



AHCCCS Health Plan Technical Consortium

Tuesday, April 30, 2013

9:30 a.m.

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Handouts: Agenda

Attendees: Teleconference attendees are shown with an *

ADES

David Gardner
Laura Reith
Donna Schneider

ADHS

Madonna Fritz

AHCCCS

Gina Aker
Deborah Burrell
Rebeca Haugse
Robert Heppler
Lynn Hopkins
David Mollenhauer
Terri Speaks

CMDP

Leo Booth
Jeff Linnell
Jason Winfrey

Mercy Care

Julie Dyer
Dipu Gopinath
Heather Mrowiec

Bridgeway

Janine Kirkland

Care1st

Brent Ratterree

Health Choice

Sarah Sautler

Mike Sisson
Melissa Small

Phoenix Health Plan

Carrie Borgen
Liz Liska

UAHP

Mary Consie

UHCCP

Debra Alix
Helen Bronski
Jeffrey Greenspan
Cheryl Howard
Jeff Kearl

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Welcome

Lori Petre

After welcoming the attendees, Lori Petre started the meeting with a quick overview of the agenda items. AHCCCS plans to schedule Technical Consortia on a routine bi-monthly basis with meaningful topics and preferably in an interactive workgroup setting so Contractor participation and input as to topics is important.

...email comments and questions to lori.petre@azahcccs.gov

ICD10 Updates

Lori Petre

The ICD10 update included AHCCCS Milestone Dates and Project Status, Contractor Status Reporting and Testing. Presentation materials are posted on the website: <http://www.azahcccs.gov/commercial/EDresources/ICD10.aspx>

AHCCCS Milestone Dates and Project Status

These particular ICD10 Project Milestones have not changed since the last time they were shared with the MCOs and their CEOs. AHCCCS is taking a segmented approach to the ICD10 project with “phases” which can be completely isolated. Currently, testing is in progress for the ICD10 Reference tables and implementation will occur in the next couple of months. All the reference tables are now designed and are about 98% populated. There a few policy decisions that Lori is working on with Dr. Leib and Becky Fields, FFS Claims Manager. Hopefully, by July or August, AHCCCS will be able to share the ICD10 tables completely populated with at least the age, gender and other limits including all of the dependency tables. Lori continued with an overview of the project timeline.

There is policy remediation taking place on the Federal level for example, the Pay and Chase diagnoses codes, Family Planning, etc... Decisions will be made on a case-by-case basis on these policies as to whether or not we will wait for the CMS guidelines, or do our own remediation and then check at the back end as the CMS guidelines are done for revisions. There are plans to move forward with family planning and behavioral health [policies] because they are so intrinsic to [what we do] necessary processes. The new CMS 1500 has not been released yet, but AHCCCS continues to communicate with CMS for updates.

The timeline is listed in the presentation and Lori added the following information:

- Internal testing for reference is underway and going very well.
- Coding will begin on all other subsystems in August.
- Lori gave an overview of the PMMIS “freeze” timeline and explained that the intention was to limit the freeze period as much as possible.
- Reference will be implemented in the latter part of June and initial reference table loads will follow.
- The first reference table extract for the plans may available in July or at the latest by August.
- Internal testing on the other subsystems will begin in October and external testing will begin in January 2014.
- There is a list of about a dozen providers (so far) who will be early testers and Dave Mollenhauer is the lead on this.
- System implementation will be in September 2014. A trading partner may continue testing if not ready on 10/1/2014, but if the trading partner is not ready, then it cannot submit claims and encounters for DOS/Date of Discharge after 10/1/2014. Lori stressed that IP Date Of Discharge

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is a driver rather than admit date, which has historically been a driver for processing on Inpatient. Tiers will not be remediated at this time because we are moving forward with the assumption that DRG will be effective on 10/1/2014.

- Question: Will all Hospitals go through DRG? It is our intent that all Hospitals will go through DRG although traditionally, some hospital types don't fit into DRG like Rehab, Critical Access or Children's hospitals. It will have an outlier. We will have more information on this. As soon as we know more, we will share that information.

Lori reminded the group about the project approach and noted that ICD9 and ICD10 will not be mixed. Along with changes to the systems, AHCCCS is remediating the policies. Therefore, in addition to system changes, there will be changes to documents that reference ICD9 coding. There are plans to share these timelines as they become more defined.

There will be distinct reference tables in PMMIS that will be added to Security. Redundant tables and fields will have been deleted. Policies are being reviewed for the intent such as for example, the Family Planning Policy. AHCCCS will support some BETA/early implementer testers and will do end-to-end testing wherever feasible. Lori encouraged the MCOs to test through Community Manager as early as possible to ensure there is nothing in the Validator that will cause any issues. She will confirm with Dennis Koch if Community Manager is ready to test ICD10 data.

Contractor Status Reporting

Contractor Milestone (Status) Reporting will begin in June. Any large system implementation including ICD10 will now have a set of specific scenarios that the Plan will be required to execute successfully as a component of that test.

- Question: Do you know when test scenarios will be ready? Lori will check the timeline and we will provide an update at our next meeting.

One of the pieces to negotiate is a set of 5010 actual claims for the CMS expert to recode as ICD10 and AHCCCS will provide this timeline if CMS agrees to assist us with this.

Lori provided status on other items stating documentation will be finalized, policies and processes identified, and internal training will be conducted as needed. An inventory of documentation will be created and the [ICD10] project webpage will continue to be enhanced along with the development of scenarios.

There was review and discussion of two examples of ICD10 Contractor Milestones Tracking reporting tools. These examples are on the ICD10 Documents and Consortium webpage. Lori asked the group to review these conceptually and advise her of any preferences or suggestions by the end of the week, or as follow-up to an email she will also send on this topic. The first report will not be due until 6/15/2013. The same rules apply to the due date as for past milestone reporting, if the 15th falls on a weekend or holiday then it is due the next business day. These reports will be due monthly, summarized, then forwarded to the Executive Leadership Team. A few attendees preferred the first example and Lori suggested the addition of the Issues & Questions breakout at the end.

- Question: Will these be needed for each [Provider], even if it is the same system? Yes, it keeps us information and helps us to respond to Providers appropriately.

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- Question: For clarity, for example, the first one, do you want to see the entire lifecycle (analysis, requirements, design, coding, etc...) for each of the major impact areas? Exactly. We can to some degree individualize this content and add reference for whatever will be helpful or necessary to convey.

Updates for March Release and Planning for June Release

Lori Petre

In the March PMMIS systems release, the biggest System Service Request (SSR) impacting encounters was related to modifications to a group of edits. There were some significant decreases in pends as a result and there is the expectation to see another significant decrease in the next cycle. Lori asked the MCOs to advise if errors continue that were listed with any of these edits so that we can research them right away. She explained the ticket process for changes. March and June Releases are posted on the AHCCCS website and there will be a few items set for the September release that will be posted as they are known.

10/1/2013 Contracts Key Technical Changes

Lori Petre

Security Audit

AHCCCS' CIO, Jim Wang will present on the reasons for the security to the CEOs at the AHCCCS update meeting tomorrow. Since its suspension in last year's contract, there was work done to simplify it and Lori will share the CIO's presentation. The first audit will be due April 1, 2014 and then annually every April 1st. Other major changes will include a checklist of minimum findings of approximately 15 areas which is equal to the audits conducted on PMMIS.

- Question: Do you list the vendors that currently perform this? Jim Wang may be able to give us insight; Lori will confirm and provide vendor information to the MCOs.

Data Exchange

This applies to everyone at some level of data but The basic concept of data exchange is if a member is enrolled with one Provider for physical health and another Provider for behavioral health, then there is a gap in managed care, so on a regular basis, based upon adjudicated basis, each Contractor will receive a file of the other's encounters for whatever periods of time their care of the member overlaps. This allows Contractors to see the whole picture. For CRS contractors, there will be different sets of data depending on the coverage types. For the next meeting, Lori will share the matrix which illustrates what is shared and with whom. The proposed layout of this exchange will be shared as soon as possible.

Lori stated there is both an ongoing and a start-up provision to the Data Exchange, and explained that for CRS, SMI Integrated, new Contractors, and new Contractors to a GSA, there is a three-year historical look back that AHCCCS will provide that includes members who will be enrolled these Contractors which will allow a baseline to start from. Lori said these files will not be full encounters but will have key information like dates of service, service codes, diagnoses, units received, etc... She welcomed feedback if more key information is needed but of course, AHCCCS will only share information that it is appropriate and legal to share. Currently, AHCCCS is also trying to obtain data for claims paid directly by Medicare, part D, etc., and hopefully by January the data exchanges will include that data also. Lori is planning to share examples and an issues list with the MCOs in a future meeting.

- Question: Will this [data exchange] be for all form types? Yes, everything.

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- Question: Post claim paid data from AHCCCS to Contractors based on adjudicated but does not take place of ETI? It is meant to supplement not supplant the existing process for transitioning members including the ETI.

Encounters

Lori Petre

Quarterly 1-1 Meetings

Lori welcomed feedback from Contractors on agenda items for these meetings with the intent on making the meetings as meaningful as possible.

Pend Review Meetings

The Encounters unit had meetings with several plans to review pends over 120 days old. This was a helpful exercise and a good learning opportunity.

Topic Specific or Focused Technical Assist Meetings

Lori asked the attendees to keep in mind, if there is a particular area for Technical Assistance, AHCCCS can offer these types of meetings, for example, there were a few meetings covering TPL.

Override Audits

Gina Aker, the Encounter Manager, is getting letters out on the override audit which will also provide examples on the type of documentation that is required. The goal is to get all overrides back to the Contractors.

PCP Rates

There have been having ongoing meetings regarding the PCP Rate Parity and related documentation is posted on the AHCCCS website. The next PCP Rate Parity Workgroup is scheduled to meet on May 9th.

Future System Changes

Lori Petre

Approach and Testing

AHCCCS intends to as appropriate develop workgroups and provisions of testing scenarios for large projects and is open to this approach on smaller projects as well.

Identification of Needed Training

Lori Petre

Lori said AHCCCS can provide training on policy specific areas as well as other areas like OPFS, reference training, ICD10, and benefit limits. She plans on developing a training inventory and these sessions can be open to all or plan-specific.

Lori also welcomed suggestions and feedback for updating our documentation. Examples are standard and non-standard transactions, companion guides, and Technical Interface Guidelines (TIG).

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CORE Operating Rules

Lori Petre

Lori gave an overview of the presentation on CORE Operating Rules. These presentations include definitions specific to various transactions for example, eligibility and claim status, and other key information like normalization of names. Lori noted that AHCCCS will force normalization of names through a process and is working through the strategies and challenges. She also shared our internal spreadsheet (for the first group) that defines rules and outlines remediation strategies. Workgroup sessions will be made available as needed with EDI business analysts as leads to walk through provisions of rules. AHCCCS plans on sharing information [a spreadsheet] on the second set of rules in a future meeting or within the aforementioned workgroups.

COBVA Initiatives

Lori Petre

Medicare has four bundles payment initiatives that are part of their process improvement for payment reform and at this point, all initiatives are voluntary. Lori gave an overview of the bundled payment initiatives specifically noting the initiative on hospital claims and the challenges associated. Workgroups may be developed for these as needed.

National Health Plan Identifier

Lori Petre

Lori gave an overview of CMS' presentation on the new Health Plan ID and said this will be the required standard. She reviewed the timeline and noted the full implementation date of November 2016. The CMS system for assigning these identifiers is up and running.

Other

Lori Petre

Lori reminded the attendees that we welcome feedback on any of the items covered in this meeting such as milestone reporting, training needs, workgroups, documentation updates, and any other suggestions.

Next Meeting

Lori Petre

The next Technical Consortium will be held in July 2013.

There being nothing further, the meeting was adjourned.

Corrections to the minutes should be directed to Rebeca.Haugse@azahcccs.gov.