### Facilitator
Lori Petre

### Handouts
- Agenda
- 5010 File Formats/ Versions - HIPAA Transactions
- AHCCCS List Server Email List @ http://listserv.azahcccs.gov
- 4010-5010 834 Picture Version
- 4010-5010 Side-by-Side

### Attendees
Teleconference attendees are shown with an *

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<thead>
<tr>
<th>Abrazo Health</th>
<th>AHCCCS</th>
<th>Scan Healthplan</th>
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<tr>
<td>Christine Cheesman*</td>
<td>Zina Horrell</td>
<td>Lynn Baca*</td>
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<td>Shanthi Jayapal*</td>
<td>Ester Hunt</td>
<td>Robin Brown</td>
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<td>Veronica Rivera*</td>
<td>Cheryl Kelly*</td>
<td>Liza Crowson*</td>
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<td>JoAnn Ward*</td>
<td>Dora Lambert</td>
<td>Darnella Ferguson*</td>
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<td><strong>ADES</strong></td>
<td>Stephanie LeCount</td>
<td>Patrick Maloney*</td>
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<td>Leo Booth*</td>
<td>Jacqueline McElroy</td>
<td>Anita Reynolds*</td>
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<tr>
<td>Donna Schneider</td>
<td>Lori Petre</td>
<td>Julie Shannon*</td>
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<td><strong>ADHS</strong></td>
<td>Brent Ratterree</td>
<td>Theo Tran*</td>
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<td>Kayla Caisse</td>
<td><strong>APPIPA</strong></td>
<td>Vicki Wright*</td>
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<td>Paula Rendfeld</td>
<td>Greenspan, Jeff*</td>
<td><strong>UHC</strong></td>
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<td>Susan Ross</td>
<td>Carol Williams</td>
<td>Debra Alix</td>
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<td>Terri Speaks</td>
<td><strong>Care 1st Arizona</strong></td>
<td>Carolyn Anderson*</td>
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<td><strong>AETNA</strong></td>
<td>Anna Castaneda</td>
<td>Mike Ball</td>
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<tr>
<td>Todd Cassel</td>
<td>Margie Reyes</td>
<td>Helen Bronski*</td>
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<td>Cathy Jackson-Smith*</td>
<td>Kathy Thurman</td>
<td>Nancy Mischung</td>
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<td>Vicki Sosa*</td>
<td><strong>Centene Corporation</strong></td>
<td>Carol Williams</td>
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<td><strong>AHCCCS</strong></td>
<td>Keith Lueking*</td>
<td><strong>UPH</strong></td>
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<td>Cindy Altman*</td>
<td>Jessica Silver*</td>
<td>Kim Bolton*</td>
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<td>Deborah Burrell</td>
<td>Monica Cervantes</td>
<td><strong>Yavapai County</strong></td>
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<tr>
<td>Michelle Dillon</td>
<td><strong>Iasis Healthcare</strong></td>
<td>Becky Ducharme*</td>
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<td>Lynn Hopkins</td>
<td>Jaime Perikly</td>
<td>Jean Willis*</td>
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Question Received regarding Level 1 and 2 Compliance Deadlines

Question - “After December 31, 2011, covered entities may not use Versions 4010/4010A and NCPDP 5.1 and all covered entities must reach full Level 2 compliance, and must be using Versions 5010 and D.0 exclusively”. The above sentence appears to be contradictory to the comment on the implementation timeline which states “it is our intent to implement the post-adjudicated NCPDP transactions.

Answer - The post-adjudicated claim transaction within NCPDP was built for the purpose AHCCCS intend to use it for. AHCCCS has worked with NCPDP to help create this post-adjudicated claim reporting transaction. AHCCCS is not mandated to do the D.0., which is a real-time point of sale transaction and is therefore not applicable to our Trading Partner relationships with our Health Plans/Program Contractors or our FFS PBM.

Now and Future Consortiums

Today’s meeting will primarily examine the 834 at a high level - details and examples are expected to be presented at the next Consortium in the beginning of January. 10/01/2010 is still the current target date for implementation of both the 820 and 834 5010 versions. Other transactions to be covered in future Consortiums will primarily be those exchanged between AHCCCS and the HPs: for example inbound 837, post-adjudicated encounters, encounter-related 277, claims acknowledgement, and pended status information files on the 277. Other special consortium(s) may be scheduled to share with the Health Plans/Program Contractors: AHCCCS’s approach to the remaining transactions exchanged directly with providers, such as the 270-271, 837 claims, and 835.

List Serve, 820 and 834

List Serve

All new registrations and name removals can now be made at http://listserv.azahcccs.gov. The link called “ISD-5010-DEV-NOTIFICATION-L” is to be used for Consortium members. Other links of personal interest may also be accessed and include 820 and ICD-10.

Consortium Documents

The web page under http://ahcccsnew/commercial/EDIresources/consortium.aspx lists all of the documentation used at the 5010 meetings. One field, the pay date - date actually paid the capitation payment.

10/29/09 was the last Consortium for the 820. Documents can be reviewed and questions directed to Dennis or Lori. The one field being added to the 820 is the pay date, date of the capitation payment.

834

834 changes focus more on locations of data than the data itself. A sizeable percentage of data has been moved from the HD segment in the 2300 loop, including rate codes and mental health information that is not part of eligibility enrollment, to the 2710 “reporting” loop, which will hold all miscellaneous information that does not refer to enrollment.

An impact of moving the details out of the 2300 loop is the enrollment segment. Currently, as the rate code changes, so does the enrollment segment. In the 2700 loop, the enrollment segment will no longer change unless a person terminates the contract type on the 2300 loop. For those who use rate codes to drive benefit packages, data will be in a different location.

834 4010-5010 Side-by-Side
The side-by-side comparison shows new and deleted segments, value changes, etc. The far right side shows changes that AHCCCS will perform. Grey highlighted areas are segments that will not be used.

^ Separator
Principal changes include the use of ^ as a repetition separator.

DTFR File Effective Date (same date on file name of 834 produced now) is open to consideration.
Feedback from HPs is requested to evaluate the helpfulness of this data.

QTY segment (new) Transaction Set Control Totals
Total number of INS segments or members in that 834 file
TSC is also moving to the 2700 loop

REF02 Reference Identification -
No change-for Rx America
Use of HP ID, if present, and at what level
Further discussion needed

REF Prior Coverage Months, Member Supplemental (new)
Adding AHCCCS ID information, primary AHCCCS ID Medicare claim no, voucher no
Additional elements for indicator - more information at this level

DTP Member Level Dates
Unsure which values will be used

DSB Disability Information
Still open issue

HD segments are in 17 tabs, each representing an HD segment:
1  Medical
2  BHS
3  NH
4-9 SOC
10 PART D
11 CRS
12 TSC
13 AZEIP
14 MHMO
15 PG
16 NICU
17 COPAY

Question: Will email information be shared?
We can add this request to the specs. Cell phones will not be available as we collect only one phone number.

HIPAA UPDATES

NUBC
Updates for emergency room condition codes appear successful. Seven states have requested participation; some commercial plans have joined. These are codes that hospitals can fill in for emergency room care that are non-emergent service. A presentation is expected at the February meeting.

NUCC
Existing legislation in the Senate seeks to improve administrative simplification. Standards are underway to provide data elements missing from paper forms and equalize rules between paper and electronic transactions.

Transparent Claim and Denial Management Processes, including Uniform Claim Edit
A meeting before X12 will look at claim adjustment reason codes and status codes. It is anticipated that these codes will be the basis for the standard edits that follow.

270-271
The 5010 has challenges providing a response to “if an individual is eligible for a specific service with a specific physician at a specific facility at a specific location for specific date/date ranges.”

Payments to physicians under American Recovery & Reinvestment Act 2009 (ARRA)
The neonatal care report implementation guide is out for review. This is a required hospital report. Public comments for 20 standards are already approved for AARA and Quality Reporting. Releases 1 and 2 are distinctly different.

Close

The first week of January is being considered for the next Consortium, for detailed review of the proposed 834 5010 changes.

An update about co-pays will be distributed via email shortly.

Plans are encourages to send comments, requests, and suggestions during the planning stages of the 834.

Corrections to the minutes should be directed to NpiConsortiumCoordinator@azahcccs.gov.