



## AUC OPERATIONS COMMITTEE MEETING MINUTES for the March 12, 2013 meeting

| Topic   | Discussion  | Action/Follow-up |
|---|---|------------------|
| Welcome and Introductions – Keri Silvernagel                                    | Attendance was taken  |                  |
| AUC Anti-trust Statement Reminder   | Co-chair Keri Silvernagel asked members to be mindful of the anti-trust statement during discussion   |                  |
| Attendance Count for Quorum – Dave Haugen, Minnesota Department of Health (MDH) | Dave Haugen reported that a quorum was not present  |                  |
| Executive Committee – Keri Silvernagel  | Kerri Silvernagel introduced Bob Aliperto and Richie Howell of Fairview Health System as the new AUC co-chairs for 2013. Laurie Darst and Beth Stanley of Mayo were recognized as the outgoing co-chairs. |                  |

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| <p>Priority setting for AUC for 2013</p> | <p>Dave Haugen reviewed a meeting document entitled “Preliminary Summary of Key Highlights from 2013 AUC Planning Sessions.” The document was developed following AUC Operations Committee planning sessions held in January and February this year and additional discussions with the AUC Executive Committee. It described topics that were discussed during the planning sessions, their possible implications for the AUC, and possible next steps. The topics, as well as brief summaries of discussion and next steps from the March 12, 2013 Operations meeting follow.</p> <p>1. <u>Implementation of ICD-10</u></p> <p>All HIPAA-covered entities must implement ICD-10 by 10/01/2014. Because of the significant time and resource requirements of ICD-10, as well as its potential implications for billing and coding, the AUC is interested in remaining current regarding the status of ICD-10 implementation and any issues or challenges. Another organization, the Minnesota ICD-10 Collaborative, has been actively working to help implement ICD-10.</p> <p>It was agreed at the Operations meeting to: communicate the AUC’s interests to the ICD-10 Collaborative; and to request that the Collaborative help inform Operations of the Collaborative’s activities and the status of ICD-10 implementation.</p> <p>2. <u>Health Plan ID (HPID)/ Other Entity ID</u></p> <p>HIPAA covered entities must use HPID in standard transactions no later than 11/7/2016. There are numerous questions regarding how payers will enumerate in practice, how the HPID will be used in standard transactions, and the possible uses and timing of HPID related to health insurance exchanges, Medicare Advantage ID cards, and other issues.</p> <p>A straw poll of those attending the meeting was conducted to determine interest in forming an HPID Technical Advisory Group (TAG) to assist in implementing HPID. The poll was unanimous for forming the TAG as soon as possible. Dave Andersen of Medica volunteered to co-chair the TAG. Because a quorum was not present for the meeting and the straw poll was not binding, a vote of the full AUC will be taken regarding formation of the TAG.</p> | <p><i>[Note: The AUC Executive Committee met 4/1/13 and will be following up to connect with the ICD-10 Collaborative.]</i></p> <p>MDH staff will conduct an email vote of the AUC members regarding creation of an HPID/OEID TAG.</p> <p><i>[Note: The above vote was completed and the creation of the TAG was approved. An announcement was sent to Operations members notifying them of the new TAG and requesting that the contact MDH if interested in joining. At this time, the HPID TAG first meeting is scheduled for April 25, 2013, with more details to follow.]</i></p> |

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|       | <p>3. <u>Monitoring and Implementing ACA-mandated operating rules and transactions standards</u></p> <p>The Accountable Care Act (ACA) mandates adoption of several additional operating rules by 2016, as well as adoption of a claims attachment standard and related operating rules. At a minimum, the AUC will need to be aware of and closely monitor these developments in order to implement the rules and standards. However, an open question remained during discussion about whether the AUC also wanted to be more proactive in not only monitoring the developments, but in also influencing and shaping them. It was noted that several national standards setting and advisory organizations are making significant efforts to educate and involve their stakeholders in the forthcoming operating rules and standards. It was also noted that several states are also undertaking health care simplification initiatives, and that there may be opportunities through the National Governor’s Association (NGA) and/or contacting other states directly, to share information and to potentially work together on issues of common interest.</p> <p>It was agreed that the AUC should at a minimum monitor operating rule and standards developments. The monitoring will include tracking the activities and products of national standards setting and advisory organizations. In addition, the AUC will explore possible information exchanges or collaborations on administrative simplification with other states and other organizations.</p> <p>4. <u>Health Insurance Exchange (HIX)</u></p> <p>Health insurance exchanges are new marketplaces for individual and small group health insurance that will start enrolling consumers starting in October 2013.</p> <p>The AUC expressed interest in learning more about the HIX in Minnesota and its possible implications for the AUC. It also had raised questions about possible interactions between the AUC Eligibility TAG and HIX eligibility determinations. However, it was pointed out the HIX is primarily focused on determining financial eligibility for public programs such as Medical Assistance (MA) and public subsidies. This is different than the focus of the Eligibility TAG, which works with the ASC X12 270-271 transaction for determining eligibility for insurance benefits and covered health care services. As a result, the AUC remains interested in learning more about the state’s HIX but anticipates much less connection between HIX implementation and the work of the Eligibility TAG. At this time the AUC is especially interested in better understanding any requirements and/or options for health plans to use HPID in their interactions with the HIX.</p> | <p>MDH staff will compile information regarding resources and activities of several organizations, including CORE, WEDI, X12. The information will be shared with the AUC to aid in monitoring and implementing operating rules and transactions standards. MDH staff will also make preliminary contacts with NGA and other states to share information and ideas regarding administrative simplification interests.</p> <p>MDH staff will connect with HIX staff for additional information and updates.</p> |

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|       | <p>5. <u>New payment and care delivery models (“baskets of care”/ “bundled services” / “Accountable Care Organizations”)</u></p> <p>State and national health reforms have resulted in new forms of care delivery and payment that pose a variety of challenges and uncertainties for the health care industry. Organizations such as WEDI are also examining the new models. It was suggested that the AUC convene a group or forum to provide WEDI and other organizations with feedback regarding implementation of new delivery and payment models. It was agreed to explore this feedback concept further through the AUC Executive Committee.</p> <p>6. <u>Credentialing</u></p> <p>Providers are currently credentialed by a variety of payers, through a variety of mechanisms that often seek similar information. The AUC has expressed interest in a streamlined, “one-stop shop” for credentialing. It was noted that the Minnesota Council of Health Plans has developed a “Minnesota Credentialing Collaborative (MCC),” a centralized, web-based clearinghouse for information used in the credentialing process. It was agreed that the AUC will request and review additional information regarding the MCC and any other relevant credentialing resources for further possible discussions.</p> <p>7. <u>Problem solving and engagement</u></p> <p>Providers, payers, vendors, and others must overcome both internal and external challenges to successfully implement and comply with administrative simplification requirements and best practices. Issues and concerns will often arise that must be resolved.</p> <p>There are several ways that questions and issues may be addressed. The Minnesota Department of Health (MDH) works with the AUC to help address issues and questions through the Minnesota Uniform Companion Guides, best practices, and responses to individual questions.</p> <p>MDH is also authorized to enforce the law requiring standard, electronic exchanges of health care administrative transactions. MDH follows an enforcement process defined in statute that requires: seeking voluntary compliance to the extent possible; use of a defined process for responding to and investigating complaints of noncompliance; and seeking informal resolution of complaints. While the law also authorizes MDH to impose penalties (fines) for noncompliance, the primary goal is not to collect fines but to help bring about compliance. MDH responds to all complaints, questions, and requests for assistance following the statutory process.</p> <p>There is no single communication or problem solving strategy is likely to meet all needs or be</p> | <p>MDH staff will contact the MCC and other possible credentialing resources for information to share with the AUC.</p> |

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|       | <p>correct for all situations. Some issues and concerns may need to be addressed directly between the affected parties themselves. Others may benefit from broader input, structured facilitation, or other approaches. In some cases, the AUC may serve a valuable function as forum, source of expertise, and convener. However, the AUC will also have limited time, resources, and capabilities for responding to all types of issues and concerns.</p> <p>An important part of the work to be undertaken by the AUC, as well as by stakeholders individually or in small groups, and by MDH, will be to help identify and address challenges to achieving administrative simplification and its benefits in practice. The AUC discussed that there is no “one size fits all” approach to all issues, and that a variety of responses will be needed. In planning for 2013 activities and priorities, the AUC can anticipate helping address issues in a variety of ways, but some issues will be outside its scope or require other venues or resources.</p> <p><u>MDH Update</u></p> <p>MDH provided a brief update following the discussion of the “Preliminary Summary of Key Highlights ...” above. It noted that the AUC played an important part in “annual maintenance” updates and revisions to the Minnesota Uniform Companion Guides that began in 2012 and that are being completed now.</p> <p>It will be important to also anticipate any additional companion guide updates that may be needed in 2013, and to fine-tune the updating process as needed. For example, it will be important to address questions such as: the timing and intervals between routine maintenance updates; the levels of information that need to be included in the guides, and the best ways to convey the information; and the tradeoffs between incorporating information directly in the guides, which maintains instructions and requirements in a single location but is more difficult to maintain and keep current, versus incorporating information by reference, which minimizes guide maintenance, but disperses information in more than one location. Additional discussions with the AUC will be needed to further plan companion guide maintenance for 2013.</p> <p><u>Requirement for companion guide</u></p> <p>MDH also summarized a statutory companion guide requirement to be completed by MDH and the AUC by January 1, 2014. Minnesota Statutes 62J.497, subd. 5 requires that</p> <p><i>“b) By January 1, 2014, the Minnesota Administrative Uniformity Committee shall develop the standard companion guide by which providers and group purchasers will exchange standard drug authorization requests using electronic data interchange</i></p> | <p>MDH will begin further planning for meeting the requirement, including researching the status of current standards for prescription drug prior authorization (PA).</p> |

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|                                    | <p><i>standards, if available, with the goal of alignment with standards that are or will potentially be used nationally.</i></p> <p><i>c) No later than January 1, 2015, drug prior authorization requests must be accessible and submitted by health care providers, and accepted by group purchasers, electronically through secure electronic transmissions. Facsimile shall not be considered electronic transmission.”</i></p> <p>The law follows a previous requirement completed by MDH and the AUC for development of standardized prescription drug prior authorization (PA) form. As part of that activity, the AUC and MDH learned about limitations in current prior authorization standards for prescription drugs, and work then underway to develop a new standard that was more specific for prescription drug PA. A first step in meeting the statutory charge above will be to obtain more information regarding the current status of standards for prescription drug PA.</p> <p><u>NGS/MAC update</u><br/>Trisha Schirmers of Allina briefly updated Operations regarding changes in the Medicare “J6” contractor. National Government Services (NGS) will assume responsibility for Medicare Administrative Contractor (MAC) services for Medicare region J6 (Minnesota, Wisconsin, and Illinois) later this year. The cutover dates from the current MAC contractors to NGS are:</p> <table border="1" data-bbox="367 938 1503 1227"> <thead> <tr> <th>Current Contractor</th> <th>Workload</th> <th>Cutover Date</th> </tr> </thead> <tbody> <tr> <td>National Government Services</td> <td>Illinois and Wisconsin Part A, HHH, FQHC</td> <td>July 13, 2013</td> </tr> <tr> <td>Noridian</td> <td>Minnesota Part A</td> <td>August 10, 2013</td> </tr> <tr> <td>Wisconsin Physician Services (WPS)</td> <td>Minnesota, Wisconsin, and Illinois Part B</td> <td>September 7, 2013</td> </tr> </tbody> </table> <p>Trisha noted several tasks and next steps associated with the MAC crossover that must be completed by health care providers. This information is available in an NGS presentation that will be emailed to AUC members.</p> | Current Contractor | Workload | Cutover Date | National Government Services | Illinois and Wisconsin Part A, HHH, FQHC | July 13, 2013 | Noridian | Minnesota Part A | August 10, 2013 | Wisconsin Physician Services (WPS) | Minnesota, Wisconsin, and Illinois Part B | September 7, 2013 | <p><i>[Note: Since the 3/12/13 Operations meeting MDH has contracted for research and updates regarding the status of prescription drug PA and the concept of a corresponding companion guide.]</i></p> <p>MDH staff will email AUC members presentation materials with additional information regarding the NGS MAC update.</p> <p><i>[Note: The presentation noted above was emailed to AUC members on 3/13/14.]</i></p> |
| Current Contractor                 | Workload  | Cutover Date       |          |              |                              |  |               |          |                  |                 |                                    |   |                   |  |
| National Government Services       | Illinois and Wisconsin Part A, HHH, FQHC  | July 13, 2013      |          |              |                              |  |               |          |                  |                 |                                    |   |                   |  |
| Noridian                           | Minnesota Part A  | August 10, 2013    |          |              |                              |  |               |          |                  |                 |                                    |   |                   |  |
| Wisconsin Physician Services (WPS) | Minnesota, Wisconsin, and Illinois Part B   | September 7, 2013  |          |              |                              |  |               |          |                  |                 |                                    |   |                   |  |
| Other Business –                   | In other business it was agreed that the “Two Digit PMAP Code TAG” had completed its work and could be discontinued.  |                    |          |              |                              |  |               |          |                  |                 |                                    |   |                   |  |
| Next Meeting: June                 | After announcing the next regularly scheduled Operations meeting for June 11, 2013, the   |                    |          |              |                              |  |               |          |                  |                 |                                    |   |                   |  |

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| 11, 2013 from 2:00 p.m. to 4:00 p.m. – Blue Cross and Blue Shield-Egan, 1750 Yankee Doodle Road, Yankee North Bldg., Minnehaha and Como Park Rooms | meeting was adjourned. |                         |