AUC Executive Committee Meeting Notes

Monday, February 2, 2015

Agenda Item	Discussion	Assigned Task
1. Meeting to Order – Ann Hale	Ann called meeting to order.	
2. Anti-trust statement	Ann noted the AUC anti-trust statement and asked members to be mindful during discussions.	
3. Review of notes from the previous meeting	Notes from the January 5, 2015 meeting were reviewed and approved with the following correction to Agenda Item #5, *a. New business*: The word "more" was deleted from second sentence in the second paragraph.	
4. Updates/Old Business a. Discussion with DHS, Trish Schirmers re 4-digit PMAP codes b. Companion Guides update c. Eligibility TAG co-chairs d. CORE phase IV operating rules (Rules and Infrastructure Workgroup) e. ACO data analytics follow-up	a. <u>Discussion with DHS, Trish Schirmers re 4-digit PMAP codes</u> DHS staff and Trish Schirmers discussed DHS change from utilizing 2-digit PMAP codes that identifies specific DHS programs to 4-digit PMAP codes. Trish stated that this change prevents the health plans from meeting reporting requirements for Medicare disproportionate share claims and distinguishing other federally funded programs. The AUC TAG developed a best practice for identifying the 2-digit PMAP codes in the 270/271 and 835 transactions and allows the health plan to validate patient eligibility in the 270/271 and revalidate at back end in the 835. Susan (DHS) stated the 4-digit codes are the foundation to DHS program and are stable. She has drafted an assessment of the issues Trish presented and passed it on for internal review. Once the assessment has been approved, she will provide a copy to the AUC along with updated 2-digit tables for the AUC review. b. <u>Companion Guides update</u> Dave reported that the 270/271 and 835 guides maintenance has been completed. MCT meets next week (2/12/15) to review last minute changes to the 837s. Expect to publish all five guides within the next few weeks as adopted rules. c. <u>Eligibility TAG co-chairs</u> Ann stated Eligibility TAG co-chairs are still needed and that perhaps we should clarify that technical skills were not required because there are subject matter experts on the TAG willing to assist. The co-chair will be responsible for facilitating the meetings, setting the agenda, minutes, TAG distribution list and working with the Executive Committee. Tony reported he had asked his Registration manager if she would be interested in serving as the co-	a. DHS will forward their assessment and grid Exec will forward DHS information to TAGs for their review and to determine options and to create best practices Perhaps update at Ops meeting in March c. MDH will send another solicitation email for Eligibility co-chair vacancy and clarify co-chair responsibilities. d. MDH is member and will join CORE workgroup e. MDH will follow-up with Heather Pearlman, DHS and Ross Owens, Hennepin Health regarding further discussion of standardization of the ACO data analytics with AUC Exec

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	chair and she declined because she didn't have the technical skills. However, he will reach out to her again and clarify what is expected of the co-chair. d. <u>CORE phase IV operating rules (Rules and Infrastructure Workgroup)</u> Dave reported on his follow-up to learn more about CORE phase IV operation rules as requested. CORE provided very detailed response to stating that their workgroups focus would not be content but connectivity and infrastructure rules, which the AUC has not really been involved with in their work. Ann added that the most AUC members are not CORE participating members, which restricts the AUC from participating in any of the work groups identified in CORE's response. Ann further stated AUC would have opportunity when rules are developed to provide feedback and hopefully be able to influence some of the operating rules. e. <u>ACO data analytics follow-up</u> After review of the SIM ACO data analytics workgroup's December 8 meeting minutes, Ann suggested MDH contact Heather Peterman (DHS) to obtain more insight about the committee's discussions regarding standard ACO data analytics.	
5. New business a. SBAR process b. Initial planning for March 10, 2015 Operations meeting	a. <u>SBAR process</u> Dave gave an overview of the SBAR process and stated that the SBAR is primarily used by the Medical Code TAG (MCT) and that standard requests are for clarification of coding. The MCT devotes a large amount of time and energy to the review and discussion of SBARs and this is an important TAG activity. The SBAR process can be challenging, whether due to incomplete SBAR forms being submitted on the front end, or sometimes, in providing detailed, clear SBAR responses and summaries of discussions at the back end, at the conclusion of the review process. Questions raised and briefly discussed included: How can the ACU make sure we're reaching our goals of a very transparent, consistent and robust process that is used following an effective process? Do the decision tree and SBAR forms work? Is more education and outreach about the SBAR process needed? b. <u>Initial planning for March 10, 2015 Operations meeting</u> Ann requested Rx ePA implementation requirement of 1-	a. MDH will forward one of the previous SBAR forms used prior to the most recent revision to Exec for their review and feedback. b. MDH will gather additional information regarding the e-prescribing recommendations and contact Lisa Wichterman at DLI and request she present status of ICD-10 requirement and readiness for workers' compensation

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	1-16 be placed on agenda. She also suggested it be a standing item on the agenda in order to determine/monitor the industry's readiness	
	Bob suggested ICD-10 for workers compensation as an March agenda item.	
	Other agenda items are the usual TAG updates and, if enough information is available, a discussion regarding DHS 4-digit code be assigned to Eligibility and EOB/Remit TAGs for review and possible development of best practices	
6. Other business	Dave announced MDH is submitting proposals to Rural Health Conference, scheduled for June 29-30 in Duluth to present ICD-10 information and assistance. Some Exec members expressed concern that June might be too late and perhaps giving wrong message of receiving help to comply with October 1, 2015 deadline. Cherie stated Payers cannot test with every provider; the providers should be working with their software vendors. She also stated MMGMA is hosting their winter conference in March and the ICD-10 Collaborative will be presenting on ICD-10. The ICD-10 Collaborative will also host another webinar. Cherie also stated that CPSI vendors are involved the Rural Health conference and would be of most help to the rural providers.	
7. Next meeting: March 2, 2015, 8:30am – 10:30am HealthPartners, 1 West Walnut Room		