. 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 status records are transmitted back from HMS to AHCCCS. AHCCCS sends out files to contractors via the SFTP Server. Encounters deny/pend when the AHCCCS PMMIS TPL file indicates verified coverage exists and the encounter does not indicate a Coordination of Benefits 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.
NOTE: Coverage records D, RX, and BH are for stand-alone coverage policies and not part of medical coverage policies.

Effective Date: 07/01/2017

TPL REFERRAL SOURCES TO AHCCCS

STEPS:
1. AHCCCS
2. Contractor TPL Leads are loaded to the SFTP server using the TPL Submissions File (refer to the AHCCCS Technical Interface Guidelines [TIG] Health Plan Interface).
3. Centers for Medicare and 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

STEPS:
1. Direct entry into HMS Referral DB (REFDB).
2. Nightly TPL lead/referral files from AHCCCS.
3. The 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 RP-MDC-CVG database by the EDB CMS (Enrollment Data Base) file that AHCCCS processes monthly, which updates Medicare and Medicare Advantage coverage. Also, monthly, the Supplemental Medical Insurance Benefit (SMIB) and Health Insurance Benefits HIB process updates Medicare for members in "Buy In" status. Corrections to Medicare COB information must go to AHCCCS Encounter Manager for research and potential correction by the AHCCCS Division of Member Services (DMS) not to HMS.

COMMERCIAL TPL REFERRAL LOADING TO AHCCCS PMMIS DATABASE FOR COB PROCESSING AND ENCOUNTER EDITING

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

- Batch Lead/Referral records that pass the daily AHCCCS TPL referral editing (see Contractor TPL Lead Editing section below).
  https://www.azahcccs.gov/Resources/Downloads/HealthPlanInterfaceFileLayouts/ThirdPartyLeadsSubmissionFileLayout.pdf.
- Directly by AHCCCS Member Services Department.
  - Health-e-Arizona Plus (HEAPlus).
  - DES/SSA agency data.
- Eligibility files – TPL data utilized to create referrals forwarded to HMS for verification.

All TPL referral records are loaded into PMMIS (RP155) as a referral with a status code of "P" (pended) awaiting nightly processing and then subsequently updated to "R" (referred) status code when submitted to HMS. The files are returned from HMS with either an "I" (invalid status) and written to the PMMIS TPL History table (RP155H) or "V" (verified status) and written or updated in RP155 as valid coverage. ALL TPL leads submitted by the contractor must be verified.

CONTRACTOR TPL LEAD EDITING

When contractors submit Third Party Lead files to AHCCCS via the SFTP, those files are picked up and processed nightly by AHCCCS. The outcome of records on those files is returned to contractors in a status report uploaded to the server as "XXX/PROD/OUT/ YYMMDD.RP94D576.TPL.report.txt" (XXX is the contractor's acronym).

This report contains the PMMIS load status after editing all records submitted in a TPL lead batch. Records that pass editing are loaded into RP155 with a "P" (pending) status for a nightly sweep of records to be sent to HMS. Records that fail editing (including those 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 the current eligibility status of the member (e.g., 0186 RECIPIENT IS NOT CURRENTLY ELIGIBLE).

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

NOTE: If a "NO MATCH" record is received where the correct AHCCCS ID number was submitted, check the spelling of the member's first and last name and the date of birth (DOB) to ensure it matches exactly with AHCCCS' PMMIS data. Our member match logic uses all four elements to determine a "FULL MATCH." Beware of adding the middle initial to the first name; this will cause failure to match.

OVERVIEW OF EDIT LOGIC

For contractor-submitted leads, matching commercial carrier records are based on the AHCCCS ID number, Sequence number, and Master Carrier ID (MCID) code (RF563).
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/Tables/

The first program (RP97L576) reformats TPL records and edits for syntax and required fields. Failure at this point will produce critical errors being listed in the report and the record will not be written and must be resubmitted 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 table 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 the accuracy of AHCCCS ID for the member and carrier. These are some of the report messages:

- Record Added Successfully – Added transaction type passed all editing.
- Duplicate TPL record already submitted to 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 returns as invalid is also listed on RP155H. If HMS requests additional/corrected information, correct it, and resubmit it.

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 has been posted. The following messages relate to TPL Lead transaction submitted to post-term dates into existing verified records:

- No update made to existing verified status TPL record – The record matches an already verified record with a term date posted. If the contractor believes this is an incorrect date or the policy should not be terminated, 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 resubmitted to HMS in "R" status.

HMS REFERRAL VERIFICATION PROCESSING

AHCCCS Referrals to be loaded by HMS are batched in nightly transmissions and uploaded into HMS five days per week (Mon-Fri). These referrals will be returned to AHCCCS as verified or not valid within 30 days from transmission.

Referrals entered directly into HMS TPL REFDB undergo real-time editing for required fields that assist in faster record throughput. These records should be returned, either verified or not verified, to AHCCCS within 30 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 to update members' PMMIS TPL records. The RP155 status is updated from 'R' to 'V' if verified, and other field data is updated per HMS, or the 'R' status is changed to 'I' not verified, and the record is moved to RP155H. Records not verified will have an RSN in the PMMIS history file indicating why the record was not verified (i.e., policy was never effective). See the HMS Invalid Reason Code Table below.

NOTE: RP155H records are not used for encounter editing.

Contractor COB staff often need help with getting information from carriers. HMS has similar issues and may return a TPL record as "Invalid" because "Carrier will not verify." If contractors encounter this message and have good coverage source information indicating that coverage does exist, email HMS at andrea.beaty@gainwelltechnologies.com with the carrier contact information, EOB, or other documentation. If HMS does not respond within three weeks, email AHCCCS at Gina.Aker@azahcccs.gov for assistance and include the original email to HMS.

RE-VERIFICATIONS

HMS generates re-verifications automatically six months from the original or last verification date for currently eligible members. Historically, if HMS could not re-verify an existing verified record, it was returned as invalid with the 'Policy Not Found" reason message. 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 end-dated, causing encounter issues. If you have COB research and/or documentation indicating that the record should still be valid, please e-mail andrea.beaty@gainwelltechnologies.com with the documentation.

OUTBOUND TPL FILES PROVIDED TO CONTRACTORS

AHCCCS produces several outbound TPL response files. All these files contain the AHCCCS Carrier ID and Carrier name. Information about these files, file layouts, and SFTP folder locations are found on the AHCCCS website at https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/ (under Third Party Liability Process) and https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/Tables/.
NOTE: Verified TPL file information is sent to the enrollee's current plan; if a member is not enrolled, then to the last plan on the enrollment record. 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 are returned to contractors. Provides added/updated TPL records in PMMIS DB Table RP155.
  NOTE: Much of this data is also offered 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: not able to verify, insurance company uncooperative, duplicate record, etc.). Some returned records are generated from referral sources other than the contractors and returns of previously verified records that fail the re-verification process.
  NOTE: There is no other reporting source providing this information to 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.

- Contractors Master Carrier ID (MCID) – Provides status indicator (either A for active or I for inactive); the 5-byte numeric AHCCCS Master Carrier ID value assigned sequentially by HMS or AHCCCS Information Service Desk (ISD), carrier name, carrier address, and phone info. The file is uploaded to the AHCCCS' SFTP Servicer weekly. The file layout can be found on the AHCCCS website https://www.azahcccs.gov/Resources/Downloads/HealthPlanInterfaceFileLayouts/MasterCarrierIDFileLayout.pdf.

USE OF MCID FILE

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

- HMS submits a weekly file to AHCCCS 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 initials are "PCG" for updates.
- 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 address/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 appear on PMMIS RF562/563 displays.
- Contractor staff should select the carrier code for new TPL records by name and coverage type (indicated in the name). HMS has mapped all the other inactive numbers to the remaining active numbers. Nomenclature (Carrier Name) can differ from your system to AHCCCS PMMIS as the carrier will be identified by carrier code, not by name.
- Inactive "I" MCID records may be used only as required when submitting change or terminate lead transactions for existing validated PMMIS RP155 records posted with a now inactive number. In this case, the member's AHCCCS ID, the sequence number of the record attempting to update with the term date, and the carrier ID number on that existing record must be submitted to affect the correct record.
- For plans that need to add a commercial carrier to the MCID Table, email the request to with the andrea.beaty@gainwelltechnologies.com carrier's information (e.g., name, address, phone, type of coverage). Do not submit Medicare Advantage Plans, vision carriers, or life insurance carriers. HMS will review to see if a new carrier needs to be added or will advise which existing carrier MCID to use. Do not submit requests to modify the address or phone number.

  NOTE: If no response is received within three weeks, email AHCCCS for further assistance at Gina.Aker@azahcccs.gov with a copy of the original email. For more detailed MCID documentation, please see AHCCCS RF563 MCID Contractor Desktop .docx.

HMS INVALID REASON CODE TABLE

Invalid Reason Message	Explanation	Contractor Action Required
CARRIER WILL NOT VERIFY	This happens when a carrier will not verify through normal channels.	If coverage is determined valid, submit an e-mail to HMS with carrier contact information and any documentation, like a recent claim EOB showing the carrier's payment.
DEPENDENT NOT FOUND	The insured policy exists, but the member is not listed as a dependent.	Must 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.	Review existing TPL coverage BEG/END dates and correct TPL system records or if believed this message was received in error, email documentation to HMS for further review.
MEDICAID	When a policy is determined to be a Medicaid policy, seen with MCO records.	Do not resubmit, not a 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.	Do not resubmit, not a TPL commercial coverage.
NEED CORRECT CARRIER INFO	The carrier information is nonexistent, ambiguous, or incorrect.	Resubmit with complete and/or accurate coverage data.
NEED CORRECT HOLDER INFO	The policy holder information is nonexistent, ambiguous, or incorrect.	Resubmit with complete and/or accurate coverage data.
NEED CORRECT POLICY ID	The policy ID information is nonexistent, ambiguous, or incorrect.	Resubmit with complete and/ or accurate coverage data.
NO MAJOR MEDICAL	Record with insurance type M that does not have major medical included.	Review coverage information in the TPL system. If major medical coverage does not exist, do not resubmit. If coverage is stand-alone RX or Dental, resubmit with the correct coverage indicator code.

Invalid Reason Message	Explanation	HP Action Required
POLICY NEVER EFFECTIVE	Records with policies that exist but never became active.	Do Not Resubmit. If it is determined that coverage is or was active, submit an e-mail to HMS with carrier contact information and any documentation like a recent claim EOB showing carrier payment.
POLICY NOT FOUND	Records with policies that are determined not to exist.	Do Not Resubmit. If it is determined that policy coverage is valid, submit an e-mail to HMS with carrier contact information and any documentation like a 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 were verified as active at one time but cannot be reverified now; for example, BC/BS of Arizona will not verify records older than 33 months.	These records will automatically end date with the processing date. If the contractor has current documentation that coverage still exists, email HMS.

POLICY REFERENCE

AHCCCS Technical Interface Guidelines (TIG)

https://www.azahcccs.gov/Resources/Downloads/HealthPlanInterfaceFileLayouts/ThirdPartyLeadsSubmissionFileLayout.pdf

 AHCCCS Technical Interface Guidelines (TIG) – Health Plan Interface

https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/HealthPlans/

AHCCCS Technical Interface Guidelines (TIG) Health Plan Interface – File Layouts

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

AHCCCS Technical Interface Guidelines (TIG) Health Plan Interface – Master Carrier ID File Layout

https://www.azahcccs.gov/Resources/Downloads/HealthPlanInterfaceFileLayouts/MasterCarrierIDFileLayout.pdf

RELATED DESKTOP PROCEDURE

AHCCCS RF563 MCID Contractor Desktop .docx

SUPPORTING INFORMATION

AHCCCS Assistance: Gina.Aker@azahcccs.gov

HMS Assistance: andrea.beaty@gainwelltechnologies.com

REVISION HISTORY

Date	Author	Description
06/01/2024	G. Aker & E. Peary	Updated to reflect new Leads Process 10/1/2023. Migrated into new format.
6/20/2024	G. Aker & Celia Renovato	Updated to reflect change to verification process between Health Plan referrals and HMS effective 10/1/2023. Change HMS contact information