

Draft Notes from the 10-15-13 AUC Operations Meeting

Keri Silvernagel convened the meeting. Attendees introduced themselves and Keri reminded the group of the AUC Antitrust Statement.

Dave Anderson provided an overview of the HPID webinar that was the primary agenda item for the meeting and then turned the presentation over to Laurie Darst. The webinar slide deck is posted at <http://www.health.state.mn.us/auc/infoops.htm>.

Laurie Darst presented the majority of the webinar and noted:

She was presenting in her role as the WEDI co-chair and that the focus for the discussion was the business impacts of HPID. HPID presented several challenges but also opportunities for collaboration. HPID is now being implemented nearly 20 years after its original vision in HIPAA. It is important to ask if we have the same challenges now as 20 years ago. The number 1 question Laurie is hearing is “why are we doing HPID?” and “what is the ROI on HPID”? She further explained that she would be presenting on the “who, what, when, where, why and how” of HPID, but that the “how” series of questions was the most challenging.

Laurie provided a brief overview of the timing of HPID requirements and noted that health plans have to work quickly in order to enumerate by the required deadline. Providers however would have more time, and could respond when the health plans have enumerated themselves.

She noted that the original HIPAA regulations did not include self-insured health plans in the HIPAA definition of health plans. However, the current HPID regulations include self-insured health plans if they are a controlling entity. Education is needed nationally so that everyone is aware of impact on self-insured plans.

Laurie reported that the industry will need to help answer many unanswered questions about HPID. She also reported that as a result of ongoing questions about HPID it appeared that previous requirements for health plans to certify that they were compliant with federal operating rules might be delayed, as well as requirements for implementing standard claims attachments.

She then discussed several types of unresolved “how” questions, including how health plans will enumerate and what levels of granularity. She and Dave Anderson briefly discussed Medica’s enumeration plans as an example. Based on its structure and CHP/SHP definitions, Medica plans to enumerate itself with three HPIDs. However, Medica will be operating off three claim payment platforms and two payer IDs, none of which correlate with any of the three CHP HPIDs.

Medica’s scenario also set the stage for Laurie’s presentation of questions related to how providers would map and cross walk the HPID to other identifiers. She explained that while ID numbers are needed for transactions and routing, they are also maintained for business purposes to reflect providers’ contracts, fee schedules, and reporting to health plans. There are many challenges to mapping and cross-walking among the various identifiers. The number one risk is the routing process. It’s important to know each stakeholder’s perspective in how they cross-walk their internal tables; it will not be

apparent. In addition, if the IDs are mapped incorrectly, trading partners risk exchanging personally identifiable health information with the wrong parties, thereby creating potential HIPAA privacy violations.

Laurie pointed out that the implications of HPID are widespread, and affect all clearinghouse functions, and remittance advices as well as claims. It has become clear that Payers will need to map HPID into 835 when claim is denied.

Laurie noted that the industry will have to work together to answer many questions associated with the implementation of HPID, similar to the AUC and to previous collaborations like the state's HIPAA collaborative.

Dave Andersen completed the HPID presentation with a reminder that the AUC HPID TAG meeting is scheduled for October 24 and encouraged AUC members not part of the TAG become a part of it. He announced that NCVHS will have a public hearing regarding HPID and perhaps the AUC would like to send comments from the HPID TAG. (It was later clarified that the NVCHS meeting to discuss HPID would be in February 2014.) Meeting attendees were reminded that the TAG meetings are open to the public, and that if they wished to be noted as formal TAG members they should contact Dave Andersen, or MDH staff, Dave Haugen and Judy Edwards. Dave Andersen also announced that Laurie Burckhardt offered to make a presentation to discuss HPID technical issues identified by X12.

In discussion following the presentation a question was asked about industry and WEDI response to HPID issues noted in the presentation. Laurie said that a WEDI Policy Analysis Group (PAG) had convened in late August this year to develop feedback for CMS. One idea that was raised to possibly be forwarded to CMS was the suggestion to have health plans enumerate with HPID, but to delay use of the HPID on the standard transactions.

That concluded the HPID webinar and discussion. Laurie and Dave were thanked for their work on this topic.

The discussion then shifted to questions about implementation in practice of the health insurance 90 day grace period for nonpayment of premiums. Keri Silvernagel said she contacted the Minnesota Council of Health Plans for information about health plans' notification of providers of the 90-day grace period. The Council reported that health plans will follow the federal regulations, and that they plan to pay claims during the first 30 days of the grace period, and to pend claims for days 31-90. Some plans reported they would notify providers of the grace period coming through letters, while others desired a standard transaction to communicate the information. However, appropriate codes are needed to communicate the information as part of standard transactions.

Laurie Darst noted that it would be especially important to communicate grace period information as part of the 270-271 transaction, and that X12 was discussing this type of communication as part of an RFI. Laurie subsequently emailed MDH staff with an excerpt from X12 RFI no. 1806, which staff then emailed to the AUC Operations member distribution list.

There being no other agenda items, or other business, the meeting adjourned at approximately 3:00 pm.