

# AUC Update

October 8, 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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## Reminder – Controlling health plans must obtain HPID by November 5, 2014

### See CMS FAQs too

The Health Plan Identifier (HPID) is a standard, unique health plan identifier required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). The Accountable Care Act (ACA) requires that most health plans that are “controlling health plans” (CHP) as defined in [federal rule](#), must obtain HPIDs no later than November 5, 2014. However,

small health plans – defined as those with \$5 million or less in annual receipts (or comparable permitted “proxy measures”) -- have until November 5, 2015 to obtain HPIDs.

The federal Centers for Medicare and Medicaid Services (CMS) has recently updated a list of [HPID FAQs](#), and additional information is also available on the [CMS HPID website](#).

## Sign Up for Workers’ Compensation “e-Transactions” Symposium Nov. 5, 2014



The Minnesota Department of Health (MDH) and the Department of Labor and Industry (DLI), which administers the state’s workers’ compensation system, are hosting a special industry-wide workers’ compensation “e-Transactions” symposium 8:00 a.m. – 4:00 p.m. November 5, 2014.

The purpose of the day-long event, entitled *Meeting Mandates, Making the Connection*, is to identify and address challenges to meeting state requirements that common health care business transactions be exchanged electronically for

workers’ compensation. It is intended for workers’ compensation insurers, health care providers, clearinghouses, bill review services, and others. While the focus will be on Minnesota, several others states have or are considering similar workers’ compensation health care “e-transactions” requirements, and Minnesota lessons and discussion will be relevant to a number of settings.

The symposium will be held at the [TIES Conference Center](#), 1644 Larpenteur Avenue, St. Paul, Minnesota, close to St. Paul, Minneapolis and nearby suburbs. The cost is \$25.00, and includes a box lunch provided onsite and beverages during the day.

The symposium is limited to the first 90 registrations. **To register, please go to [Symposium Registration](#)** (<http://www.dli.mn.gov/WC/TrainingHcp.asp>).

For more information, please contact Lisa Wichterman (DLI) at [lisa.wichterman@state.mn.us](mailto:lisa.wichterman@state.mn.us), or David Haugen (MDH) at [david.haugen@state.mn.us](mailto:david.haugen@state.mn.us).

## Update: Minnesota Uniform Companion Guide Annual Maintenance

Each year the AUC and MDH review [Minnesota Uniform Companion Guides](#) 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	Proposed updates were approved by the AUC Operations Committee. MDH will review the updates for publication of an announcement in State Register of proposed rule revisions and the start of a thirty day public comment period.

Companion Guide	2014 Maintenance Status
835	Proposed updates were approved by the AUC Operations Committee. MDH will review the updates for publication of an announcement in State Register of proposed rule revisions and the start of a thirty day public comment period.
837P	<ul style="list-style-type: none"> <li>Appendix A proposed changes approved by Medical Code TAG</li> <li>Remainder of 837P proposed changes submitted to Claims DD TAG for a vote (votes due Oct. 8)</li> <li>When approved by TAGs MDH will send to Ops for a vote</li> </ul>
837I	<ul style="list-style-type: none"> <li>Appendix A proposed changes approved by Medical Code TAG</li> <li>Remainder of 837I proposed changes submitted to Claims DD TAG for a vote (votes due Oct. 8)</li> <li>When approved by TAGs MDH will send to Ops for a vote</li> </ul>
837D	Proposed revisions will be submitted for review and approval by the Claims DD TAG, and then forwarded to Operations for review and approval.

## CORE completing work on connectivity rules

Federal operating rules mandated under the ACA have two general components – data content and connectivity/infrastructure requirements. The AUC has historically focused on the data content of mandated health care transactions. However, it is important for AUC members to also be aware of industry developments regarding connectivity.

The national Committee on Operating Rules for Information Exchange (CORE) was named by the

Secretary of the federal department of the Health and Human Services (DHS) as the author of operating rules. In November, 2013 CORE established a subworkgroup, the Connectivity and Security Subgroup, to develop the connectivity/infrastructure component of mandated operating rules effective January 1, 2016.

The 2016 operating rules include:

- Health claims or equivalent encounter information
- Health plan enrollment/disenrollment
- Health plan premium payments
- Referral certification and authorization
- Health claims attachments\*

\*Note: CORE's website reports that: *"HHS has not adopted a standard for health claims attachments or indicated what standard(s) it might consider for the transaction, and an effective date for these operating rules is not included in the ACA. Thus, the immediate focus of CAQH CORE will not include attachments."*

The Connectivity and Security subworkgroup has nearly completed its work and will review a final draft connectivity rule at its meeting October 9. Following the meeting, the subworkgroup will vote to submit its product to CORE's Technical/Rules work group for its approval during the first quarter of 2015. If approved by the Technical/Rules work group, the rule will be forwarded to the full CAQH CORE Voting Membership, and a subsequent final review for adoption by the CORE board in the second quarter of 2015.

For more information, please see updates in the [October 7, 2014 CORE Town Hall presentation](#) and/or contact [CORE](#).

## 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) met for its regularly scheduled quarterly meeting September 16, 2014. The meeting was conducted in a special two-part format, starting with a business session that focused on reports regarding AUC members' ICD-10 readiness, a recent survey of Operations members' to learn their experiences and views on implementing operating rules, and other reports and updates. The meeting materials for the first part of the meeting are posted on the [Operations Committee webpage](#).

The second part of the meeting was designed for more informal conversations and planning regarding the AUC's current and future activities and roles. The Executive Committee asked that members contact them if they had questions or sought assistance on AUC-related issues. Several members asked about other health reform activities in the state and nationally, and information will be provided at the next regular Operations quarterly meeting on December 9, 2014. In addition, the current AUC Technical Advisory Group (TAG) chairs were recognized for their contributions and leadership.

## Executive Committee

The Executive Committee met October 6 and discussed:

- AUC reviews and responses to “[SBARs](#)” (a form that is completed and submitted to the AUC with questions or requests for clarification regarding medical coding and other administrative simplification issues);
- Posting a list of ICD-10 coding scenarios to the AUC website to assist testing and education regarding ICD-10;
- Keeping the AUC informed of connectivity requirements under development as part of the next set of federally required operating rules (see related article, page 2);
- An upcoming MDH-DLI workers’ compensation e-transaction symposium (see article, page 1);
- An agenda item for the December, 2014 Operations meeting, to provide a brief summary and introduction to Minnesota health reform in response to a question from the October 2014 Operations meeting;
- Status updates regarding annual maintenance of Minnesota Uniform Companion Guides (see article, page 2);
- A new “AUC Handbook” with information for members, to be posted on the AUC website soon.

## Upcoming TAG meetings, October-November 2014

(For additional information, see the [AUC Calendar](#))

October 9	<b>Medical Code TAG</b>
October 20	<b>EOB Remit TAG</b>
October 22	<b>Eligibility TAG</b>
November 3	<b>Executive Committee</b>
November 13	<b>Medical Code TAG</b>
November 17	<b>EOB Remit TAG</b>
November 26	<b>Eligibility TAG</b>

## National Industry News



### WEDI news ...

#### Results of recent WEDI surveys

- *HPID survey*

The national Workgroup on Electronic Data Interchange (WEDI) recently reported the results of a recent survey it conducted regarding the health care industry’s potential use of the unique Health Plan Identifier (HPID) within electronic transactions adopted under the Health Insurance Portability and Accountability Act (HIPAA).

In a [September 19, 2014 letter](#) to federal Health and Human Services (HHS) secretary, Sylvia Mathews Burwell, WEDI reported that the survey generated responses from 262 stakeholders nationwide from a variety of health care sectors. In its letter, WEDI noted: there is confusion within the industry as to the purpose of HPID in the current environment; stakeholders perceived the HPID to have limited value for use within electronic transactions adopted under HIPAA; and the majority of respondents had concerns about implementing HPID concurrent with other mandates.

In a related [news release](#) regarding the survey, WEDI stated that the survey supported its recommendations to CMS from October 2013 that “CMS require HPID enumeration but modify the rule to make HPIDs not used in transactions.”

### ▪ ICD-10 survey

WEDI also recently released the results of its ninth annual national survey of ICD-10 readiness. In a separate September 24, 2014 letter to HHS Secretary Burwell, WEDI summarized its continuing concerns with a lack of progress toward ICD-10 readiness, noting that:

*“Based on the survey results, vendors and health plans continue to make progress, but some tasks are slipping into 2015, particularly those related to testing. ... Unless all industry segments make a dedicated effort to continue to move forward with their implementation efforts, there will be significant disruption on Oct 1, 2015.”*

Additional information is available at [2014 WEDI ICD-10 survey](#).

### **October 6 CORE Town Hall Meeting**

*Note: CORE is the designated author of federally mandated operating rules and conducts regular public “town hall” webinars to provide updates regarding development and implementation of operating rules and related topics. CORE’s most recent town hall meeting was held on October 6 and is briefly summarized below. For more information, please see [CORE Education Events webpage](#).*

Selected updates from October 6 CORE town hall call:

- In an update regarding industry adoption of operating rules, it was reported that the volume of CCD+ transactions for healthcare Electronic Funds Transfer (EFT) payments had increased roughly 180%, from 5.6 million at the beginning of Q4 2013, to the 15.5 million at the end of Q3 2014.
- The most recent version of CORE’s uniform [Claims Adjustment Reason Code \(CARC\) and Remittance Advice Remark Code \(RARC\) list](#) was published October 1, 2014. The list is updated three times a year as part of an operating rule for the uniform use of CARCs and RARCs.
- CORE continues the development of the third set of operating rules mandated under the ACA, and drafts of the rule are planned for

completion by the end of 2014. These operating rules will address:


- Health claims or equivalent encounter information;
- Health plan enrollment/disenrollment;
- Health plan premium payments;
- Referral certification and authorization;
- Health claims attachments.\*

\*As noted in the article on page 3 above, CORE is not focusing at this time on operating rules for attachments

Following a vote on the draft rules by CORE members, CORE will submit the rules to the National Committee on Vital and Health Statistics (NCVHS)/HHS as appropriate.

- The CORE Connectivity & Security Subgroup has also nearly completed the connectivity requirements of the third set of operating rules above. (See related story “CORE completing work on connectivity rules” above.)
- After working through a number of drafts, CORE published [final draft HIPAA Credential Forms](#) in September 2014. The forms will be needed by those health plans that chose to certify their compliance with standards and operating rules mandated under the ACA using the HIPAA Credential option.

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(<http://www.health.state.mn.us/auc/index.html>).

Comments or questions about this newsletter?

Please contact us at: [health.auc@state.mn.us](mailto:health.auc@state.mn.us).

