

SUMMARY TPL REFFERAL DATA FLOW Draft 6-26-2014)

- **HP Leads/Referrals into AHCCCS are either written to PMMIS or rejected back to Plans (SFTP Lead status report)**
- **All referral sources bundled by AHCCCS status code =P(pended) and transmitted to HMS**
- **HMS combines batched and HMS DB records and hits external resource DBS or works manually**
- **Verified and not verified status records transmitted back from HMS to AHCCCS**
- **AHCCCS sends out files to HPs**
- **Encounters deny for incorrect COB match with verified PMMIS TPL records, HPs research and submit TPL leads to correct/ update PMMIS records.**

TPL Referral sources to AHCCCS:

1. AHCCCS Keyed Data
2. Health Plan TPL Leads loaded to SFTP using Third Party Submissions File(See TIG)
3. CMS Medicare (FFS and MAPD)
4. DES/SSA
5. ACE (ALTCS Client Eligibility)
6. HEA+

TPL Referral sources to HMS:

1. Direct entry into HMS HP Referral DB
2. Nightly TPL lead/referral files from AHCCCS
3. HMS keyed correction information related to HMS record errors-e.g. duplicate records not in sync.

Medicare Coverage Verification

CMS Medicare enrollment information is loaded monthly into the 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 SMIB and HIB process updates Medicare for members who are in "Buy In". Corrections to Medicare COB information need to go to AHCCCS - Gina Aker for research and potential correction by DMS.

Note: Medicare supplement policies are considered commercial and go through HMS verification.

Commercial TPL Referral Loading to AHCCCS PMMIS system for COB processing and encounter editing

Note: Medicare supplement policies are considered commercial coverage and are verified by HMS.

Loaded into PMMIS TPL DB Table (RF-INS-CVG-R (RP155)):

- Health Plan Batch Lead/Referral records that pass AHCCCS TPL referral editing (weekly) **See section below HP TPL lead editing***
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/HealthPlan/tables/ThirdPartyLeadsSubmissions.aspx>
- Direct DDE by AHCCCS
- ACE
- DES/ SSA agency data
- Eligibility files- TPL data stripped to create a referral to go to HMS for verification

All of these TPL referral records are loaded into PMMIS (RP155) as referral with status of P= pended (awaiting nightly processing) and then subsequently updated to R=referred (sent to HMS); I= invalid/duplicate (written to TPL Data history table RP155H) ; V= verified (returned by HMS as verified).

***HP TPL Lead editing**

Health Plans submit Third Party Lead files to AHCCS via the SFTP. Those files are picked up weekly by AHCCCS and processed. The status of records on those files is returned to the HPs by AHCCCS in special report put out on server—

[XXX/PROD/OUT/YYMMDD.RP94D576.TPL.report.txt](#)

This report contains PMMIS load status after editing of all records that were sent in TPL lead batches. Records that pass editing are loaded into RP155 with P=pending status for nightly sweep to file sent to HMS for verification. Records that failed editing (including those that are determined to be duplicates) are loaded into RP155H history file as I=invalid and are not used for COB or encounter COB editing.

The report provides some generic 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. If a change to TPL was submitted and match was found, then you will see “TPC ON AHCCCS - TPL CHANGED”. None of these messages indicate that the TPL record is verified and updated, just that it was loaded as pended and will be sent to HMS for verification.

When a record fails editing you see messages that indicate not loaded e.g. “member not matched” or “TPL NOT ADDED/CHANGED, TPL HIERARCHY RULES NOT MET”;

DATA MISSING - NO UPDATE- 4233 CARRIER NAME IS REQUIRED” or “TPC ON AHCCCS - DUPLICATE TPL RECORD SENT.

AHCCCS is currently reviewing this edit logic. SSR already in to modify this reject logic- current components include:

- If member is/ was ALTCS and verified TPL record was received from ACE, then Acute Plan updates will reject. (Nothing overrides this TPL data because it was determined it needed to be coordinated by case manager.)
- If there is an end date on the verified policy in PMMIS, the HP update will be rejected. This is because it should have been verified at one time and should not be overwritten at later date.
- All Medicare FFS and MAP records are rejected as Medicare
- All duplicate TPL records are rejected
- All leads missing required fields will reject
- No member match will reject
- Currently record updates must match on carrier name

HMS referral verification processing:

AHCCCS Referrals to be verified by HMS are batched in nightly transmissions and uploaded into HMS 5 days per week (Mon-Fri). HMS Status is set to loaded then reset as processed to edit, verified, or re-verified. These referrals should be returned to AHCCCS either verified or not verified within 90 days from transmission.

Referrals entered directly into HMS TPL Referral DB under go 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 7 working days.

HMS generates re-verifications automatically based upon 6 months from date of original verification date.

HMS queries Federal, State, Commercial Carrier DBs for 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 to member’s PMMIS TPL records-status either verified or not verified.

Note: Historically, 834 transactions didn’t contain specific enough TPL data, so AHCCCS was forced to develop special plan interface files for verified and updated TPL information. Now that the 834 has been expanded these files are redundant.

Files out to the Plans:

Note: all of these files contain the AHCCCS Carrier ID as well as Carrier name

1. Daily Verified-Verified returns from HMS and Medicare Data from CMS added/updated in PMMIS DB table FR-INS-CVG-R (this information also comes over on daily 834 and is redundant and this file will stop at some time).
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/HealthPlan/tables/DailyTPLFile.aspx>
2. Daily NOT Verified- notification of invalid TPL lead referrals, Invalid or Duplicate TPL records. These records are returned from HMS as not verified- with reason codes e.g. not able to verify, insurance company uncooperative, duplicate record,
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/HealthPlan/tables/DailyTPLFile.aspx>
3. Monthly TPL Verified Data File- contains current TPL data for a plan's enrollees on the first of a month, where PMMIS TPL records have verified status. (this information also comes over on monthly 834 and is redundant and this file will stop at some time).
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/HealthPlan/tables/MonthlyTPLFile.aspx>
4. Health Plan Master Carrier ID –downloaded to SFTP weekly and provides the 5 byte numeric **AHCCCS Carrier ID** values assigned sequentially by ACE system ; **carrier name** ;**carrier address and phone info** . NOTE: These do not match the Carrier IDs used by HMS.
<http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG/HealthPlan/tables/MasterCarrierIDFile.aspx>

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

Note: It will be better to rely upon 834 TPL data to help clear COB pends because AHCCCS keeps sending 834 records for a full two years after plan termination.