

PCP Rate Parity Technical Workgroup
February 27, 2013
9a-11a
Arizona Conference Room

Shelli Silver began the meeting by clearly outlining the objective - AHCCCS needs a way to capture, flag and show paid enhanced rates versus non-enhanced rates within encounters for trending, analysis, and reimbursement for Contractors.

Contractors will be notified in the weekly provider extract files which providers are eligible for the enhanced rate with the effective date of the attestation. More discussion on attestation dates (which are not currently provided in the provider extract) and retroactive dates occurred later in the meeting.

Payments to Contractors will be based upon adjudicated encounter data. Although this will add a delay to Contractors receiving payments, it does not require additional reporting and it is faster in terms of receiving a payment rather than sending a payment following an end-of-year reconciliation. It is our intent that Contractors will be sent a report with CRNs and the Contractor will be able to tie the payment to the report. Shelli proposed AHCCCS reports and pays quarterly with a two-week review process allowing the Contractor to agree or comment on the reported CRNs and amounts.

While Shelli emphasized that "Contractors would be required to include all reprocessed claims in their reported encounters and refund payments to AHCCCS for any reduced claim payments," it was further stated that AHCCCS will provide a reasonable timeline or window of opportunity for Contractors to comply with this requirement.

AHCCCS is only required by CMS to conduct a post-payment random audit of providers who attest, however, there are OIG concerns.

Lori Petre said if we find a provider that was revoked, AHCCCS can help identify those CRNs for the Contractor.

Shelli stressed that we will not agree to a "full file replacement" process for adjusting encounters.

Contractors who have contracts at rates higher than the enhanced rates cannot reduce payments to the enhanced rates unless providers agree to contract revisions. However, if a current contract with an eligible provider is for a lower rate, the Contractor must pay at the enhanced rate.

All enhanced rates will be reflected on the new rate table and made available to the Contractors on their twice monthly reference extracts.

The consensus was that all Contractors would be able to provide allowed and paid amounts as desired by AHCCCS with some level of system configuration.

AHCCCS' proposal is that the non-enhanced amount (what you would normally have paid the provider) will be in "Health Plan Allowed Amount" field and the enhanced amount will be in the "Health Plan Paid Amount" field.

However, for sub-capitated arrangements, the option was discussed that the "Health Plan Paid Amount" field would include only the difference between the non-enhanced (what the Contractor would normally

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have paid the provider) and enhanced. Example, if original amount is \$100, enhanced amount is \$113, then \$13 will populate the "Health Plan Paid Amount" field.

Action Item: DDD was not available for input but Lori will follow up with them.

A particular concern raised by one Contractor is paying more than billed charges. In this Contractor's system, paid cannot exceed billed charges. They suggested inflating the claim and Shelli disagreed. Most other Contractors conceded that each can pay more than billed now, or it can be done as an override if necessary.

Action Item: Shelli will check with the rule to verify if payment in excess of B/C is required. Per Lori Petre's 3/8/13 email: We have verified with internal experts that the final rule **does not** require that eligible providers be reimbursed in excess of their claim billed charges.

Regarding the CN1 code proposal as mentioned in the CEO meeting, as long as AHCCCS receives the data (amounts) we need, we can flag the encounters as necessary ourselves. For now, no CN1 code changes or special CN1 code use is required.

Contractors should populate only the allowed and paid amount fields as noted, and pay the enhanced rate to the provider when:

- there is a flag on the provider;
- it is code appropriate as found on the special enhanced rate schedule;
- DOS matches the provider flag

All other claim payment rules apply.

If the provider is not flagged and incorrectly paid the enhanced amount, AHCCCS will evaluate options to identify for correction. AHCCCS may consider encounter editing to try and detect this situation and the reverse when we identify that an encounter should have been paid at the enhanced amount but was not.

There was a concern regarding timeliness in meeting payment claims, deadlines and compliance in terms of areas like the Claims Dashboards. Shelli provided assurances that AHCCCS would be reasonable in its reviews.

The retroactive date will be 1/1/2013 or provider attestation date. If the provider attests on or after 5/1/2013, their effective date for enhanced payment is based on the attestation date. If the provider attests on or before 4/30/2013, their effective date is for enhanced payment will be 1/1/2013.

Providers have already started attesting. However, no payments from AHCCCS or the Contractors can occur until we receive federal authority. Approval is not expected until June or July 2013.

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Action Items

- Action Item: Consider amending ACOM Recoupment/Reprocessing policy. If AHCCCS removes a flag from a provider due to the provider's failure to meet qualifications, consider allowing the Contractor to notify AHCCCS of the recoupment rather than asking AHCCCS for approval.
- Action Item: Regarding COB, check on the law and follow up with Contractors.
- Action Item: Resolution is needed regarding the sub-cap issue. Can the "paid" field be the differential instead of the current zero? AHCCCS will need to override the edit for sub-cap paid amount equal to zero in order to allow encounters to adjudicate.
- Action Item: AHCCCS will research questions related to FQHC Lookalikes and place of service as noted below. 1. Are FQHC lookalikes such as the Maricopa County Hospital clinics excluded?: We have verified with internal experts that FQHC lookalikes are excluded. and 2. Does this exclude professional providers based on their indication of a FQHC place or service?: Research in progress.
- Action Items: Lori will summarize key decisions and follow up issues from this meeting: Reflected in these meeting notes.
- Action Item: Lori to request feedback on the subject of attestation dates and how to reflect revocation of provider's eligibility for enhanced rates.
- Action Item: Schedule a follow up meeting in approximately two weeks to revisit any action items and to discuss any new issues.: Scheduled for Wednesday 3/20
- Action Item: Put together a contact list as a resource list for the group. *see below
- Action Item: Lori will provide examples of the attestation flow and claims payment-to-encounter flow for the next meeting.

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DDD - Invited, did not attend:

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 Donna Schneider (DDD)' <DonnaSchneider@azdes.gov>

PHP - Invited, unable to attend:

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