Administrative Uniformity Committee

Streamlining Health Care Administrative Transactions in Minnesota

AUC EXECUTIVE COMMITTEE AGENDA
October 7, 2013
8:30 – 10:30 a.m.

Teleconference line: 1-605-475-5950
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 Executive Committee"
4. Provide your name, email address, and the following password: Exc2010! (Note: The exclamation mark at the end is part of the password.)
5. Click "Join now"

Meeting Objectives:

- Review AUC activities and issues since the last Exec Committee meeting August 5, 2013
- Plan for next AUC Operations meeting, October 15, 2013
- Review activities and accomplishments of first three quarters of 2013, plan for fourth quarter

Agenda items

1) Meeting to order – Keri Silvernagel
2) Anti-trust statement
3) Review of notes from the previous meeting
4) Plan for AUC Operations Meeting 10/15/13
   a) HPID webinar
   b) Other?
5) Brief update on any recent TAG activity and plans

Members Include:
Aetna ◊ Aging Services of Minnesota ◊ Allina Hospitals and Clinics ◊ American Association of Healthcare Administrative Management ◊ America's TPA◊ Blue Cross Blue Shield of MN ◊ Care Providers of Minnesota ◊ CentraCare Health System ◊ Children's Hospitals and Clinics ◊ CVS Pharmacy ◊ Delta Dental of MN ◊ Fairview Health Services ◊ HealthEast ◊ HealthPartners – Health Plan ◊ HealthPartners – Medical Group and Regions Hospital ◊ Hennepin County Medical Center ◊ Mayo Clinic ◊ Medica Health Plan ◊ Metropolitan Health Plan ◊ MN Chiropractic Association ◊ MN Council of Health Plans ◊ MN Dental Association ◊ MN Department of Health ◊ MN Department of Human Services ◊ MN Department of Labor and Industry ◊ MN Home Care Association ◊ MN Hospital Association ◊ MN Medical Association ◊ MN Medical Group Management Association ◊ MN Pharmacists Association ◊ Noridian Administrative Services, L.L.C. - Medicare Part A ◊ Olmsted Medical Center ◊ Park Nicollet Health Services ◊ PreferredOne ◊ PrimeWest Health ◊ REM Health Inc. ◊ Sanford Health ◊ Sanford Health Plan ◊ Silverscript ◊ St. Mary's/Duluth Clinic Health System ◊ UCare MN ◊ UnitedHealth Group ◊ University of Minnesota Physicians

Visit our website at: http://www.health.state.mn.us/auc/index.html

6) Companion Guides Update
7) Review 2013 AUC Plan with accomplishments to date and plan for 4th quarter 2013
   a) Plan for addressing administrative aspects of new payment and delivery models
   b) AUC response to SIM RFI?
   c) Discuss any possible implications of implementing ICD-10 per Medicare
   d) Follow-up with X12 or others regarding the 90 grace period for nonpayment of premiums
   e) Update on national resources – e.g., X12, WEDI, etc.
8) Other business

Next AUC Executive Committee Meeting –
November 4, 2013
8:30-10:30 a.m.
Teleconference / WebEx only

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	Laurie Darst provided an update re HPID sessions at the July WEDI national meeting – key points articulated • Clear from questions and discussion that industry is struggling with HPID and need clarification from CMS. • 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. • Call opportunity is scheduled for August 21 and an in-person meeting will be held in Chicago on August 27. Some issues revolve around transactions, verbiage, enumeration strategies, and provider insurance master. 1. Transactions - only 837 allows for dual use in transactions. 2. Verbiage prohibits HPID language to be used until 2016 – creates early adopters or dual use issues. 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) 4. Business use session – provider/vendor and clearinghouse

	a. Impact of ID on insurance master, provider's definition different than payer's b. What will setup be like – edits will be driven by HPID's – how many files??? 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 Dave Anderson – HPID TAG has same issue Laurie discussed above. Specifically, What is insurance master and what is impact? Questions re schema and how payers have to enumerate 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. Other issues and questions: • Does ASO have to be enumerated and if so, how? • How will HPID be used in the envelope—not required • X12 component does not support routing number and thus does not mandate
Dave Anderson, HPID TAG co-chair	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 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 (X12 too many changes will become modification and cause delay; errata to 5010) 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.
Plan for AUC Ops 9/17 meeting	Planning for next Ops meeting included the following topics: 1. Speaker from MNsure to present HIX payments and operational pieces 2. 90-day payment delay for claims – understand rule and how to implement 3. WEDI update from policy advisory group 4. **Please note action items below**: Due to number of agenda items, Keri suggested that meeting be rescheduled for October and included HPID presentation/webinar by Dave A. and Laurie.
Recent TAG Activity Update	No questions – Updated sent to Exec for their review prior to meeting
Clarification of ICD-10 survey	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. 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.
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	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 Exec agreed that this is something AUC has an interest and could support. Keri will forward letter to Ops
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:	1. Reschedule meeting for October – request e-vote from Ops for new meeting date 2. Confirm with Dave re rep from MNsure 3. Judy to send out notice that NUCC adopts CMS timeline to AUC 4. Keri will send letter from U of M to determine interest and if should AUC support. 5. Keri will talk to Shelagh (or Kim) to determine if MN ICD-10 Collaborative could provide updates to AUC Ops on an ongoing basis.

AUC priorities and goals for 2013

The following priorities and goals emerged from a series of planning sessions with the AUC in early 2013:

- Implementation of ICD-10
- Health Plan ID (HPID)/Other Entity ID
- Monitoring and implementing ACA-mandated operating rules and transactions standards
- Health Insurance Exchange (HIX)
- New payment and care delivery models ("baskets of care"/ "bundled services"/ "Accountable Care Organizations")
- Credentialing
- Problem solving and engagement

Update as of September 30, 2013

AUC Priority/Goal	Update
Implementation of ICD-10	Update regarding ICD-10 collaborative at June AUC meeting Initial discussion of posting ICD-10 information to AUC website
Health Plan ID (HPID)/Other Entity ID	TAG formed, has met twice. Simultaneous national discussions. HPID webinar scheduled for Oct. 15 Ops meeting.
Monitoring and implementing ACA-mandated operating rules and transactions standards	AUC monthly newsletter with updates on national activity.
Health Insurance Exchange (HIX)	Clarified that HPID not required until required nationally Seeking suggestions, feedback in implementing, administering 3 month grace period for termination of coverage due to nonpayment of premium.
New payment and care delivery models ("baskets of care"/ "bundled services"/ "Accountable Care	No action to date.

AUC Priority/Goal	Update
Organizations”)	
Credentialing	No action to date.
Problem solving and engagement	“Implementation and compliance update 7”

Additional Priorities/Goals not addressed as part of AUC initial planning for 2013	**Update**
Companion guide for prescription drug prior authorization	Completed
Proposed revised versions (v7.0) of 270-271, 837I, 837P, 837D, and 835 Companion Guides	Published for public comment September 23

From: ASC X12 Chair
Sent: Tuesday, September 03, 2013 4:38 PM
To: Haugen, David (MDH)
Subject: The ASC X12 Transaction Examples Web Site is Available Now

Dear ASC X12 Members,

I am pleased to announce that ASC X12's newest reference site is now available at http://examples.x12.org/. The ASC X12 Examples Web Site provides convenient access to examples of ASC X12 transaction transmissions, including the data stream and a description of the associated scenario. There is currently one example posted for reference. Additional examples from ASC X12 Technical Reports will be added to the website over the next few weeks. ASC X12 subcommittees and implementers across the many industries which depend on ASC X12 transactions are invited to submit transaction examples for inclusion on this web site. All examples will be validated for syntax accuracy based on the appropriate version of the Standard before being posted to the website.

ASC X12 continues to focus on products, tools and services that assist implementers in all sectors by improving communication, increasing consistency between ASC X12 implementations and smoothing the implementation process. The new ASC X12 Examples web site is a great resource for implementers of ASC X12 transactions and anyone seeking to learn more about ASC X12 transactions. I'm certain that ASC X12 members and other implementers will find this web site informative and helpful. I am looking forward to watching this example library grow and expand over time.

If you have questions about this web site or suggestions for other products, tools or services that would assist implementers, please send them to X12Chair@ASCX12.org.

Cathy Sheppard
ASC X12 Chair