



AUC ELIGIBILITY TAG AGENDA

Wednesday, April 22, 2015

2:00 p.m. – 4:00 p.m.

Teleconference line: 1-712-832-8300

Participant passcode: 337213

WebEx instructions:

1. To start the WebEx session, go to: <https://health-state-mn-ustraining.webex.com>
2. Under “Attend a Session,” click “Live Sessions”
3. Click on the session for “AUC Eligibility TAG”
4. Provide your name, email address, and the following password: Elg2010! (Note: The exclamation mark at the end is part of the password.)
5. Click “Join now”

Meeting Objectives:

- Review and approve draft best practices
- Determine need for additional best practices and educational material
- Determine 2015 priorities for TAG
- ICD-10 Impact on 270/271 transactions
- Develop scenarios to define AAA errors

Agenda items

1. Meeting to order – Elise Westby, co-chair
2. Anti-trust statement: <http://www.health.state.mn.us/auc/pdfs/antitrust.pdf>
3. Introductions - Please e-mail your attendance to elise.westby@ridgeviewmedical.org
4. Review draft best practices – Tim Lopez (BCBSMN)
 - a. Reporting Termination Date for Inactive Coverage
 - b. Service Type 60 Response (Active Coverage, No Benefits Reported)
 - c. Service Type Inquiry/Response
5. DHS timeline for providing eligibility updates for Payers – Clark Fenske (DHS)
6. Reporting Begin and End Dates for MP – Clark Fenske (DHS)
7. Eligibility Implementation Guide/Business Function – Merri-Lee Stine (Aetna)
8. Scenarios regarding clearly defined AAA errors for Ops consideration
9. ICD-10 Impact on 270/271 transactions

10. Co-chair solicitation

11. Other Business

Next Meeting – May 27, 2015

2:00 p.m. – 4:00 p.m.

Teleconference/WebEx only



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), Version 5010.

1. Title of best practice:

Reporting termination date for inactive coverage

**2. Who does the best practice apply to:
Information Sources**

**3. Narrative description as to what is being addressed by this best practice:
Provide reporting of member termination date when the information source has found the member to no longer be active (inactive coverage response).**

**4. The loops, segments and elements, etc. that the best practice applies to:
271 – Loop 2100C or 2100D, DTP segment**

**5. Describe how to do the best practice:
When the Information Source returns a 271 response of inactive coverage (code 6 in the EB01 element) for the date(s) submitted on the 270 inquiry, the information source should report the plan dates as follows within the 2100C or 2100D Loop:**

DTP01 = 291 (Plan)

DTP02 = D8 (Date) or RD8 (Date Range) as submitted in the 270 or if not present, D8 (Date).

DTP03 = Date as submitted in the 270 request or if not present, current process date.

DTP01 = 357 (Eligibility End)

DTP02 = D8 (Date)

DTP03 = Termination Date

6. Examples to illustrate best practice:

270 Request

This example is a request by an Information Receiver for a single date.

ST*270*1001*005010X279A1~

BHT*0022*13*2550110810*20150403*1606160~

HL*1**20*1~
NM1*PR*2*XZYPAYER*****PI*999~
HL*2*1*21*1~
NM1*1P*2*ABC PROVIDER*****XX*1234567890~
HL*3*2*22*0~
TRN*1*XZ123*1234ABCD~
NM1*IL*1*CLAUS*FRED****MI*98989899~
DMG*D8*19881112~
DTP*291*D8*20150403~
EQ*30~
SE*13*1001~

Single date request

271 Response

This example is the response from the Information Source for a single date advising the member is not active for the date requested and reporting the termination date.

ST*271*0001*005010X279A1~
BHT*0022*11*2550110810*20150403*1606181~
HL*1**20*1~
NM1*PR*2*XZYPAYER*****PI*999~
PER*IC**TE*8009999999~
HL*2*1*21*1~
NM1*1P*2*ABC PROVIDER*****XX*1234567890~
HL*3*2*22*0~
TRN*2*XZ123*1234ABCD~
NM1*IL*1*CLAUS*FRED*G***MI*98989899~
REF*6P*AB123-01*MY GROUP~
N3*456 MAIN ST~
N4*ANYTOWN*MN*55121~
DMG*D8*19450420*M~
INS*Y*18*001*25~
DTP*291*D8*20150403~
DTP*357*D8*20150101~
EB*6**30~
SE*19*0001~

Single date response

Termination date

Inactive coverage

270 Request

This example is a request by an Information Receiver for a date range.

ST*270*1001*005010X279A1~
BHT*0022*13*2550110810*20150403*1606160~
HL*1**20*1~
NM1*PR*2*XZYPAYER*****PI*999~
HL*2*1*21*1~

NM1*1P*2*ABC PROVIDER*****XX*1234567890~
HL*3*2*22*0~
TRN*1*XZ123*1234ABCD~
NM1*IL*1*CLAUS*FRED*****MI*98989899~
DMG*D8*19881112~
DTP*291*RD8*20150103-20150403~
EQ*30~
SE*13*0001~

Date range request

271 Response

This example is the response from the Information Source for a date range advising the member is not active for the date range requested and reporting the termination date.

ST*271*0001*005010X279A1~
BHT*0022*11*2550110810*20150403*1606181~
HL*1**20*1~
NM1*PR*2*XZYPAYER*****PI*999~
PER*IC**TE*8009999999~
HL*2*1*21*1~
NM1*1P*2*ABC PROVIDER*****XX*1234567890~
HL*3*2*22*0~
TRN*2*XZ123*1234ABCD~
NM1*IL*1*CLAUS*FRED*G***MI*98989899~
REF*6P*AB123-01*MY GROUP~
N3*456 MAIN ST~
N4*ANYTOWN*MN*55121~
DMG*D8*19450420*M~
INS*Y*18*001*25~
DTP*291*RD8*20150103-20150403~
DTP*357*D8*20150101~
EB*6**30~
SE*19*0001~

Date range response
Termination date
Inactive coverage

270 Request

This example is a request by an Information Receiver without a date.

ST*270*1001*005010X279A1~
BHT*0022*13*2550110810*20150403*1606160~
HL*1**20*1~
NM1*PR*2*XZYPAYER*****PI*999~
HL*2*1*21*1~
NM1*1P*2*ABC PROVIDER*****XX*1234567890~
HL*3*2*22*0~

TRN*1*XZ123*1234ABCD~
NM1*IL*1*CLAUS*FRED****MI*98989899~
DMG*D8*19881112~
EQ*30~
SE*13*0001~

Date not present request

271 Response

This example is the response from the Information Source for no date received advising the member is not active for the current processed date and reporting the termination date.

ST*271*0001*005010X279A1~
BHT*0022*11*2550110810*20150403*1606181~
HL*1**20*1~
NM1*PR*2*XZYPAYER*****PI*999~
PER*IC**TE*8009999999~
HL*2*1*21*1~
NM1*1P*2*ABC PROVIDER*****XX*1234567890~
HL*3*2*22*0~
TRN*2*XZ123*1234ABCD~
NM1*IL*1*CLAUS*FRED*G***MI*98989899~
REF*6P*AB123-01*MY GROUP~
N3*456 MAIN ST~
N4*ANYTOWN*MN*55121~
DMG*D8*19450420*M~
INS*Y*18*001*25~
DTP*291*D8*20150403~ Response defaults current process date (270 without date)
DTP*357*D8*20150101~ Termination Date
EB*6**30~ Inactive Coverage
SE*21*0001~

7. Effective date:

12/31/9999

8. Last reviewed date:

04/22/2015



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

1. Title of best practice:

Service Type 60 Response (Active Coverage, No Benefits Reported)

2. Who does the best practice apply to:

Information Sources and Receivers

3. Narrative description as to what is being addressed by this best practice:

This Best Practice provides an option for Information Receivers to receive a 271 eligibility response without receiving a detailed, comprehensive response. This inquiry is intended as an option for subsequent inquiries when the Information Receiver needs to verify the patient's status (active/inactive) and that subscriber/patient demographic information has not changed. This inquiry may be practical and better meet the needs for smaller or single specialty Information Receivers than a comprehensive response.

4. Loops, segments and elements, etc. that the best practice applies to:

270 – Loop 2110C or 2110D, EQ segment

271 – Loop 2110C or 2110D, EB segment

5. Describe how to do the best practice: An Information Receiver will submit a 270 inquiry with EQ01 = "60". The Information Source will respond with an abbreviated 271 Response reporting only the patient status (active/inactive); and any change in patient demographic information.

Examples to illustrate best practice:

270 Inquiry

```
ST*270*10011*005010X279
BHT*0022*13**20091018*1222
HL*1**20*1
NM1*PR*2*XYZPAYER*****PI*999999
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
N3*123 MAIN ST
N4*ANYTOWN*MN*12345
HL*3*2*22*0
TRN*1*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
```

DMG*D8*19881112
DTP*291*D8*20091018
EQ*60
SE*14*10011

Code "60" = General Benefits

271 Response

ST*271*0001*005010X279
BHT*0022*11**20091018*1223
HL*1*20*1
NM1*PR*2*XYZPAYER*****PI*999999
PER*IC*MEMBER SERVICES*TE*8001234567
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
HL*3*2*22*0
TRN*2*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
REF*6P*AB123-01*JOE'S STORE
N3*456 MAIN ST
N4*ANYTOWN*MN*55121
DMG*D8*19450420*M
INS*Y*18*001*25
DTP*291*RD8*20091001-99991231
EB*1**30*PR*PLAN OR PRODUCT NAME
EB*1**60
SE*19*0001

Active Coverage – No Benefits Reported

7. Approval date:
12/31/9999

8. Last reviewed date:
04/22/2015



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

1. Title of best practice:

Service Type Inquiry/Response

2. Who does the best practice apply to:

Information Sources and Information Receivers

3. Narrative description as to what is being addressed by this best practice:

Best Practice provides a mechanism for Information Receivers to request eligibility on specific Service Types when needed to obtain information related to a specific Service Type. Information Sources would return an explicit response based on the Service Type requested by the Information Receiver.

4. The loops, segments and elements, etc. that the best practice applies to:

270 – Loop 2110C or 2110D, EQ segment

271 – Loop 2110C or 2110D, EB segment

5. Describe how to do the best practice:

An Information Receiver would submit a 270 inquiry with an EQ equal to any of the supported Service Types. An Information Source would respond to the 270 inquiry with a 271 specific to the supported Service Type requested by the Information Receiver. If an inquiry is submitted with a Service Type Code from the list other than those listed as supported and the Information Source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of “30” (Health Benefit Plan Coverage) was received by the information source.

Supported Type Service List

The Grid below illustrates the content that will be included in a response to information receivers for each type of request.

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Information Receiver Request	Information Source Response
EQ01 Service Type Request	EB03 Service Type(s) Response *** For this code, only Active/Inactive will be returned. Information Source is prohibited from returning additional or full liability information. * For this code, Active/Inactive at a minimum will be returned. Information Source has option of returning additional or full liability information.
<i>Response will be as indicated in column B for each Service Type in column A.</i>	
1 Medical Care	1 Medical Care*** 2 Surgical 42 Home Health Care 45 Hospice 69 Maternity 76 Dialysis 83 Infertility AG Skilled Nursing Care BT Gynecological BU Obstetrical DM Durable Medical Equipment***
2 Surgical	2 Surgical 7 Anesthesia 8 Surgical Assistance 20 Second Surgical Opinion
4 Diagnostic X-Ray	4 Diagnostic X-Ray
5 Diagnostic Lab	5 Diagnostic Lab
6 Radiation Therapy	6 Radiation Therapy
7 Anesthesia	7 Anesthesia
8 Surgical Assistance	8 Surgical Assistance
9 Other Medical	9 Other Medical
12 Durable Medical Equipment Purchase	12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility	13 Ambulatory Service Center Facility
18 Durable Medical Equipment Rental	18 Durable Medical Equipment Rental
20 Second Surgical Opinion	20 Second Surgical Opinion

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Information Receiver Request	Information Source Response
30 Health Benefit Plan Coverage	1 Medical Care*** 86 Emergency Services 98 Professional Visit Office: Physician 47 Hospital MH Mental Health*** AL Vision/Optometry 35 Dental Care* 88 Pharmacy UC Urgent Care 33 Chiropractic 48 Hospital Inpatient 50 Hospital - Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical BZ Professional Visit Office: Well
33 Chiropractic	4 Diagnostic X-Ray 33 Chiropractic
35 Dental Care	35 Dental Care*
40 Oral Surgery	40 Oral Surgery
42 Home Health Care	42 Home Health Care A3 Professional (Physician) Visit - Home
45 Hospice	45 Hospice
47 Hospital	47 Hospital 51 Hospital – Emergency Accident 52 Hospital – Emergency Medical 53 Hospital – Ambulatory Surgical
48 Hospital - Inpatient	48 Hospital - Inpatient 99 Professional (Physician) Visit - Inpatient
50 Hospital - Outpatient	50 Hospital Outpatient 51 Hospital - Emergency Accident 52 Hospital - Emergency Medical A0 Professional (Physician) Visit - Outpatient
51 Hospital - Emergency Accident	51 Hospital - Emergency Accident
52 Hospital - Emergency Medical	52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical	53 Hospital - Ambulatory Surgical
60 General Benefits	60 General Benefits*** (Note: No Benefits reported not even the overall 30 level Deductible and Out of Pocket liability)
61 In-vitro Fertilization	61 In-vitro Fertilization
62 MRI/CAT Scan	62 MRI/CAT Scan
64 Acupuncture	64 Acupuncture
65 Newborn Care	65 Newborn Care

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Information Receiver Request	Information Source Response
68 Well Baby Care	68 Well Baby Care 80 Immunizations BH Pediatric
69 Maternity	69 Maternity
73 Diagnostic Medical	4 Diagnostic X-Ray 5 Diagnostic Lab 62 MRI/CAT Scan 73 Diagnostic Medical
76 Dialysis	76 Dialysis
78 Chemotherapy	78 Chemotherapy
80 Immunizations	80 Immunizations
81 Routine Physical	81 Routine Physical
82 Family Planning	82 Family Planning
83 Infertility	83 Infertility 61 In-vitro Fertilization
84 Abortion	84 Abortion
86 Emergency Services	51 Hospital - Emergency Accident 52 Hospital - Emergency Medical 86 - Emergency Services 98 Professional (Physician) Visit – Office
88 Pharmacy	88 Pharmacy*
93 Podiatry	93 Podiatry
98 Professional (Physician) Visit - Office	98 Professional (Physician) Visit – Office BZ Physician Visit - Office: Well
99 Professional (Physician) Visit - Inpatient	99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient	A0 Professional (Physician) Visit - Outpatient
A3 Professional (Physician) Visit - Home	A3 Professional (Physician) Visit - Home
A6 Psychotherapy	A6 Psychotherapy***
A7 Psychiatric - Inpatient	A7 Psychiatric - Inpatient***
A8 Psychiatric - Outpatient	A8 Psychiatric - Outpatient***
AD Occupational Therapy	AD Occupational Therapy
AE Physical Medicine	AE Physical Medicine
AF Speech Therapy	AF Speech Therapy
AG Skilled Nursing Care	AG Skilled Nursing Care
AI Substance Abuse	AI Substance Abuse
AL Vision (Optometry)	AL Vision (Optometry)*
BG Cardiac Rehabilitation	BG Cardiac Rehabilitation
BH Pediatric	BH Pediatric

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Information Receiver Request	Information Source Response
MH Mental Health	MH Mental Health*** CE MH Provider – Inpatient CF MH Provider – Outpatient CG MH Provider Facility – Inpatient CH MH Provider Facility – Outpatient
UC Urgent Care	UC Urgent Care
BT Gynecological	BT Gynecological
BU Obstetrical	BU Obstetrical
BV Obstetrical/Gynecological	BV Obstetrical/Gynecological*** BT Gynecological BU Obstetrical
BY Physician Visit – Office: Sick	BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well	BZ Physician Visit – Office: Well
CE MH Provider – Inpatient	CE MH Provider – Inpatient
CF MH Provider – Outpatient	CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient	CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient	CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient	CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient	CJ Substance Abuse Facility – Outpatient
CK Screening X-ray	CK Screening X-ray
CL Screening Laboratory	CL Screening Laboratory
CM Mammogram, HR Patient	CM Mammogram, HR Patient
CN Mammogram, LR Patient	CN Mammogram, LR Patient
CO Flu Vaccination	CO Flu Vaccination
DM Durable Medical Equipment	DM Durable Medical Equipment *** 12 Durable Medical Equipment Purchase 18 Durable Medical Equipment Rental
PT Physical Therapy	PT Physical Therapy
Notes:	
<ul style="list-style-type: none"> • All other Service types are responded as if a 30 were requested if the information source does not support. 	

6. Examples to illustrate best practice:

270 Request

This example is a request by an Information Receiver for a Patient's (subscriber) specific eligibility and benefits. The Information Receiver wants to know if the Patient has Pharmacy coverage.

ST*270*10011*005010X279
BHT*0022*13**20091018*1222
HL*1**20*1
NM1*PR*2*XYZPAYER*****PI*999999
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
N3*123 MAIN ST
N4*ANYTOWN*MN*12345
HL*3*2*22*0
TRN*1*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
DMG*D8*19881112
DTP*291*D8*20091018
EQ*88
SE*15*10011

Explicit Request Service Type "88"

271 Response

The Information Source choose to return full liability for Pharmacy in this response.

ST*271*0001*005010X279
BHT*0022*11**20091018*1223
HL*1**20*1
NM1*PR*2*XYZPAYER*****PI*999999
PER*IC*MEMBER SERVICES*TE*8001234567
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
HL*3*2*22*1
TRN*2*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
REF*6P*AB123-01*MY GROUP
N3*456 MAIN ST
N4*ANYTOWN*MN*55121
DMG*D8*19450420*M
INS*Y*18*001*25
DTP*291*RD8*20150101-20310301
EB*1**30*IN*CMM~
EB*C*FAM*30***23*5000*****W~
EB*C*FAM*30***29*5000*****W~
EB*C*IND*30***23*2000*****W~
EB*C*IND*30***29*2000*****W~
EB*G*FAM*30***23*7000*****W~
EB*G*FAM*30***29*7000*****W~
EB*G*IND*30***23*3000*****W~
EB*G*IND*30***29*3000*****W~
EB*A*IND*88*****0*****W~

Pharmacy 0\$ No Co-Insurance

EB*B*IND*88****10****W~
EB*C*FAM*88****0****W~
EB*C*IND*88****0****W~
SE*30*0001

Pharmacy 10\$ Co-Pay
Pharmacy 0\$ Waived/No Family Deductible
Pharmacy 0\$ Waived/No Individual Deductible

270 Inquiry

This example is a request by an Information Receiver for a Patient's (subscriber) specific eligibility without benefits. The Information Receiver wants to verify the patient's status (active/inactive) and that subscriber/patient demographic information has not changed.

ST*270*10011*005010X279
BHT*0022*13**20091018*1222
HL*1**20*1
NM1*PR*2*XYZPAYER*****PI*999999
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
N3*123 MAIN ST
N4*ANYTOWN*MN*12345
HL*3*2*22*0
TRN*1*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
DMG*D8*19881112
DTP*291*D8*20091018
EQ*60
SE*14*10011

Code "60" = General Benefits

271 Response

The Information Source reporting only the patient status (active/inactive); and any change in patient demographic information in this response.

ST*271*0001*005010X279
BHT*0022*11**20091018*1223
HL*1*20*1
NM1*PR*2*XYZPAYER*****PI*999999
PER*IC*MEMBER SERVICES*TE*8001234567
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
HL*3*2*22*0
TRN*2*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
REF*6P*AB123-01*JOE'S STORE
N3*456 MAIN ST

N4*ANYTOWN*MN*55121

DMG*D8*19450420*M

INS*Y*18*001*25

Patient Date of Birth was corrected

DTP*291*RD8*20091001-99991231

EB*1**30*PR*PLAN OR PRODUCT NAME

EB*1**60

Active Coverage – No Benefits Reported

SE*19*0001

7. Approval date:

12/31/9999

8. Last reviewed date:

04/22/2015



AUC BUSINESS NEED EXPLANATION FORM (AUC SBAR)

Instructions for Completing the AUC SBAR

Purpose: To provide a formal communication method by which member organizations or non-member interested parties may request the AUC to consider working on a particular issue related to administrative simplification or to request clarification of Minnesota rules and regulations related to administrative simplification.

Instructions: Do not combine issues in a single SBAR. Complete a separate SBAR form for each individual issue that needs to be addressed. The completion of the AUC Medical Code TAG (MCT) Decision Tree is highly recommended prior to completion of the SBAR form(s). If completed, please submit the MCT Decision Tree form along with your completed SBAR.

Complete Sections II and III of the SBAR. Section I is to be completed by MDH staff and Section IV is to be completed by the AUC.

Medical Coding TAG Decision Tree Form

In order to streamline and expedite the SBAR review process, the AUC Medical Code TAG utilizes the MCT Decision Tree in its decision-making process for consideration of SBARs under the TAG's review. The MCT also requires SBAR submitters to use the form to ensure accurate and timely SBAR responses. The MCT Decision Tree form can be accessed from the AUC website at: <http://www.health.state.mn.us/auc/forms.htm> or by clicking on the link below in Step 1 below.

Step 1: Complete an [MCT Decision Tree](#) for each SBAR issue. Completing the MCT Decision Tree will enable a more thorough explanation of the SBAR issue(s) and prevent omission of critical or significant information.

Step 2: Fully complete Sections I and II. Incomplete or unclear analysis of the issue may cause unnecessary delay in the AUC response to the SBAR.

Section I

1. Provide contact information for person submitting the SBAR. Additional contact information may be required for the subject matter expert if different from the person completing the SBAR form.
2. The additional contact information is completed when the SBAR is being submitted on behalf of another individual who should also be notified of the AUC TAG meeting when the SBAR will be considered and who may or may not be a member of your organization.

Please note: There may be a need to ask additional questions in order to clarify understanding of the issue as stated in the SBAR. The SBAR submitter and subject matter expert should be in attendance or available during the AUC TAG meeting and will be notified of meeting details at least one week prior to the SBARs' scheduled review date.

Section II

1. Provide an SBAR short title for your issue.
2. Describe the issue, using descriptive and concise language and/or examples as appropriate, and by answering the questions outlined below:
 - **Situation:** Describe the type of problem or issue, e.g., coding or clarification/interpretation. What is the current business practice and why is it a problem or an issue? Would the continuance of the

practice result in non-compliance of federal (e.g., CMS guidelines) and Minnesota administrative simplification rules and regulations?

- **Background:** In explaining the pertinent history of the business practice, state how it is used within your organization or within the industry today. What is the negative impact of the business practice if not addressed by the AUC?
- **Assessment:** Be specific and provide as much detail you feel is required to convey or explain why this issue should be addressed by the AUC. How would a change to this business practice benefit health care administrative simplification in Minnesota?
- **Recommendation:** What are you proposing as the solution to this issue that will benefit the health care administrative simplification in Minnesota or improve standardization of the administrative simplification process in Minnesota?

Step 3: Submit the completed SBAR(s) and MCT Decision Tree(s) to the AUC via email at: health.AUC@state.mn.us.



AUC BUSINESS NEED EXPLANATION FORM (SBAR)

TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH

Date Received	Log No.	Date Closed	
Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation: <input type="checkbox"/> Accept <input type="checkbox"/> Reject	Decision to Originator

REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at health.AUC@state.mn.us. The MCT Decision Tree is completed for medical coding issues only.

Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert)

SBAR Short title:	Date:
Contact Information for person completing this form: Name: Title: Email address: Telephone:	Organization Information: Name: Address:

Complete for additional contact or Subject Matter Expert, as required:

Name:
Title:
Email address:
Phone number:

Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title:

S	SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed):
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today):
A	ASSESSMENT – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC’s mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain):
R	RECOMMENDATION – What are you recommending, including any known timing that needs to be considered:

Section III – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; coding issue addressed or SBAR issue title; whether TAG accepted or rejected recommendation requested in SBAR; explanation or basis for TAG decision and SBAR response will be placed in recommendation grid or companion guide):

Date [SBAR Response Approved by TAG]:

Reviewed by [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

Discussion/Summary:

Decision: