Volume 2 Number 10

AUC Update

November 21, 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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MDH/DLI Symposium Draws Nationally to Identify "e-Transactions" Challenges, Address Them

The Minnesota Department of Health (MDH) and the Department of Labor and Industry (DLI), which administers the state's workers' compensation system, hosted approximately 100 participants in a special industry-wide workers' compensation "e-Transactions" symposium November 5, 2014.

The day-long event, entitled *Meeting Mandates, Making the Connection*, brought health care providers, payers, clearinghouses and others from several states to identify and address challenges to meeting state requirements that common health care business transactions be exchanged electronically.

Lisa Wichterman, a DLI symposium organizer and presenter, said, "The symposium was important because it allowed us as state agencies to hear about concerns or challenges directly from the affected parties. More importantly, it provided a forum for trading partners, customers, and their vendors to hear directly from one another. They talked about what is working and what is not in e-billing and other transactions, and what needs to be improved."

Participants identified several important e-transactions challenges and concerns industry-wide, including:

- the need for greater information and transparency to aid correct routing and tracking of electronic transactions;
- obtaining and using a patient's property & casualty "claim event number" correctly to

prevent downstream claim submission, routing, and payment problems;
- problems associated with inadequate, unclear, or missing information on remittance advices that impedes auto-posting and billing and payment reconciliation; and
- greater, more consistent accountability throughout the billing and payment system.

While the symposium focused on Minnesota's e-billing and related requirements as they applied to workers' compensation, it often was viewed and discussed as a microcosm of larger, more systemic concerns and challenges. In discussions about possible starting points for solutions, there was frequent interest in greater education, communication, and outreach on a variety of issues, as well as more brainstorming to help address interests for improved transparency and tracking of transactions, not only for workers' compensation, but more generally as well.

As follow-up to the symposium, MDH and DLI presented a summary of the symposium process and findings to several national groups, including the Workgroup on Electronic Data Interchange (WEDI) Property & Casualty Sub Work Group on November 13 and the Collaborative Exchange, a national organization of health care clearinghouses, on Nov. 21. A similar presentation is tentatively planned with the Healthcare Administrative Technology Association (HATA) on December 4.

David Haugen, MDH, noted, "From our perspective, the symposium was very helpful. We appreciated the opportunity to hear directly from stakeholders, and learned a great deal. We are excited at the level of energy and interest from those who attended, and the desires we have heard to continue this type of forum to address the issues that were raised."

Haugen and Wichterman reported that their respective state agencies are meeting soon to plan next steps and more detailed follow-up to the symposium. They also said that, given the positive response and value of the November 5 event, they will be looking ahead to possible additional opportunities to work with stakeholders and the industry to improve the flow of health care business transactions and to reduce health care administrative costs.

For more information, please see the symposium materials (http://www.health.state.mn.us/asa/110514symposium/110514symposium.html) or contact Lisa Wichterman (DLI) at lisa.wichterman@state.mn.us, or David Haugen (MDH) at david.haugen@state.mn.us.

Remember the AUC's "90-day Grace Period" Best Practice

Health insurance Marketplaces (exchanges) that were implemented as a result of the federal Accountable Care Act (ACA) began their second annual open enrollment in mid-November. With open enrollment and renewed attention to the Marketplaces at this time, it is important to recall that the ACA requires that insurers provide a ninety-day grace period before they can discontinue coverage for failure to pay the monthly insurance premium, and that insurers must notify providers when an enrollee has lapsed in payment of premiums.

The grace period applies only to insureds that have received an "advance premium tax credit" through the Marketplace and have paid at least one month's premium during the benefit year. Moreover, federal rules adopted pursuant to the ACA require that "Qualified Health Plans" (QHPs) must notify health care providers when an enrollee has lapsed in his or her payment of premiums, which also starts the enrollee's 90-day grace period.

While there is currently no specified, adopted national transaction specifically for the provider notification described above, the AUC earlier this year developed and approved a set of best practices to be followed when satisfying the provider notification requirements above. The best practices provide instructions and examples for communicating the enrollee nonpayment of premium payments via the following three standard transactions:

- ASC X12N/005010X221 Health Care Claim Remittance/Advice (835);
- ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271); and,
- ASC X12N/005010X214E2 Health Care Claim Acknowledgment (277CA).

See the AUC website for the ninety-day grace period best practices (http://www.health.state.mn.us/auc/hixindex.html).

In addition, the health policy journal "Health Affairs" recently published a detailed "Issue Brief" regarding the ninety-day grace period, along with a list of additional related resources. (http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=128)

Nominations Open for Ops Committee Provider Co-chair

The AUC's committee of the whole, the Operations Committee, develops strategies and priorities, new administrative uniformity opportunities, and makes recommendations. The Committee is led by co-chairs, which alternate annually between provider and payer organizations. In order to assure continuity and learning about the leadership role, the AUC leadership roles will be rotated as follows:

- the current 2014 co-chair, Bob Aliperto, representing a provider organization, will become the immediate past co-chair for 2015;
- the current 2014 co-chair elect, made of up of the team of Ann Hale and Cherie Nauha, representing a payer organization, will become the co-chairs for 2015;
- the co-chair elect for 2015, to be made up of provider representative(s), thus becomes vacant.

Nominations for the provider co-chair elect position for 2015 are now open through December 1. The duties of the co-chair elect are to serve on the AUC Executive Committee and to serve as the "co-chair in waiting" to assume the co-chair role in 2016. Agreeing to serve as the co-chair elect is a two year position – serving as co-chair elect in 2015, and then as co-chair for the following year, 2016.

For more information about the co-chair elect position, please see the "Minnesota Administrative Uniformity Committee (AUC) Mission Statement, History and Governing Principles" and/or contact the current Executive Committee members or MDH staff. A new "AUC Handbook" is now also available with a brief introduction and background on the AUC. (The handbook can be found in the "News" section of the AUC homepage.)

Individuals may self-nominate or nominate others by simply emailing the AUC email inbox at: health.auc@state.mn.us. Nominations will be collected and forwarded to the AUC Executive Committee for review and follow-up.

We look forward to hearing from you regarding nominees. If you have questions, please feel free to contact us at the contact information on the AUC webpage (http://www.health.state.mn.us/auc/executivehome.htm).

Thank you,

AUC Executive Committee

Update: Minnesota Uniform Companion Guide Annual Maintenance

Each year the AUC and MDH review Minnesota Uniform Companion Guide rules for any changes or updates needed to ensure that the Guides remain accurate and relevant. Below is a table summarizing the current status of the annual Guide maintenance.

Companion Guide	2014 Maintenance Status
270-271 and 835	A State Register notice was published November 10 announcing the availability of proposed technical and clarifying revisions for the 270-271 and 835 Guides, and the start of a 30-day public comment period. For more information, please see the links in the "News" section of the MDH Administrative Simplification Act (ASA) page (http://www.health.state.mn.us/asa/index.html).
837P 837I 837D	Proposed revisions to the 837 Guides were recently approved by AUC Operations and are now being reviewed by the Minnesota Department of Health. MDH anticipates publishing a notice in the State Register of the availability of proposed technical and clarifying revisions to the Guides and the start of a 30-day public comment period in late December 2014.

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(s).

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).

Operations Committee

The AUC committee of the whole (Operations Committee) meets quarterly. Its next meeting is scheduled for December 9, 2014. Additional information regarding the meeting agenda and other details will be emailed to members and will be available on a link from the AUC Calendar (http://www.health.state.mn.us/auc/calendar.htm) in the near future.

Executive Committee

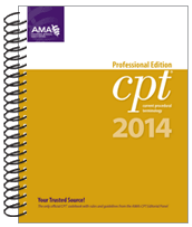
The Executive Committee met November 3 and discussed:

- Plans for an MDH-DLI workers' compensation e-transaction symposium (The symposium was conducted November 5, see related article, page 1 of this newsletter);
- CMS's recent announcement to delay enforcement of HPID regulations (see related article in this newsletter, page 6)
- Status updates regarding annual maintenance of Minnesota Uniform Companion Guides;
- An SBAR form submitted to the AUC requesting clarification of correct coding for procedure code 95940 and 94941, Intraoperative Neurophysiologic Monitoring (IONM);
- An Eligibility TAG recommendation to continue an existing exception for payers not subject to

federal HIPAA from state requirements to exchange the eligibility inquiry and response transaction. AUC Operations will receive an email vote request in the near future to follow-up the TAG's recommendation.

- Preliminary planning for the Operations meeting December 9, including: recruiting nominations for a provider co-chair; opportunities for the AUC to provide outreach and education; submission of a request to the Committee for Operating Rules for Information Exchange (CORE) to consider adding an additional business scenario and corresponding Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC).

Medical Code TAG



The Medical Code TAG met October 9 and began review of: an SBAR seeking recommendations for consistent coding for gambling addiction services; and coding for "Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit" services. Both discussions will be continued at the next regularly scheduled meeting on December 11.

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Eligibility TAG

Each year MDH consults with the Eligibility TAG and the AUC Operations Committee regarding continuation of a current exception from state requirements to exchange the 270-271 eligibility inquiry and response transaction that was granted per statute to payers not subject to federal HIPAA regulations. The TAG recently completed an email vote to approve continuation of the current exception because the current version of the 270-271 adopted under HIPAA does not fully meet the business needs of non-HIPAA covered entities. For additional background see the related bulletin regarding last year's review and decision on this topic.

Claims DD TAG

The Claims DD TAG met October 29 and recently completed a follow-up email vote approving recommended maintenance updates for the claims (837 series) companion guides. The proposed revised guides were also recently approved by AUC Operations and are being reviewed by MDH for publication as proposed rules with a 30-day public comment period.

EOB/Remit TAG

The TAG met October 20 to complete its recommended maintenance updates for the remittance advice (835) companion guide. The recommendations were also subsequently approved by AUC Operations, and were published as a proposed rule by MDH on November 20.

The TAG is also reviewed and discussed a set of CARC and RARC codes used to describe the business scenario *"Additional Information Required Missing/Invalid/Incomplete Information from the Patient."* The TAG recommends that this scenario be included by CORE as a required business scenario to be incorporated in the 835 operating rules developed and maintained by CORE. The TAG will report out on its recommendation and possible next steps at the Operations Committee meeting scheduled for December 9.

Upcoming TAG meetings December 2014 – January 2015

(For additional information, see the AUC Calendar)

Date/Time	Event
December 1	**Executive Committee Meeting**
December 3	**Claims Data Definition TAG Meeting**

Date/Time	Event
December 9	**Operations Committee Meeting**
December 11	**Medical Code TAG Meeting**
December 11	**HPID/OEID TAG Meeting**
December 15	**EOB Remit TAG Meeting**
December 17	**Eligibility TAG Meeting**
January 5	**Executive Committee Meeting**

National Industry News

Health Plan ID Delayed Indefinitely

The federal Centers for Medicare & Medicaid Services (CMS) issued an announcement on October 31 that it was delaying enforcement of regulations pertaining to health plan enumeration and use of the Health Plan Identifier (HPID) in HIPAA transactions adopted in the HPID final rule. The enforcement delay applies to all HIPAA covered entities, including healthcare providers, health plans, and healthcare clearinghouses.

CMS reported that the delay will allow it to review recent recommendations from the National Committee on Vital and Health Statistics (NCVHS) that covered entities not use the HPID in their HIPAA transactions, and to consider any appropriate next steps.

The delay was announced as effective beginning October 31 and in effect "until further notice," with no target dates for further information or actions.

"Coalition for ICD-10" Message to Congressional Leaders: Don't Further Delay ICD-10

The national ICD-10 Coalition, including America's Health Insurance Plans (AHIP), American Health Information Management Association (AHIMA), the BlueCross BlueShield Association, the Healthcare Financial Management Association and others submitted a joint letter to congressional leaders on November 12 urging no further delays in implementation of ICD-10.

The letter noted in particular that "ICD-10 implementation delays have been disruptive and costly for all of the coalition members, as well as to health care delivery innovation, payment reform, public health, and health care spending." By way of example, it cited federal Department of Health and Human Services (HHS) estimates that the "most recent [ICD-10] delay … [cost] $6.8 billion" and that "further delays beyond October 1, 2015" would result in additional costs ranging from "$1 billion to $6.6 billion."

The letter also noted important positive benefits of ICD-10, including "medical coding, population health management, tracking and surveillance of pandemic threats like Ebola which at this point does not have its own ICD-9 diagnosis code in the US."

Administrative Uniformity Committee