

AMISYS Advance Development Update

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Objectives

- Review AMISYS Advance release and maintenance schedule and current status of customer upgrades.
- Discuss release content for late 2015 and early 2016, including the business value of each enhancement in AA Release 7.1, and tentative plans for Release 7.2.

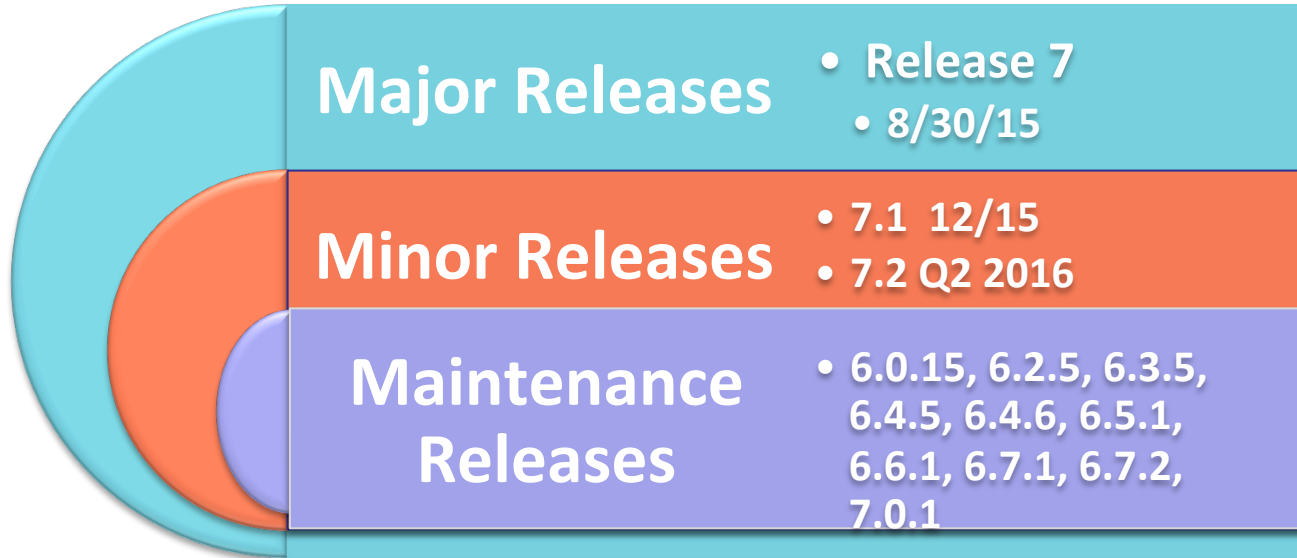


Agenda

- Current Release Schedules
- Release 7.1 Content
- Release 7.2 Projected Content



AMISYS Release Schedule

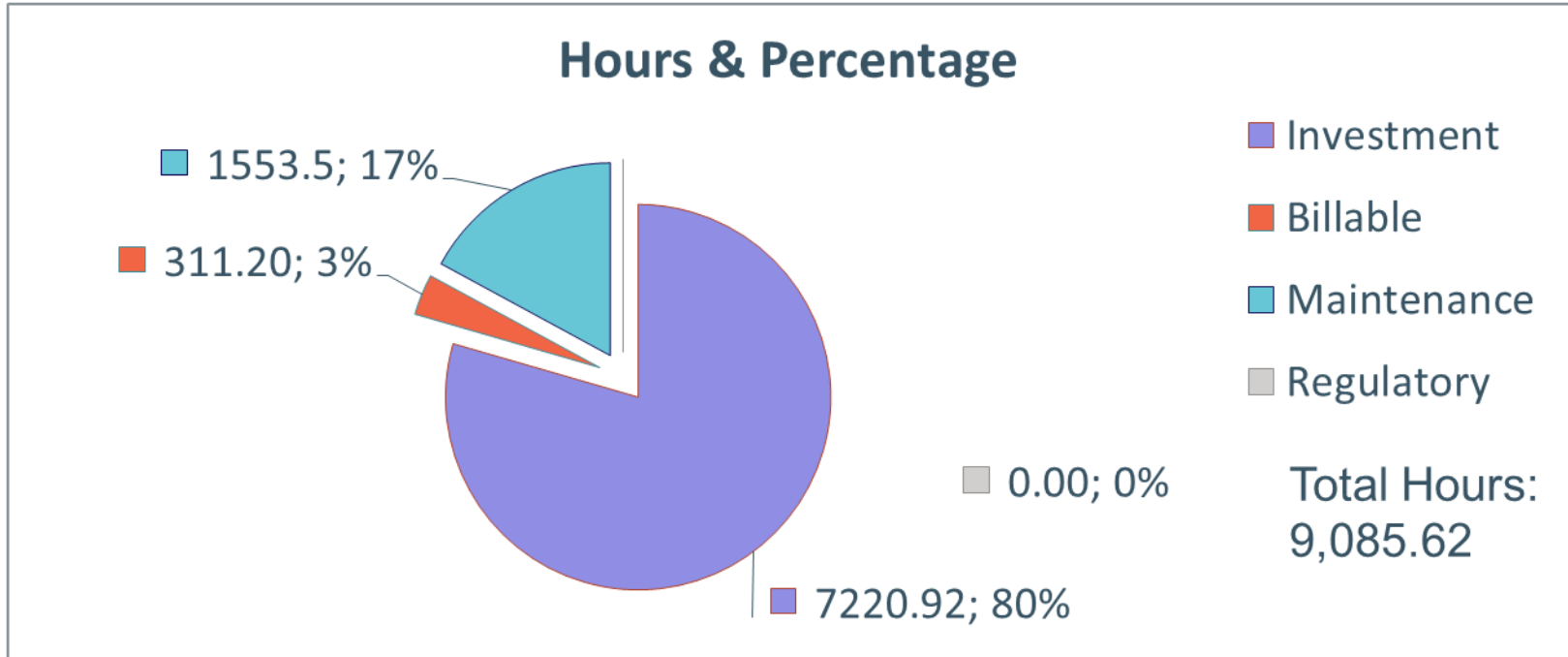


AMISYS Advance Client Release Summary

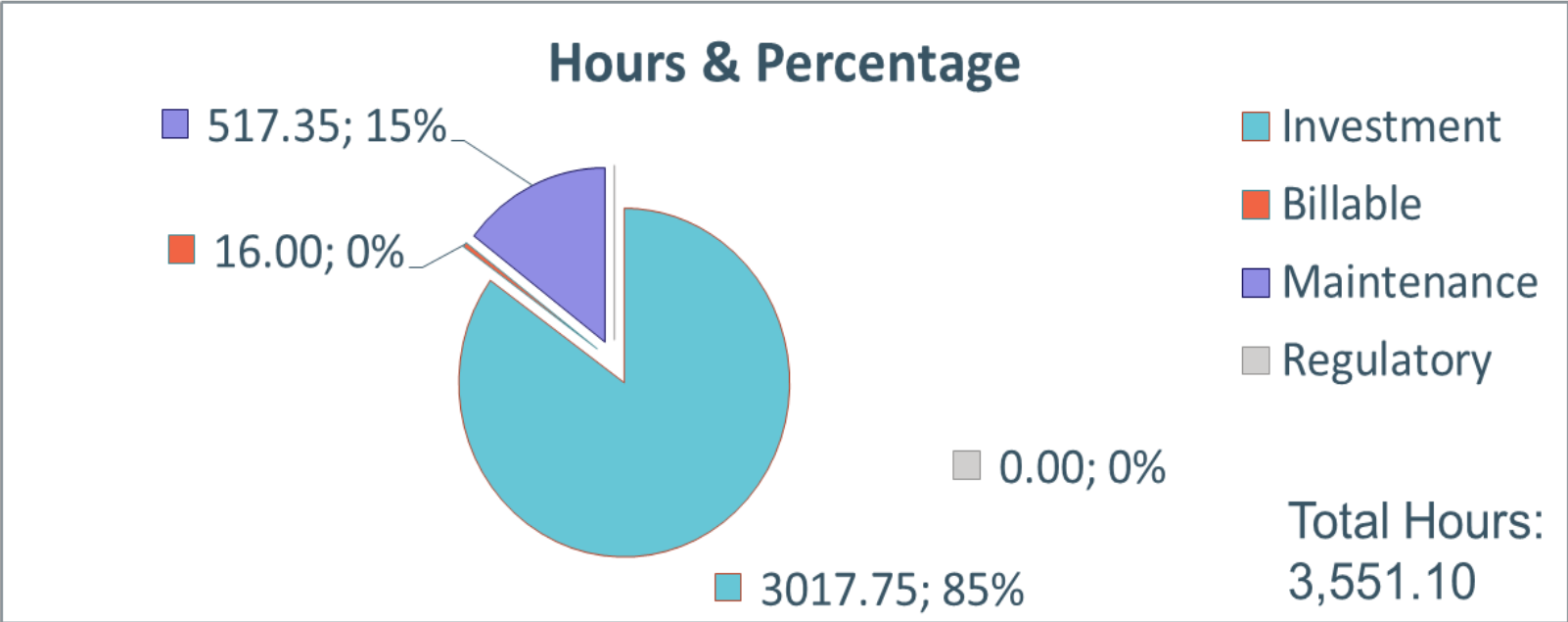
Release Number	# Clients in Production	# Clients Testing
Release 5.0	0	0
Release 6.0	6	0
Release 6.1	0	0
Release 6.2	1	0
Release 6.3	2	0
Release 6.4	8	0
Release 6.5	3	0
Release 6.6	4	0
Release 6.7	4	3
Release 7.0	0	3



Release 7.0 Hours



Release 7.1 Hours as of 10/20/15



Release 7.1 Content

1095-B Reporting

MMP Enhancements to Support CMS

Add Column for APTC Dollars in the Billing Summary Report

Apply the Denial Code to All Lines at One Time When Reversing a Claim

Default Division Benefit Package to Member Level Rated Members

Add Provider Name to the EOB Layout

Market Prominence Interface to Accept & Load Additional Contact Names & Addresses



Release 7.1 Content

Minimum Essential Coverage Form (1095B) – CR130430*

Business Value: Supports the ability of our health plan customers to meet the ACA and IRS reporting mandates for filing Forms 1094-B/1095-B for insured employer sponsored coverage (including SHOP) and individual off-market coverage.

High Level Requirements:

- § Generate the XML files to file 1094B/1095B data with the IRS
- § Generate 1095-B forms to be sent to the Responsible Individuals

*Licensed functionality

Release 7.1 Content

Minimum Essential Coverage Form (1095B) – CR130430

High Level Requirements:

- § Develop screens, super table definitions and database tables to capture the business rules for deriving and defining data needed to fulfill the IRS data content requirements. This minimally includes capturing data for the following:
 - § Vendor
 - § Transmitter
 - § Issuer
 - § Sponsoring Employer
 - § Responsible Individual
 - § Member population for which a Form 1095-B is to be generated

Release 7.1 Content

Minimum Essential Coverage Form (1095B) – CR130430

High Level Requirements:

- § Develop a process that will identify the members who are eligible to receive a form 1095-B, extract the data content needed to report to the IRS, and generate the following output
 - § Files constituting an IRS transmission
 - § An XML Form Data file which contains 1094-B Transmittal and 1095-B Health Coverage data.
 - § A Manifest XML file which contains details about the transmitter and the file transmitted.
 - § Optional zipped file containing a .pdf file for each form 1095-B included in the XML Form Data file and a print manifest text file listing the Responsible Individual's name and address.
 - § List of Members contained in the 1095 XML file report which lists the Responsible Individual along with their Covered Individuals, SSN, DOB and covered months.

Release 7.1 Content

Minimum Essential Coverage Form (1095B) – CR130430

High Level Requirements:

- § 1095-B extract process output, continued
 - § Missing or Invalid SSN report which lists Responsible and Covered Individuals having invalid or missing Social Security Numbers
 - § Error report containing all errors with the severities (fatal, error or warning). A finalized XML file is not generated when there are any errors.
 - § Database updates when the process is run in Report and Update mode and there are no errors. The data extracted and used to populate the XML Form Data file and 1095-B coupons is saved to the database ensuring that duplicate 1095-B forms are not generated in subsequent extract runs.

Release 7.1 Content

Minimum Essential Coverage Form (1095B) – CR130430

High Level Requirements:

§ Miscellaneous

- § Enable the reporting of a Responsible Individual who does not have coverage through the issuer but is responsible for individuals who do have coverage. This functionality is supported through the use of a Responsible Person address.
- § Be able to search for and view select information from a previously generated XML Form Data file (e.g., search by Contract#, TCC, Employer EIN) and view the covered members and the months they were covered for a specific tax year.

Release 7.1 Content

MMP Enhancements to support CMS Fulfillment Tracking, Customer Service and Care Management (CR132001)

Business Value: Utilize additional information received from the state and CMS to facilitate ID card and welcome packets mailings and track the member Medicaid Plan Code.

High Level Requirements:

- § Track the state file date as an alternate identifier
- § Assign division using the Medicaid plan code
- § Accept and load the CMS enrollment source received in the MarketProminence file

Release 7.1 Content

Create a new Billing Summary Report with APTC dollars (CR130844)

Business Value: Provide a report for Health Plans to oversee the subsidies that are applied to Billing Invoices.

High Level Requirements:

- § Include every subsidy that was created in a Billing Extract.
- § Provide details about the subsidies including, Contract, Corp, Invoice Number, Month, Subsidy Amount, Accounting Month, Subsidy Title and Division.
- § Provide a Grand Total of all the subsidies included in the report.

Release 7.1 Content

Ability to apply the denial code to all lines at one time when reversing a claim (CR130962)

Business Value: Currently when a claim is reversed the user must go to each individual service line on the claim to manually apply a denial ex-code to indicate that the service line is being reversed due to it being copied to a new claim. This is extremely time-consuming for the user. This enhancement provides a means for the user to enter this ex-code just once at the claim header level. The ex-code is automatically applied to each service line on the claim when the 'Reverse' adjustment function is executed.

Release 7.1 Content

Ability to apply the denial code to all lines at one time when reversing a claim (CR130962)

High Level Requirements:

- § The field label for the current 'EX-Code' field on Hospital, Medical, Drug, and Dental claim level adjustment screens will be changed to 'Back-Out EX' (this is the ex-code that currently goes on the service back-out adjustment lines on the claim).
- § A new field that is labeled 'Reverse EX' will be added to the Hospital, Medical, Drug, and Dental claim level adjustment screens for the user to enter a Deny EX-Code that will be posted to each reversed adjusted service line on the claim.

Release 7.1 Content

Ability to apply the denial code to all lines at one time when reversing a claim (CR130962)

High Level Requirements, continued:

- § This new 'Reverse EX' field will only be enabled when the 'Reverse' adjustment function is invoked for the claim.
- § The user must enter a 'DENY' EX-Code in the new 'Reverse' EX-Code field

Release 7.1 Content

Ability to apply the denial code to all lines at one time when reversing a claim (CR130962)

High Level Requirements, continued:

§ See example of changes to the claim adjustment screens highlighted below -

The screenshot displays the 'Claims Processing' application window. The main title is 'Hospital Adjustment'. The interface includes a navigation menu on the left with options like 'Global Functions', 'Screen Search', 'Adjust', 'Reverse', 'Reinstate', 'ReAdjudicate', 'Service Detail', 'MultiServ Line Maint', 'Rese', 'EX Overrides', 'Cop', 'Remarks', 'EOB_EOP Messages', 'Set Claim Billed', and 'History'. The main content area shows a 'Member & Claim Detail' section with a 'Diagnosis, Procedures & Service Detail' tab. Below this, there are sections for 'Diags/POA Indicators', 'Proc', and 'DRG'. The 'Charges' section contains a table with columns for 'Ck', 'Claim Status', 'Back-Out Ex', 'Reverse Ex', 'Trans Date', and 'OP#'. The 'Back-Out Ex' and 'Reverse Ex' checkboxes are highlighted with a red box. To the right of the 'OP#' column, there is a 'Service Detail Adjudication Mode' section with options: '1 - Current Plus', '2 - Current Only', and '3 - Post Changes'. The top of the window shows 'Time Elapsed: 1.906 seconds' and system information like 'C10430 09/03/2015 ORACLE_SID: OP# KEN 13:58 aa78'.

Release 7.1 Content

Default Division BP to Member Level Rated Members (CR132351)

Business Value: Optionally allows division benefit package to be defaulted to the contract and all individual members, even if member-level rating is enabled for the division. Member level rating functionality previously required the Inbound 834 member benefit election be mapped into AMISYS Advance, even if the division was configured to support a single benefit package option. Unique Premium Key (Pk) definitions had to be configured for member level rated divisions with different benefit packages and the Premium Key had to be cross referenced to the benefit package, even when there was only a single benefit package option configured for the division.

Release 7.1 Content

Default Division BP to Member Level Rated Members (CR132351)

High Level Requirements:

- § Modify Premium Key Definition screen (RF0119) to include new “Default Benefit Package From Division” option
 - § Existing and new premium keys default to disabled (blank)
 - § Only enable for member level rated divisions with a single benefit package option
- § Modify the Batch Membership Update COBOL subroutine (bcs2400) to recognize new Premium Key configuration
 - § Division benefit package will be defaulted to contracts and members enrolling in a contract level rated or a member level rated division with new switch enabled
 - § Member level benefit package election will continue to be required for members enrolling in member level rated divisions without new switch enabled

Release 7.1 Content

Add provider name to the Core AA DSTO EOB layout (CR133083)

Business Value: The DST Output EOB file will now contain the servicing Institution or Provider name on the service detail records. This offers the ability to print the provider name or institution on the member's EOB, if desired.

High Level Requirements:

- § Obtain servicing provider information.
- § Write the service detail record using the Provider Institution name, if configured, otherwise, use the Provider First and Last name.

Release 7.1 Content

Modify the MarketProminence interface to accept and load additional contact names and addresses (CR133513)

Business Value: Contact names and addresses configured in MarketProminence may be used for Mailing and Responsible Person addresses in AMISYS Advance.

High Level Requirements:

- § If a “Legal Representative” contact or an “Authorized Representative” contact is configured in MarketProminence, that contact will be used for the Mailing address in AA.
- § If both types of contacts are configured in MarketProminence, the “Legal Representative” will be used for the Mailing address and the “Authorized Representative” will be used for the Responsible Person address in AA.

Release 7.1 Content

Modify the MarketProminence interface to accept and load additional contact names and addresses (CR133513)

High Level Requirements, continued:

- § Contact information will take precedence over a Mailing address configured in MarketProminence for use as the Mailing address maintained in AA.
- § The “Preferred” address in MarketProminence will continue to be used as the Default (physical) address in AA in addition to Mailing and Responsible Person addresses maintained in AA from the contact information.
- § This functionality will be switch driven. There will be no change in the current interface functionality (contact information will not be used for addresses in AA) if the new functionality is not enabled.

Release 7.2 Tentative Content

Core Operating Rules rewrite of the real time 276/277 transaction

MMP Additional Patient Share Spend Down Functionality

Create a Real Time Accumulator Update Process

Edge Server Enrollment and Claims Modifications

Miscellaneous BPO Enhancements

1099 Modification to remove Ampersand (&) to Create Name Control



Questions?

Thank you!

