



AHCCCS 5010 834 Consortium

Wednesday, December 7, 2011

3:00 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

Mike Flynn
Liz Liska
Veronica Rivera
JoAnn Ward*

ADES

David Gardner

AETNA

Maurice Hill
Brian Horgeshimer
Davis Vargas*
Anna Quinana
John Monte
Gale Roby

AHCCCS

Gina Aker*
Deborah Burrell
Dwana Epps
Kelly Gerard
Cheryl Kelly*
Dennis Koch
Dora Lambert*
Terri Speaks*
Rhonda Zollars
Dave Mollenhauer

Care 1st Arizona

Susan Cordier*
Brent Ratterree

Centene Corporation

Monica Cervantzs
Patrick Ross
Keith Lueking*
Jessica Silver*

Iasis Healthcare

Mike Sisson

Scan Health Plan

Selva Abeyta
Vicki Wright*

UHC

Deb Alix
Carolyn Anderson*
Helen Bronski
Jeffrey Greenspan

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

OVERALL STATUS UPDATES

Lori Petre

Lori Petre opened the Consortium by welcoming the attendees. Lori then stated that like the last Consortium, she would be covering 5010 for the first half and other things the second half and that anyone wanting to hear only about 5010 would have an opportunity to leave before the second half.

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

HIPAA UPDATES

Lori Petre

Current Project Timelines:

- CMS recently released a communication which outlined a “contingency” window for 5010 compliance. More information regarding how this should be applied will
- AHCCCS is currently continuing with the previously communicated revised timelines for both AZ and HI as “acknowledged” by CMS Regional Office. The current plan will ensure our “external” compliance with all but 2 required (835 and 278) and 1 optional (NCPDP PAH) transactions by 1/1/2012 and all transactions by 7/1/2012.
 - AHCCCS has reevaluated and determined that we will not implement the 277PSI pended claims at this time.
 - AHCCCS is evaluating the potential for the development of a reverse map for the 835 transaction by 4/1/2012. This would allow for our external compliance with this transaction prior to the CMS enforcement date. More information regarding this will shared as it becomes available.
- CMS has requested that AHCCCS ensure we have a detailed Communication Plan in place for all impacted/interested Trading Partners. This plan has been formalized and is being executed on an ongoing basis.

Milestones:

- 11/1/2011 – Programming re-started and Freeze Period began
 - 1/2012 – Coding completes, start internal testing
 - 3/2012 – Begin UAT (external testing)
 - 6/2012 – Complete UAT
 - 7/1/2012 – Implementation in Production and Freeze Period ends
-
- All Contractors (with the exception of outgoing Program Contractors), must implement all 5010 transactions by no later than 1/1/2012, or if necessary they may make specific arrangements with us to continue on the 4010a for a limited timeframe to extend no later than 7/1/2012. Contractors may also continue to submit 837 Encounters in a 4010 format to extend no later than 7/1/2012 or may begin to send 5010 formats at any time. Contractors must continue to send current NCPDP Encounter formats until the 7/1/2012 full implementation of NCPDP PAH transaction by AHCCCS.
 - All other Trading Partners, must implement all 5010 transactions by no later than 1/1/2012 with the exception of those delayed by AHCCCS (835, 278, and NCPDP PAH), for which they must continue on current transaction versions/options until the 7/1/2012 implementation (or possible 4/1/2011 implementation for the 835) of these transactions by AHCCCS. AHCCCS will allow Trading Partners on an as requested basis to continue submissions in a 4010 format to facilitate additional testing for a period not to extend beyond 6/30/2012.

Lori stated that if anyone had any questions or concerns to please let her know.

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

- 6020 versions have been released for comment and review.
 - Per Dora Lambert, reviews will conclude on March 7, 2012
- AHCCCS is currently looking to see if there is intent to do crosswalk and exploring additional tools and will share more information as it becomes available.
- Timeline for comments originally ended first week of January
- So far we have noticed that there have been some significant changes to the 820.

- 834 Updates

Kelly stated an indicator has been added after RBHA name to identify “active” status. AHCCCS plans to pull files and test in January. Expecting to promote 2/6/2012. Kelly stated that if anyone had any questions or concerns to please let her know.

Status by Transaction:

- 820 in production as of 10/1/2010; no 4010 support except outgoing Program Contractors after 1/1/2012.
- 834 in production as of 10/1/2010; no 4010 support except outgoing Program Contractors after 1/1/2012.
- 270/271 in production as of 10/1/2011; no 4010 support after 1/1/2012.
- 276/277 in production as of 10/1/2011; no 4010 support.
- 837P/I/D (Claims and Encounters) – Reverse map in production effective 10/1/2011; full integrated implementation 7/1/2012; no 4010 support after 7/1/2012; support of both 4010 and 5010 versions from now until 6/30/2012 to facilitate Trading Partner testing.
- 835 – See prior notes on possible revision to plan.
- NCPDP D.0 – Must be implemented by all contracted PBM’s no later than 1/1/2012.
- NCPDP Post Adjudicated History for claims and encounters from PBM’s to AHCCCS or MCO’s - Implementation delayed until 7/1/2012; no support of current formats after 7/1/2012.

Lori advised if there are any questions please send an email to: 5010Testing@azahcccs.gov

- AHCCCS encourages testing for 837 encounters as soon as you are ready.

Projects for 2012:

Non Emergency Transportation Co pays: will be effective 4/1/2012 to a limited population within Maricopa and Pima counties only, for each taxi ride (base). Lori verbal reviewed draft revision to the Co pays Technical matrix and will send an updated Matrix out in the next week. Changes include the addition of two new co pay levels and the parameters for application of the taxi co pay.

➤ Q: How is co pay coming across on 834?
A: Same as currently received.

➤ Q: Regarding transportation, will it be a charge of \$2 for pick up and \$2 for drop off?
A: Yes, \$2 each way

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

Lori stated there will be more FAQ's to come.

- Example: If a member requires transportation from Maricopa County to Flagstaff. The member will be responsible to charges outside of Pima and/or Maricopa counties.
- **No Show fees:** approved in the most recent waiver. Refer to information on the AHCCCS webpage. Specific parameters for providers to meet if applying for no show fees. No requirements for the plans. Members eligible for no show fees will be identified within co pay levels. This information will be also be included in the draft matrix noted above.
 - Q: How will we identify a member?
A: There is a new column added to the co pay table; certain levels of co pay will also designate which members can have no show fees.
 - Q: Will this be applied outside of TWG or TMA?
A: TWGS and 1931 parents in counties other than Pima or Maricopa.
 - Q: Will this change be published to the website?
A: Member notice will post this week or next week. Changes effective 4/1/2012.
 - Q: Are you looking at Members having more than 1 co pay level?
A: No

Lori stated that if anyone had any questions or concerns to please let her know.

340B Pricing:

- Currently targeted to be effective 02/01/2012 but this is contingent upon the SPA approval.
- Lori walked through a draft flow chart of the proposed 340B impacts and process.
- 340B Pricing will be applied to FQHC's and FQHC look alikes only at this time.
- 340B providers will flag Pharmacy claims to indicate 340B pricing on the listed drug.
- If a claim is not flagged for 340B or the provider on the claim is not identified as a 340B provider, it will default to normal pricing
- If a claim is paid with 340B pricing, there will be an \$8.75 enhanced dispense fee

Lori stated that if anyone had any questions or concerns to please let her know.

- Q: Do we have access to the 340B Schedule?
A: No, currently working on negotiating a file.
- Q: This will be implemented on 02/01/2012 but there is no fee schedule?
A: Correct, we are aware that this date may need to be revisited depending on the approval of the SPA and availability of data to the plans/PBM's
- Q:

Present on Admission/Hospital Acquired Conditions:

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

- Details coming shortly on 7/1 implementation
- Capture indicators of UB
- Invalid Procedure indicated by modifier
- More details to come

Lori stated that if anyone had any questions or concerns to please let her know.

ICD10 Project Overview (Walk through of PowerPoint presentation)

- Next big initiative effective 10/01/2013 – BIG DATE!
- ICD-10 is the updated version of the sets of codes used for claims coding of Diagnosis; for all types of providers (ICD-10 CM) and Inpatient hospital procedures (ICD-10 PCS).
- Effective - for outpatient and professional dates of service, and inpatient dates of discharge 10/1/2013 and after. The law mandates that ICD-9 procedures and diagnosis codes are replaced with ICD-10 procedure and diagnosis codes.

Why is ICD-10 a major change from ICD-9?

- Not just the usual annual update of codes
- ICD-10 is very different from ICD-9 both structurally and conceptually
- Requires changes to most clinical and administrative systems and processes
- Impacts reimbursement and coverage
- Impacts key reporting functions

What is gained by the implementation of ICD-10?

- “Other than compliance with the law”
- Potential for significant penalties for non-compliance are avoided
- Will enable improvements in care management, public health reporting, research, and quality measurement

Specifics of ICD-10

- Diagnosis Codes
 - Change from 5 positions (1st character alpha/numeric, all others numeric) to 7 positions (all alpha/numeric)
 - Change from 13,000 codes currently to over 68,000 codes
 - Much greater specificity
 - Inpatient Procedure Codes
 - New code set; US creation not used anywhere else
 - Change from 5 positions (no specific meaning) to 7 position (each position has a specific meaning)
 - Increased from 4,000 to 72,000 plus codes
 - More occurrences and some differences in rules within claims/encounter submissions.
 - Use of modern terminology
 - Creates combined diagnosis/symptom codes to allow for greater ability to fully describe a condition
 - Enable right vs. left designations
 - Increased information for public health, bio- surveillance and quality measures

Challenges with moving from ICD-9 to ICD-10

- No clear mapping from ICD-9 to ICD-10
- May be 1 ICD-9 to many ICD-10's; Many to many; no good equivalent, etc...
- Information in ICD-9 is not as specific so crosswalks are difficult

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

- We need to understand concepts and intent behind policies, processes, etc... to ensure appropriate and timely decision making from ICD-9 to ICD-10

AHCCCS Example (keep in mind this is one small policy impacted and a very simplified step by step)

- Situation - currently qualification for the Maternity Tier under AHCCCS Inpatient Hospital Reimbursement is based on a set of ICD-9 Diagnosis codes.
- In order to move to ICD-10 we must do the following:
 - Determine which ICD-10 diagnosis codes should be considered as qualifiers for the Maternity Tier under this policy
 - Operational staff who must make these determinations must first be trained on the new ICD-10 coding structures, etc....
 - Once determinations are made, identify all related system impacts
 - Make identified system changes to Claims and Encounters to include the ICD-10 code qualifiers for the Maternity Tier
 - Make identified system changes to the related Reference table for tier qualifiers, to ensure it can accommodate the inclusion of and recognize ICD-10 Diagnosis qualifiers
 - Update Reference tables with ICD-10 values
 - Make identified system changes to the health plan twice monthly Reference extract to accommodate and identify ICD-10 Diagnosis qualifiers
 - Make any changes to related reporting
 - Review and update all related documentation including Provider Billing Manuals; Claims processing policies; Rule; etc...
 - Ensure all updated materials are posted to the AHCCCS Website–
 - Ensure that the Health Plans are informed of all necessary changes, and track to ensure that like changes are made in their systems, documentation and processes
 - Ensure that all impacted and/or interested staff receive training regarding changes
 - Ensure that all impacted providers/trading partners receive communications related to and training regarding the changes

ICD-10 Impacts to Consider

- Provider Documentation
- Codes must be supported by medical documentation and since ICD-10 codes are more specific, more documentation will be necessary
- Revenues may be impacted by specificity
- Coverage and Payment
- New coding may result new coverage policies, new medical review edits and new reimbursement schedules
- Billing Related Transactions
- Updates to include/support ICD-10 where appropriate
- Expect increase in rejects, denials and pends during transition and initial implementation periods
- Laboratory and Pharmacy orders will need to be supported
- Quality Measures/Pay for Performance
- Updates to measures
- New measures
- Will be difficult to measure impacts of change from ICD9 to ICD10 and during overlap reporting periods

Impacted Areas

- Important to recognize that this is not just an IT project (60% Operational and 40% Systems)
- ICD10 impacts a wide range of Business areas
 - Benefits/Coverage, Payment policies, Provider relations, Claims/Encounters processing, Statistical trending, Fraud and Abuse, Budgeting, Quality Measures and Quality Management, Etc...

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

Must do's

- Complete an assessment of business and system impacts first and revisit as needed
- Involve the entire agency
- Realize that this is a business and a technical project (60/40)
- Identify, involve and train experts early on
- Ensure strong project management/tracking tools
- Spread-out the resources and budget commitments appropriately
- Plan for and execute testing of business process as well as systems

Timing

- Need to begin now.....
- Assess schedule and readiness of Trading Partners
- Assess impacts to and from other priorities
- Determine if other items need to be put aside and/or have priorities reassessed
- Establish timeframes for completion of key tasks, milestones, etc...

ICD-10 Training

- Wide range of information to convey
- Most staff need some level of training
- Training will be ongoing throughout the project
- There will need to be various training modules tailored to the needs of each audience
- Need a Training Plan and associated tracking mechanisms
- CMS on a site 12/12 and 12/13 for a day and ½ of ICD10 training

AHCCCS Timelines and Status - ICD10

- Planning APD in place in combination with 5010; and appropriate tracking ongoing.
- High Level Project Planning is progressing.
- Approach finalized - AHCCCS plans to implement "Native" processing and will not generally employ the use of cross-walks or maps.
- Initial assessments of systems impacts have been completed and review and update is in progress.
- An inventory of impacted policies, documentation, etc... is in progress.
- Identification of training opportunities and inventory of available materials in progress.
- Next 1/4ly CMS survey due 1/1/2012.
- Participating in bi-weekly CMS calls with all States.
- Participated in a state specific call with CMS on 9/27/2011 and 10/13/2011.

ICD10 Discussion

- Risks to 10/1/2013 Implementation
- Considerations
- Management of scope

Next Steps

- Project kickoff
- Include identified key resources for all Divisions/Impact areas
- Complete draft of a project plan/RASCIL (project ownership matrix)
- Review and updates system impacts inventory
- Complete document impacts inventory
- Develop and submit an Implementation APD for CMS

Arizona Technical Consortium
Wednesday, December 7, 2011, 3:00 p.m.

- Begin to assess key trading partner readiness and approaches (Milestone Tracking)
- Develop a draft Communication Plan
- Finalize the draft project timelines
- Determine approach to participation with Hawaii

Lori stated that if anyone had any questions or concerns to please let her know.

OTHER/WRAP-UP

Lori Petre

- After upcoming ICD10 Training with CMS, we will share the information we receive with those who are interested from the plans.
 - Q: After the date of release, when will the Provider profile be updated?
A: The Thursday after the 8th of December.
 - Q: Where can the 10/21 version of the OPFS Facility File are found on the website?
A: OPFS Page on the web
<http://www.azahcccs.gov/commercial/ProviderBilling/rates/Outpatientrates/outpatientfees.aspx>
 - Q: Is the State Workers Comp not required to move to ICD10?
A: Lori to look into this, please send follow-up email with this question.

Lori advised there will be another Consortium meeting in January, details to come.

There being nothing further, the meeting was adjourned.

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