Administrative Uniformity Committee

AUC Quarterly Operations Meeting
Tuesday, December 10, 2013   2:00 pm – 4:00 pm

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

Attending the meeting via teleconference/Webex: Please see the information on the next page.

Purpose of the meeting: The purpose of the meeting is to provide 2013 year-end summary and review; discuss current status of the AUC 2013 priorities; discuss AUC leadership; and begin initial planning of AUC activities for 2014.

AGENDA

1. Minute Taker for Today – Judy Edwards
2. Welcome and Introductions– Keri Silvernagel
3. AUC Anti-trust Statement Reminder – Keri Silvernagel
4. Attendance Count for Quorum –Dave Haugen
5. Transitions to 2014
    a. Leadership
    b. Recognition
6. 2013 year-end summary and review
7. Current status and updates
8. Initial plans for 2014
    a. Customer (AUC) satisfaction survey
    b. Follow-up on HPID, ICD-10, and other issues/questions
    c. Discussions of transactions for new forms of care delivery/payment (bundled payment, ACOs, etc.)
9. Other business

Next AUC Operations Quarterly Meeting:
2:00 PM to 4:00 PM
March 11, 2014
Location: TBD

Administrative Uniformity Committee

Information for those attending the meeting via teleconference/Webex

Dial in number:	1-605-475-5950.
Participant Access Code:	337213

Please do not put your phone on "hold." Please mute your line (*6) when not speaking to the group. To unmute your line, press *6. Callers are responsible for any long distance charges.

Please see the following link to help eliminate background noise on the conference call: http://www.freeconference.com/ConferenceQuality.aspx

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"

If meeting participants would like to have their attendance recorded for the minutes:

- When instructed by the chair, please introduce yourself and the 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).

- 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.

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 and the WebEx screen should appear.

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.

AUC OPERATIONS MEETING DECEMBER 10, 2013

2013 YEAR-END SUMMARY AND REVIEW

AUC 2013 PRIORITIES

Goals	Status
• Implementation of ICD-10 o Consider engaging with the MN ICD-10 Collaborative communication group for information-sharing	Completed
• Create HPID/OEID TAG	Completed
• Engage providers, payers, vendors, and others	
• Learn more about HIX and any possible implications for the AUC	Completed

AUC 2013 PRIORITIES (cont.)

| Goals	Status

• Monitor and implement ACA-mandated operating rules and transaction standards
  ○ Challenges of bundling/baskets/ACOs
  ○ Consider group to inform an organization like WEDI
	Incomplete

• Explore opportunities to improve and streamline the credentialing process ○ Review and report on Council's model	

2013 ACCOMPLISHMENTS

- MDH hired consultant to work with Minnesota Rx ePA TAG

- AUC Created Rx ePA TAG
  o Reviewed draft NCPDP PA implementation guide

  o Provided list of clarifications/enhancements for revisions and updates to the NDPCP SCRIPT Standard Implementation guide

  o Developed Minnesota standard Rx ePA companion guide

2013 ACCOMPLISHMENTS (cont.)

- MDH Hired consultant to assist with identifying outreach and education initiatives

- Created Acknowledgments Training PowerPoint Best Practice

- Reconvened AUC Legislative TAG
  - Completed review and update of Administrative Simplification Act, MS, sections 62J.50-62J.61

  - MDH still developing its legislative agenda

2013 ACCOMPLISHMENTS (cont.-1)

- Revised the SBAR form and instructions to include a description of the SBAR process

- Completed maintenance of the MN Uniform Companion Guides
  - 270/271 Eligibility

  - 835 Payment/Advice

  - 837 Professional, Dental & Institutional
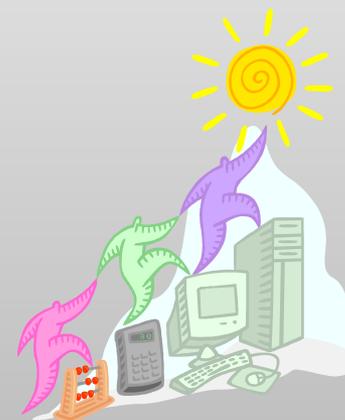
2013 ACCOMPLISHMENTS (cont.-2)

- Updated the AUC website, including all of the TAG's missions, statement of works, accomplishments, and work plans.

- Updated the AUC Best Practices, including the Minnesota Community Coding Practice/Recommendation Table v4.0

2013 ACCOMPLISHMENTS (cont.-3)

- Meetings:
  - 41 AUC meetings (as of 12/3/13)
  - Several ASA compliance meetings with DLI
  - 6 SBAR/new legislation meetings with DHS

- Correspondence:
  - 138 AUC email and phone inquiries
  - 245 AUC co-chairs
  - 9 GovDelivery to 3,092 subscribers

2013 ACCOMPLISHMENTS (cont.-4)

- Submitted one change request to X12 re AMT segment

- Submitted one comment to X12 - add reminder that TR2 must be compliant with operating rules

- Published eight AUC newsletters

- Implementation and Compliance Updates
  - ICD-10 e-billing requirements

  - EFT compliance

  - Worker's Comp e-billing requirements

2013 ACCOMPLISHMENTS (cont.-5)

- Streamlined meeting schedules and activities

  - EOB/Remit TAG reduced meeting time from three hours to 1-1/2 hours

  - Claims DD TAG reduced meeting time from three hours to 1-1/2

  - Eligibility TAG changed meeting schedule from monthly to quarterly

  - MCT revised decision tree to streamline SBAR process

Operating Rules Implementation Dates

Operating Rule	Compliance Date
Electronic Funds Transfer/Remittance Advice (EFT/ERA)	January 1, 2014
ICD-10	October 1, 2014
HPID for Large Health Plans (CHPs)	November 5, 2015
HPID for Small Health Plans	November 5, 2015
Health claims or equivalent encounter information	January 1, 2016
Enrollment and disenrollment in a health plan	January 1, 2016

Operating Rules Implementation Dates

Operating Rule	Compliance Date
Health plan premium payments	January 1, 2016
Referral certification and authorization	January 1, 2016
Health claims attachments	January 1, 2016
Covered entities must use HPIDs in health plan transactions	November 7, 2016

KEY DATES FOR 2014

EVENT	DATE
EFT/ERA Implementation	January 1, 2014
MNSure Plan Coverage	January 1, 2014
WEDI 2014 Winter Forum	January 9, 2014
Minnesota e-Health Summit	June 3-4, 2014
ICD-10 Implementation	October 1, 2014
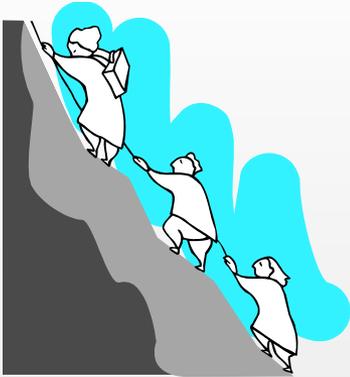
AUC 2014 GOALS

- Annual Maintenance of Companion Guides

- MDH Results Based Accountability – Customer Service Survey

- Identify Bundling/Baskets/ACOs challenges and opportunities