



REINSURANCE HOT NEWS

October 17, 2013

2013 Annual Reinsurance Workshop Follow-up

- When Transplant Evaluation Stages paid at AHCCCS FFS Rates how often are the AHCCCS rates sent out?
 - ✚ The AHCCCS Rates are sent out twice a month on the first and the fifteenth to all Contractors.AHCCCS Encounter Unit response

- Will the Health Plan Encounter Team be able to override the admitting diagnosis in the future for below edits? V30.0 and V30.01 Diagnosis codes Edits - D035, D855
 - ✚ As is currently the case, Encounter staff will continue to perform appropriate overrides of the listed edits pending any changes to edit criteria in the system.AHCCCS Encounter Unit response

- How does AHCCCS need us to encounter non-covered/excluded charges? When excluded charges are submitted as non-covered to show in the total non-covered amount field, the cutback days do not populate. However, when charges are not excluded on the encounter the cutback days do populate. How does AHCCCS calculate the covered/accom. days when non-covered charges are reported?
 - ✚ For additional information please see Chapter 6 of the Encounter Manual.

 - ✚ IV. Reporting Inpatient Covered Days

General reminders related to the reporting of Covered Days -

- This data element is critical to the tracking of the Inpatient Days actually covered and paid by each contractor, and is required to be submitted on all Inpatient encounters. If this data is required and not submitted encounters will be rejected at validation.
- Covered Days should only be reported on Inpatient encounters.
- Contractors should report the actual number of days they covered for that encounter. If the length of stay is 20 days, but the Contractor only reimburses 15, for whatever reason, the covered days reported should be 15.
- Covered days cannot exceed the actual length of stay on the encounter. If the length of stay is 4 days, the contractor cannot report covered days greater than 4.
- Covered days cannot be zero/0, if a Contractor has an Inpatient claim (not a same day admission discharge/transfer) and the Contractor is not reporting the encounter as denied, covered days cannot be zero/0.
- For Inpatient claims do not also non-cover related revenue code charges, all allowed/covered days should be reflected in the Covered Days reported only.

Also referenced the Encounter Keys for May-June 2013 re: general reminders related to the reporting of covered days.

Health Choice indicated this was not their intended question and will forward a couple of CRN's that can be forwarded to AHCCCS Encounters for review.

AHCCCS Encounter Unit response

- How does AHCCCS recommend we encounter Medicare Part B only payments on IP CRN's in order to receive the maximum reinsurance reimbursement?
 - ✚ Reinsurance Finance Unit has deferred this question to the AHCCCS Encounter Unit please contact them for their response.
- PCH allows for Rx claims through 60 days post transplant. Are any other plans having issues with the submittal of compound meds not being submitted on a 1500 and how are they being addressed? If not, how are they being handled?
 - ✚ We are not aware of any issues plans are having with this, have the RI staff noticed any issues? AHCCCS Encounter Unit response. Attending Contractors did not indicate they were having issues with compound drugs from PCH.

Reinsurance Nuts and Bolts Presentation



New Case Type
Presentation -- Reinsu

Encounters Overview



October 15
Reinsurance Meeting.p