AHCCCS 5010 834 Consortium

December 9, 2009
2:00 PM to 4:00 PM
AHCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

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 *

Abrazo Health
Christine Cheesman*
Shanthi Jayapal*
Veronica Rivera*
JoAnn Ward*

ADES
Leo Booth*
Donna Schneider

ADHS
Kayla Caisse
Paula Rendfeld
Susan Ross
Terri Speaks

AETNA
Todd Cassel
Cathy Jackson-Smith*
Vicki Sosa*

AHCCCS
Cindy Altman*
Deborah Burrell
Michelle Dillon
Lynn Hopkins

AHCCCS
Zina Horrell
Ester Hunt
Cheryl Kelly*
Dora Lambert
Stephanie LeCount
Jacqueline McElroy
Lori Petre
Brent Ratterree

APPIPA
Greenspan, Jeff*
Carol Williams

Care 1st Arizona
Anna Castaneda
Margie Reyes
Kathy Thurman

Centene Corporation
Keith Lueking*
Jessica Silver*
Monica Cervantes

Iasis Healthcare
Jaime Perikly

Scan Healthplan
Lynn Baca*
Robin Brown
Liza Crowson*
Darnella Ferguson*
Patrick Maloney*
Anita Reynolds*
Julie Shannon*
Theo Tran*
Vicki Wright*

UHC
Debra Alix
Carolyn Anderson*
Mike Ball
Helen Bronski*
Nancy Mischung
Carol Williams

UPH
Kim Bolton*

Yavapai County
Becky Ducharme*
Jean Willis*

<u>5010 File Formats/Versions - HIPAA Transactions</u>   Lori Petre

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 out 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.

<u>List Serve, 820 and 834</u>   Dennis Koch

List Serve
    All new registrations and name removals can now be made at <u>http://listserv.azahcccs.gov</u>. 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 <u>http://ahcccsnew/commercial/EDIresources/consortium.aspx</u> 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.
DTP 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   Mary Kay McDaniel

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　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Lori Petre

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.