

Approved

Agenda Items	Discussion
1) Meeting to order – Keri Silvernagel	Keri convened meeting
2) Anti-trust statement	Members reminded to be aware of anti-trust statement during discussion
3) Review of notes from the previous meeting	Meeting notes approved
4) Continued exception for 270-271 E-vote results and next steps	<p>Judy reported the continued exception voting ended last Thursday, October 31. Vote to extend approved, with one No vote received. MDH next steps will be to receive authorization from Commissioner Ehlinger to post notice in the State Register, send announcement of the extension for 2014, and post the updated continued exception on the ASA website.</p>
5) AUC Leadership for 2014 (Payer co-chair needed)	<p>Discussed ideas to fill the 2014 AUC leadership vacancies. In addition to the payer co-chair vacancy, will need two provider co-chairs to fill the posts currently held by Beth Stanley and Laurie Darst. They will be rotating off the Exec at the end of the year. Bob stated he is unsure if he will have a replacement for Ritchie. He would ideally like to get an IT to serve as co-chair and will have discussion with his VP.</p> <p>Keri will contact Dave Andersen, Ann Hale, and other Ops member to see if interested in serving. If necessary, she will craft a message to send Ops.</p> <p>Judy will send Keri list of new Ops members to contact.</p>
6) AUC Priorities for 2014	<p>Keri reported that ICD-10 will go live 10/1/14 and she continues to find isn't a lot of bandwidth among organization. She would like the AUC to work more closely with the Minnesota ICD-10 collaborative. She stated that BCBS and Fairview met last month to flush out problems early. BCBS is focused on ICD-10 and will be the focus in 2014 for lots of organizations to formulate some types of payments; figure out how we want to work re electronic exchanges of bundled Payers and providers should work</p>

	<p>together to agree on bundled payments; HIX-how do we electronically between payer and provider within 30 days. HIX may give different set of needs –will find out first three months;</p> <p>Recommendation work more closely with ICD-10 collaborative; stay in the loop HPID - X12 and WEDI.</p> <p>Ops December meeting agenda item. Who would want to participate in a discussion (payer and provider) –Identifying issues that people see and how to pay it well.</p>
<p>7) Brief update on any recent TAG activity and plans</p>	<p>Judy provided update:</p> <p>EOB/Remit TAG met 10/28/13 – No public comments or revisions to 835. Discussed recent changes to Workers Comp codes by X12. Pete provided update on the code changes:</p> <p>Two new codes requested by Medicare were added: CARC 257 and CARC 258</p> <p>CARC Code 253 was changed from reduction in federal spending to reduction in federal payment</p> <p>Codes committee decided that codes used by worker’s comp, P&C, and auto should be changed. All codes beginning with “W’s” will be changed. Current codes will be deactivated and replaced by codes beginning with “P”; all of the descriptions will remain the same.</p> <p>Three codes are used for workers comp only. Lisa Wichterman will be meeting with DLI legal staff to determine if changes to the 835 guide are required.</p> <p>Medical Code TAG met 10/29/13 – Discussed and voted to approve technical changes to Appendix A, Table 5.3.1 (substance abuse services) recommended by DHS.</p> <p>TAG briefly discussed three new SBARs they received regarding birth</p>

	<p>centers. MDH will forward SBARs to Executive Committee for their review and recommendation.</p> <p>The Universal Outpatient Mental Health and Chemical Dependency form SBAR was revised. After TAG members vote on final draft to forward to the Minnesota Council of Health Plans for its review and recommendation.</p> <p>Claims DD TAG will meet Wednesday, November 06, 2013. Agenda items include revision of the AUC 1500 CMS form manual and MNCare Tax.</p>
<p>8) Companion Guides Update</p>	<p>Judy reported that the 30-day public comment period ended October 23, 2013. Only one comment received and it was regarding coding for substance abuse services in Table 5.3 in Appendix A for the revised, proposed 837P and 837I. The MCT recommended and approved the following changes to:</p> <ul style="list-style-type: none"> • Table A.5.3.b Substance Abuse Services: All Other Residential - Added another billing entry for Treatment program, treatment component, Unit Hour and Revenue Code 0953 • Table A.5.3.c.i – Substance Abuse Services: Outpatient Services – Claim type 837I – Added Revenue Code 0953 as option for Outpatient program; Treatment only <p>Bob asked if there were any recommended changes to the 835 companion guide. They have received reprocessing of late claims with retired codes and couldn't determine why retired codes are being used on remit—mistake or one-time thing?</p>
<p>9) Other business – Next meeting</p>	<p>December 2, 2013</p> <p>Ops meeting December 12, 2013</p>