

AUC EXECUTIVE COMMITTEE -- Meeting notes for May 4, 2015 meeting

Agenda Item	Discussion/Follow-up
1) Meeting to order – Ann Hale	Ann Hale convened the meeting at approximately 8:30.
2) Anti-trust statement	Ann reminded members of the AUC anti-trust statement .
3) Review of notes from the previous meeting	The minutes were approved.
4) Updates/Old business	<p>a) Companion guide updates</p> <p>Dave Haugen noted that final revisions had been made to the most recently updated (v10.0) Minnesota Uniform Companion Guides (MUCGs) for the 837 Professional and 837 Institutional transactions. Version 10.0 is scheduled to be announced in the State Register on June 1, 2015.</p> <p>He also reported that the Minnesota Department of Health (MDH) received a letter from ASC X12 DISA recently with comments regarding the most recently published versions of the 835 and 270-271 MUCGs. In the letter X12 noted that in both MUCGs the X12 copyright statement was not cited correctly. In addition, X12 reported that in the 835 MUCG:</p> <ul style="list-style-type: none"> • X12 Implementation Guide (“TR3”) instructions were incorrectly included; and • An X12 TR3 instruction was modified that should not have been. <p>X12 requested that the concerns above be addressed and that a revised version of the MUCGs above incorporating any changes be submitted to X12 for review.</p> <p>Dave said MDH will follow up with the X12 and the AUC in reviewing X12’s letter and in making any needed changes to the MUCGs for publication in the next round of companion guide maintenance.</p> <p>b) Technical Advisory Group (TAG) and Situation/Background/Assessment/Recommendation (SBAR) submission/response update:</p> <p>Dave briefly reviewed AUC TAG meeting activity as summarized in the most recent AUC monthly newsletter published April 30.</p> <p>c) Follow-up -- Discussion with MDH OHIT staff re. possible interactions between e-Health Advisory Committee activities and the AUC</p> <p>Dave reported on a meeting with MDH Office of Health Information Technology (OHIT) staff. OHIT is assisting</p>

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	<p>the e-Health Advisory Committee in its development of a response to the federal Centers for Medicare & Medicaid Services (CMS) regarding its proposed electronic health record (EHR) Interoperability “best practices” as well as a proposed rule for phase III of “meaningful use” of EHRs. The meeting was part of an ongoing effort to share information and coordinate on the electronic exchange of health care administrative and clinical data, with a special emphasis on coordinating on any overlapping interests, issues, or opportunities. The AUC is the primary stakeholder advisory group to advise MDH on the exchange of administrative data; the e-Health Advisory Committee is the primary stakeholder advisory body to MDH on the exchange of clinical data.</p> <p>An example of the possible overlap between the two respective areas of focus was seen in the e-Health Committee’s response to recently proposed CMS EHR Interoperability “best practices.” As part of the best practices, the Committee’s response acknowledges the importance of administrative standards necessary for accountable care health transformation activities, consistent with the national Certification Commission for Healthcare Information Technology (CCHIT) “A Health IT Framework for Accountable Care.”</p> <p>Dave and OHIT will continue to share information and continue to identify and discuss key areas of overlap and interrelationship between the two groups.</p>
<p>5) New business</p> <p>a) Planning for June 9 Operations meeting</p> <p>b) Discussion – next steps for ACO data analytics and possible role for AUC?</p> <p>c) ICD-10: i) Do we know when payers will convert their coverage policies to ICD10? (Has Collab</p>	<p>a) Planning for June 9 Operations meeting</p> <p>The Exec. Committee discussed the following tentative agenda items for the regularly scheduled quarterly meeting of the AUC Operations Committee, planned for June 9:</p> <p>(1) TAG Updates</p> <p>(2) Relevant national activity/updates</p> <p>(3) Eligibility SBARs for Ops vote (The Eligibility TAG has recently approved two SBARs, to now go to Ops for a vote)</p> <p>(4) Discuss payer implementation of AUC Best Practices for Exchanging Grace Period Notification</p> <p>(5) Updates re. 4 digit PMAP codes (if available, relevant)?</p> <p>(6) Schedule for next round of companion guide annual</p>

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<p>addressed?)</p> <p>ii) Best practice for Authorizations for during the ICD10 transition. Did Collab address?</p> <p>d) 277 Acknowledgment Companion Guide appendices</p>	<p>maintenance</p> <p>(7) Review schedule and objectives for the remainder of the year</p> <p>(8) Outreach, planning for ICD-10 (updates on rural health conference activities, recently posted information on Collab web pages, answers to ICD-10 questions, etc.)</p> <p>b) <u>Discussion – next steps for ACO data analytics and possible role for AUC?</u></p> <p>Dave Haugen reported that the Data Analytics subgroup associated with the State Innovation Model (SIM) grant has recently completed a first phase review, discussion, and planning to advance ACO data analytics and issued a draft report. Planning is underway for the next phase of ACO data analytic development, to operationalize the first phase and to continue identifying additional questions to be addressed. The Data Analytic Subgroup, as well as related MDH and Minnesota Department of Human Services (DHS) staff, raised questions about the possibility of the AUC serving as a resource on the next phase of work, particularly to recommend standardized reporting periods and formatting, contact information, and other features of data analytics to be exchanged between payers and provider. The desire is to avoid reinventing the wheel as much as possible with assistance from the AUC regarding standardization of the data and its exchange.</p> <p>Ann Hale said that the AUC should learn more, and would be willing to listen to the concept in more detail, but questioned whether the task of standardizing data analytics was appropriately directed to the AUC. The data analytics issues are different than the administrative transactions that the AUC has been working on and has the most experience in. The Data Analytics subgroup has worked through much of the initial discussion and framing of the issues, and may likely have more ideas, answers, and access to relevant subject matter experts at this time than the AUC.</p> <p>Note regarding next step: A meeting is scheduled June 8 with MDH, AUC Exec, and the co-chairs of the SIM ACO Data Analytics subgroup to discuss possible next steps.</p> <p><u>ICD-10:</u></p>

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	<p>a. <u>Do we know when payers will convert their coverage policies to ICD10? (Has Collab addressed?)</u></p> <p>b. <u>Best practice for Authorizations for during the ICD10 transition. Did Collab address?</u></p> <p>Tony Rinkenberger raised the questions above for the Minnesota ICD-10 Collaborative. Shelagh Kalland, current chair of the Collaborative provided the following answers:</p> <p>Do we know when payers will convert their coverage policies to ICD10? Did the collab make a recommendation?</p> <ul style="list-style-type: none"> • It is my understanding that the MN payers have already completed moving their policies to ICD-10. The Blue Cross policies, for example, have been available since early 2013. They are now maintained with both ICD-9 and ICD-10 codes where applicable. I recommend that providers use the payer links to check individual websites for this information as work was completed already. I attached that document with the links. <p>Re. authorizations:</p> <ul style="list-style-type: none"> • BCBSMN– Expecting use of ICD9 codes for PA’s submitted prior to 10/1 use ICD9, submitted 10/1 or after use ICD10. Should see no processing impact. • Medica- Expecting use of ICD9 codes for PA’s - Prior to 10/1 use ICD9, 10/1 or after use ICD10. If DOS span dates - two PA’s should be submitted - one prior to 10/1 with ICD9 and one after with ICD10 • DHS- Basing PA on DOS – Prior to 10/1 use ICD9, 10/1 or after use ICD10 – if spans ICD10 date than an FA letter is sent approving the ICD9/ICD10 • HealthPartners– from DOS used for PA – Prior to 10/1 use ICD9, 10/1 or after use ICD10 – additional information can be found in FAQ document on website. • Sanford – Using DOS Prior to 10/1 use ICD9, 10/1 or after use ICD10. Will not revisit approved PA’s spanning dates • PreferredOne– Using DOS - Prior to 10/1 use ICD9, 10/1 or after use ICD10

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	<p>d) <u>277 Acknowledgment Companion Guide appendices</u></p> <p>Dave Haugen reported that Shelagh Kalland, former chair of the AUC Acknowledgment TAG, emailed him to let him know that she had been approached by an interested party with suggestions about possible revisions to the AUC's 277 Acknowledgment Companion Guide appendices. Given that the TAG has not met since September 2012, it seemed timely to consider a review of the acknowledgment guides. However, because the TAG has not met for a number of years, many of the former TAG members have left their organization or are no longer participating. It was agreed that MDH will announce the re-formation of the Acknowledgment TAG and seek participants and a co-chair to begin a review and any updates for the acknowledgment companion guide.</p>
<p>6) Other business</p>	<ul style="list-style-type: none"> • Ann Hale briefly reported on her follow-up of an agenda item from the April meeting regarding an announcement by the national Workgroup on Electronic Data Interchange (WEDI) of the formation of a project team as part of its Payment Models Workgroup to focus on Bundled Payments. This "Bundled Payments Taskforce" will "assess the attributes, information, and technology needs and requirements of this model, and develop solutions, in the form of an industry action plan, to foster their adoption and implementation while increasing sustainability." Ann contacted Laurie Darst, AUC member and WEDI Board Chair elect, to learn more about the initiative. Based on the conversation, the Exec Committee agreed that it would be helpful to encourage AUC members to participate in the WEDI initiative. MDH will continue to monitor the initiative at this time but will solicit AUC participation. • Ann also noted that she had recently contacted the TAG co-chairs to thank them on behalf of Executive Committee and offer the Executive Committee's assistance. She also encouraged that TAGs to be considering "pain points" and to develop best practices and other resources to help address the pain points. • Dave Haugen briefly reported on a request by the Medical Code TAG for adding search capability to the AUC website. Dave noted that the search option would be possible only if the AUC website was constructed with the same banner and headings as the MDH website. After discussion, it was agreed that no changes were needed as existing search

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	<p>engines such as Google could be used to meet the TAG's needs.</p> <ul style="list-style-type: none">• Ann contacted TAG co-chairs to thank them on behalf of Executive Committee and if they needed any help. Looking at pain points and looking at best practice.• Dave Haugen reported that Elise Westby was taking on a new assignment and will no longer be available to serve as the Eligibility co-chair. Tony Rinkenberger said he would contact a staff person to fill in behind Elise as chair.
7) Next meeting: June 1, 2015, 8:30 am - 10:30 am, HealthPartners Walnut room	