AHCCCS Prospective Offerors' Technical Interface Meeting

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Welcome

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Introduction

Intent of this session is to provide all potential Offerors with an overview of the AHCCCS technical environment, data exchanges/interfaces and related standards, as well as a high level overview of the IT Systems Demonstration standards and process component of the RFP

Discussion Points

- Technical Environment

- EDI

- PMMIS
  - Recipient/Health Plan
    - Eligibility
    - Enrollment
    - Capitation
    - Interface
  - Provider
    - Provider Information
    - Provider Affiliation

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Discussion Points (cont.)

o Reference
- Recipient Related
- Encounter Related
- Code and Processing Rules

o Encounters
- Encounters
- Data Validation

o Reinsurance

o Other

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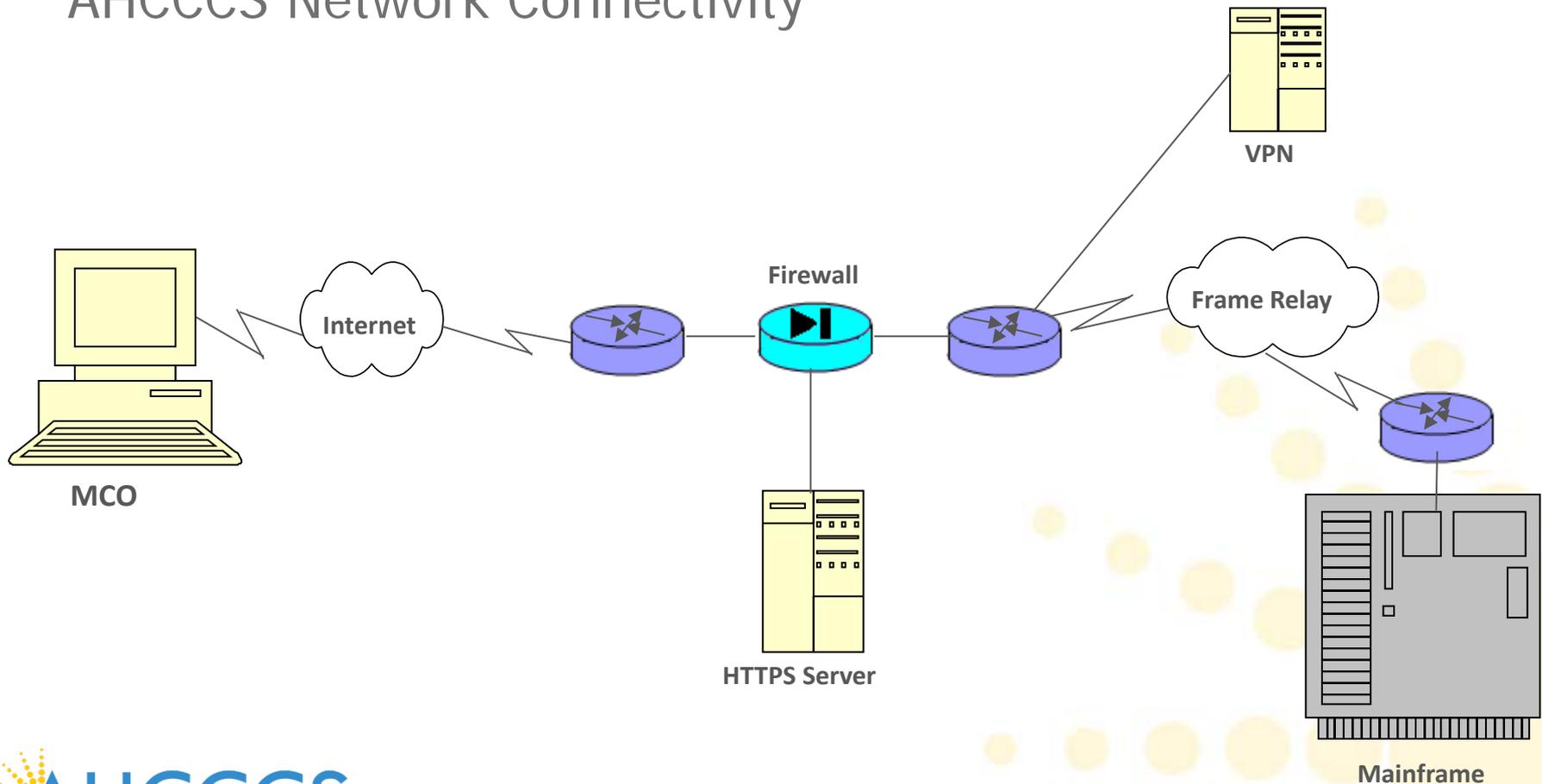
Discussion Points (cont.)

- Trading Partner Set-up and Maintenance
  - EDI
  - PMMIS
  - WEB

- Testing

- Documentation and Resources

- Data Exchanges and Data Flows

- New - Technical Items

- Information Technology (IT) Systems Demonstration

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Technical Environment

- EDI
- PMMIS
- WEB

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Technical Environment Overview

AHCCCS Network Connectivity

MCO

Internet

Firewall

HTTPS Server

VPN

Frame Relay

Mainframe

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EDI (Electronic Data Interchange)

- All data exchanged between AHCCCS and the MCOs is done through the Secured File Transfer Protocol (SFTP) server

- Data files are produced on daily, weekly, monthly or quarterly cycles

- Each MCO has individual secured directory folders for pick-up and drop-off of data files, as well as access to the Shared Info folder - SFPT/VPN Share INFO

EDI (Electronic Data Interchange) (cont.)

- MCOs have individual secured pre-defined folders on the SFTP server as follows
  - OTHER – Used to exchange non-system files and data with AHCCCS
  - PROD – This folder is used to send and receive production datasets and contains 4 sub-folders
    - IN – Send non-X12/HIPAA files to AHCCCS in this folder
    - OUT – Receive non-X12/HIPAA files from AHCCCS in this folder
    - EDI-IN - Send X12/HIPAA files to AHCCCS in this folder. Note that these files are swept immediately for processing
    - EDI-OUT - Receive X12/HIPAA files from AHCCCS in this folder

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EDI (Electronic Data Interchange) (cont.)

- TEST – This folder is used to send and receive test datasets

    - IN – Send non-X12/HIPAA files to AHCCCS in this folder
    - OUT – Receive non-X12/HIPAA files from AHCCCS in this folder
    - EDI-IN - Send X12/HIPAA files to AHCCCS in this folder. Files are swept immediately for processing
    - EDI-OUT - Receive X12/HIPAA files from AHCCCS in this folder

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EDI (Electronic Data Interchange) (cont.)

- The MCO can request access to the folders for the exchange of test and production data

- Forms can be found at: https://www.azahcccs.gov/PlansProviders/ISDresources.html
  - o Two Forms are needed
  - o Electronic Data Exchange Request Form – will receive an ID/password to the SFTP server
  - o External User Affirmation Statement – Must be signed by each person requesting access

- Completed forms should be sent to the Data Analysis and Research Unit at AHCCCS for processing

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EDI Interface Tools

- Community Manager

- Transaction Insight (TI)

- Validation and Translation

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EDI Interface Tools – Community Manager

- TIBCO® Foresight Community Manager ® is a secure online self-testing web portal AHCCCS makes available to all Trading Partners for the pre-submission testing of EDI transactions to AHCCCS

- Ensures compliance with X12/HIPAA transaction standards (note not available for NCPDP transactions)

- Incudes a comprehensive testing regimen

- Incorporates additional AHCCCS developed guidelines

- Produces real-time results

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EDI Interface Tools – Transaction Insight (TI)

- TIBCO® Foresight Transaction Insight® secure web portal

- EDI file Validation, validation performance reporting, and error correction capabilities available to AHCCCS Trading Partners

- Allows for form-based error correction facilities for encounters

- Allows Trading Partners to search for specific documents from the TI database using a powerful built in search function

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EDI Interface Tools – Validation and Translation

- TIBCO® Foresight Instream® transaction validation

- High-speed validation of transactions using standards and custom business rules (guidelines)

- Automatically creates, validates and distributes EDI Acknowledgements (TA1, 277CA, 824 and 999)

- Translator IBM® Websphere Transformation Extender® (WTX)

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EDI Tools – Resources Links

- Community Manager
  https://tradingpartnertesting.azahcccs.gov

- Transaction Insight (Test)
  https://tiwebtst.statemedicaid.us

- Transaction Insight (Production)
  https://tiwebprd.statemedicaid.us

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PMMIS

- AHCCCS operates a mainframe processing system known as PMMIS (Pre-paid Medical Management Information System)

- PMMIS is made up of multiple sub-systems, each with a distinct function

- Sub-systems are interrelated and share common data and many processing rules

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Key Interfaces

- Recipient/Health Plan
- Provider
- Reference
- Encounters
- Reinsurance
- Other

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Recipient/Health Plan

AHCCCS maintains Medicaid eligible members in the Recipient System. Members are assigned to a MCO based on enrollment rules, choice or the auto assignment algorithm. MCOs are notified daily of new and disenrolling members. Recipient information is used for current and historical identification of: each person who is or was eligible for medical care under one or more of the qualifying programs; the nature and scope of services for which the person qualifies as defined by eligibility and enrollment characteristics; the MCO responsible for delivery of and payment for covered services; the funding source for the medical care coverage; etc.

Recipient/Health Plan – Eligibility

- Eligibility Sources – SSA; ACE; HeA+; Other

- Eligibility Sources provide – Eligibility Adds; Discontinuance; Changes to Demographics (Name, Gender, Date of Birth); Address Changes; MCO Choice; Third Party Liability Leads information for Medicaid members

Recipient/Health Plan – Enrollment

- Enrollment Choice
  - Eligibility sites provide MCO availability information to applicants
  - Some Eligibility sources will collect and send MCO choice information (if applicable) to AHCCCS
  - Member may also call the AHCCCS communication center with their choice (if applicable)

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Recipient/Health Plan – Enrollment (cont.)

- MCOs receive all enrolled member related adds, changes and disenrollments via the daily 834 process https://www.azahcccs.gov/Resources/Downloads/EDIchanges/AZ%20834-820_TI_CG_v1_2.pdf

- Enrollment Dates
  - Usually effective the date AHCCCS updates the action
  - Exceptions
    - Administrative Actions – Can be any day in the past (any daily)
    - System Unavailable at Notification – Can be retroactive (month end)

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Recipient/Health Plan – Enrollment (cont.)

- Disenrollment Dates
    - For loss of eligibility, disenrollment is the last day of the month
    - For reasons other than loss of eligibility, usually effective the day prior to the update (includes Voluntary Withdrawal, etc.)
    - Exceptions
        - Date of Death (Retroactive)
        - Incarceration (Can be Retroactive)
        - Linking/Duplicate Enrollment (Can be Retroactive)
        - Administrative (Can be Retroactive)

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Recipient/Health Plan – Enrollment (cont.)

- County Moves
  - County to County Move No Choice
    - Move to a county served by current MCO
    - Disenrollment from current county the day before and enroll with the same MCO in the new county
    - Or Move to a county where choice is not available
    - Disenrollment from current county the day before and enroll with the available MCO in the new county

Recipient/Health Plan – Enrollment (cont.)

- County to County Move With Choice
  - Move to a county not served by current MCO
  - Member is assigned to an available MCO
  - Member receives notification that they may change from the assigned MCO to another available MCO in the new county

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Recipient/Health Plan – Enrollment (cont.)

- Enrollment Rules
  - 90 day re-enrollment
  - Enrollment Choice
  - American Indian on reservation zip code
  - Auto-Assignment

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Recipient/Health Plan – Enrollment (cont.)

- Annual Enrollment Choice (AEC) – Members in Counties with Choice Only

  - Each Eligible Case is assigned an anniversary month
  - AEC phone calls or letters are generated two months in advance of the anniversary date
  - Members With Choice file generated to MCO – Identifies all MCO members who are eligible for AE choice
  - If Member Makes Choice, Potential Transition Listing generated to MCO – Identifies all members who will be enrolled into a MCO and those who will be leaving the relinquishing MCO

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Recipient/Health Plan – Enrollment (cont.)

- Open Enrollment
  - Special Process when needed – New MCO; MCO Termination
  - Generate letter to member with current MCO and choice material
  - Member makes choice to change (optional)
  - Potential Transition Listing generated to MCO – Potential Transition Listing generated to MCO – Identifies all members who will be enrolled into gaining MCO and those who will be leaving the relinquishing MCO

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Recipient/Health Plan – Capitation

- MCOs receive daily capitation payments/recoupments, and related notifications via the daily 820 file https://www.azahcccs.gov/Resources/Downloads/EDIchanges/AZ%20834-820_TI_CG_v1_2.pdf

- Capitation is calculated based upon – MCO; GSA; Contract Type; Rate Code

- Capitation is calculated on a per member basis; Capitation is paid by taking PMPM Rate ÷ Days in the month × days of enrollment thru end of month

- Recoupments are subtracted from MCO's daily payments

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Recipient/Health Plan – Capitation (cont.)

- Recoupments are calculated on a per member basis; Recoupment is calculated by taking PMPM Rate ÷ Days in the month × days of disenrollment thru end of the month

- Mass Adjustments
  - Ability to change capitation payment for a population (Risk Group)
  - Impacts historical payments
  - MCOs receive notification via the 820
  - No enrollment activity impact
  - Only reflect changes in payment due to changes in payment rate

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Recipient/Health Plan – Capitation (cont.)

- Manual Payments
  - Error in record prevents enrollment/disenrollment action from appearing on daily 834 file
  - Manual capitation correction on an individual record
  - When manual payments are made or no capitation is involved – Manual notification to MCO

Recipient/Health Plan - Interfaces

- Online eligibility and enrollment updates to PMMIS occur between 6:00am and 6:00pm daily (except during month end processing)

- In the event a member needs services and the MCO has not yet received the daily 834 files, enrollment for the member can be verified using one of the automated verification processes

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Recipient/Health Plan – Interfaces (cont.)

- Automated Verification Processes
  - Allow MCOs and providers to obtain eligibility, enrollment, TPL and Medicare coverage information for members for a single date of service or a date range
  - Automated processes available include – WEB and 270/271
    - Web Based Verifications - Internet based; available 24/7; No cost; Requires advance registration; Ability to print information; Requires input of AHCCCS Id, SSN, or Key Demographics; Real time inquiry
    - 270/271 Verifications - EDI based; available 24/7; No cost; Requires advance registration; Ability to print/download information; Requires input of AHCCCS Id, SSN, or Key Demographics; Single or Batch Request; https://www.azahcccs.gov/Resources/Downloads/EDIchanges/AZ270_271TI_CGv0-3_20160923.pdf

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Recipient/Health Plan – Interfaces (cont.)

- Daily Batch Processing Cycle
  - Starts at 6:00pm every evening; 834 files available to MCOs no later than 7:00am – Email notification if files will be delayed. Based on listserv at http://listserv.azahcccs.gov
  - Enrollment activity includes
    - Enrollments
    - Retroactive enrollment blocks
    - Disenrollments
    - Disenrollment blocks
    - Demographic changes

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Recipient/Health Plan – Interfaces (cont.)

- "Last Daily" Processing Cycle
  - o Three days before the 1st of the next month (i.e. 9/28/2017; 10/29/2017; 11/28/2017) starting at 12:00pm
  - o Monthly processing cycle available https://www.azahcccs.gov/PlansProviders/ISDresources.html
  - o Activity includes
    - Enrollments
    - Retroactive enrollment blocks
    - Disenrollments
    - Demographic changes
    - Rate code changes

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Recipient/Health Plan – Interfaces (cont.)

- Monthly Processing Cycle
    - Occurs immediately after "Last Daily" cycle
    - Month enrollment notification – Full file of all members enrolled with MCO as of the 1st of the upcoming month
    - Basis for prospective capitation payments
    - File used to validate MCO's data – Discrepancies in MCO's data to be reported to DHCM
    - Management Reports

Recipient/Health Plan – Interfaces (cont.)

- "Next Daily" Processing Cycle
  - Starts at or after completion of Monthly Cycle; Output files available to MCOs by 7:00am
  - Includes all enrollment activity since last daily – Enrollments; Retroactive enrollment blocks; Disenrollments (will recoup prospective capitation already paid); Disenrollment blocks; Demographic changes
  - Two files, must be processed after "Last Daily" and Monthly enrollment notifications

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Provider

- AHCCCS requires that all providers utilized by MCOs to provide services be registered with AHCCCS and validate this information on reported encounters

- AHCCCS maintains registration files for all providers eligible for participation in the AHCCCS program

Provider Information

- AHCCCS produces two provider files for use by MCOs: Provider Profile and Provider File

- Files found in the SFTP/VPN ShareINFO folder

- Files produced weekly on Wednesday and available to MCOs on Thursday

- Files include – Demographic data; Provider enrollment status; Categories of Service; Provider rate schedules; Licenses and certifications; Specialties; Medicare information; Restrictions; Address Information; Provider Type Profiles; Provider Indicators

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Provider Information (cont.)

- More information available in the AHCCCS Encounter Manual and Technical Interface Guidelines - http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter5.pdf

- https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/

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Provider Affiliation

- The Provider Affiliation Transmission (PAT) is an integral part of the monitoring process in DHCM to ensure that MCOs' provider networks are adequate and meet the minimum contractual requirements to deliver medically necessary services to members

- This information is also used for reporting to CMS, legislature and other entities

- These requirements are presented in the AHCCCS Provider Affiliation Transmission User Manual https://www.azahcccs.gov/Resources/Downloads/OperationsReporting/PATManual.pdf

Provider Affiliation (cont.)

- Submitted quarterly

- Includes information about each individual provider within the MCO's network and must represent the MCO's entire provider network

- MCO is responsible for submitting true and valid information

- Certain fields of the PAT are not systematically edited prior to acceptance; Each PAT must have an error rate of less than 5.0% for the fields that are edited prior to acceptance

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Provider Affiliation (cont.)

- Reports
  - Transmission Validation - Provides information about the status of PAT; If all conditions are met, the transmission passes and is accepted for loading; If transmission fails, the transmission is rejected and returned to the MCO for correction and resubmission
  - PAT Comparison-Exception by Provider - Provides a list of all exception errors that occurred during the PAT load process; Sorted by Provider ID; Aids the MCO in error correction; All exception errors must be corrected prior to next submission

Provider Affiliation (cont.)

- PAT Comparison-Exception by Field - Provides a list of all exception errors that occurred during the PAT load process; Sorted by field in error; Aids the MCO in error correction; All exception errors must be corrected prior to next submission

- PAT Comparison-Detail Report - Provides a complete list of all PAT loaded; Sorted by Provider ID

- Summary Totals Report - Provides summarized information about the providers listed on the PAT

Reference

- AHCCCS produces a number of files containing information pertaining to recipient, provider and reference data that are intended to assist MCOs with successful and accurate data exchanges with AHCCCS

- MCOs should use this data as appropriate on a timely basis to facilitate timely and accurate processing

Recipient Related Reference Files

- Recipient produces one reference file for MCO use

  - Master Carrier ID file

    - Complete file of TPL Carrier ID numbers

    - Produced every Friday

    - Layout and additional information may be found in the Technical Interface Guidelines
      http://www.azahcccs.gov/commercial/ContractorResources/manuals/TIG.aspx

    - Used when reporting TPL Leads information to AHCCCS

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Encounter Related Reference Files

- At the beginning and middle of the month, AHCCCS produces Encounter processing information extracts

- These files include AHCCCS PMMIS information related to: Encounter internal field values for each form type; Encounter internal field relationship information for each error code; All current Encounter Error Codes and Descriptions

- Layouts and additional information may be found in the AHCCCS Encounter Manual http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterManual.aspx

Code and Processing Rules Reference Tables

- AHCCCS maintains coding related tables utilized for AHCCCS FFS claims processing and validation of submitted encounters

- At the beginning and middle of the month, AHCCCS produces multiple code set and/or processing rules related reference files that are made available to all MCOs via the SFTP server

  o These files include AHCCCS PMMIS data related to: HCPCS/CPT Status; Age, Gender and Frequency limitations; Modifiers; Coverage Indicators; AHCCCS Fee Schedule Amounts; processing rules; etc.

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Code and Processing Rules Reference Tables (cont.)

- Layouts and additional information may be found in the AHCCCS Encounter Manual or the Technical Interface Guide http://www.azahcccs.gov/commercial/ContractorResources/encounters/EncounterManual.aspx https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/

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Encounters

An Encounter is a record (claim) of a medically related service rendered by a registered AHCCCS provider to an AHCCCS member enrolled with a MCO, which has been adjudicated by the MCO

- Includes sub-capitated services and fee-for-service payments

- Submitted electronically by MCO to AHCCCS

- Includes paid, zero payments and certain denied/disallowed services

Encounters – General Principles

Guidelines and formats for submitting individual encounters generally follow health insurance industry standards used by commercial insurance companies, Medicare and AHCCCS Fee for Service
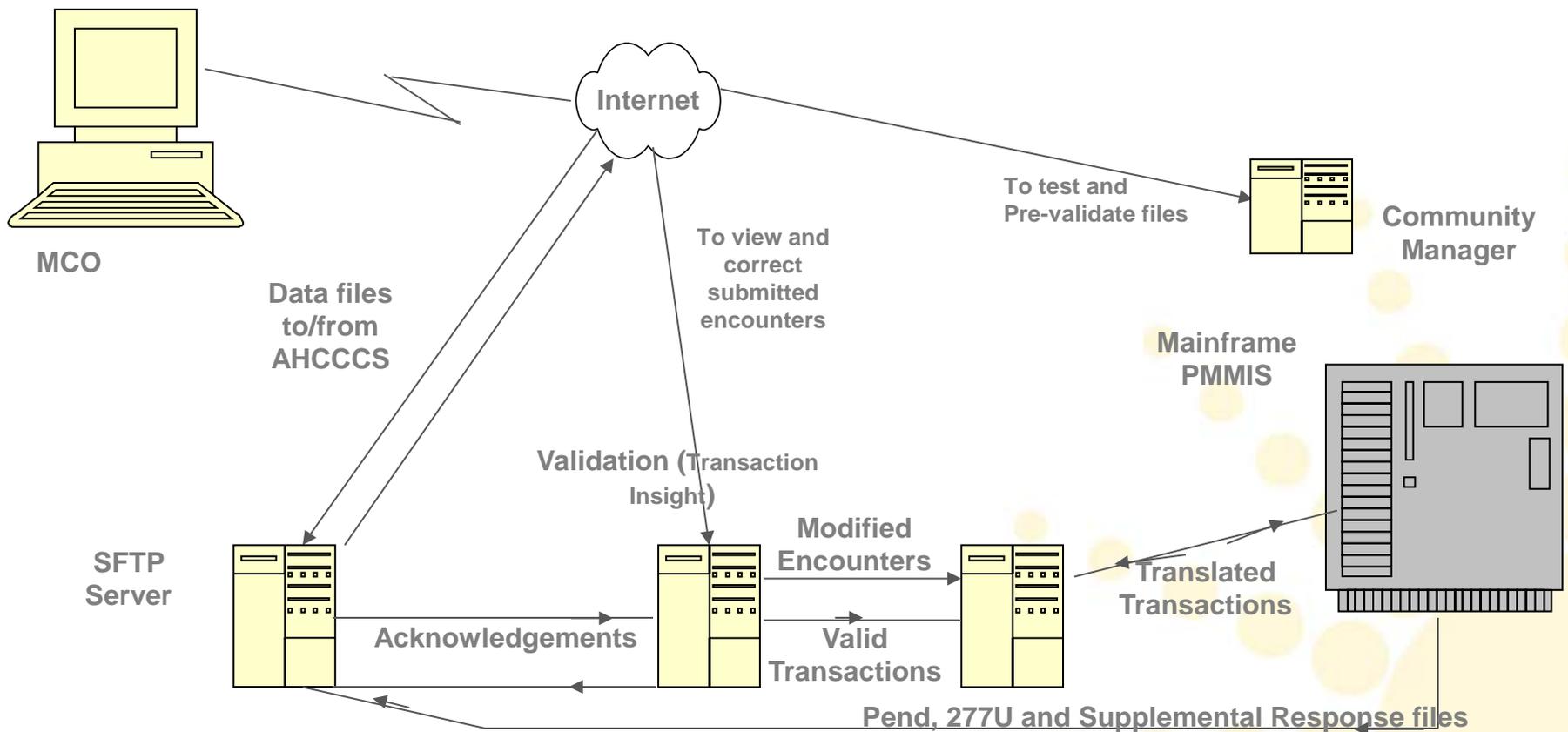
Some requirements are specific to the AHCCCS program; to avoid pending or denial of encounters, MCOs must ensure that encounters are consistent with both the general principles and those requirements specific to AHCCCS, including but not limited to:

- A service must be completed, and the provider's claim or encounter finalized by the MCO, before an encounter is submitted to AHCCCS

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Encounters – General Principles (cont.)

- If a MCO makes a post payment revision to a provider's claim after it has been encountered to AHCCCS, the MCO must submit a replacement or void encounter (whichever is appropriate) to AHCCCS

- Medicare and other third-party payment or indication of denial must be accounted for prior to submitting the encounter, and Medicare and third-party payment amounts must be included in the appropriate fields on the submitted encounter

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Encounters – Data Flow

MCO

Data files to/from AHCCCS

Internet

To view and correct submitted encounters

To test and Pre-validate files

Community Manager

Mainframe PMMIS

SFTP Server

Validation (Transaction Insight)

Modified Encounters

Acknowledgements

Valid Transactions

Translated Transactions

Pend, 277U and Supplemental Response files

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Encounters – Submission Standards

- Encounter files must be submitted to the AHCCCS SFTP server in appropriate HIPAA and NCPDP compliant formats (as defined in the AHCCCS Encounter Manual, related transaction Companion Guides and TR3 Documents) and include HIPAA compliant data such as National Provider Identifiers (NPI) and code sets
  - o HIPAA 837P (Professional), 837I (Institutional) and 837D (Dental)
  - o NCPDP PAH (Post Adjudicated History) (Pharmacy)

- Each encounter file must pass validation including assessment of appropriate file structures, validity of code sets, and financial balancing

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Encounters – Submission Standards (cont.)

- Each file must contain a required BBA related data attestation statement as outlined in the AHCCCS Encounter Manual

- Each file will undergo and must pass translation and syntax checks

- AHCCCS defines the receipt date for encounters as the date the encounter is received on the AHCCCS SFTP server

Encounters - Processing

- Encounter cycles run twice monthly:
  - One full cycle – including the recycle of all encounters currently pended in the AHCCCS system (files are due by COB the first Thursday of the month)
  - One limited cycle (files are due by COB the third Thursday of the month)
  - MCOs can and are encouraged to submit encounters throughout the month for processing in one or both cycles
  - It is important that MCOs recognize the key differences between these cycles

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Encounters – Processing (cont.)

- Encounter data is loaded daily to the mainframe "staging area" where the encounter is held until loaded for full processing

- A copy of the encounter in its received form is maintained for historical reference in the mainframe "staging area"

- Processing includes claims-type edits

- Applicable results are produced and communicated to the MCOs after each cycle

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Encounters – Processing (cont.)

- Detailed information on encounter processing can be found in the AHCCCS Encounter Manual, in the Encounter Keys newsletter (published quarterly on the AHCCCS Website), in applicable EDI Companion Guides and on the AHCCCS Encounters Webpage: https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html

Encounters - Interfaces

- AHCCCS Encounter Unit staff are available via phone or email Monday through Friday during regular business hours to assist MCOs in the submission of encounters as well as the resolution of encounter pends and denials

- Each MCO is assigned a main point of contact within the Encounter Unit

- AHCCCS maintains several email addresses to assist MCOs with the submission of Encounter related questions:
  - For Encounter general, pend, denial or adjudication related questions AHCCCSEncounters@azahcccs.gov
  - For Encounter validation and/or translation related questions AHCCCSTIEncounters@azahcccs.gov

Encounters – Interfaces (cont.)

- MCOs may also request Encounter specific training, as needed, by contacting their AHCCCS Encounter Unit assigned representative or the AHCCCS Encounter Unit Manager

- MCOs are required to participate in regularly scheduled 1:1 meetings with Encounter Unit staff, as well as periodically scheduled AHCCCS Technical Consortiums and Technical Workgroups

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Data Validation

CMS requires that AHCCCS collect complete, accurate and timely encounter data from MCOs. AHCCCS Data Validation studies evaluate the completeness, accuracy and timeliness of the collected encounter data on at least an annual basis

Detailed information related to Data Validation may be found on the AHCCCS webpage - https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/EncounterValidationTechnicalDocument.pdf

Reinsurance

Reinsurance is a risk-sharing program provided by AHCCCS to MCOs for the reimbursement of certain service costs incurred by a member or eligible person beyond a monetary threshold

Reinsurance – Processing

- Reinsurance cycles run once monthly:
  - Reinsurance Case Creation and Association cycles run immediately following the completion of the first (full) encounter cycle
  - Reinsurance Payment cycle runs after the first Wednesday of each month
  - A Reinsurance cycle is not run after the second monthly encounter cycle
  - Detailed information on reinsurance processing can be found in the AHCCCS Reinsurance Processing Manual, in the Reinsurance Hot News newsletter and on the AHCCCS reinsurance Webpage http://www.azahcccs.gov/commercial/ContractorResources/reinsurance/reinsurance.aspx

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Reinsurance – Processing (cont.)

- The Reinsurance (RI) system generates the following monthly reports: Reinsurance Case Initiation; Reinsurance Reconciliation; Reinsurance Case Summary; Reinsurance Remittance Advice

- MCOs are required to notify AHCCCS of any third party coverage identified in a Reinsurance case

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Reinsurance – Processing (cont.)

- Regular Reinsurance
  - Provided to partially reimburse MCOs for the cost of care for members who meet the criteria and requirements for Reinsurance
  - Members are identified through submitted encounters for covered services in excess of Contract Year deductibles
  - Not all AHCCCS covered services are covered under Reinsurance

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Reinsurance – Processing (cont.)

- Catastrophic Reinsurance
  - Provided to partially reimburse MCOs for the cost of care for members who meet the criteria and requirements for Catastrophic Reinsurance
  - MCO is responsible for identifying members and submitting written notification to the DHCM, Medical Management Unit
  - Supporting medical documentation must accompany request. Details are included in the Reinsurance Processing Policy Manual

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Reinsurance – Processing (cont.)

- Transplant Reinsurance
  - Provided to partially reimburse MCOs for the cost of care for members who meet the criteria and requirements for Transplant Reinsurance
  - Covers members eligible to received AHCCCS covered solid organ or tissue transplants
  - MCO is responsible for identifying members and submitting written notification to the DHCM, Medical Management Unit

Other

- AHCCCS will provide a Successful Offeror (including an Incumbent Offeror new to a GSA) with three years of historical encounter data for members enrolled with the Offeror as of December 1, 2017

- AHCCCS will manage an ongoing quarterly exchange of encounter and claims data to MCOs in order to eliminate "blind spots" for services provided to a member shared by multiple programs. MCOs should use this information to develop short- and long-term strategies to improve care coordination.

Other (cont.)

- On a monthly basis, AHCCCS provides each MCO with an encounter data extract (commonly referred to as the "Magic" file) that MCOs must use compare financial data in the AHCCCS encounter database with the MCO's claims financial data. The file is replaced each month and contains the past 36 months of encounter financial data submitted to AHCCCS. The file is to be used by the MCO to verify what has been submitted to AHCCCS

Other (cont.)

- AHCCCS Value Based Purchasing Initiative – ACOM Policy 318

- The purpose of this initiative is to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, by aligning the incentives of the Contractor and provider through VBP strategies

- Related Interfaces Include
  - Registration process to establish Structured Payment Entities
  - Process and layout for submission of Structured Payment Files

Other (cont.)

o Definition of where MCO's can submit the Structured Payment information on 837 Encounters

o Process and layout for submission of a Post Adjudicated or Post Submitted File of Structured Payment information for all Encounter form types

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Trading Partner Set-up and Maintenance

- AHCCCS allows and maintains multiple Trading Partner relationships with MCOs which allow for the exchange of data, access to PMMIS and the AHCCCS WEB portals, etc.

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Trading Partner Set-up and Maintenance - EDI

- MCO completes EDI Data Exchange Agreements
- AHCCCS assigns a Trading Partner ID to the MCO
- MCO is provided with access to Community Manager, Transaction Insight (Test and Production), an individually assigned Secured Folder on the SFTP Server
- MCO completes initial testing with Community Manager and subsequently successfully completes testing with TI via actual data exchanges
- Once all testing is completed, the MCO is approved for production exchanges

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Trading Partner Set-up and Maintenance – EDI (cont.)

- Forms and instructions may be obtained in the AHCCCS Encounter Manual on the AHCCCS webpage - https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Manual/Chapter2.pdf or https://www.azahcccs.gov/PlansProviders/ISDresources.html

Trading Partner Set-up and Maintenance - PMMIS

- Before a MCO may submit encounter data, AHCCCS requires the completion of a Encounter Submission Notification and Transmission Submitter Number (TSN) Application (for one or more Transmission Numbers)

- MCOs may also optionally request direct security access to PMMIS (production and/or test) for purposes of encounter pend and denial research and as appropriate, the performance of encounter pend overrides and online voids

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Trading Partner Set-up and Maintenance – PMMIS (cont.)

- Forms and instructions related to the request and provision of a TSN may be obtained in the AHCCCS Encounter Manual on the AHCCCS webpage - https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/Manual/Chapter2.pdf

- Forms and instructions related to PMMIS access may be obtained on the AHCCCS webpage - https://www.azahcccs.gov/PlansProviders/ISDresources.html

Trading Partner Set-up and Maintenance - WEB

- To obtain access to AHCCCS Online in order to perform functions via the web MCOs must

  - Complete the Provider Registration form (NOTE - Most of this form will be blank - Please make sure the addresses are filled in and the form is signed); the Provider Participation Agreement; the Disclosure of Ownership form and include a current W-9

  - Once the forms are completed, please submit either by email or fax to AHCCCS Provider Registration

  - Forms can be found at webpage - https://www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html

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Testing

- Testing must be completed prior to: Implementation of a new MCO; change in software vendor or major system upgrade; change by AHCCCS resulting in an impact to any data exchange

- AHCCCS maintains a test environment that is available for use by all MCOs to submit test encounter (and other related) files for AHCCCS processing

- For certain types of changes to policy, payment methodologies, etc. testing may be prescribed and mandated for all MCOs

- AHCCCS makes available and encourages the use of an EDI validation tool "Community Manager" for all MCOs as appropriate

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Testing (cont.)

- Prior to beginning the testing phase for a new MCO, the MCO must have provided all necessary control documents to AHCCCS and once the necessary control documents are received, AHCCCS will also schedule a training session for the MCO during which the testing process as well as other key information will be reviewed

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Documentation and Resources

- EDI Resources - https://www.azahcccs.gov/Resources/EDI/EDItechnicalworkgroups.html

- Encounter Technical Documents - https://www.azahcccs.gov/PlansProviders/HealthPlans/encountermanual.html

- Reinsurance Technical Documents - https://www.azahcccs.gov/PlansProviders/HealthPlans/Reinsurance/

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Documentation and Resources (cont.)

- Technical Interface Guidelines - https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/

- AHCCCS Enrollment Rate Codes and Values – https://www.azahcccs.gov/PlansProviders/Downloads/EnrollRateCodes2015.pdf

- AHCCCS Fee-For-Service Provider Manual - https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

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Documentation and Resources (cont.)

- Encounter Keys Newsletter – https://www.azahcccs.gov/PlansProviders/HealthPlans/encounterkeysnewsletter.html

- AHCCCS maintains specific email addresses as well as topic specific webpages to assist MCOs with the receipt and submission of AHCCCS data –
  - For Encounter pend, denial or adjudication related inquiries AHCCCSEncounters@azahcccs.gov
  - For Encounter validation and/or translation related inquiries AHCCCSTIEncounters@azahcccs.gov
  - For EDI related inquiries http://www.azahcccs.gov/commercial/EDIresources/EDIresources.aspx

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Documentation and Resources (cont.)

- For EDI inquiries, roster issues, or to become an AHCCCS Trading Partner EDICustomerSupport@azahcccs.gov

- Please note that this is just a partial list of available documentation and resources and MCOs should refer to the Bidders' Library and/or the AHCCCS website for all available items

AHCCCS
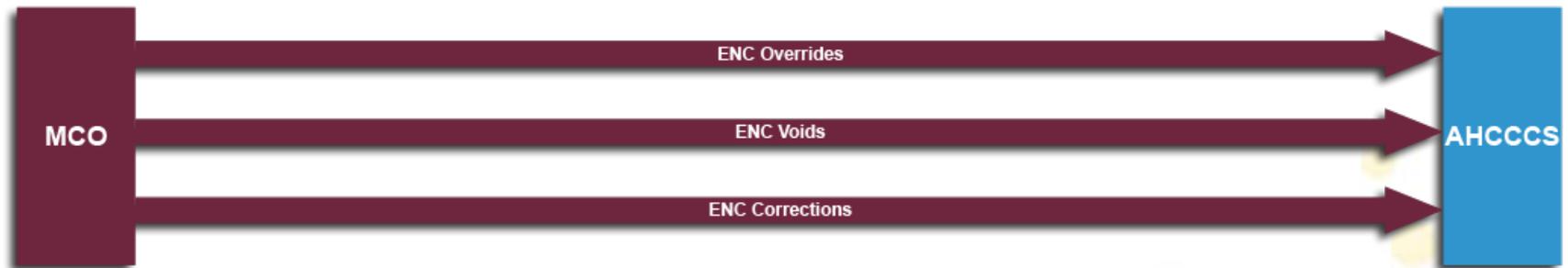Arizona Health Care Cost Containment System

Data Exchanges and Data Flows

- AHCCCS Exchanges a large number of EDI and non-EDI files with MCOs on a routine basis, examples listed below, new MCOs will receive a full listing of all exchanges include applicable naming and SFTP folder placements
  - o AZD820-XXXXXX-YYMMDD.TXT
  - o AZD834-XXXXXX-YYMMDD.TXT
  - o AZM834-XXXXXX-YYMMDD.TXT
  - o AZU277-XXXXXX-YYMMDD.TXT
  - o HPXXXXXX_CLMMDDYY.ZIP
  - o HPXXXXXX_RC_EC91D949MMDDYY.ZIP
  - o HPXXXXXX_RC_EC9CM187MMDDYY.ZIP
  - o HPXXXXXX_RC_EC9EM187MMDDYY.ZIP

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MCO Data Flow – ISD Interfaces

Daily Rate Code Report
820
PAT Results
PAT Provider Affiliation Table
Data Exchange (Quarterly)
MEE (Magic) File (Monthly)
TXIX, TXXI 834s (Daily/Monthly)
*Enc Results "Proprietary Files" (Each Enc Cycle)
*PTL Potential Transition Listing
TPL Results
*TPL Third Party Liability Info
Enc Results 277U & 277S (Each Enc Cycle)
TXIX, TXXI 837 Encs NCPDP
Acknowledgements (TA1, 999, 824, 277)

MCO

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* Refer to AHCCCS Data Exchanges Document

Ref/Prov ShareINFO

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Data Flow – Non ISD Interfaces

MCO → ENC Overrides → **AHCCCS**

MCO → ENC Voids → **AHCCCS**

MCO → ENC Corrections → **AHCCCS**

New – Technical Items

- HIPAA Transaction Version 7030
  - Currently in public comment period with CMS; mandated implementation date TBD

- Encounter Timeliness Standards and Enforcement
  - Historical standard required submission within 240 days of the end date of service or date of eligibility posting if later is not currently enforced, but will be enforced and subject to potential sanctions effective 10/1/2017; Timeliness standard required submission will be further revised effective 10/1/2018 to within 210 days of the end date of service or date of eligibility posting if later

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New – Technical Items (cont.)

- ALTCS Enrollment During Hospitalization
  - Historically members who were determined ALTCS eligible during a hospitalization would not become ALTCS enrolled until their discharge from the hospitalization; Will be revised effective 10/1/2017 to enroll with an ALTCS MCO immediately upon eligibility determination

- Behavioral Health Category Changes for ALTCS E/PD Members
  - Historically Behavioral Health Category changes were not maintained for member enrolled with an ALTCS MCO; Will be revised effective 10/1/2017 to maintain equal to other enrolled populations

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New – Technical Items (cont.)

- Reinsurance Changes
  - Phase-In
  - 10/1/17: dental, pharmacy and inpatient-and-outpatient hospital services covered
  - Change from today: professional and other services reported on Form Type 1500 excluded
  - 10/1/18: only inpatient hospital services will be covered

Information Technology (IT) Systems Demonstration

Offerors will be required to participate in mock Information Systems scenarios data exchanges which require the submission of responses by the Offeror as a component of the bid process

- Demonstration begins January 24, 2017, the Tuesday after Proposals are due to AHCCCS

- Responses submitted over the 10 day demonstration will be scored along with submitted Proposals

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Information Technology (IT) Systems Demonstration (cont.)

- See the Bidders' Library for more information related to the calendar, Q&A processes, etc. https://www.azahcccs.gov/PlansProviders/HealthPlans/YH18-0001.html

- Provisions of the Demonstration:
  - All data provided to the Offeror either for response or processing will be "mock" data created by AHCCCS
  - All Offerors will receive the same "mock" data files and scenarios

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Information Technology (IT) Systems Demonstration (cont.)

o All mock scenarios will be designed to allow the Offeror to utilize an automated system or a manual process. Offerors may consider utilization of software tools such as Ultra edit to assist in the review of EDI files

o Formats and content for "processing summaries" from Offerors to AHCCCS will be provided by AHCCCS with each related data exchange, and should not be altered in any way by the Offeror.

Information Technology (IT) Systems Demonstration (cont.)

o Initial and Daily 834 enrollment files will not exceed 50 records per iteration

o Initial and subsequent claims scenarios will not exceed 50 records per iteration and will be based upon members, providers and reference data supplied by AHCCCS as components of this exercise

o Encounter submissions will be based upon claims adjudicated as paid by the Offeror as part of the claims scenarios exercises

Information Technology (IT) Systems Demonstration (cont.)

- o First and second eligibility and claims status inquires will not exceed 5 records per iteration and will be based upon member data supplied by AHCCCS as components of this exercise

- o Provided file data and scenarios will be simple and represent the most common situations for that type of exchange

Information Technology (IT) Systems Demonstration (cont.)

o Data exchanges from AHCCCS to the Offeror will be available as early as 6:00 p.m. the day prior to, but no later than, 7:00 a.m. Arizona time on the dates noted on the calendar

o Data exchanges from the Offeror to AHCCCS must be delivered no later than 5:30 p.m. Arizona time on the dates noted on the calendar, and should be accompanied by an email to the AHCCCS IT Demonstration email address

Information Technology (IT) Systems Demonstration (cont.)

o AHCCCS will pre-validate all data exchanges provided to ensure the accuracy of the data as well as the expected results

o As this exercise is intended to be iterative and many exchanges directly impact or build upon prior exchanges, AHCCCS intends to evaluate each Offerors "processing summaries" and responses, and provide feedback no later than 6:00 p.m. the next business day as to the actual expected results of each exchange. This will allow the Offeror to make necessary internal corrections prior to their next exchange

Information Technology (IT) Systems Demonstration (cont.)

- A centralized SFTP testing folder will be created on the existing AHCCCS SFTP test server, and Offerors provided access, to pick up the "mock" data files and scenarios from AHCCCS

- Individual and secure SFTP testing folders will be created, and Offerors provided access, for the submission of "processing summaries" and responses to AHCCCS

Information Technology (IT) Systems Demonstration (cont.)

- o All scenarios will be based upon, and will require the offeror to utilize, member, provider and reference data supplied to the Offeror by AHCCCS. Contracted rates, discounts and penalties should not be applied; only the AHCCCS Fee Schedule provided in the Reference File extract should be used

- o No data exchanges or question/answer windows are scheduled or expected for weekends or holidays

Information Technology (IT) Systems Demonstration (cont.)

o A process will be established to allow for a formal question and answer period during each of the days specified on the calendar. Questions received between 8:00 a.m. and 12:00 p.m. Arizona time will be answered, if appropriate, no later than 3:30 p.m. the same day. All questions and responses will be made available to all Offerors.

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Information Technology (IT) Systems Demonstration (cont.)

o Claims scenarios will be for Professional, Institutional and Dental formats only and will not include NCPDP Pharmacy formats

o In order to provide the required "processing summary" responses, certain responses will require more than one entry. A standard thirty spaces will be provided for each response; however, not all responses will require completion of all available spaces

o All claims scenarios should assume that appropriate Prior Authorizations were obtained and that necessary documentation was supplied

Questions?

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Closing Remarks

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Thank You.

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