AUC EXECUTIVE COMMITTEE AGENDA and Meeting Materials

Monday, July 11, 2016 8:30 a.m. – 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 (https://health-state-mn-ustraining.webex.com), Password: Exc2010!

Meeting Objectives:
- Review RFI to be submitted to X12 (RFI has been approved by EOB/Remit TAG, Ops vote pending)
- Review schedule for preparing comments to X12 re. v7030 of standard transactions
- Review pending Ops votes
- Review results of latest clinic EHR survey and its responses for use rates of admin transactions
- TAG and SBAR Updates
- Other

Meeting materials contents (following this cover page):

Section I.	Draft meeting agenda
Section II.	Discussion guide -- Old Business
A.	Notes of previous meeting
B.	Update – companion guide maintenance
Section III.	New business

Section I:
7/11/16 Exec Committee Agenda

7/11/16 AUC Exec Committee Agenda Item	Notes
A. **Meeting to order – Tony Rinkenberger**	
B. **Anti-trust statement**	
C. **Updates/Old business**	
1. Review of notes from the previous meeting	See table C1 below for notes from previous meetings (for February – June 2016 meetings)
2. Update – companion guide maintenance	See table C2 below
3. TAG and SBAR update	See table C3 below
D. **New Business**	
1. Review RFI to be submitted to X12 (RFI has been approved by EOB/Remit TAG, Ops vote pending)	See D.1
2. Review schedule for preparing comments to X12 re. v7030 of standard transactions	See D.2
3. Review pending Ops votes	See D.3
4. Review results of latest clinic EHR survey and its responses for use rates of admin transactions	See D.4
E. **Other business**	
Next meeting: 8:30 – 10:30 am, August 1, 2016 HealthPartners-Bloomington 8170 Building, 1st Floor - Walnut Room	

Section II:
Old Business

Table C1. Meeting notes from previous meetings

Note: Below are meeting notes from the February – June 2016 Executive Committee meetings to be approved so that they can be posted on the AUC website.

a. Notes – Executive Committee Meeting 2/1/16

2/1/16 AUC Executive Committee Agenda Item	Notes/follow-up
A. Meeting to order – Tony Rinkenberger	The meeting was called to order.
B. Anti-trust statement	The AUC anti-trust statement was noted.
C. Updates/Old business	
1. Review of notes from the previous meeting	The notes from the January meeting were approved.
2. Update – companion guide maintenance	Dave Haugen of the Minnesota Department of Health (MDH) provided an update regarding annual companion guide maintenance that was also included in the meeting agenda.
3. TAG/SBAR update	Dave Haugen provided a brief TAG/SBAR update that was also included in the meeting agenda.
4. Customer satisfaction survey	Dave Haugen reported that an annual "customer satisfaction survey" that MDH conducts to help assess its performance in working with and supporting the administrative uniformity activities of the AUC was released January 27, 2016 and would close February 3. Results of the survey will be discussed with the Executive Committee when they are available.
5. Research into administrative simplification challenges, opportunities, solutions	David Haugen briefly summarized several recently completed or anticipated studies and reports regarding the state of administrative simplification, to be included as agenda items for the March 8 Operations Committee meeting.
D. New business • Plan for Ops meeting March 8 o Review/approve	The Committee discussed plans for the regular quarterly meeting of the AUC Operations Committee scheduled for March 8, and approved the agenda items to the left.

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Old Business

2/1/16 AUC Executive Committee Agenda Item	Notes/follow-up
ACO Data Analytics recommendation o Review/approve 3 acknowledgment companion guide revisions o "State of the state"/ "state of the art" (discussion of key timelines, issues, events for 2016) o Researching admin simp challenges, opportunities, solutions o TAG and SBAR updates o Other	
Other business	There was no other business.
Next meeting: March 7, 2016 8:30am - 10:30am Health Partners 8170 Bldng, 6W - Lilac Room	

b. Meeting Notes – Executive Committee 3/7/16

The Executive Committee met briefly on 3/7/16 via a teleconference only, and reviewed the agenda for the Operations Committee scheduled for the next day, March 8, 2016.

c. Meeting Notes – Executive Committee 4/4/16

The April 4, 2016 Executive Committee meeting was canceled due to a light agenda.

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Old Business

d. Meeting Notes – Executive Committee 5/2/16

5/2/16 Agenda item	Notes and follow-up
A. Meeting to order – Tony Rinkenberger	The meeting was called to order.
B. Anti-trust statement	The AUC anti-trust statement was noted.
C. Updates/Old business	
1. Review of notes from the previous meeting	The April 4, 2016 Executive Committee meeting was canceled due to a light agenda.
2. Update – companion guide maintenance	Dave Haugen of the Minnesota Department of Health (MDH) discussed the status of companion guide annual maintenance.
3. TAG/SBAR update	Dave Haugen provided an update regarding recent AUC Technical Advisory Group (TAG) activity.
D. New business	
1. AUC response to X12 proposed TR3 for reporting premium payment grace period	Dave Haugen reported that the Eligibility TAG was conducting an email vote to approve the TAG's response to X12's proposed TR3 for reporting premium payment grace period. If approved by the TAG, the AUC Operations Committee would vote on the response to submit by an X12 deadline of May 9.
2. EOB/Remit Educational Best Practice Example	Dave Haugen presented a best practice being completed by the EOB/Remit TAG to help inform and educate regarding use of the 835 remittance advice transaction for recoupment of overpayments. He suggested that Pete Anderson, co-chair of the EOB/Remit TAG, present the best practice at the next AUC Operations Committee meeting scheduled for June 4 as an example of educational products to be developed more generally across a range of administrative transactions. The Executive Committee agreed, and Dave will contact Pete to request that he present the best practice at the next Operations meeting.
3. NCVHS, CORE problems/opportunities – opportunities for the AUC?	Dave Haugen briefly summarized a report of the National Committee on Vital and Health Statistics (NCVHS) on its hearings conducted June 16 and 17, 2016 regarding the state of HIPAA mandated standard health care administrative transactions. In its report, NCVHS noted that while "Testifiers at the … hearing

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Increase adoption/use of:
 	
  a. Acknowledgments (per NCVHS)
  b. Enrollment/disenrollment (834) and health plan premium payment (820) (per NCVHS)?
  c. Eligibility (270/271), prior auth (278), claim status inquiry (276/277) per CAQH/CORE?
	acknowledged that there is evidence of savings through the adoption and implementation of standards for the HIPAA named transactions … achieving the potential savings have been limited by a number of factors, including variability in the level of implementation and inconsistency in the method of implementation of the transaction standards and operating rules."
	
	The report's recommendations included increasing the adoption and use of several standard, electronic administrative transactions. These transactions could also be considered for expanded adoption and use as part of Minnesota's health care administrative simplification efforts. The report also noted the importance of continued education efforts for best use of transactions already adopted.

4. MDH community engagement	Dave Haugen described efforts by units at MDH to develop and implement community engagement projects to more fully partner with and help address needs of a variety of community needs. Dave and Judy Edwards of MDH will be exploring possible administrative simplification community engagement projects in the near future.
5. Planning for next Ops meeting on June 14	The Executive Committee discussed initial Operations Committee agenda items for the June 14 Operations meeting, including the EOB/Remit TAG educational best practice described above. The agenda will be reviewed in more detail at the Exec Committee meeting planned for June 6.
▪ Planning/discussion of survey of AUC re. use of transactions and barriers ▪ Other	MDH is continually seeking to learn more about the barriers and challenges to the effective use of administrative transactions. It is carrying out annual "customer satisfaction" surveys of AUC members, as well as participating in annual EHR surveys of clinics around the state to also learn about their use of key administrative transactions, but is interested in gathering additional information to use in addressing challenges and barriers, and in working with the AUC to address the challenges.

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Old Business

e. Meeting Notes – Executive Committee 6/6/16

6/6/16 Agenda item	Notes
Meeting to order – Tony Rinkenberger	Tony Rinkenberger called the meeting to order.
Anti-trust statement	Tony Rinkenberger noted that the meeting was being conducted consistent with the AUC anti-trust statement.
F. Updates/Old business	
4. Review of notes from the previous meeting	The notes of the May meeting will be forwarded to the Executive Committee.
5. Update – companion guide maintenance	Dave Haugen of the Minnesota Department of Health (MDH) reported on the status of annual companion guide maintenance. In particular, he noted that proposed revisions to the 837 Dental companion guide (v11) erroneously included reference in an appendix to use of the K3 segment for reporting tooth number, and that the final version of the adopted revisions to the guide (v12) would not include the references to using the K3 segment for reporting tooth number. Dave will also contact Allina and seek any additional clarification regarding its "no" vote on a recent AUC email vote of the v12 837 Professional and 837 Institutional companion guide revisions approved by the majority of AUC members to be adopted into rule.
6. TAG and SBAR update	Dave Haugen briefly summarized recent AUC Technical Advisory Group (TAG) activity, which is also being regularly reported in the AUC monthly newsletter.
G. New Business	
Planning for June 14 AUC Operations meeting Tentative action items: • Pete Anderson will present the EOB Remit TAG best practice on use of the 835 overpayment recoupment (Pete has a scheduling conflict and	Dave Haugen briefly summarized the June 14 AUC Operations meeting agenda to the left. Dave Anderson also noted that the National Committee on Vital and Health Statistics (NCVHS) will be issuing recommendations to the federal Department of Health and Human Services (HHS) regarding adoption of "phase IV" of national operating rules mandated under the ACA. He suggested that if the NCVHS recommendations are available for the Operations meeting that they should be included on the

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Old Business

6/6/16 Agenda item	Notes

would like to present during the first half of the meeting)
 	
• Review and revote on the following companion guide issues:
    ○ Remove instructions in the appendix of the 837D guide regarding use of the K3 segment for reporting tooth number
    ○ Allina no vote (I will be discussing with Allina next week and will have more information)
• TAG and SBAR updates
• Other
	meeting agenda. The meeting agenda was approved with Dave Anderson's suggested addition.
	
	The Executive Committee also briefly discussed a state law enacted in May that delayed the effective date of requirements for the exchange of electronic attachments for workers' compensation-related medical claims from July 1, 2016 to January 1, 2017. Dave Haugen pointed out that the national standards setting and advisory organizations, X12, HL7, and WEDI, were collaborating on a white paper providing background and education regarding electronic attachments. Dave will send the latest copy of the white paper to the Executive Committee for review.

Speakers/presenters for MHA conference in November	Dave Haugen reported that the Minnesota Hospital Association had contacted the AUC seeking presenters at the Minnesota Healthcare Financial Management Assn. (HFMA) meeting scheduled for Nov. 3 to provide a summary of AUC activities and updates. Dave Haugen and Judy Edwards will be available for the meeting, as will a member of the Executive Committee.
H. **Other business**	There was no other business and the meeting was adjourned.
I. **Next meeting: July 11, 2016 8:30am - 10:30am** a. **Health Partners 8170 Bldg, 1st Floor - Walnut Room**	

Section II:
Old Business

C2. Update -- Companion Guide maintenance (back to agenda)

Transaction Category	Transaction	Maintenance status
Eligibility	Health Care Eligibility Benefit Inquiry and Response (270/271) (PDF)	No updates at this time
Claims, including applicable medical coding requirements	Health Care Claim: Professional (837) (PDF) Health Care Claim: Institutional (837) (PDF)	The final, AUC approved changes to the 837P and 837I companion guides were forwarded to the MDH Executive Office on June 25 for review and approval to post in the Aug. 1 State Register as adopted rules.
	Health Care Claim: Dental (837) (PDF)	The final, AUC approved changes to the 837D companion guides were forwarded to the MDH Executive Office on July 1 for review and approval to post in the Aug. 8 State Register as adopted rules.
	Pharmacy Claim Submission and Response (NCPDP D.0) (PDF) Pharmacy Reversal Submission and Response (NCPDP D.0) (PDF)	No updates at this time
Payment/Advice	Health Care Claim Payment/Advice (835) (PDF)	One sentence addition re. DLI workers compensation requirement in next version
Acknowledgments	Health Care Claim Acknowledgment (277CA) (PDF) Implementation Acknowledgment for Health Care Insurance (999) (PDF) Interchange Acknowledgment Segment (TA1) (PDF)	Final revised version (v12) was published in the May 23 State Register

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Old Business

Prescription Drug Prior Authorization	Minnesota Companion Guide Version 1.1 for the Implementation of NCPDP Electronic Prior Authorization (ePA) Transactions [NCPDP SCRIPT Standard version 2013101] (PDF)	No changes

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Section II:
Old Business

C3. TAG and SBAR update [(Back to agenda)](Back to agenda)

Recent TAG activity:

TAGs	Focus-Improving particular administrative transactions/processes
Eligibility	The Eligibility TAG met on June 25 and discussed possible changes to the 270/271 transaction to fully meet the needs of entities not subject to federal transactions and code sets requirements. The TAG also briefly reviewed recently published timelines published for submitting public comment to X12 regarding its proposed v7030 of the 270-271 transaction, February 1 – April 2, 2017. Next meeting is scheduled for July 27, 2016.
Claims Data Definition	The TAG met on June 1. At the meeting the TAG: • Discussed recently enacted state legislation that extended the deadline for electronic claims attachments for Workers' Compensation medical claims to January 1, 2017. • Reviewed an SBAR seeking a change in a current AUC best practice for billing for partial hospitalization. • Approved the best practice change requested in the SBAR above. The change will allow billing of partial hospitalization that extends beyond the month end, to conform with a Medicare billing requirement. • Determined a timeline for Annual Maintenance of the 837 MUCGs, starting in July and to be completed by the end of 2016. Next meeting is scheduled for July 20.
Medical Code	The MCT met on June 9 and: o Reviewed the AUC Coding Recommendation Table for changes/updates; o Approved the Community Health Worker (CHW) SBAR, which will be forwarded to the AUC Operations Committee for review and a vote to approve; o Discussed coding for Community Emergency Medical Technician Services; o Revised the SBAR form; o Discussed coding for "Protected Transport"; o Discussed the "decision tree" tool to aid information gathering and correct coding of medical services. Next meeting is scheduled for July 14.
Explanation of Benefits/ Remittance Advice	The EOB/Remit TAG met June 20. At the meeting the TAG:

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TAGs	Focus-Improving particular administrative transactions/processes
	• Reviewed and approved an SBAR submitted by UnitedHealthGroup requesting additional RARCs to be allowed with CARC 227* to relay information missing in the 835 remittance advice transaction. *CARC 227: "Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)" • Reviewed and discussed an SBAR submitted by the Minnesota Department of Human Services (DHS) requesting information and recommendations for reporting "All Patients Refined Diagnosis Related Groups (APR DRG)" on the 835. X12 has addressed the issue of reporting APR DRGs on the 6020 and 7030 versions of the 835, but it is unclear how to report the information on the v5010 835. The TAG asked that a "Request for Interpretation" (RFI) be developed to submit to X12 seeking guidance for reporting APR-DRGs on the v5010 835. MDH will develop the RFI for TAG review and approval. If approved by the TAG, the RFI will be forwarded to the AUC Operations Committee for approval, and then submission to X12. (Note: MDH developed the draft RFI, which was submitted to the TAG for an email vote. Pete Anderson, co-chair of the TAG, notified the TAG on 7-6-16 that the TAG had approved the RFI. It will now be discussed with the AUC Exec Committee on 7/11/16, and then submitted to AUC Operations for a vote.)
Acknowledgments	The TAG last met Jan. 25 and no further meetings of the TAG are scheduled at this time.
Prescription Drug Electronic Prior Authori-zations	No meetings scheduled.
ACO Data Analytics	The TAG last met Jan. 14 and no further meetings are scheduled at this time.
Home Health Prior Authorization Form	No further TAG meetings are planned at this time.
Legislative	No meetings planned.

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TAGs	Focus-Improving particular administrative transactions/processes
Operations	The Ops Committee last met on June 14 to discuss final changes to the 837 claims companion guides as part of annual maintenance of the guides, as well as to participate in an educational webinar presented by Pete Anderson, co-chair of the EOB/Remit TAG, regarding use of the 835 transaction to recoup overpayments. Next regularly scheduled quarterly meeting is September 13.
Executive	Exec met June 6. At the meeting the committee reviewed and discussed plans for the June 14 Operations meeting. Exec is meeting next on July 11.

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Section III:
New Business

D.1
Review RFI to be submitted to X12 (RFI has been approved by EOB/Remit TAG, Ops vote pending)

Background:

The Minnesota Department of Human Services (DHS) submitted an SBAR requesting information and recommendations for reporting "*All Patients Refined Diagnosis Related Groups (APR DRG)*" on the 835. X12 has addressed the issue of reporting APR DRGs on the 6020 and 7030 versions of the 835, but it is unclear how to report the information on the v5010 835. The EOB/Remit TAG reviewed the SBAR and asked that a "Request for Interpretation" (RFI) be developed to submit to X12 seeking guidance for reporting APR-DRGs on the v5010 835. MDH developed the RFI (below), which the TAG reviewed and approved in an email vote completed on 7-6-16. Next steps are to submit the RFI for an Operations Committee vote; if approved, the RFI will be submitted to X12.

RFI approved by the EOB/Remit TAG, pending Ops vote:
(Note: The content and format of the RFI below were dictated to a large degree by the constraints of the X12 RFI submission portal.)

> *The All Patients Refined Diagnosis Related Groups (APR-DRG) payment methodology has been licensed by over 20 state and federal agencies and by 1,600 hospitals. The MN Medicaid agency (Dept. of Human Services – DHS) is also transitioning to APR-DRGs, which are far more detailed than previous versions of DRGs and aid in payment and quality improvement.*

> *Hospitals can't fully reconcile accounts without the APR-DRG, but it is not clear how to report APR-DRGs via the v5010 835, and the non-835, ad hoc reporting methods now used are inefficient and expensive. Adopting a revised 835 to meet the need will take several years. Reporting APR-DRGs via the current automated v5010 835 will be far less costly than the ad hoc methods now used, and will improve the availability and use of APR-DRGs for quality and performance improvement.*

> *DHS's question is: What loops and segments should be used to report five-digit APR-DRGs on the v5010 835? (How should five-digit APR-DRGs be reported on the v5010 835 at this time?)*

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New Business

<u>**D.2**</u>
Review schedule for preparing comments to X12 re. v7030 of standard transactions

<u>**Background:**</u>

X12 recently released the revised public comment schedule below for proposed 7030 versions of 22 different administrative transaction Implementation Guides (TR3s), including those currently mandated under HIPAA. The schedule is divided into 8 concurrent 60-day* response cycles for one or more of each of the TR3s, starting September 1, 2016 and extending through June 30, 2017.

Generally, the X12 v7030 TR3s will not be available for review until a day before the start of the 60 day* public comment period for each transaction. As a result, generally no one will have more than 60 days* to complete all phases of their review and submission of comments. (This is particularly applicable to the AUC process, which generally requires development of a consensus response first by the applicable TAG(s), followed by a vote of the Operations Committee.)
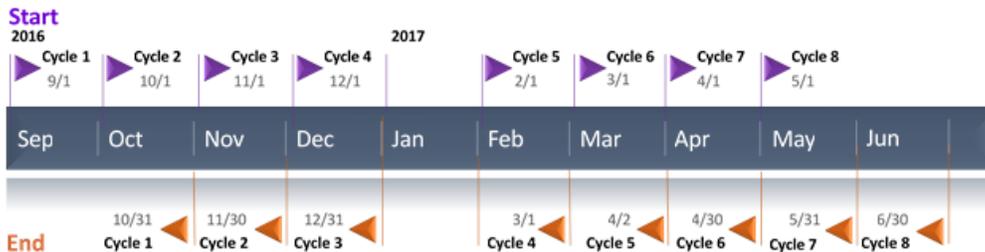
Following the X12 schedule below are possible timing scenarios to consider for the AUC TAGs in developing public comments for the transactions they are currently responsible for, as well as for the requisite follow-up AUC Operations votes prior to submitting the AUC's comments.

- Note: The X12 comment period for the v7030 837P, 837I, 837D, and 837R (reporting) is three months (90 days).

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New Business

D.2 (cont.)

X12 published schedule for public comments re. proposed v7030 TR3s *(MN mandated transactions highlighted):*

Cycle 1: September 1- October 31, 2016	007030X334 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)* 007030X345 Health Insurance Exchange Related Payments (820) 007030X333 Benefit Enrollment and Maintenance (834)* 007030X346 Health Insurance Exchange: Enrollment (834)
Cycle 2: October 1- November 30, 2016	007030X329 Health Care Claim Status Request and Response (276/277)* 007030X330 Health Care Claim Acknowledgment (277CA) 007030X331 Health Care Claim Pending Status Information (277P) 007030X335 Implementation Acknowledgment for Health Care Insurance (999)
Cycle 3: November 1- December 31, 2016	007030X322 Health Care Claim Payment/Advice (835)*
Cycle 4: December 1, 2016 – March 1, 2017	007030X323 Health Care Claim: Professional (837P)* 007030X324 Health Care Claim: Institutional (837I)* 007030X325 Health Care Claim: Dental (837D)* 007030X326 Health Care Service: Data Reporting (837R)
Cycle 5: February 1 - April 2, 2017	007030X332 Health Care Eligibility/Benefit Inquiry and Information Response (270/271)*
Cycle 6: March 1 – April 30, 2017	007030X327 Health Care Services Review Inquiry and Response (278) 007030X328 Health Care Services Review - Notification and Acknowledgment (278) 007030X342 Health Care Services Request for Review and Response (278)*
Cycle 7: April 1 through May 31, 2017	007030X321 Application Reporting for Insurance (824) 007030X340 Health Care Claim Request for Additional Information (277RFI) 007030X341 Additional Information to Support a Health Care Claim or Encounter (275) 007030X343 Additional Information to Support a Health Care Services Review (275)
Cycle 8: May 1 - June 30, 2017	007030X339 Health Care Fee Schedule (832)

Section III:
New Business

D.2 (cont.)

Draft timelines for AUC comments on proposed v7030 TR3s *(tentative AUC votes highlighted; dates are examples)*								
(Back to agenda)	**Oct 2016**	**Nov 2016**	**Dec 2016**	**Jan 2017**	**Feb 2017**	**Mar 2017**	**April 2017**	**May 2017**
Cycle 1: Sept 1 - Oct 31, 2016								
Cycle 2: Oct 1 - Nov 30, 2016								
TR3: 277CA and 999								
TAG receives TR3, instructions, questions	Oct. 3							
TAG review and discuss	Oct. 10							
2nd TAG review/discuss (if needed)	Oct. 17							
TAG draft comments ready	Oct. 26							
TAG vote	**TBD (Oct. 26 - Nov. 2)**							
AUC vote		**Nov 7 - 16**						
Submit comments to X12		**Nov. 22**						
Cycle 3: Nov 1 - Dec 31, 2016								
TGR3: 835								
TAG receives TR3, instructions, questions		Nov. 1						
TAG review and discuss		Nov. 7						
2nd TAG review/discuss (if needed)		Nov. 21						
TAG draft comments ready		Nov. 30						
TAG vote		**Nov. 30 - Dec. 7**						
AUC vote			**Dec 12-22**					
Submit comments to X12			**Dec. 28**					

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Draft timelines for AUC comments on proposed v7030 TR3s *(tentative AUC votes highlighted; dates are examples)*								
	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	April 2017	May 2017
Cycle 4: Dec 1, 2016 - Mar 1, 2017								
837P, 837I, 837D								
TAG receives TR3, instructions, questions			Dec. 1					
TAG review and discuss			Dec. 7					
2nd TAG review and discuss			Dec. 21					
3rd TAG review and discuss				Jan. 11				
4th TAG review/discuss (if needed)				Jan. 25				
5th TAG review/ discuss (if needed)					Feb. 1			
TAG draft comments ready					Feb. 7			
TAG vote					**Feb 7 - 14**			
AUC vote					**Feb. 23**			
Submit comments to X12					**Feb. 28**			
Cycle 5: Feb 1 - Apr 2, 2017								
270/271								
TAG receives TR3, instructions, questions					Feb. 2			
TAG review and discuss					Feb. 8			
2nd TAG review and discuss (if needed)					Feb. 22			
TAG draft comments ready						Mar. 1		
TAG vote						**Mar. 1 - 8**		
AUC vote						**Mar. 24**		
Submit comments to X12						**Mar. 30**		

Section III:
New Business

D.3 Review pending Ops votes

The following items are pending Ops email votes now underway (to be completed by July 14):

- Best Practice -- Claim Service Dates Restricted to Same Calendar Month
- SBAR – Partial Hospitalization (SBAR for best practice above)
- SBAR – Community Health Worker (CHW) (approved by Medical Code TAG, recommends a modifier to use to track CHWs
- A revised SBAR form

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D.4 Review results of latest clinic EHR survey and its responses for use rates of admin transactions

The MDH Office of Health Information Technology (OHIT) conducts an annual survey of Minnesota clinics regarding their use and adoption of EHRs. Last year OHIT agreed to add a few additional questions to the survey to learn more about clinics' adoption and use of standard, electronic health care administrative transactions. The additional administrative simplification questions were repeated on this year's survey. A brief summary comparison of the results for each year is shown below.

Total number of clinics surveyed:

2015: 1181   2016: 1285

Survey question	Response options	2015	2016
Does your clinic check insurance eligibility electronically, using the standard known as the "270/271"?	Yes, for 80-100% of patients	77%	71%
	Yes, for 50-79% of patients	15%	7%
	Yes, for less than 50% of patients	3%	1%
	No/we do not have this function or it is turned off	3%	7%
	Not sure or blank	2%	13%

Section III:
New Business

Survey question	Response options	2015	2016
Does your clinic receive electronic remittance advices (ERA) using the standard k4wn as the "835" ?	Yes, for 80-100% of patients	77%	83%
	Yes, for 50-79% of patients	6%	2%
	Yes, for less than 50% of patients	0%	0%
	No/we do not have this function or it is turned off	0%	1%
	Not sure or blank	16%	14%

Survey question	Response options	2015	2016
Does your clinic receive electronic ack4wledgements of claims submissions using any of the standards k4wn as the "TA1," "999," or "277CA"?	Yes, for 80-100% of patients	81%	76%
	Yes, for 50-79% of patients	3%	2%
	Yes, for less than 50% of patients	0%	0%
	No/we do not have this function or it is turned off	2%	2%
	Not sure	13%	21%

Survey question	Response options	2015	2016
Does your clinic routinely file claims electronically for patients, using either the EHR or another electronic method?	Yes, for 80-100% of patients	94%	*
	Yes, for 50-79% of patients	4%	*
	Yes, for less than 50% of patients	0%	*
	No/we do not have this function or it is turned off	0%	*
	Not sure or blank	1%	*

*This question was not asked on the 2016 survey because of the high rate of adoption reported on the 2015 survey. **(Back to agenda)**