



AHCCCS 5010 834 Consortium

Tuesday, April 19, 2011

2:30 p.m.

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

Facilitator: Lori Petre

Handouts: Agenda

Attendees: Teleconference attendees are shown with an *

Abrazo Health

Debra Bixler
Mike Flynn
Liz Liska
Veronica Rivera
Lavone Skallerup
JoAnn Ward*

ADES/ADHS

Laura Reith
Steve Wheeler
Kevin Gibson
Mani Kumar
Paula Rendfeld
Donna Schneider
Michael Sheldon
Terri Speaks
Tim Stanley

AETNA

Maurice Hill
Pamala Hydrick
Cathy Jackson-Smith
Alice Johnson

AHCCCS

Deborah Burrell
Dwana Epps*
Dianna Gates
Kelly Gerard

Lynn Hopkins
Ester Hunt
Cheryl Kelly*
Dennis Koch
Dora Lambert*
Marc Leib, M.D.
Jacqueline McElroy
David Mollenhauer
Dawn O'Dell
Brent Ratterree
Marna Richmond

APIPA

Christine Borushik
Jean Peterson

Care 1st Arizona

Susan Cordier

Centene Corporation

Antonio Estrada*
Keith Lueking*

Cochise Health Sys

Mary Gomez*
Chuck Smith*

HEALTHCHOICE

Mike Sisson

Iasis Healthcare

Jesse Perlmutter*

IHS

Anne Fugatt
Walter Reisch

Pinal County

Cheryl Davis
Susan Murphy*
Jennifer Schwarz

Scan Healthplan

Christina Carr*
Vicki Wright*

UHC

Debra Alix
Helen Bronski*
Jeff Dorick
Karen Saelens*
Teresa Stanfield*
Sean Stepp*

UPH

Kim Bolton*
Jean Warner*

Yavapai County

Becky Ducharme*

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OVERALL STATUS UPDATES

Lori Petre

Lori Petre opened the meeting by reviewing the agenda and advising that benefit limits would not be topic for today's meeting, but would be a topic for the next meeting.



...email comments, questions, etc... regarding status to lori.petre@azahcccs.gov.

HIPAA UPDATES

Lori Petre/Dennis Koch

- Project Timelines:

Lori advised that there still was no official okay from CMS for the modified 5010 timeline, but that AHCCCS is moving forward as outlined.

Lori then made reference to her April 12, 2011 e-mail which contained a copy of Shelli Silver's April 12, 2011 e-mail explaining the Agency's partial implementation of 5010 in light of the volume of work that needed to be done by the end of the year, and limitations in our technical environment.

AHCCCS spent considerable time outlining options and determining what could be completed, partially completed or delayed, while fully implementing as much of 5010 as possible, with minimal impact to trading partners

- 834/820 Status:

Implemented in production 10/1/2010. All plans must convert to the 5010 version of these transactions no later than 10/1/2011. If a plan is unable to convert to 5010 by October 1, 2011, please let us know ASAP.

- 270/271 and 276/277:

Will be completed as scheduled for a 10/1/2011 implementation. 276/277 Draft Companion Document is available on the AHCCCS webpage and the 270/271 Draft Companion Document will be posted shortly. We recently received a request from a plan to assist them with the creation of a generic inbound 276 for testing. We have created and made available to all plans a generic inbound 270 and a generic inbound 276 for testing purposes.

- 835, 278 and NCPDP PAH (Claims and Encounters):

For the 835 transaction, we could not devise a work-around so there is no interim solution available resulting in the full delay of this transaction. In order to create a compliant 835, we need to have a fully compliant 837, so no reverse engineering was possible.

It was always our plan to implement the 278 transaction late in our schedule; therefore, it is not as far along as some of the other transactions so it made the most sense to select this transaction for a full delay. The NCPDP PAH transaction is not mandated. Per the law AHCCCS will be compliant with the NCPDP D.0 transaction through the PBM point of sale process. Therefore, it also made sense to select this transaction for a delay. This means that contractors will continue to send their current NCPDP encounter formats until 7/1/2012.

- 837 (Claims and Encounters):

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○ Short Term Plan:

For 837 transactions, we will implement a short term solution for this for our trading partners, where we will do a reverse map of the inbound 5010 format to a 4010a format for processing within PMMIS. Trading partners will be able to send 5010 formats as they are ready, but AHCCC will continue to process these files and 4010a until 7/1/2012. AHCCCS will also not be storing any new 5010 data or changing/adding any related editing until 7/1/2012. Contractors will be able to test with the short term reverse map in place beginning in July.

○ Long Term Plan:

The Agency will resume programming for all transactions no later than November 1. Code will be completed by the end of the year, with external testing in March 2012 and implementation July 1, 2012. Trading partners will be invited to test if they desire to do so.

- Question was asked: “For 837’s will the Companion guide published be as close to final as possible, so that if a plan implements their 5010 encounters with that guide they will not have extensive rework and retesting?” Yes.

Also, Lori advised that the Agency has not made any formal communication to providers. We still need providers to make the 1/1/12 date.

5010 834 Changes for 10/1/2011

Lori Petre

There are three changes to the 5010 834 for October 1, 2011:

1. Moving to the Errata/Addenda version of the transaction.
2. Changing 834 date to create the transaction file for ISA09 (after midnight, date and time changes).
3. Adding the Renewal date in the 2700 reporting loop

5010 PAGE CHANGES

Lori Petre

- Reconfigured Website / Split ICD10 from 5010.
- Companion documents will be posted to both the applicable 5010 Consortium (Plan or Provider) and to the EDI Documents page.
- At the top of Consortium pages will be a FAQ section.

ACKNOWLEDGMENTS OVERVIEW

Lori Petre

AHCCCS had received numerous questions inquiring as to what acknowledgments will be used for what 5010 transactions. In response to these inquiries, we’ve put together an overview of what acknowledgments are used under 5010, which apply to which transactions, and at what level they apply.

OTHER 5010 UPDATES

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- Introduced concept of 837 Crib Notes – Side-by-Side components of a companion document:

The EDI business analysts have been putting the rules into these documents. We are trying to follow a similar concept as used for the 834.

- NCPDP PAH:

Shared draft of side-by-side comparisons for current NCPDP versions to the Post Adjudicated History version.

OTHER TECHICAL UPDATES

Lori Petre

- Status Code “B” Procedures:

These are a component of Medicare physician fee schedules. These status codes tell us that when done on the same day, by the same physician, as any other procedure the status code B procedure doesn’t need to be paid in addition. AHCCCS implemented logic and tables for this policy in December. We would like to roll this policy out to the plans, and will discuss possible timelines, etc. in a future meeting.

There is a reference table that will be added to the Contractors bi-monthly reference extract that will contain the status code B procedures. This will result in significant savings. We are also looking at adopting other similar status code for additional savings

- AHCCCS Internal Process Change – Multiple Surgical Procedures:

For outpatient claims, AHCCCS has always identified the procedure with the highest allowed amount as the primary in multiple surgery situations, this logic was not consistent for the 1500 professional claims. Change was made to make the professional claims consistent with OP.

Logic was also changed to determine procedures eligible for multiple surgical processing based on the values in the Medicare physician fee schedule. This change also resulted in the availability of new tables which will be added to the Contractors bi-monthly reference extract.

We would like to roll this policy out to the plans, and will discuss possible timelines, etc. in a future meeting.

- OPFS Changes for 10/1/2011:

We will be rebasing outpatient (OPFS) this year – what worked, what didn’t, what can be changed.

All PGM percentages will change – you will receive new values October 1 provider rate file.

All hospitals will have either an urban or a rural designation that will result in the assignment of an urban or rural cost to charge ratio for OPFS default valuation. Out of state hospitals will continue to default to the urban cost to charge ratio.

New PGM for Pediatric Hospital will be added.

Clinic payments will be a new payment method associated with service when billed with clinical revenue code. There will likely be a separate fee schedule.

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Observation service: Will be adding a secondary bundling triggered by observation services if not previously bundled under ER or surgical.

Claims will be bundled at the claim level (episode of care) rather than at the individual date of service level.

Lori is working on getting changes reflected in the decision tree and should be available soon.

○ Healthcare Reform Related Items:

NCCI (Medicaid CCI editing) - CMS will provide a file with all Medicaid NCCI related relationships and we will load this information into tables for editing. Contractors will no longer have to buy their own files; AHCCCS will supply as a component of the bi-monthly reference extracts. This will be effective October 1.

MUEs – New edit requirements for Medicaid. We have assessed all current relationships as published by CMS. The MUEs will not replace our current daily limits. We are planning to load all MUEs in new table. RF127 and 137 will stay the same and are not impacted by the MUE values. AHCCCS will supply as a component of the bi-monthly reference extracts. This will be effective October 1.

- Question was asked: “MUE – will look at history?” No, this type of editing is at the single claim line level only.

Lori closed the meeting by stating that there would be another Consortium next month or early the following month. Please let Lori know if there is anything you want covered.

The Meeting adjourned at 4 p.m.

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