AUC OPERATIONS COMMITTEE AGENDA

2:00 p.m. – 4:00 p.m., Tuesday, September 13, 2016

TIES Event Center, Hamline Room

1644 Larpenteur Avenue West, Falcon Heights, MN 55108

Note: The TIES Event Center is on the western end of the TIES complex on the corner of Larpenteur and Snelling avenues, close to the state fair grounds and the St. Paul campus of the University of Minnesota. Free parking is available in the lot immediately adjacent to the event center, on the south side of Larpenteur, about ½ block west of the Snelling/Larpenteur intersection.

Teleconference line: 1-712-832-8300   Participant passcode: 337213

*Note: Please place your phone on mute you do not wish to be heard. (Press the mute button on your phone or press *6 to mute/unmute your line.) Please do not place your phone on hold.*

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"

4. Provide your name, email address, and the following password: Ops2010! (Note: The password is case sensitive and the exclamation mark at the end is part of the password.)

5. Click "Join now"

Key Meeting Objectives:
- Discussion item: Incorporating/referencing Department of Human Services coding information as part of 837P and 837I companion guides
- Education/discussion: Use of the 278N transaction (electronic Notification of Hospital Admission)
- TAG and SBAR updates

Please see agenda on the next page

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Agenda

1. Meeting to order – Dave Anderson, co-chair

2. Anti-trust statement: http://www.health.state.mn.us/auc/pdfs/antitrust.pdf

3. Introductions - Please e-mail your attendance to health.auc@state.mn.us

4. Approve minutes of previous meeting (minutes will be emailed under separate cover)

5. Review and discussion

    a. Incorporating/referencing Department of Human Services coding information as part of 837P and 837I companion guides

6. Review, discussion

    a. Use of the 278N transaction (electronic Notification of Hospital Admission)

7. Technical Advisory Group (TAG) and SBAR (questions/change requests) updates

8. Other Business

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

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

Agenda Items	Discussion and follow-up
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. Pete Anderson developed a best practice to illustrate three options using the 835 transaction for recouping overpayments.
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 deal equally well

Agenda Items	Discussion and follow-up
	with all three options? Was a poll take to determine which option was being used most or preferred?
	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.
6. Review, discussion	
a. Claims companion guides	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: • 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. 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

Agenda Items	Discussion and follow-up
	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.
	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.

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.

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."

Dave explained that CQAH-CORE had prepared "phase IV" operating rules for the following transactions pursuant to requirements of the ACA:
1)   Health Plan Enrollment and Disenrollment; |

Agenda Items	Discussion and follow-up
	2) Health Plan Premium Payment; 3) Prior Authorization; and 4) Health Care Claim or Equivalent Encounter Information. In its letter, NCVHS recommended that the Secretary consider the following actions: • 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.
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Update -- Companion Guide maintenance as of 9-13-16

Transaction Category	Transaction	Maintenance status
Eligibility	Health Care Eligibility Benefit Inquiry and Response (270/271) (PDF)	No updates at this time
Claims, including applicable medical coding requirements	Health Care Claim: Professional (837) (PDF) Health Care Claim: Institutional (837) (PDF)	A notice of the final, AUC-approved changes for the v12 837P and 837I companion guides (adopted rules) will be announced in the State Register Sept. 19
	Health Care Claim: Dental (837) (PDF)	A 30-day public comment period regarding the proposed (v11) 837D companion guide ended Sept. 6. One comment was received, which will be reviewed with the Claims DD TAG.
	Pharmacy Claim Submission and Response (NCPDP D.0) (PDF) Pharmacy Reversal Submission and Response (NCPDP D.0) (PDF)	No updates at this time
Payment/Advice	Health Care Claim Payment/Advice (835) (PDF)	One sentence addition re. DLI workers compensation requirement in next version
Acknowledgments	Health Care Claim Acknowledgment (277CA) (PDF) Implementation Acknowledgment for Health Care Insurance (999) (PDF) Interchange Acknowledgment Segment (TA1) (PDF)	The Acknowledgment TAG is meeting Sept. 19 to review an SBAR requesting that additional Claims Status Category codes be used with Claims Status codes in the 277CA transaction. The TAGs recommendations could result in proposed changes to the 277CA companion guide.

Prescription Drug Prior Authorization	[Minnesota Companion Guide Version 1.1 for the Implementation of NCPDP Electronic Prior Authorization (ePA) Transactions [NCPDP SCRIPT Standard version 2013101] (PDF)](#)	No changes

TAG and SBAR update Recent TAG activity:

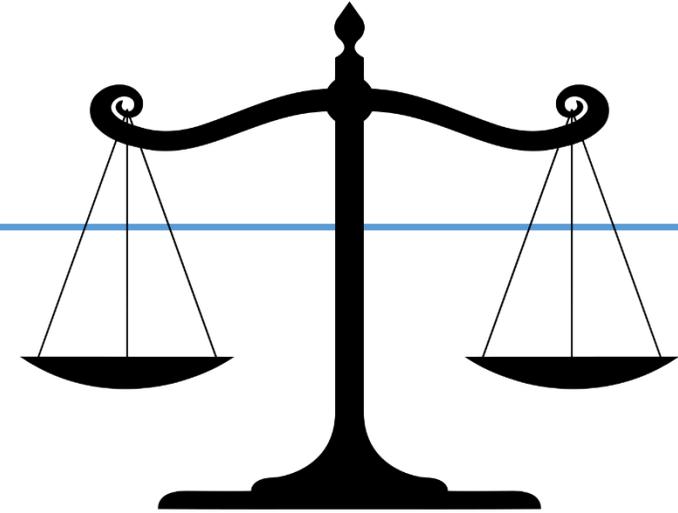| TAGs	Focus-Improving particular administrative transactions/processes
Eligibility	The Eligibility TAG met on August 24 to continue discussions regarding possible changes to the 270/271 transaction to fully meet the needs of entities not subject to federal transactions and code sets requirements. The TAG also briefly reviewed recently published timelines published for submitting public comment to X12 regarding its proposed v7030 of the 270-271 transaction, February 1 – April 2, 2017, and briefly discussed the 278N transaction for electronic notification of hospital admissions. Next meeting is scheduled for September 28, 2016.
Claims Data Definition	The TAG met on September 27. At the meeting the TAG reviewed an SBAR seeking clarification of the correct place of service (POS) to report for telehealth services. A final TAG recommendation was pended to allow time to review a recent CMS proposal regarding the issue. Next meeting is scheduled for November 2, 2016.
Medical Code	The MCT met on September 8. At the meeting, the TAG: Next meeting is scheduled for July 14.
Explanation of Benefits/ Remittance Advice	The EOB/Remit TAG met July 18. At the meeting the TAG: • Received updates regarding a previously reviewed and approved SBAR submitted by the Minnesota Department of Human Services (DHS) requesting information and recommendations for reporting "All Patients Refined Diagnosis Related Groups (APR DRG)" on the 835. X12 has addressed the issue of reporting APR DRGs on the 6020 and 7030 versions of the 835, but it is unclear how to report the information on the v5010 835. In response to the TAG's recommendation, the AUC approved submission of a "Request for Interpretation" (RFI) to X12 seeking guidance for reporting APR-DRGs on the v5010 835. The RFI was submitted to X12 as RFI 2166 on July 28 and is pending further X12 review at this time.

TAGs	Focus-Improving particular administrative transactions/processes
	• Reviewed results regarding preferred options for reporting recoupments of overpayment as part of a best practice the TAG is developing on the topic. • Discussed the timeline for developing comments on the proposed v7030 270-271 during the comment period scheduled for 11/1/16-12/31/16.
Acknowledgments	The TAG is meeting September 19 to review an SBAR seeking the TAG's recommendation for expanding the use of Claim Status Category code "A6" with a broader range of Claims Status codes. In addition, the TAG will be planning its review and possible comments regarding the proposed v7030 277CA implementation guide.
Prescription Drug Electronic Prior Authori-zations	No meetings scheduled.
ACO Data Analytics	The TAG last met Jan. 14 and no further meetings are scheduled at this time.
Home Health Prior Authorization Form	No further TAG meetings are planned at this time.
Legislative	No meetings planned.

Discussion – Incorporating/referencing Department of Human Services (DHS) coding information as part of 837P and 837I companion guides

AUC Quarterly meeting

September 13, 2016

Companion guide goals

- Accurate
  - Up to date
- Clear, useful
- Commitment to "annual maintenance"
  - In consultation with the AUC
  - Via rulemaking process pursuant to MS §62J.536 and MS §62J.61
    - Proposed changes published in the State Register with opportunity for 30 day public comment period
    - Comments reviewed, final version adopted into rule via announcement in State Register

At present

Table of Contents

Appendix "A"

- Includes significant amount of coding instructions and requirements specific to public programs administered by the Minnesota Department of Human Services (DHS)
  - Primarily in *"TABLE A.5.2 -- Behavioral Health Procedure Code/Modifier Combinations: For Specific Benefit Packages Unique To Minnesota Government Programs"*
  - Also in *"Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare"*

Table A.5.1 Minnesota Coding Specifications:
When to use codes different from Medicare

Medicare Claims Processing Manual		Specific Coding Topic	Minnesota Rule
Chapter Number	Title/Description		
			performed. ▪ Use most appropriate diagnosis code based on patient age.
N/A	N/A	Family Caregiver Services	Family Caregiver Services provide training, education, coaching and counseling services for family and informal caregivers who provide direct and ongoing services for recipients in the Elderly Waiver (EW) and Alternative Care (AC) Programs. • S5115 – Home care training, nonfamily; per 15 minutes, Family Caregiver Training and Education • S5115 TF – Home care training, nonfamily; per 15 minutes, Family Counseling and Assessment • S5115 TG – Home care training, nonfamily; per 15 minutes; Complex/high level of care, Family Memory Care

Table A.5.1 Minnesota Coding Specifications for Early Intensive Development and Behavioral Intervention (EIDBI)

Note: This Early Intensive Development and Behavioral Intervention (EIDBI) table is part of *Table A.5.1 Minnesota Coding Specifications: When to use code different from Medicare*. EIDBI is not applicable to any chapter or topic in the Medicare Claims Processing Manual. Due to the number of services and coding entries for the EIDBI benefit, the table has been formatted differently for greater

TABLE A.5.2 -- Behavioral Health Procedure Code/Modifier Combinations: For Specific Benefit Packages Unique To Minnesota Government Programs

Name of Program	Description/Definition	Coding
Assertive Community Treatment (ACT) Back to list of behavioral health programs	• An intensive, comprehensive, non-residential rehabilitative mental health services (ARMHS) team model. Consistent with ARMHS - multidisciplinary total team approach. • Patients with serious mental illness who require intensive services; time unlimited basis, available 24/7/365. • Face-to-face, all-inclusive daily rate. • One provider per day	Codes: • H0040 - Assertive community treatment program, per diem
Adult Crisis Response Services Back to list of behavioral health programs	• County or county-contracted mental health professional, practitioner, or rehab worker; or crisis intervention team. • Crisis assessment, intervention, stabilization, community intervention. • Immediate, face-to-face evaluation, determine need for emergency services or referrals to other resources.	Codes: • S9484 – Adult individual crisis assessment, intervention and stabilization, individual, by mental health professional or practitioner • S9484 HM – Adult crisis assessment, intervention and stabilization, individual, by mental health rehabilitation worker • S9484 HN – Adult crisis assessment, intervention and stabilization, individual, by mental health practitioner • S9484 HQ – Adult crisis stabilization, group • H0018 – Adult crisis stabilization, residential • 90882 HK – Environmental intervention for medical management, community intervention • 90882 HK HM – Environmental intervention for medical management, community intervention, mental health rehabilitation worker

Challenges of synching DHS information with companion guide maintenance

- Companion guide goals

- Environmental factors
  - Legislative process and timing
  - CMS oversight and review
  - Development/interpretation of policy, details
  - Business needs

- Pace, scope, complexity of change
  - Changes in health care delivery and financing
    - Services, providers, settings, documentation, timing

Possible options (and trade-offs)?

- Different maintenance process/timetable?

- Reference DHS information as we do "external code sets"?

- Communication/education?

- Other?

Electronic Notification of Hospital Admission (NOA)

As of 8/22/16 by William "B.J." Venhuizen

Topics

- What is Electronic Admission Notification?
- Why Use Electronic Admission Notification?
- How Electronic Admission Notification Works
- Next Phase – Notification of Hospital Dismissal
- Future of the 278 Transaction

What is Electronic Admission Notification?

- Use of Electronic Transaction to Communicate with Payer
  - Date and Time of Admission
  - Reason for Admission
- We use the 5010 278 x216 Transaction to complete the Notification
- Transaction Initiates Care Management Work Flow at the Payer

Why Use Electronic Admission Notification

- Benefits of automation
  - Reduced Cost because task completed by system vs. staff
  - Improved Consistency – System preforms well at 2 am and on Weekends
  - Elimination / reduction of manual process using printers, paper and faxes
  - Do more with the same staff
  - Data & Reporting for Process Improvement
- Automation of important but simple task
- Response to Message Can be Generated by Payer System
- Notifications not delayed by Weekends, Staff Busy Times etc.

Source: http://hitconsultant.net/2014/07/21/6-big-benefits-of-applying-automation-to-healthcare/

How Electronic Admission Notification Works

- ▶ Admission Event in Our Health Information System (HIS) Triggers Process

- ▶ Basic Admission info Electronically to Our Vendor

- ▶ Vendor Forwards 278 Transaction to Enabled Payers

- ▶ Our Transaction is Acknowledged in real-time

- ▶ Payer System Processes Notification

- ▶ Confirmation of Notification Returned Electronically

- ▶ Confirmation Number Filed for Billing

- ▶ Staff Works Process Errors Only

- ▶ Utilization Management / Care Management is Separate Process

Next Phase – Notification of Hospital Dismissal

- Next Logical Step
- Provides Basic Discharge Information
  - Date and Time
  - Disposition
- Uses Similar Process, System and Transaction
- Helps to Improve Communication
  - Reduces phone tag / follow up calls
  - Happens in Near Real-time

Future of the 278 Transaction

- ▶ Builds Foundation for Other Uses of Transaction
- ▶ Automation of Simple Task Suited for System

	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May. 2017
Cycle 2: October 1 through November 30, 2016								
277CA and 999								
TAG receives TR3, instructions, questions	Oct. 3							
TAG review and discuss	TBD (Oct. 10)							
2nd TAG review and discuss (if needed)	TBD (Oct. 17)							
TAG draft comments ready	TBD (Oct. 26)							
TAG vote	TBD (Oct. 26 - Nov. 2)							
AUC vote		**Nov. 7 - 16**						
Submit comments to X12		**Nov. 22**						
Cycle 3: November 1 through December 31, 2016								
835								
TAG receives TR3, instructions, questions		Nov. 1						
TAG review and discuss		Nov. 7						
2nd TAG review and discuss (if needed)		**Nov. 21**						
TAG draft comments ready		Nov. 30						
TAG vote		Nov. 30 - Dec. 7						
AUC vote			**Dec. 12 - 22**					
Submit comments to X12			**Dec. 28**					
Cycle 4: December 1, 2016 through March 1, 2017								
837P, 837I, 837D								
TAG receives TR3, instructions, questions			Dec. 1					
TAG review and discuss			Dec. 7					
2nd TAG review and discuss			Dec. 21					
3rd TAG review and discuss				**Jan. 11**				

	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May. 2017
4th TAG review and discuss (if needed)				**Jan. 25**				
5th TAG review and discuss (if needed)					**Feb. 1**			
TAG draft comments ready					**Feb. 7**			
TAG vote					Feb 7 - 14			
AUC vote					**Feb. 23**			
Submit comments to X12					**Feb. 28**			
Cycle 5: February 1 through April 2, 2017								
270/271								
TAG receives TR3, instructions, questions					Feb. 2			
TAG review and discuss					Feb. 8			
2nd TAG review and discuss (if needed)					**Feb. 22**			
TAG draft comments ready						Mar. 1		
TAG vote						Mar. 1 - 8		
AUC vote						**Mar. 24**		
Submit comments to X12						**Mar. 30**		