

**AUC Executive Committee Meeting Minutes
March 4, 2013**

SMALL GROUP DISCUSSIONS REPORTS

AUC ISSUES/TOP PRIORITIES FOR 2013	AUC WORK – HOW TO ACCOMPLISH	Notes and comments (3-4-13 Exec)
Rejuvenate communication	<ul style="list-style-type: none"> • Mergers (opportunity) <ul style="list-style-type: none"> ○ New to AUC • Lack of compliance with some entities 	
DHS Exception review	<ul style="list-style-type: none"> • Programs • Medical codes 	
NGS – work with them on LCD's and NCD's (Summer 2013)	<ul style="list-style-type: none"> • DD TAG and/or MCT 	
HPID/OEID	<ul style="list-style-type: none"> • New TAG • Waiting on CMS • Coordinate with WEDI <ul style="list-style-type: none"> ○ Crosswalks ○ Clearinghouse impacts ○ Implementation challenges (Can AUC help?) • Coordinate similar to NPI (TAG? Breakout? AUC?) • Education opportunity 	
ICD-10	<ul style="list-style-type: none"> • MCT & 2nd group? <ul style="list-style-type: none"> ○ Professional vs. facility ○ Medical codes • Coordinate with I-10 collaborative <ul style="list-style-type: none"> ○ Coding issues to MCT ○ Common definitions of ICD-10 status ○ Testing and risk assessment – AUC? • GEMS • Work with MCT – already has work lined up for I-9; how to do I-10? • Coding rules needed • Progress with testing 	<p>Who is serving on both AUC and HIPAA Collab?</p> <p>24 orgs in ICD-10; includes Ann Hale, Shelagh Kalland, Dave Anderson, Laurie Darst, etc. plus project manager</p> <p>Focus of Collab:</p> <ul style="list-style-type: none"> • Work underway on testing at Collab <ul style="list-style-type: none"> ○ Weekly calls with clearinghouses • Education, communication <p>If coding issues come up in testing, they would be referred to Medical Code TAG (likely not have coding issues until possibly next year)</p> <p>HIMSS mtg – meeting of other state ICD-10 collabs; WEDI also helping create forum for other state ICD-10 collabs to share information</p> <p>Suggestion: Create relationship between ICD-10 communications group and AUC communications group</p>

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Claim Status 276/277 277U		
Eligibility enhancements for exchange	<ul style="list-style-type: none"> • Public / Private <ul style="list-style-type: none"> ○ 834 enrollment ○ 820 premium • 270/271 – benefits/coverage 	<p>Don't know what we don't know</p> <p>Seek update from someone involved (need education)</p>
Claim Attachments (2016 implementation)	<ul style="list-style-type: none"> • What? • How (bandwidth)? <ul style="list-style-type: none"> ○ AUC involvement in national workgroup? • X12 vs. alternative portal (esMD) • Do we need attachments? • Operating rules 	<p>AUC would like to have some national involvement</p> <p>Does AUC have the bandwidth to be more proactive?</p> <p>At national level -- Attachments being reconsidered for wide range of needs</p> <p>What is the transaction mechanism for attachments? Debate about continued use of X12 transactions vs. EHR portals.</p> <p>Does AUC have something to say in this area?</p> <p>Check NCVHS hearings and opp to provide input</p>
278 – prior authorizations, referrals, pre-certifications	<ul style="list-style-type: none"> • How does it relate to 270/271? 	
Timely Filing: Exceptions	<ul style="list-style-type: none"> • PMAP ↔ FFS 	<p>Issue of readjudicated claims -- DHS (and other payers) will find out patient had insurance, will recoup their payment, but then it is hard to obtain payment from patient and/or their payers.</p> <p>Possible AUC activity: Explore subrogation capability in 5010 claims transaction to bypass provider to seek reimbursement from payer.</p> <p>A number of questions to be discussed – eg., time Medicaid has to recoup payment. Need discussion of understanding of rules and options.</p>
Health Insurance Exchange (HIX)	<ul style="list-style-type: none"> • AUC should stay informed (MMB) <ul style="list-style-type: none"> ○ Parking lot (more info needed) 	
Vendor/Clearinghouse engagement		
Credentialing		<p>Everybody has to do it – is there any way to streamline the process?</p>

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EFT		
Baskets/Bundles/ACO	<ul style="list-style-type: none"> • Stay informed/make preferences known • Assign to New/Existing TAG? • File transfers (data file sharing) • Transaction changes/codes 	Payers are working on various new payment methodologies. Need feedback to X12 and CORE to standardize transactions and coding for these new payment methodologies. Issue is similar to billing for transplants (as bundles)
Tracking the ACA initiatives, id'ing the gaps, remediation	<ul style="list-style-type: none"> • TAG members could be assigned to track developments per topic. Ex. Claims attachments w/ claims • Collaborations to interpret questions • Core <ul style="list-style-type: none"> ○ Presentations through their website, forums, activities ○ What is CORE proposing? Ex. Was CARC and RARC combos – today we have 160 pairs, they have possibly 400+ recommendations ○ Have a liaison similar to NUBC, NUCC 	<p>Worth discussion at AUC level of how to accomplish goal of staying informed and involved</p> <p>And help ensure that not only a few people are involved -- always the same people, and that becomes a big task</p> <p>Need to know when action is needed by AUC</p> <p>Clarify role of "liaisons."</p> <p>Provider community communication/interaction sought with DHS – eg. Some type of quarterly meetings</p>
Certification	<ul style="list-style-type: none"> • AUC oriented payers-providers • Should there be constituency groups to address certain groups (e.g. payers) 	

Topic 1: Reaction to survey results:

- Did you think the survey was useful?
 - Yes this was a good idea
 - However, it was restrictive in response
 - Have more detail to the questions, not just yes/no, Q2 as an example.
 - Q2 – these all affect us.
 - Send out a reminder for people to complete the survey, with a low response to member ratio, this may have helped.
- Are there questions that you wish would have been asked, but weren't?
 - Ask "how" will these impact you rather than will these affect you
 - Where are you at with implementation
 - Payor vs provider

Topic 2: Thinking about AUC priorities in more detail

- What are the AUC's top priorities?
 - For 2013 (See combined Priorities table above)?
 - Beyond 2013?

- ICD-10 - What can AUC do or help with? This is a federal mandate, just need to do it. AUC could bring people together to give an awareness of the changes, timelines. Local discussion, what does this mean?
 - AUC could be the liaison for comments as they are identified within the AUC membership or MN Collaborative. Maybe focus on the problematic cases & forward to CMS or _____.
 - Standing agenda item on the AUC Ops Meetings
 - MN HIPAA Collaborative for ICD-10 could provide updates
 - GEMS – MN Collaborative is reviewing the different scenarios that another payor/state is working on. Look to WEDI. What will the “standard” be?
 - AUC and MN HIPAA Collaborative partnering more
- HPID – How do we handle?
 - This is a national initiative, but when could the AUC get involved? Local education and opportunity for us in healthcare to discuss.
 - Can all the top priorities that have been identified be addressed by the AUC this year?
 - If not, how should they be further prioritized?

Topic 3: Thinking about getting the work done and having an impact

- What needs to be done? Everything, do not have a choice.
- Who is going to do it? Us
- When will it be completed? On time and hopefully under budget
- How will it be accomplished?
 - Awareness
 - Communication
 - Bring payors and providers together to discuss, learn and educate each other.

GENERAL SESSION – WRAP UP

RECOMMENDATIONS/NEXT STEPS (notes from 3/4/13 in italics)

- Develop Medical Code TAG Sprint teams (ICD-10, DHS Exceptions, NGS)
 - *Create small subsets of MCT for specific tasks*
- Expand Eligibility TAG to add 820/834 exchange work
- Develop new TAG for HPID
 - *Similar to NPI implementation*
 - *Know where in transactions HPID will come into play, can report this to TAGs*
 - *Key role in implementation (as was done in MN Collab)*
 - *Discuss how payers enumerate – understand enumeration schema*
 - *Test transactions with all these new ID numbers*
 - *When should TAG be started? Start TAG when payers are getting numbers?*
 - *When do payers need numbers (do they need them for HIX?)?*
 - *Check with payers at next Ops meeting as to their plans for enumerating*
- Develop national connections (i.e. actively participate on work groups) – Baskets/ACO/Bundle and Claim Attachments
- Create “Go live” – Payer/Provider/Clearinghouse/Vendor forums to discuss and solve implementation issues and problems
- Contact TAGs

- Renew Today
 - Answer (brainstorm)
 - How HPID, ICD-10, other transactions
 - Proactive
- ICD-10
 - Relationship between AUC and collaborative
 - Tracking/reporting national developments
 - Reactive vs. proactive?
 - How to do on limited bandwidth?
- Org/structure for Ops?
- Other transactions
 - How prioritize?
- What are TAGs' plans?
 - *Decommission TAGs? New TAGs?*