

# AUC Update

May 23, 2014

The AUC Update is published monthly and provides news and updates regarding the Minnesota Administrative Uniformity Committee (AUC) and Minnesota's health care administrative simplification initiative pursuant to Minnesota Statutes, section 62J.536 and related federal and state regulations. The Minnesota Department of Health (MDH) administers [MS §62J.536](#) and publishes this newsletter in association with the AUC.

More information about the AUC is available at: [AUC home page](#).

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## AUC Operations meeting June 10, 2014

The AUC Operations Committee's next regularly scheduled quarterly meeting will be held 2:00 p.m. – 4:00 p.m., Tuesday, June 10, 2014 at the Hamline Room of the TIES event center, 1667 Snelling Ave. N, St. Paul, MN 55108. The tentative agenda includes several AUC votes, for:

- Two new best practices, for federally required provider notifications when health insurance exchange enrollees have entered a 90 day grace period for nonpayment of premiums;

- Proposed updates and revisions to the Medical Code TAG's "[Minnesota Community Coding Practice/Recommendation Table](#)";
- Updates to the AUC's companion guide for the electronic exchange of prior authorization for prescription drugs;
- A revised, updated AUC mission statement; and,
- A proposed new AUC provider member (Ridgeview Medical Center).

Additional tentative meeting plans include: An MDH summary and discussion of the results of a recent customer survey of the AUC; planning for annual companion guide maintenance; reviews and updates regarding recent TAG activities and accomplishments; a brief summary of the recently completed state legislative session, which included enactment of updates to the Minnesota health care Administrative Simplification Act (ASA) and a one-year delay (to 2016) in the compliance deadline for the standard, electronic exchange of prescription drug prior authorizations; and other planning and updates.

## AUC-Minnesota Administrative Simplification Spotlited at National WEDI Conference



Dave Haugen, MDH, focused the spotlight recently on the AUC and Minnesota's health care administrative simplification initiative when he presented at a session of the annual Workgroup for Electronic Data Interchange (WEDI) national

conference on May 13 in Hollywood, California. The session, entitled “Advancing Administrative Simplification: Minnesota’s Lessons, Challenges & Opportunities,” described Minnesota’s mandates for the standard, electronic exchange of health care administrative transactions, and pointed out the AUC’s important role and contributions in developing uniform companion guides, best practices, and other tools and resources to implement the state’s mandates. Mr. Haugen noted that the AUC’s accomplishments were recognized with Governor Mark Dayton’s declaration of February 21, 2012 as “AUC Day in Minnesota.”

The session also highlighted a number of key challenges and opportunities for the state and the AUC, including new directions and priorities with the passage of administrative simplification provisions of the federal Accountable Care Act (ACA). Mr. Haugen said that one of the most significant changes facing the industry – and creating its own special set of challenges and opportunities – is the rapid evolution of new forms of health care delivery and financing, accompanied by the explosive growth of new forms of communication and engagement between and among caregivers, patients, and others. He briefly cited a special [WEDI report published in 2013](#) documenting these changes. The report also forecasts a “convergence” of what are often now parallel but separate exchanges of clinical data versus business (administrative) data that will be transformative for health care costs and health care administration.

Mr. Haugen will also be focusing on this last concept in more detail at a presentation at the upcoming statewide “10th Anniversary Minnesota e-Health Summit” in St. Louis Park, Minnesota on June 12. He will be part of a panel discussing real world implications of developments in Health Information Technology (HIT) and as part of the panel discussion will be presenting on “The Convergence of Health Care Business and Clinical Data: What It means, Why Now, and What Might Be Next.”

## AUC Technical Advisory Group (TAG) Updates

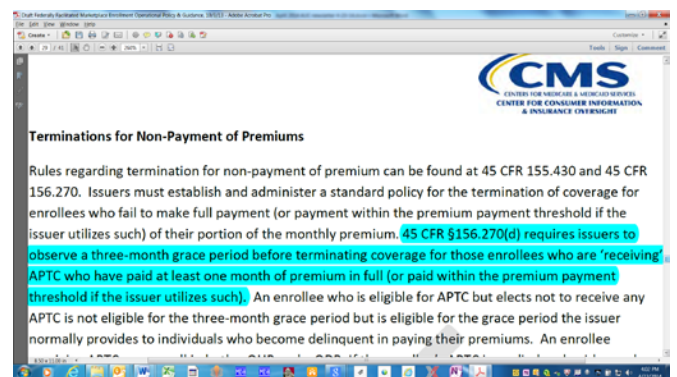
Information about AUC committees and TAGs and their activities can be accessed from the [AUC TAG page](#) and by clicking on the TAG or committee name in the following article.

With the exception of the Medical Code TAG, all TAG meetings are generally conducted via teleconference rather than in-person. All AUC meetings are open, public meetings. Meeting agendas and other materials are posted on the AUC website in advance of meetings. TAG meeting schedules and information are also available on the [AUC calendar page](#). (<http://www.health.state.mn.us/auc/calendar.htm>).

### [Executive Committee](#)

The AUC Executive Committee met on May 5 for a number of reviews and updates and to plan the upcoming AUC Operations Committee meeting on June 10 (please see related article on page 1).

### [Eligibility & EOB/Remit TAGs](#)



As reported previously in the March and April editions of this newsletter, the Eligibility and EOB/Remit TAGs have been meeting to develop best practices for notifying health care providers when Health Insurance Exchange (“HIX”) enrollees have entered a “grace period” for nonpayment of premiums, as required by federal rule. Both TAGs have completed and approved their respective best practices, which will be voted on at the Operations Committee meeting June 10. Copies of the best

practices and related background will be sent to Operations members in advance of the meeting.

Thank you to both the TAGs for their help on the best practices!

## Medical Code TAG

The Medical Code TAG (MCT) met May 8, 2014 at HealthPartners to review and address a variety of coding issues submitted on an AUC form known as the “[SBAR](#).” Proposed changes to the AUC’s [Minnesota Community Coding Practice/Recommendation Table](#) arising from the SBAR review process will be discussed with the AUC Operations Committee. The TAG also scheduled additional meetings in June in preparation for reviewing the current claims-related Minnesota Uniform Companion Guides for any possible revisions as part of regularly scheduled “annual companion guide maintenance.”

## Upcoming TAG meetings, June 2014

<b>June 2</b> 8:30am - 10:30am	<b>Executive Committee Meeting</b>
<b>June 4</b> 9:00am - 10:30am	<b>Claims Data Definition TAG Meeting</b>
<b>June 10</b> 2:00pm - 4:00pm	<b>Operations Committee Meeting</b>
<b>June 12</b> 9:00am - 12:00pm	<b>Medical Code TAG Meeting</b>
<b>June 12</b> 2:00pm - 4:00pm	<b>HPID/OEID TAG Meeting</b>
<b>June 16</b> 1:00pm - 2:30pm	<b>EOB Remit TAG Meeting</b>
<b>June 24</b> 8:00am - 11:00am	<b>Medical Code TAG Meeting</b>
<b>June 25</b> 2:00pm - 4:00pm	<b>Eligibility TAG Meeting</b>

## National Industry News



### X12 to discuss new provider notification transaction, seeks industry input

The national standards setting body for key health care administrative transactions, ASC X12, recently announced that it will begin exploring a possible new transaction to exchange federally required notifications to providers when health insurance exchange enrollees have entered a three-month grace period for nonpayment of premiums. While the desired notification transaction is still in its earliest stages, X12 has developed preliminary draft “best practices” to facilitate the provider notifications via the existing eligibility inquiry/response (270/271), remittance advice (835), and acknowledgment (277CA) transactions. As noted in the article on page two above, the AUC’s Eligibility and EOB/Remit TAGs have reviewed the X12 best practices, and have adopted them with additional clarifications and explanation.

X12 will begin discussions of the possible new notification transaction at its upcoming standing meeting June 2-5 in New Orleans, Louisiana. It has requested that “[insurance] issuers, providers, State-based Marketplace representatives, health care cooperatives and other industry stakeholders” bring information about their organization’s current

practices, as well as any barriers or issues related to the notification, to sessions regarding the topic at the standing meeting. Those not able to attend the June meeting in person can participate via webinar. For additional information, and/or to register for the meeting or the webinar, please see the link to the article “June HIX CR1408 Schedule Announcement” on the [X12 homepage](#).

## Operating Rules – What’s Next?

*Note: Last month we started a new feature to provide regular information and updates regarding a group of federal operating rules that are to be developed and required for use beginning January 1, 2016. The coming rules include:*

- *Health claims or equivalent encounter information;*
- *Enrollment and disenrollment in a health plan;*
- *Health plan premium payments;*
- *Referral certification and authorization; and*
- *Health care claim attachments.*

*The designated operating rules author is [CORE](#) (<http://www.caqh.org/benefits.php>), which is already planning and undertaking work on the rules. Our goal with this series of articles is to help keep the AUC informed of operating rule-related developments so that it can be aware of and participate in the operating rule process as effectively as possible.*

Please note: We are not reporting on an operating rule this month, but we plan to continue this series next month.

## Test Your AdminSimp IQ

*Note: Last month we introduced a new monthly “Test your AdminSimp IQ” feature, with the **Coding** question below. In this month’s feature, we provide the answer to last month’s question.*

**April, 2014 question (from a submission to the American Association of Professional Coders [AAPC forum](#)):**

***Medicare guidelines indicate the following supervision levels for:***

***EEG = 01 (general physician supervision)***

***BAER = 02 (direct physician supervision)***

***NCV – 7A (either certified PT or direct physician supervision)***

***VEP = 09 (concept does not apply)***

***SSEP = 09 (concept does not apply)***

***What does the 09 (concept does not apply) really mean? No supervision is required? Cannot be performed by anyone but the physician?***

**Answer to the question above:**

The coder submitting the inquiry to the AAPC forum was directed to tables found in a bulletin on the AAOS (American Academy of Orthopaedic Surgeons and the American Association of Orthopaedic Surgeons) website. The article with the referenced tables is entitled “Medicare’s Rule on Supervision of Diagnostic Imaging” and can be viewed at [AAOS article](#). To go directly to the referenced tables, go to [AAOS article tables](#).



Comments or questions about this newsletter?  
Please contact us at: [health.auc@state.mn.us](mailto:health.auc@state.mn.us).