



Meeting notes, AUC regular quarterly Operations Committee meeting, June 14, 2016

<u>Agenda Items</u>	<u>Discussion and follow-up</u>
1. Meeting to order – Tony Rinkenberger, co-chair	Tony Rinkenberger called the meeting to order.
2. Anti-trust statement: http://www.health.state.mn.us/auc/pdfs/antitrust.pdf	Tony Rinkenberger noted the AUC anti-trust statement as posted on the AUC website.
3. Introductions - Please e-mail your attendance to health.auc@state.mn.us	Members in attendance and on the phone introduced themselves. Tony reminded those attending by phone to submit their attendance to the AUC inbox.
4. Approve minutes of previous meeting (minutes will be emailed under separate cover)	The minutes were approved.
5. Education and discussion	Key recommendations were on the need for education of how to use transactions and get the best out of them. Tim Lopez presented AAA Errors 101 at a previous Eligibility TAG meeting. He has agreed to convert his presentation into a webinar which is to be posted on the AUC website.
a. Draft Best Practice: Use of the 835 Transaction for Overpayment Recovery – Pete Anderson, co-chair, EOB/Remit TAG	Pete Anderson, co-chair, EOB/Remit TAG, reviewed a draft best practice/tutorial that the TAG is developing regarding use of the 835 transaction for overpayment recovery, which consists of three options. Members commented favorably on the scenarios/examples stating they are very much appreciated and how helpful the scenarios/examples are, especially Option 3 scenarios following Pete’s presentation. Questions were asked about the TAG’s discussion of the overpayment recovery scenarios, including were there any providers available on the TAG who made comments whether their PMS could accept the different types of scenarios. Which options are in use? Do PMS systems



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	<p>deal equally well with all three options? Was a poll take to determine which option was being used most or preferred?</p> <p>Dave Haugen said he would work with Pete Anderson to make a recording or develop self-paced instructions of these scenarios/examples and post on AUC website. He will continue to work with other co-chairs in developing these educational materials.</p>
6. Review, discussion	
<p>a. Claims companion guides</p>	<p>Dave Haugen of the Minnesota Department of Health (MDH) provided an update regarding the status of the Minnesota Uniform Companion Guides (MUCG) for the 837P and 837I claims transactions. He noted that the v12.0 837P and 837I guides were recently approved via an AUC voice vote and are pending publication as adopted rules. The v12.0 guides will include:</p> <ul style="list-style-type: none"> • updates to the cover page of the documents to replace placeholders for dates with the relevant dates; • updates to Section 3.2.5 – Claim Attachments and Notes to update the effective date of requirement to send electronic attachments (275 transaction for Workers Compensation claims) to January 1, 2017. • corrections and clarifications regarding reporting of units for timed therapy codes in section Section A.3.4.2, essentially stating “Follow HCPCS/CPT rounding rules.” Dave explained that the clarification/corrections above do not apply to billing to Medicare. <p>Dave also noted that corrections will be made to the 837D MUCG to correct an error in Appendix B: K3 Segment Usage Instructions. The instructions erroneously included instructions for using the K3 segment</p>



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	for reporting tooth number. The instructions do not apply to the 837D and will be removed.
7. Technical Advisory Group (TAG) and SBAR (questions/change requests) updates	Dave Haugen noted that the AUC monthly newsletter is providing a summary of recent TAG activity.
	<p>Theresa Noponen, Eligibility TAG Co-chair, reported at its last meeting the TAG reviewed X12's response to the TR3 comments the TAG submitted on behalf of the AUC. The TAG is now working on the limited exception for non-HIPAA payers complying with Minnesota's 270/271 transaction requirements.</p> <p>Faith Bauer, co-chair for the Medical Code TAG (MCT) reported the MCT just keep on keeping on. They are updating coding recommendation table, which is a living document because the guide is holding place for issues discussed and approved during the year prior to the annual companion guides update (also includes info not going into the guide). There are a few SBARs going through the process.</p> <p>Dave Haugen briefly presented a summary of a recent draft letter from the National Committee on Vital and Health Statistics (NCVHS) to the Secretary of the federal Department of Health and Humans Services (HHS) regarding NCVHS "Recommendations for the Proposed Phase IV Operating Rules."</p> <p>Dave explained that CQAH-CORE had prepared "phase IV" operating rules for the following transactions pursuant to requirements of the ACA:</p> <ol style="list-style-type: none"> 1) Health Plan Enrollment and Disenrollment; 2) Health Plan Premium Payment; 3) Prior Authorization; and



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	4) Health Care Claim or Equivalent Encounter Information. In its letter, NCVHS recommended that the Secretary consider the following actions: <ul style="list-style-type: none"> • Support the voluntary adoption and use of the Phase IV operating rules by the industry. • Do not adopt the Phase IV operating rules via federal regulations at this time.
8. Other business	There was no other business and the meeting was adjourned.
Next Meeting: 2:00 p.m. – 4:00 p.m., September 13, 2016 (In-person & Teleconference/WebEx) TIES Event Center, 1644 Larpenteur Avenue West, Falcon Heights, MN 55108	