

AUC ELIGIBILITY TAG Meeting Notes
Wednesday, July 22, 2015
2:00 p.m. – 4:00 p.m.

Agenda items	AUC ELIGIBILITY TAG Meeting Notes, Wednesday, July 22, 2015 Notes/follow-up
1. Meeting to order – Kathy Harvey, co-chair	The meeting was called to order at approximately 2:00 pm.
2. Anti-trust statement: http://www.health.state.mn.us/auc/pdfs/antitrust.pdf	Kathy Harvey noted the AUC anti-trust statement.
3. Introductions - Please e-mail your attendance to Kathy.Harvey@RidgeviewMedical.org	Following introductions Kathy asked members to email their attendance to her.
4. Approve minutes from previous meeting	The minutes for the May and June meetings were reviewed and approved.
5. Service Type Inquiry/Response Best Practice	<p>The TAG reviewed and discussed a draft Best Practice for “Service Type Inquiry/Response” that had been developed earlier in the year and which had been also discussed at the May TAG meeting.</p> <p>Tim Lopez of BCBSM provided background regarding the best practice, noting that it provides a mechanism for Information Receivers to request eligibility on specific Service Types. Tim explained that under the proposed best practice, if a 270 inquiry is submitted with a Service Type Code from a table provided with the best practice, and the code was not supported by the Information Source, the Source will return a “generic response” (as for EB01=30, Health Benefit Plan Coverage).</p> <p>The discussion then focused on the table accompanying the best practice that listed EQ01 Service Type Requests submitted on the 270 and corresponding EB03 service type responses in the 271 that were proposed in the best practice. Tim clarified that the table was modeled after one in use at BCBSM, and that initial research for the table took into account X12 and CORE requirements. Questions were raised regarding service types listed in the best practice table that were also summarized in section 1.4.7.2 of the 5010 270-271 X12 TR3 Implementation Guide (IG), and why there were differences between the two in some cases. In some cases the draft best practice did not include all the options available in the IG list, and in other cases the best practice included options that were not listed in the IG. In discussion, needs and advantages were noted for both simplifying and streamlining the levels of information and detail</p>

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	<p>being sent back by payers to providers, as well as for providing high levels of detailed information in response to 270 eligibility and benefit inquiry.</p> <p>The TAG could not resolve the differences in points of view at the meeting and did not reach consensus regarding the contents of the best practice table discussed at the meeting. As a result, the chair requested that the TAG temporarily suspend further discussion until the next meeting, August 26. Members were asked to review the best practice and the associated table in more detail independently, and to send any comments, questions, or suggestions to the chair within approximately two weeks (by approximately August 5). The chair will work with MDH to compile any comments and distribute them to the TAG in advance of the August 26 meeting.</p>
<p>6. ICD-10 Impact on 270/271 transactions (standing agenda item)</p>	<p>Members volunteered that there was generally little impact of ICD-10 related to the 270/271 transaction, and there would likely continue to be relatively little impact unless and until mandates were adopted that required responses to procedure code level inquiries.</p> <p>Mayo reported that Tri-Care was testing to determine any impact between ICD-10 and the 270/271, and that Mayo would report any findings to the TAG.</p>
<p>7. Co-chair solicitation (standing agenda item)</p>	<p>Kathy Harvey welcomed Tom Ihlenfeldt of UCare as the new TAG co-chair.</p>
<p>8. Other Business</p>	<p>There was no other business and the TAG adjourned at approximately 3:30 pm.</p>
<p>Next Meeting – August 26, 2015</p>	
<p>2:00 p.m. – 4:00 p.m.</p>	
<p>Teleconference/WebEx only</p>	