

EXECUTIVE COMMITTEE WHITEBOARD NOTES

August 5, 2013

Meeting to order	Keri convened meeting.
Anti-trust statement	Keri reminded meeting participants to be mindful of anti-trust statement on AUC website during discussion.
WEDI –HPID update	<p>Laurie Darst provided an update re HPID sessions at the July WEDI national meeting – key points articulated</p> <ul style="list-style-type: none"> <li>• Clear from questions and discussion that industry is struggling with HPID and need clarification from CMS.</li> <li>• Questions from payers/vendors and some providers are: Why are we doing this? What do we actually have to do? As a result, WEDI Policy Advisory group will meet soon to discuss issues and develop recommendations to submit to HHS secretary.</li> <li>• Call opportunity is scheduled for August 21 and an in-person meeting will be held in Chicago on August 27.</li> </ul> <p>Some issues revolve around transactions, verbiage, enumeration strategies, and provider insurance master.</p> <ol style="list-style-type: none"> <li>1. Transactions - only 837 allows for dual use in transactions.</li> <li>2. Verbiage prohibits HPID language to be used until 2016 – creates early adopters or dual use issues.</li> <li>3. Enumeration strategies – Providers want to keep it simple/use one number. Definition of health plan present issues for payers – according to their attorneys must enumerate with more than one number. Each group looking at HPID from an ASO level and their own perspective and their interpretation of HPID use (potential for up to 100 HPIDs for some payers)</li> <li>4. Business use session – provider/vendor and clearinghouse             <ol style="list-style-type: none"> <li>a. Impact of ID on insurance master, provider’s definition different than payer’s</li> <li>b. What will setup be like – edits will be driven by HPID’s – how many files???</li> <li>c. Data elements – WEDI survey – over 50% were payers; did not get stakeholder group necessary to determine what’s important and what is not important</li> </ol> </li> </ol>

	<p>Dave Anderson – HPID TAG has same issue Laurie discussed above. Specifically, What is insurance master and what is impact?</p> <p>Questions re schema and how payers have to enumerate</p> <p>Agreement reached that AUC send letter prior to NCVHS prior to their session re HPID in November. Dave A. felt it would be appropriate for TAG to draft. It was also discussed and agreed that providers should also provide input re impact of HPID. Laurie and Dave will present an educational HPID webinar for Ops for discussion and feedback for NCVHS letter. It is imperative that providers have input and understand the impact HPID will have on their business.</p> <p>Other issues and questions:</p> <ul style="list-style-type: none"> <li>• Does ASO have to be enumerated and if so, how?</li> <li>• How will HPID be used in the envelope—not required</li> <li>• X12 component does not support routing number and thus does not mandate</li> </ul>
<p>Dave Anderson, HPID TAG co-chair</p>	<p>Dave reported that the HPID TAG has good traction and that members have identified scope. He further stated that purpose of the TAG is to provide clarity for MN community; members of WEDI are getting good updates for TAG and some participate in WEDI calls. Has three full years before implementation but want to keep good pace for TAG and hope members not lose interest. AHIP - Not seeing real benefit for payer community to do it</p> <p>TAG perspective is to develop FAQs and appropriate best practices – dual use really affects implementation and gradual roll out- X12 will have to make clarification</p> <p>(X12 too many changes will become modification and cause delay; errata to 5010)</p> <p>Would like more participation from provider side with HPID TAG. Exec will help Dave A. solicit provider co-chair for TAG. Providers need to know that HPID is not just an EDI issue.</p>
<p>Plan for AUC Ops 9/17 meeting</p>	<p>Planning for next Ops meeting included the following topics:</p> <ol style="list-style-type: none"> <li>1. Speaker from MNSure to present HIX payments and operational pieces</li> </ol>

	<ol style="list-style-type: none"> <li>2. 90-day payment delay for claims – understand rule and how to implement</li> <li>3. WEDI update from policy advisory group</li> <li>4. <b>Please note action items below:</b> Due to number of agenda items, Keri suggested that meeting be rescheduled for October and included HPID presentation/webinar by Dave A. and Laurie.</li> </ol>
Recent TAG Activity Update	No questions – Updated sent to Exec for their review prior to meeting
Clarification of ICD-10 survey	<p>Keri clarified that ICD-10 survey is not intended to go out to every person within an organization and will be focused to specific individuals. ICD-10 collaborative is considering hiring external vendor to conduct survey. MDH is researching options.</p> <p>Keri suggested AUC updates on MN ICD-10 collaborative at Ops meetings – particularly items that may affect the AUC members on an ongoing basis or standing agenda item would be helpful.</p>
Companion Guides Update	No questions – Update sent to Exec for their review prior to meeting
CMS Grant for medication Therapy Management (U of M proposal) – Keri Silvernagel	<p>Keri reported that U of M applying for grant – MTM (medication therapy management) how well outreach to patients who need service and would like AUC to support and send letter stating interest in looking at payment structure to be able to engage more patients in MTM</p> <p>Exec agreed that this is something AUC has an interest and could support. Keri will forward letter to Ops</p>
CMS Timeline for Adoption of the1500 Timeline	NUCC adopts CMS timeline –passed by narrow margin. Important that AUC is notified of this change.
Action Items:	<ol style="list-style-type: none"> <li>1. Reschedule meeting for October – request e-vote from Ops for new meeting date</li> <li>2. Confirm with Dave re rep from MNSure</li> <li>3. Judy to send out notice that NUCC adopts CMS timeline to AUC</li> <li>4. Keri will send letter from U of M to determine interest and if should AUC support.</li> <li>5. Keri will talk to Shelagh (or Kim) to determine if MN ICD-10</li> </ol>

	Collaborative could provide updates to AUC Ops on an ongoing basis.
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