AUC Operations Meeting, Tuesday, March 12, 2013 - 2:00 pm – 4:00 pm

Blue Cross and Blue Shield of Minnesota, 1750 Yankee Doodle Road – Yankee North Building, Minnehaha and Como Park Rooms, Eagan, MN.

AUC Meeting Process for Phone in Participants to AUC Operations and Technical Advisory Group Meetings:
If meeting participants have the need to have their name shown as an "attendee" on meeting notes for the AUC meeting which they have participated in via conference call, they must do the following:

- Email the AUC email box at: health.auc@state.mn.us with your name and the name of the organization you represent, and the name and date of the AUC meeting participated in, within 24 hours of participation in the AUC meeting.

- Introduce yourself via phone and please clearly indicate your full name, and the full name of the organization you represent, and, if applicable, if you are the primary or alternate AUC voting member for the AUC member organization. (This will assist the AUC in establishing if a quorum exists).

Thank you for your assistance.

Depending on the location of each participant, the call may be local or long distance. Long distance rates or tolls would be charged by the phone company that each caller uses (e.g. Sprint, MCI, AT&T, etc.). **Please see the following link to help eliminate background noise on the conference call:**
http://www.freeconference.com/ConferenceQuality.aspx

Teleconference Information

Dial in number: 1-605-475-5950. **Participant Access Code is**: 337213
WebEx instructions:
1. To start the WebEx session, go to: https://health-state-mn-ustraining.webex.com
2. Under "Attend a Session," click "Live Sessions"
3. Click on the session for "AUC Operations Committee Meeting"
4. Provide your name, email address, and the following password: Ops2010! (Note: the password must be typed in; it cannot be cut and pasted. The exclamation mark at the end is part of the password.)
5. Click "Join now"

Administrative Uniformity Committee

AUC Operations Meeting
Tuesday, March 12, 2013 - 2:00 pm – 4:00 pm

Meeting location: Blue Cross and Blue Shield of Minnesota, 1750 Yankee Doodle Road – Yankee North Building, Minnehaha and Como Park Rooms, Eagan, MN 55121

Purpose of the meeting: The primary purpose of the meeting is to review and discuss the results of two recent planning sessions, and to set priorities for 2013.

AGENDA

1. Minute Taker for Today –Dave Haugen

2. Welcome and Introductions– Keri Silvernagel

   (Phone Participants asked to only announce your organization one time)

3. AUC Anti-trust Statement Reminder – Keri Silvernagel

4. Attendance Count for Quorum –Dave Haugen

5. Executive Committee – Keri Silvernagel

6. Priority setting for AUC for 2013

   a. Review of AUC planning discussions

   b. MDH update

      i. Status of companion guide maintenance

      ii. Legislated study

   c. NGS/MAC update – Trisha Schirmers

   d. Other

7. Other Business

Next Meeting: June 11, 2013 from 2:00 PM to 4:00 PM
Blue Cross and Blue Shield of Minnesota, 1750 Yankee Doodle Road – Yankee North Building, Minnehaha and Como Park Rooms, Eagan, MN.

WebEx Troubleshooting:
- At the top of the screen, you may see
  - *One moment please…*
- Above that, there may be a dialogue box that says
  - *To help protect your security, Internet Explorer blocked this site from downloading files to your computer. Click here for options…*
- Right click on this text and select
  - *Download File*
- If any other message boxes appear, click
  - *Run*
  - Note: You may need to minimize all other open windows on your screen to see these message boxes
- Wait
- WebEx screen should appear

Preliminary Summary of Key Highlights from AUC 2013 Planning Sessions

Based on AUC Operations planning sessions and discussions with the AUC Executive Committee
(topics most frequently raised, topics receiving the most discussion)

Key Issue/ Opportunity/Concern	Description/Discussion/Implications for the AUC	Possible next steps for the AUC	Additional comments/discussion
Implementation of ICD-10	HIPAA-covered entities must implement ICD-10 by 10/1/14. This requires resources and bandwidth that will affect the AUC's capacity and priorities for administrative simplification.	Consider engaging with the MN ICD-10 Collaborative's communication group for information sharing to stay abreast of ICD-10 developments.	
	Another organization, the MN ICD-10 Collaborative has been actively working to help implement ICD-10. The Collaborative has 24 organizational members with significant overlap among AUC organizational members. The focus of the Collaborative is now on testing. The Collaborative also has a communications group that is charged with ongoing communication and education with stakeholders and the industry regarding ICD-10.	Consider referring future ICD-10 coding-related issues to the AUC Medical Code TAG for review and any recommendations. (MN ICD-10 Collaborative members indicate that, based on current testing schedules, coding issues are probably unlikely until late 2013 or early 2014.)	
Health Plan ID (HPID)/Other Entity ID	HIPAA covered entities must use HPID in standard transactions by 11/7/2016. As with ICD-10, the implementation of HPID will require bandwidth and resources. There are also numerous questions about how payers will	Consider an approach to implementing HPID/OEID similar to that used for NPI. Consider creating a new TAG charged with discussing and communicating payers' enumeration strategies. The TAG	

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	enumerate and how the IDs will be used in the standard transactions.	could also review where and how the HPID/OEID will be used in the transactions and share this information with the other TAGs. In addition, it could also help monitor and contribute to national level HPID discussions.	
Monitoring and implementing ACA-mandated operating rules and transactions standards	In addition to HPID described above, the ACA also mandates additional operating rules for use no later than 1/1/2016 for: • health care claims or equivalent encounter information; • coordination of benefits; • health plan enrollment/disenrollment; • health plan premium payment; and • referral certification and authorization transaction. The ACA also requires adoption and use of a standard for claims attachments by 2016. Moreover, CORE has also completed recent updates to the operating rules for eRA, with other changes pending in the relatively near future. A key question will be how the AUC can best stay	Consider strategies to be informed of and to have influence in the development and implementation of operating rules and transaction standards, and the trade-offs of those strategies. In particular, consider strategies and trade-offs to being more "pro-active" vs. "reactive" in monitoring and influencing national decisions. Take into account band-width implications, resource needs, and other priorities when considering possible strategies.	

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	informed of, and participate to the extent it desires, in development of the rules and standards.		
Health Insurance Exchange (HIX)	Health insurance exchanges are new marketplaces for individual and small group health insurance that will start enrolling consumers starting in October 2013. The AUC expressed interest in learning more about the HIX in Minnesota and its possible implications for the AUC. It also raised questions about possible interactions between the AUC Eligibility TAG and the HIX eligibility determinations. However, the HIX determines financial eligibility for public programs such as Medical Assistance (MA) and public subsidies, rather than eligibility for specific insurance benefits and covered services as determined through exchanges of the standard 270-271 transactions.	Learn more about HIX and any possible implications for the AUC.	
	The ACA and state health reforms seek to foster the development and implementation of new	Similar to the discussion of monitoring and implementing operating rules above,	

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New payment and care delivery models ("baskets of care"/ "bundled services"/ "Accountable Care Organizations")	care delivery and payment models. As new models proliferate there are questions about the degree to which standard transactions and coding are keeping up, and needs for agreed upon methods for billing.	the AUC may want to consider strategies to monitor and influence national discussions about new payment and care delivery models, as well as the trade-offs of those strategies.	
Credentialing	"Credentialing is a systematic approach to the collection and verification of a provider's professional qualifications."[1] Currently providers are credentialed by a variety of payers, through a variety of mechanisms that often seek similar information. Independent credentialing has been defended on the basis that it is needed to assure proper due diligence and consumer protections in contracting with and reimbursing providers. Others have criticized the current credentialing process for what they consider needless duplication of effort with little additional value added.	The AUC could explore opportunities to improve and streamline the credentialing process.	

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[1] Health care professionals: Joining the network FAQs at: http://www.aetna.com/faqs-health-insurance/health-care-professionals-join-network.html .

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Problem solving and engagement	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 addressed. However, no single communication or problem solving strategy is likely to meet all needs or be correct for all situations. Some issues and concerns may be more specific and may need to be addressed more directly between the 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 have limited time, resources, and capabilities for responding to all types of issues and concerns.	In the absence of a single "one size fits all" approach to resolving problems and concerns, AUC members and the AUC leadership may need to discuss and explore a variety of options for resolving issues. At the same time, it will be important to recognize concerns that are raised, and to support efforts to bring about practical, needed solutions.	