AUC Operations Planning Meeting Packet

February 19, 2013

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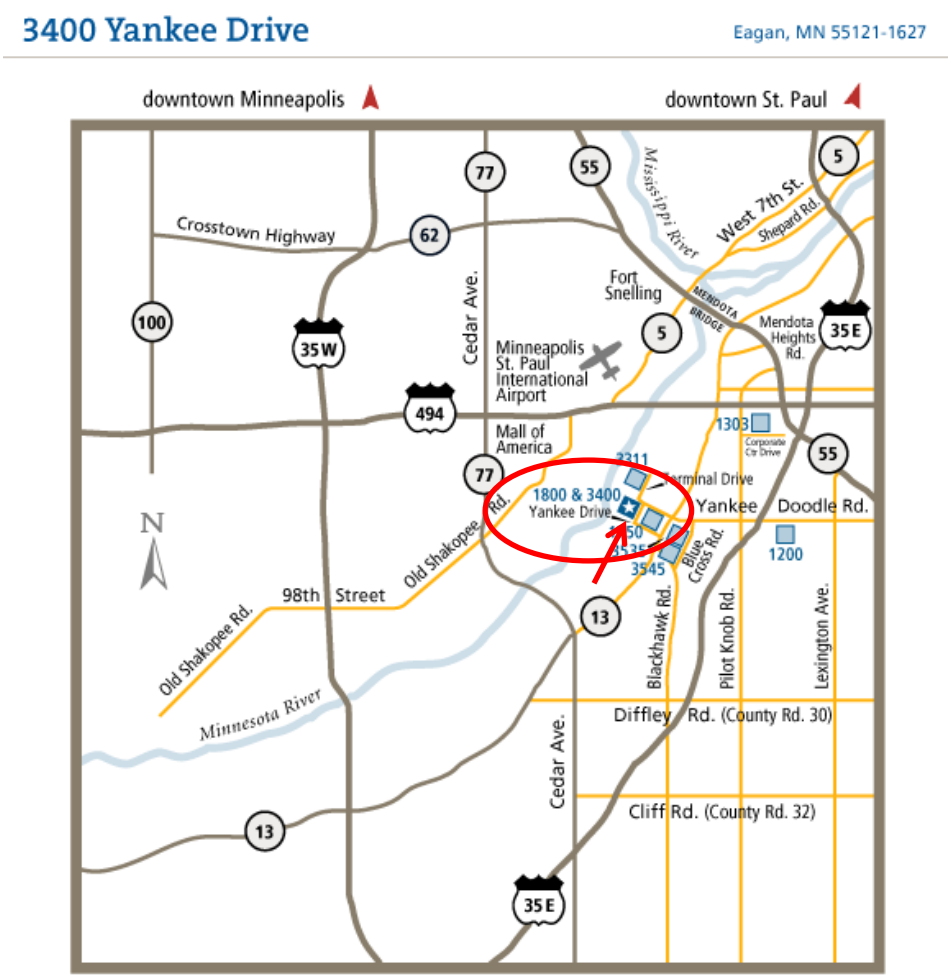
1. Meeting Location and Map

AUC Operations Meeting
1:00 p.m. – 4:00 p.m.
February 19, 2013
Meeting location and driving instructions

Meeting location:
RiverPark 1
Private Dining Room
Blue Cross and Blue Shield of Minnesota (BCBSM)
3400 Yankee Drive,
Eagan, MN 551212-1627



From downtown Minneapolis
Take I-35W south to the "airport" exit (Highway 62/Crosstown). Follow Highway 62 east to Cedar Avenue (Highway 77). Take Cedar Avenue south to Highway 13 (Sibley Memorial Highway). Proceed on Highway 13 north to Yankee Doodle Road. Turn left on Yankee Doodle Road, go one block and turn left on Yankee Drive. Take Yankee Drive to the main entrance (on the right).

From the western suburbs
Take I-494 or Highway 62/Crosstown to Cedar Avenue (Highway 77). Take Cedar Avenue south to Highway 13 (Sibley Memorial Highway). Proceed on Highway 13 north to Yankee Doodle Road. Turn left on Yankee Doodle Road, go one block and turn left on Yankee Drive. Take Yankee Drive to the main entrance (on the right).

From the southern suburbs
Take I-35E north to the Pilot Knob exit. Turn left (north) onto Pilot Knob Road. Proceed to Yankee Doodle Road. Turn left on Yankee Doodle Road. After crossing Highway 13, go one block and turn left on Yankee Drive. Take Yankee Drive to the main entrance (on the right).

From downtown St. Paul
Take I-35E south to Yankee Doodle Road. Turn right on Yankee Doodle Road. After crossing Highway 13, go one block and turn left on Yankee Drive. Take Yankee Drive to the main entrance (on the right).

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2. Meeting Agenda

AUC Planning February 19, 2013

Function/purpose	Approximate time	Additional detail, comments
1. Convening and settling in	15 minutes	• Welcome and very brief opening remarks (purpose and goals of meeting, housekeeping) • Introductions (attendance taking) • Recognition of chairs and leadership, including outgoing and incoming co-chairs • Vote on Prairie Care membership
2. Background information and instructions for work that is to follow	10-15 minutes	• Review purpose and goals of the meeting • Review "ground rules" • Review agenda in more detail • Brief review of webinar held on January 22 • Review of survey results and any other information or feedback received in advance • Brief review of 2012 activities and accomplishments • Brief instructions for breaking into small groups
3. Planning activity	40 minutes	Break out into 3 small groups, with an additional 4th group on the phone for small group discussion.
Break	**10 minutes**	
3. Planning activity (continued)	20 minutes	Small groups report out to the larger group.
3. Planning activity (continued)	40 minutes	Large group discussion following small group reports
Break	**10 minutes**	
4. Recapping and summarizing what was learned and accomplished, and laying out next steps	30 minutes	Exec Committee "panel" to recap and summarize the meeting from their respective points of view, and to discuss possible next steps.

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3. Antitrust Statement

Administrative
Uniformity
Committee

Administrative Uniformity Committee (AUC)
ANTITRUST STATEMENT:

The mission of the AUC is to develop agreement among Minnesota health care payers and providers regarding standardized administrative processes, which will reduce administrative costs, and thereby increase the efficiency of health care delivery (Minnesota Statutes, sections. 62J.50 to 62J.61). The AUC Strategic Steering Committee, Operations Committee, Executive Committee, all Technical Advisory Groups, and Work Groups will comply with all applicable antitrust laws during the course of their activities.

The AUC wishes to prevent any situation from which even the appearance of collusion or anti-competitive activity, can be fairly inferred. Therefore, all AUC members are reminded that any action taken to eliminate, restrict, or govern competition among members may be a violation of antitrust laws. Accordingly, at AUC meetings discussion of prices of products, supplies or services is prohibited. Similarly, there must be no discussion of member company or organization operations that might influence pricing, such as, allowances, discounts, terms of sale, margins, operations costs or marketing strategies, that might lead to agreements on customer, geographic or product market allocations; or that might be seen as encouraging a boycott of any person.

Each AUC member is expected to conduct business independently and free from any understandings or agreements or other conduct which may restrain competition. Further, each participant is obligated to speak up immediately to stop any discussion falling outside these bounds.

If you have any questions or antitrust concerns related to the AUC, consult with your legal counsel.

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4. "Ground Rules"

Ground Rules for AUC Planning Meeting

General Session

- Please participate. We want to hear from you.
- Please mute phones (press *6) unless you would like to be heard. (This includes muting phones if typing.)
- **Please do not put your phone on hold.**
- If practical, please introduce yourself when speaking so that listeners on the phone will know who is talking.
- Please help yourself to snacks, etc. as you would like.
- Be present. Be creative. Be thoughtful. Ask questions. Make suggestions.

Break-out Sessions

- Select a leader, scribe, and timekeeper.
- Be mindful of the Anti-trust statement.
- Do not discuss individual compliance issues.
- Encourage everyone to participate in the discussion.
- Embrace diverse opinions and ideas. Be respectful of all suggestions and solutions presented.
- Keep comments brief and to the point, allow everyone a chance to speak.
- Unless you're expecting an emergency call, please turn cell phones off.
- Focus on one topic at a time. Use the parking lot as a reminder of the next topic.
- Park ideas and challenges that are off task and don't revisit them again during the breakout session.

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5. Minnesota Administrative Uniformity Committee 2012 Highlights -- Key activities, accomplishments, and milestones

- **Governor Dayton declared February 21, 2012 as "Administrative Uniformity Committee" day**.

  The proclamation recognized the AUC's "major role" in the "adoption and implementation of first-in-the-nation rules for the standard, electronic exchange of millions of routine health care business transactions each year;" its contributions of "thousands of hours" of participation and expertise; and its impacts in helping reduce health care administrative costs throughout the health care system.

- **Updates and revisions to the Minnesota Uniform Companion Guide (MUCG) rules**

  The MUCG rules were revised and updated as part of ongoing "annual maintenance" for the following transactions: Claims (Institutional, Professional, and Dental); Eligibility Inquiry and Response; Remittance Advice; and Claim Acknowledgment. The revisions reflected: the adoption of federal operating rules; coding changes; and extensive reformatting and reorganization to streamline the guides to be shorter and more user-friendly.

- **Best practices** for "Creating compliant companion guides" and "Acknowledgments"

  A best practice was developed with instructions to aid in creating companion guides to be compliant with both Minnesota's requirements in statute and rule, and federal operating rules. Another best practice was developed to provide substantial instructions and examples for the exchange of acknowledgments.

- **Comments to ASCX12** regarding v6020 transaction implementation guides

  The AUC responded to an ASCX12 comment period regarding proposed v6020 transaction implementation guides with detailed questions and recommendations.

- **Comments to CMS** regarding proposed Health Plan Identifier (HPID)

  The AUC responded to CMS's notice of proposed rulemaking for the creation of HPID. In the response, the AUC noted a number of key issues and questions to be addressed.

- **Coding clarification grid updates and successful requests to NUBC for codes**

  The AUC's coding clarification grid was expanded and revised. The AUC also successfully requested new codes from the National Uniform Billing Committee (NUBC) for an Alternative Care Site (ACS) patient discharge status code and a combined revenue code for chemical dependency (for both drug and alcohol dependency).

- **Streamlined AUC meeting process and activities**

  In 2012 the AUC Operations Committee adopted a quarterly rather than monthly meeting schedule. Most AUC Technical Advisory Groups (TAGs) met via Webex and teleconference. Most voting was conducted via email.

- **AUC and ASA websites updated with new look, additional information available**

6. Brief highlights of January 22, 2013 planning webinar

An AUC webinar was held January 22, 2013 to provide information and context for AUC planning. The webinar noted:

Three key areas for planning (see additional detail for each below)

1. Affordable Care Act (ACA) and other related federal laws/rules
2. State-specific reforms and activity
3. Current and ongoing AUC activities

1. ACA and other related federal laws/rules

- Section 1104, Administrative Simplification
  - Adoption of operating rules for HIPAA standard transactions
  - Adoption of additional rules for: Health Plan Identifier; Standard for Electronic Funds Transfer (EFT); Claims Attachments
  - Requirements for health plan certification of compliance and provisions for fines and penalties for noncompliance
- Other ACA provisions
  - Payment methodologies
    - Accountable Care Organizations (ACOs); Medical Home; Bundled payments
  - Coverage and access
  - Health insurance exchanges, subsidies, Medicaid expansion
  - Other
- ICD-10
  - Compliance by October 15, 2014

2. State specific reforms and activity
    - Maintenance, administration, and enforcement of MUCG
    - Response to state legislation

3. Current and ongoing AUC activities
    - SBARs and work requests
    - MUCG "annual maintenance" and updates
    - Best practices and coding clarifications
    - Discussions and forums
    - Comments and requests to X12, NCVHS, CMS, NUBC, NUCC, etc.
    - Response to state legislation and rules
    - Other current and ongoing AUC activities

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7. Survey Questions

AUC Planning Survey

AUC Planning

1. Please list your organizations top priorities that may fit with the AUC's mission. List no more than three.

2. Is your organizaion impacted by any of the following initiatives? Please check all that apply.

- ICD10
- Exchange
- Bundled Payments (billing or paying)
- HPID/OEID

3. Are there pain points that you would like to discuss at the AUC direction setting meeting that you would like to have brought forward anonymously?

4. Please provide any other suggestions or comments here.

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SurveyMonkey
Check out our sample surveys and create your own now!

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8. Survey Results

- 13 responses were received
- "Pain points" often related to particular provider-payer experiences, issues, or compliance
    - Important to address
    - Variety of potential individual, small group, or community-wide discussions and efforts may be needed
- Of the 13 responses
    - 12 indicated that they were impacted by ICD-10 and HPID
    - 10 indicated that they were impacted by the Health Insurance Exchange
    - 8 indicated that they were impacted by ACOs/bundled payment

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9. Small group discussion questions

Draft questions to help small group discussions

(Not all questions have to be asked or answered. These are intended only to help discussion.)

Topic 1: Reaction to survey results:

- Did you think the survey was useful?
- Are there questions that you wish would have been asked, but weren't?

Topic 2: Thinking about AUC priorities in more detail

- What are the AUC's top priorities?
  - For 2013?
  - Beyond 2013?
- Can all the top priorities that have been identified be addressed by the AUC this year?
  - If not, how should they be further prioritized?

Topic 3: Thinking about getting the work done and having an impact

- What needs to be done?
- Who is going to do it?
- When will it be completed?
- How will it be accomplished?

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Reference Materials

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A. AUC Member Organizations

Provider/Payer	Organization
Provider	American Association of Healthcare Administrative Management (AAHAM)
Payer	Aetna
Provider	Aging Services of Minnesota
Provider	Allina Hospitals & Clinics
Payer	Blue Cross Blue Shield of MN
Provider	Care Providers of Minnesota
Provider	CentraCare Health Systems
Provider	Children's Hospitals & Clinics of MN
Provider	CVS Pharmacy
Payer	Delta Dental of Minnesota
Provider	Essentia Health
Provider	Fairview Health Services
Provider	HealthEast
Payer	HealthEZ
Payer	HealthPartners - Health Plan
Provider	HealthPartners - Medical Group and Regions Hospital
Provider	Hennepin County Medical Center
Provider	Mayo Clinic
Payer	Medica
Payer	Metropolitan Health Plan
Provider	Minnesota Medical Group Management Association (MMGMA)
Provider	Minnesota Chiropractic Association
Payer	Minnesota Council of Health Plans
Provider	Minnesota Dental Association
Payer	Minnesota Dept of Human Services
Payer	Minnesota Dept of Labor and Industry
Provider	Minnesota HomeCare Association
Provider	Minnesota Hospital Association
Provider	Minnesota Pharmacists Association
Payer	Noridian Administrative Services, LLC
Provider	Olmsted Medical Center
Provider	Park Nicollet Health Services
Provider	PrairieCare
Payer	PreferredOne
Payer	PrimeWest Health
Provider	Sanford Health
Payer	Sanford Health Plan
Payer	Silverscript

Provider/Payer	Organization
Provider	St. Luke's
Provider	University of Minnesota Physicians
Payer	UCare
Payer	UnitedHealth Group Information Technologies
Payer	WPS

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B. Presentation to AUC at planning webinar, January 22, 2013

2/13/2013 1

Clicking on the picture above in the electronic version of this document will open up the presentation.

This presentation is also available in .pdf format on the AUC website at: http://www.health.state.mn.us/auc/infoops.htm. (Click on the "PDF" meeting materials link for January 22, 2013 to open the .pdf document and scroll down to the presentation.)

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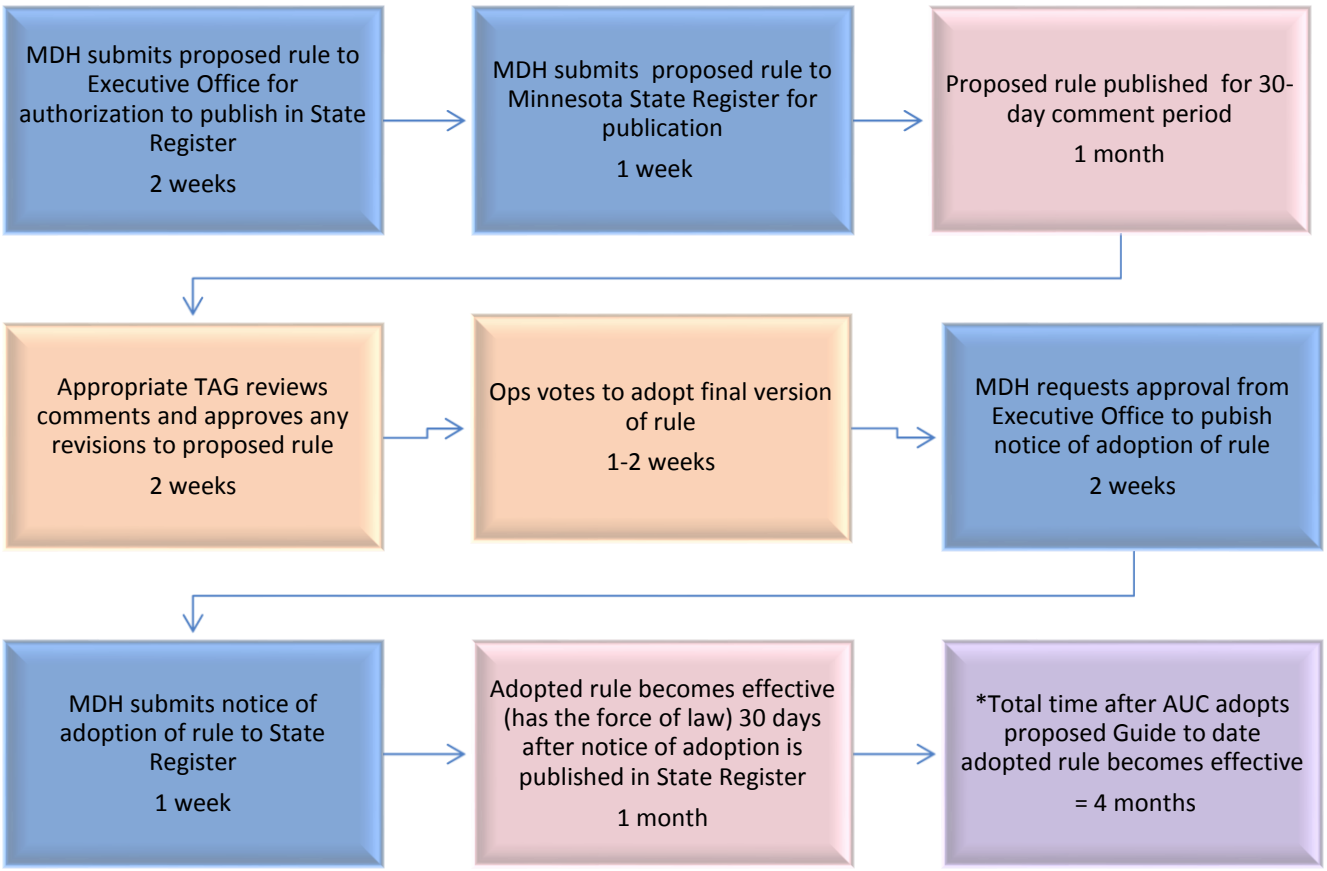
C. Brief summary of rulemaking process

Timeline with Minimum Steps and Time Needed

The AUC advises MDH regarding rules for the standard, electronic exchange of health care administrative transactions. The rules are adopted following a process in Minnesota Statutes, section 62J.61. The rulemaking timeline below is provided to assist AUC planning. **It is important to remember that the steps shown below typically require a *minimum* of 4 months to complete, not including any time spent by the AUC and its TAGs in advance helping develop the rules.**

The diagram below illustrates the steps required to adopt into rule any recommendations approved by the AUC. It does not include the time spent by the TAGs and the AUC in developing any recommendations for rules to MDH.



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D. Timelines for national/federal administrative simplification initiatives

Deadlines and Key Dates, HIPAA and ACA

January 1, 2012	ASC X12N **Version 5010** Standards
January 1, 2012	**NCPDP Version D.O** Retail Pharmacy Standards
January 1, 2012	**NCPDP Version 3.0** Medicaid Pharmacy Subrogation
January 1, 2013	Effective date for operating rules for **eligibility for health plan** and **health claims status transactions**
December 31, 2013	**Certification, Part 1 –** Health plan must certify data and information systems are in compliance with applicable standards and operating rules for • **eligibility for a health plan** • **health claim status** • **health care electronic funds transfers (EFT) and remittance advice**
January 1, 2014	Effective date of operating rules for • **health care electronic funds transfers (EFT) and remittance advice**
January 1, 2014	Effective date of standards for • **electronic funds transfers (EFT)**
October 1, 2014	**ICD-10 CM and ICD-10 PCS**
November 5, 2014	Health Plans (Controlling Health Plan or CHPs) must obtain **Health Plan Identifier (HPID)-**small health plans have until November 5, 2015
December 31, 2015	**Certification, Part 2 –** Health plan must certify that its data and information systems are in compliance with applicable standards and operating rules for: • **health claims or equivalent encounter information** • **enrollment and disenrollment in a health plan** • **health plan premium payments** • **referral certification and authorization** • **health claims attachments**
January 1, 2016	Effective Date of operating rules for: • **health claims or equivalent encounter information** • **enrollment and disenrollment in a health plan** • **health plan premium payments** • **referral certification and authorization** Effective Date of standard and operating rules for: • **health claims attachments**
November 7, 2016	**Covered Entities must use HPID to identify health plans in transactions**

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E. Designated standards maintenance orgs & advisory groups

ORGANIZATION	PURPOSE/ROLE	WEBSITE
ASC X12 (Accredited Standards Committee)	X12 was charted in 1979 by the American National Standards Institute (ANSI) and is responsible for managing the EDI standards adopted under HIPAA.	http://www.x12.org/
CAQH CORE (aka CORE)-Committee on Operating Rules for Information Exchange	CORE is a multi-stakeholder collaborative of providers, health plans, vendors, government agencies, and standard-setting bodies facilitated by CAQH to develop operating rules to simplify healthcare administrative transactions.	http://www.caqh.org/benefits.php
WEDI (Workgroup for Electronic Data Interchange	WEDI is a coalition comprised of a cross-section of the healthcare industry and is the leading authority on the use of Health IT to improve healthcare information exchange in order to enhance the quality of care, improve efficiency and to reduce costs of the American healthcare system. WEDI also serves as an advisor to Health and Human Services (HHS).	http://www.wedi.org/
NCPDP (National Council for Prescription Drug Programs)	NCPDP is a not-for-profit, ANSI-accredited standards development organization that creates and promotes data interchange standards for the pharmacy services sector of the healthcare industry.	http://www.ncpdp.org/
NUCC (National Uniform Claim Committee)	The NUCC is a voluntary organization created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers. (HIPAA)	http://www.nucc.org/
NUBC (National Uniform Billing Committee)	The NUBC was formed to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims. NUBC serves as the forum for discussions that lead to mutually agreed data elements for the claim as well as the data elements for other claim related transactions.	http://www.nubc.org/
AMA (for CPT codes)	The American Medical Association publishes the Current Procedural Terminology; the most widely accepted medical nomenclature used to report medical procedures and services under public and private health insurance programs.	http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page
ADA SCID (American Dental Association Standards Committee on Dental Informatics)	The ADA is the accredited dental standards body of the ANSI. The ADA SCID *develops informatics standards, specifications, technical reports, and guidelines and interacts with other entities involved in the development of health informatics standards aimed at implementation across the dental profession*.	http://www.ada.org/275.aspx
NCVHS (National Committee on Vital and Health Statistics)	NCVHS is the statutory advisory committee with responsibility for providing recommendations on health information policy and standards to the Secretary of Health and Human Services. Under HIPAA, NCVHS is to advise the Secretary on the adoption of standards and code sets for HIPAA transaction and under the ACA, it provides advice and recommendations to HHS on the development of uniform operating rules for electronic exchange of information not defined by a standards or its implementation specification.	http://www.ncvhs.hhs.gov/

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F. Links to selected informational resources

Selected links to information on topics of possible interest

Topic	Selected Links
5010	http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/18_5010D0.html http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0
Accountable Care Organizations (ACOs) and bundled payments	http://innovation.cms.gov/initiatives/aco/index.html http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html?redirect=/aco/ http://innovation.cms.gov/initiatives/bundled-payments/index.html http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4515&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date http://innovation.cms.gov/initiatives/Bundled-Payments/learning-area.html
Health Insurance Exchange	http://www.healthcare.gov/index.html http://www.healthcare.gov/marketplace/index.html http://mn.gov/health-reform/topics/exchange/
Health Plan Identifier (HPID)	http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html
ICD-10	http://www.cms.gov/Medicare/Coding/ICD10/index.html http://www.wedi.org/topics/icd-10
Operating rules	http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/OperatingRulesforHIPAATransactions.html http://www.caqh.org/ORMandate_index.php http://www.caqh.org/CORE_Education_Events.php