



## **AUC Operations Committee**

**Tuesday, December 13, 2016**

### **MINUTES**

**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

**3. Introductions - Please e-mail your attendance to [health.auc@state.mn.us](mailto:health.auc@state.mn.us)**

Members in attendance introduced themselves. It was determined that a quorum was not present at the meeting.

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

Given that a quorum was not present, a request to approve the minutes of the previous meeting (October 13, 2016) was emailed to members following this meeting (the December 13, 2016 meeting). The minutes were approved via the email vote.

**5. Review and discussion**

**a) Reminder re. member responsibilities, preparations for 2017**

Tony Rinkenberger and Dave Haugen of the Minnesota Department of Health (MDH) requested that members update their membership and contact information. They also reminded each member organization to ensure that it had designated primary and secondary AUC members to MDH, and that it had representatives participating in at least two Technical Advisory Groups (TAGs).

**b) Provider AUC co-chair for 2017**

Dave Haugen briefly described the AUC co-chair rotation process. Tony Rinkenberger noted a provider co-chair was being sought for 2017.

**c) AUC Website – records retention, appearance, accessibility**

Dave Haugen discussed changes needed to the AUC website to comply with MDH and broader state records retention and accessibility requirements, and to improve the appearance and functionality of the website. In particular, the website was being improperly used as a defacto archive for many very outdated documents that must be removed from the website. In addition, MDH provided an example of another state’s administrative simplification website with a cleaner look, and will be suggesting other improvements and enhancements to the site.

**d) Companion guide and TAG updates**

Dave Haugen provided updates regarding recent AUC TAG activity and the status of several Minnesota Uniform Companion Guides (MUCG), including:

**837D MUCG:**

MDH consulted with the AUC on “annual maintenance” of the 837D MUCG in the summer and fall of 2016, and proposed revisions to the MUCG to provide coding instructions for teledentistry services. The revisions were posted for public comment; one comment was received, which was subsequently withdrawn. In November 2016 the federal Centers for Medicare&Medicaid Services (CMS) announced the adoption into rule of a new Place of Service code, O2, for telehealth services. The American Medical Association (AMA) also announced a new CPT modifier, 95, for reporting telehealth services. Given these coding developments at the national level, MDH withdrew its proposed changes pending further review of the national coding changes for reporting telehealth and teledentistry services.

**Continued targeted, limited exception to requirements**

In the late fall of 2016 the AUC recommended continuation of a current exception for entities not subject to federal HIPAA transactions and code set regulations from the state’s requirements for standard, electronic exchange of the eligibility inquiry and response (270-271). MDH agreed and published an announcement in the December 12, 2016 State Register that the limited exemption was continued through 2017. The exception applies only to entities not subject to federal HIPAA requirements, is only for the 270-271 transaction, and only for 2017. The exception will be reviewed for any further possible continuation in approximately October 2017.

**Modifying how DHS specific information is presented in the companion guides**  
**(links to DHS website)**

MDH discussed with the AUC at the September 2016 meeting several challenges in maintaining information specific to Minnesota Department of Human Services up to date and correct in the MUCGs. As a result, during the next round of annual maintenance, MDH plans to experiment with providing links in the MUCGs to the DHS information rather than incorporating the DHS information directly in the MUCGs. In discussion, the AUC noted several advantages and disadvantages of MDH’s plans but also expressed support for making the proposed changes on a trial basis.

**TAG updates**

*Acknowledgment TAG:* The TAG last met on October 27, 2017. It completed a review of a proposed new 7030 version of X12’s Implementation Guide for the 277CA Acknowledgment transaction and developed comments based on the review to forward to X12. AUC Operations approved the comments and they were submitted to X12 to meet a November 30, 2016 deadline.

*Claim DD TAG:* The Claim DD TAG met December 7, 2016 and discussed an SBAR seeking clarification of the correct Place of Service for telehealth services. The TAG also examined coding for “accident date” for workers comp-related claims.

*EOB/Remit TAG:* The EOB/Remit TAG met November 21, 2016 to review the X12 proposed v7030 835 for possible comments. The TAG is scheduled to next meet on December 19, 2016 to continue its review.

*Medical Code TAG (MCT):* The MCT met December 1, 2016 and discussed changes to 837 claims guides to reference DHS-specific coding instructions rather than including the instructions in the guide. The TAG also reviewed educational materials regarding telehealth and telemedicine.

*Eligibility TAG:* The TAG met November 23, 2016 and is scheduled to next meet on December 28, 2016. The TAG discussed challenges related to use of the 270-271 for entities not subject to HIPAA, and is developing a best practice for reporting “Restricted Recipient Program Information.”

**e) 2016 in review**

Dave Haugen briefly summarized a number of important AUC accomplishments and products in 2016, including its work in rules, best practices, and other resources for health care administrative simplification. He noted that the AUC’s activities and products were producing real world impacts, and included:

- A best practice for reporting “All Patients Refined Diagnosis Related Groups (APR DRG)” on the electronic remittance advice (835);
- Recommended standards for exchanging Accountable Care Organization (ACO) enrollee data files;
- Recommendations for common billing and coding;
- Recommendations for billing and coding for new types of health care services services;
- A best practice for using the eligibility inquiry and response transaction (270-271) for reporting enrollees of a Restricted Recipient Program to help address and prevent misuse and abuse of health care services (pending);
- A best practice for addressing overpayment recoupment via the electronic remittance advice (835) (pending);
- Informational materials regarding coding and billing for telehealth/teledentistry services (pending);
- Public comments/responses, including for example comments to X12 regarding proposed new 7030 versions of the standard transactions;

**f) Looking ahead to 2017**

Dave Haugen summarized several areas of possible involvement and goals of the AUC for 2017, including:

- i. Ongoing activities and responsibilities, including rule maintenance, development of best practices, and education and outreach to assist with implementation of rules and best practices;
- ii. Responding to interests in developing and agreeing on a standard for the exchange of electronic claims attachments, and the implementation of state requirements for electronic attachments for workers compensation claims;
- iii. Developing and providing further education regarding the administrative aspects for the delivery and payment of telehealth/telemedicine services;
- iv. Continued reviews and development of comments as additional 7030 versions of the X12 standard transactions are released during 2017; and,
- v. Aligning activities and goals with an MDH focus on reducing health disparities, and using that “filter” in the context of administrative simplification.