

AUC EXECUTIVE COMMITTEE AGENDA and Meeting Materials

Monday, May 4, 2015

8:30 – 10:30 a.m.

[HealthPartners-Bloomington](#)

8170 Building, 1W Walnut Room

*Teleconference and WebEx **OPTION***

Dial-in # **1-712-832-8300**, Access Code: 337213

[WebEx](#), Password: Exc2010!

Meeting Objectives:

- Review and discuss several updates and follow-up

TENTATIVE AGENDA (DRAFT)

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3. Review of notes from the previous meeting

AUC Executive Committee Meeting Notes 4/6/15

4/6/15 Agenda Item	Notes and follow-up
1) Meeting to order – Ann Hale	Ann Hale called the meeting to order at approximately 8:30 a.m. Ann, Tony Rinkenberger, Bob Aliperto, and Cherie Nauha attended.
2) Anti-trust statement	Ann noted the AUC anti-trust statement.
3) Review of notes from the previous meeting	The minutes of the previous meeting were reviewed and approved.
4) Updates/Old business a) Companion Guides Update i) Repeat proposed update process for claims guides b) TAG and SBAR update c) ICD-10 i) WEDI survey results ii) Outreach and ICD-10 readiness	a) Dave Haugen updated the Committee on the status of annual maintenance of the claims companion guides. Guide updates were proposed December 15, 2014 with a 30 day public comment period. The comments received were for technical and clarifying corrections and were reviewed with the Medical Code TAG. New versions of the claims guides incorporating all changes, including those from the public comment period, were reviewed and approved by the Medical Code TAG. The revised were subsequently also approved via an email vote by the AUC Operations Committee. The next step typically would have been to complete the maintenance process by publishing a notice in the State Register of adoption of the revised versions into rule. However, questions were raised regarding the clarity and accuracy of a few items in the guides. MDH will work with the Medical Code TAG to address these questions and to coordinate with the Operations Committee on any changes prior to completing the annual maintenance process. b) Dave summarized recent TAG activity as reported in the March edition of the AUC newsletter, posted on the AUC website . c) Dave reported on a recent survey by the national Workgroup on Electronic Data Interchange (WEDI) regarding ICD-10 preparedness. The survey results indicated that many parties, especially providers, seem unprepared or lagging in their ICD-10 preparedness. He noted that Judy Edwards has been meeting with and organizing potential resources for ICD-10 sessions to be conducted at the annual state rural health conference scheduled for June 29-30 this year. In addition, the Minnesota Department of Health (MDH) has been

4/6/15 Agenda Item	Notes and follow-up
	<p>including articles regarding ICD-10 readiness in the monthly AUC newsletter, and has been adding materials and links to the ICD-10 section of the AUC website.</p>
<p>5) New business</p> <p>a) Future challenges – meeting business needs for new payment mechanisms</p> <p>b) Future challenges – Convergence of clinical and administrative data exchange</p> <p>i) Meaningful use phase III rules review and response?</p>	<p>a) The Committee discussed the AUC’s ongoing interests in preparing for a changing health care delivery/financing environment that may include greater use of “bundled payment” and Accountable Care Organizations (ACOs). WEDI recently announced 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 Hale will discuss the WEDI project team with Laurie Darst, immediate past AUC co-chair and WEDI chair-elect, to learn more about its activities and possible opportunities for shared learning and participation.</p> <p>b) Dave Haugen noted that several sources have cited the needs and possible emerging opportunities for a convergence in the exchanges of clinical and administrative data. He reported that the federal Centers for Medicare and Medicaid Services (CMS) recently released its proposed rule for Phase III of EHR meaningful use incentives, and is seeking comments through May. He asked whether the comment period provided an opportunity to create awareness of the needs for and potential benefits of greater convergence of clinical and administrative data.</p> <p>In discussion it was noted that the scope of the proposed Phase III rules seemed limited primarily to improvements and clarifications of previous meaningful use phase I and II rules, with a focus on deployment of electronic health records (EHRs) for the exchange of clinical data. It was suggested that Dave Haugen discuss with MDH’s Office of Health Information Technology (OHIT), which is responsible for implementing the state’s EHR mandate, its plans for responding to the proposed phase III rule, and whether there may be opportunities for the AUC to also forward administrative simplification comments to be included with any other submissions to CMS. Dave said he would bring the discussion to OHIT staff, and will also begin exploring a possible joint meeting of the AUC Executive Committee and any similar group within the state’s E-health Advisory Committee to discuss the</p>

4/6/15 Agenda Item	Notes and follow-up
	interplay of clinical and administrative health care data.
6) Other business	<p>Due to the Labor Day holiday on September 7 this year, the AUC Executive Committee meeting calendar included tentative meeting dates for September 8 and September 14. September 8 is also currently reserved for the AUC Operations regular quarterly meeting. After discussion it was agreed to cancel the Executive Committee meeting on September 8 and to meet only on September 14.</p> <p>Bob Aliperto asked for any updates regarding use of the AUC best practices for Health Insurance Exchange Grace Period Notifications. The topic will be added for consideration for possible discussion at the next regular Operations Committee meeting in June.</p> <p>There was no other business and the meeting was adjourned shortly before 10:30 a.m.</p>
7) Next meeting: May 4, 2015, 8:30am - 10:30am HealthPartners Walnut room	

4. Tentative -- Updates/Old business

a) Companion Guides Update

The Claims companion guide revisions were approved by Ops and are being reviewed by MDH to be adopted into rule approximately June 1, 2015.

b) TAG and SBAR update

Please see the most recent edition of AUC monthly newsletter.

c) Follow-up -- Discussion with MDH OHIT staff re. possible interactions between e-Health Advisory Committee activities and the AUC

I met with Marty Laventure, director of OHIT, and Jennifer Fritz, asst. director, on 4-28-15. OHIT has staffed the e-health Advisory Committee in its development of a response to CMS regarding its proposed EHR Interoperability “best practices.” The 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](#).

OHIT and the e-health Advisory Committee will begin developing a response to CMS proposed phase III meaningful use rules and rules regarding EHR certification next Thursday.

We discussed possible ongoing contacts between the AUC and the e-health Advisory Committee. A key first task will be to identify and discuss key areas of overlap and interrelationship between the two groups.

5. Tentative -- New business

a) Planning for June 9 Operations meeting

i) Possible June 9 agenda items:

- (1) TAG Updates
- (2) Relevant national activity/updates
- (3) Eligibility SBARs for Ops vote (The Eligibility TAG has recently approved two SBARs, to now go to Ops for a vote)
- (4) Discuss payer implementation of AUC Best Practices for Exchanging Grace Period Notification
- (5) Updates re. 4 digit PMAP codes (if available, relevant)?
- (6) Schedule for next round of companion guide annual maintenance
- (7) Review schedule and objectives for the remainder of the year
- (8) Outreach, planning for ICD-10 (updates on rural health conference activities, recently posted information on Collab web pages, answers to Tony's questions below, etc.)
- (9) Other??

b) Discussion – next steps for ACO data analytics and possible role for AUC?

A first phase of review, discussion, and planning to advance ACO data analytics was recently completed and a draft report issued (attached in the email with this document). 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 MDH-DHS-Data Analytic Subgroup from the state's SIM grant have 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 PCP. The Exec Committee will discuss this interest at the May 4 meeting.

c) Questions from Tony Rinkeberger:

Do we know when payers will convert their coverage policies to ICD10? (Has Collab addressed?)

Shelagh Kalland, chair of the ICD-10 Collab responded with the following:

Yes, the collaborative addressed this at our meeting in March. Here is what we learned:

Prior Auth:

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

Best practice for Authorizations for during the ICD10 transition. Did Collab address?

Shelagh Kalland:

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.

d. 277 Acknowledgment Companion Guide appendices

Shelagh Kalland emailed MDH to inform us that she has been approached by an interested party with suggestions about possible revisions to the 277 Acknowledgment Companion Guide appendices. Given that the TAG has not met since September 2012, it might be time for a review of the acknowledgment guides. 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. For discussion: possible next steps and plans.

6. Other business

7. Next Exec Committee meeting:

- June 1, 2015, 8:30-10:30 am HealthPartners-Bloomington
- 8170 Building, 1st Floor - Walnut Room