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## AUC NEWSLETTER SUBSCRIPTION

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Comments or questions about this newsletter? Please contact us at:

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

## Resources and news in the final run-up to ICD-10

*Only two weeks remain prior to the mandated transition on October 1 from medical diagnoses and hospital inpatient procedure coding based on the International Classification of Diseases, Ninth Revision (ICD-9) to its replacement, ICD-10. Below is a brief summary of some of the more recently announced resources and news to aid the transition.*

From the federal Centers for Medicare & Medicaid Services (CMS):

### **CMS Names ICD-10 Ombudsman**



William Rogers, MD, recently named CMS ICD-10 Ombudsman

The federal Centers for Medicare and Medicaid Services (CMS) recently announced that William Rogers, MD, has been named the official ICD-10 ombudsman to serve as a "one-stop shop" for questions and concerns. Rogers' e-mail address will be [icd10\\_ombudsman@cms.hhs.gov](mailto:icd10_ombudsman@cms.hhs.gov). Rogers is an emergency physician and has directed the CMS Physician Regulatory Issues Team since 2003.

## National Provider Call, “Countdown to ICD-10” materials available

CMS has posted slides, audio recording, and transcript of its [August 27 MLN Connects® National Provider Call, Countdown to ICD-10](#). The session included:

- National Implementation Update;
- Preparing for ICD-10: Coding and Documentation;
- Medicare FFS Claims Processing, Billing, and Reporting Guidelines for ICD-10;
- FFS Medicare Testing Plan for ICD-10 Success; and
- Provider resources.

## Concise guide to ICD-10 resources



The [guide](#) focuses on quick references and key steps to help be ready for the October 1 transition.

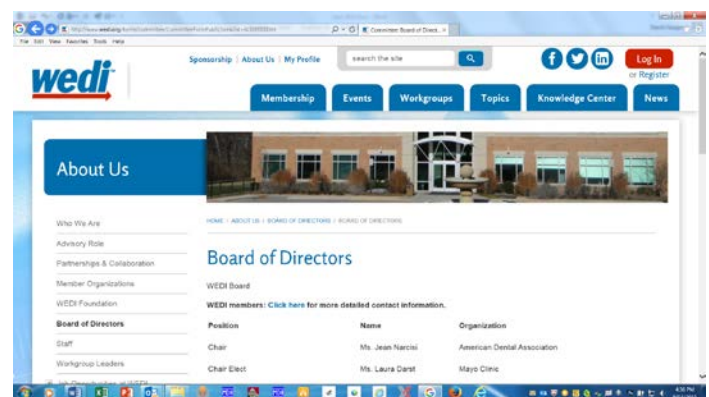
## New WEDI ICD-10 resources

The national Workgroup for Electronic Data Interchange (WEDI), named in the Health Insurance Portability and Accountability Act Of 1996 (HIPAA) as an advisor to the Secretary of the US Department of Health and Human Services (HHS), has also posted two recent ICD-10 resources:

- [ICD-10 State Workers' Compensation Readiness List](#) shows the status of workers' compensation program ICD-10 requirements by state.

- [List of State Medicaid Sites with ICD-10 Information](#) provides links to information from State Medicaid ICD-10 websites. (Note: CMS also has an [interactive map](#) to select individual states for links to their Medicaid programs and related ICD-10 information.)

## WEDI seeks Board members



WEDI announced recently that it is seeking healthcare leaders to serve on its Board of Directors for a two-year term beginning January 1, 2016.

There are 15 WEDI board positions to be filled. Nominations must be received no later than close of business Tuesday, September 22, 2015. Each WEDI organizational member is allowed one (1) vote for as many open Director positions of the same class of Member as the voting Member. The new Board Directors will be announced at the Annual Member Meeting on October 28, 2015 during the WEDI Fall Conference in Reston, VA.

For any questions regarding the Board election process or Board Director responsibilities, please contact Samantha Holvey at 202-618-8803/ [sholvey@wedi.org](mailto:sholvey@wedi.org) or Devin Jopp at 202-618-8788/ [djopp@wedi.org](mailto:djopp@wedi.org).

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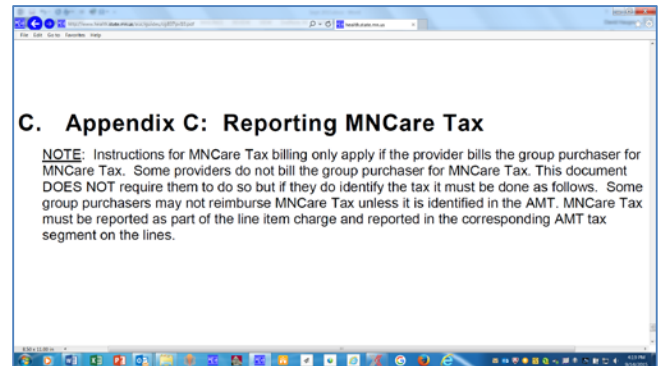
## X12 Work Group Approves AUC Change Request

A change request submitted by the AUC in late 2013 was recently reviewed and approved by a work group of the HIPAA-named national standard setting organization, the Accredited Standards Committee (ASC) X12, setting the stage for final phases of review and adoption of the request.

The AUC's request came about because of the need to report a "provider tax" known as the MinnesotaCare (MNCare) tax on health care claims. A number of other states have also instituted versions of health care provider taxes. The current version of the claims transactions, known as 5010, provides a mechanism for reporting the provider tax. However, during planning for subsequent future versions of the transactions, the capability for reporting taxes was limited to reporting only a more narrow sales tax, which differs from the MNCare tax and other provider taxes.

The AUC change request, assigned file number [CR 1359](#) by X12, presented the case for retaining the capabilities for reporting provider taxes in future versions of claims transactions. In early September 2015, the request was reviewed and approved by the X12 "Billing and Encounter Information" work group (X12N/TGB/WG2). The work group published its recommendation, including technical specifications, in a "Business Requirements and Technical Solutions (BRTS)" report available on a member-access portion of the [X12 website](#). The report noted that provider taxes have been implemented around the country, and discussed the use of a new Amount Qualifier Code to be known as the "State Care Tax" for

reporting provider taxes on health care claims.



*Screen shot of current instructions for reporting MN Care Tax*

During discussion of this issue there was also recognition of the need to address reporting of provider and other taxes on the electronic remittance advice transaction. The work group referred further consideration of the remittance advice aspects of tax reporting to the "Payment Information" (X12N/TGB/WG3) work group.

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## HHS Posts Public Comments on HPID

As noted in the July edition of the AUC Update, the federal Department of Health and Human Services (HHS) released a request for information (RFI) on June 18 seeking public comment regarding the Health Plan Identifier (HPID). HHS was particularly interested in comments regarding:

- The HPID enumeration structure outlined in the HPID final rule, including the use of the CHP/SHP and OEID concepts;
- The use of the HPID in HIPAA transactions in conjunction with the Payer ID;

- Whether changes to the nation's health care system, since the issuance of the HPID final rule published September 5, 2012, have altered your perspectives about the function of the HPID.

The AUC and 50 other organizations and individuals submitted formal responses by the due date of July 28. The responses including the [AUC's](#) have been posted on the federal [regulations.gov](http://www.regulations.gov) website. To see the comments, go to <http://www.regulations.gov/#!/home> and in the search box, enter "CMS-2015-0090." The AUC's comments can be found at CMS-2015-00090-0014.

No further information about possible next steps as follow-up to the RFI responses is available at this time.

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## Preliminary state of the art from NCVHS Review Committee hearings

*The Accountable Care Act (ACA) mandates a biennial assessment of the use and effectiveness of adopted HIPAA health care transaction standards, code sets, identifiers, and operating rules. The Standards Subcommittee of the National Committee on Vital and Health Statistics (NCVHS), the statutory public advisory body to the Secretary of Health and Human Services on health information policy, was named as the Review Committee. As part of the first ACA-mandated biennial review process to date, the Committee conducted hearings on June 16-17, 2015.*

Assessments of the current state of the art in health care electronic business transactions, compiled in the review hearing transcripts and materials submitted by those who

presented at the hearings, are available at the [NCVHS Transcripts and Minutes webpage](#).

The AUC submitted [written testimony](#) to the hearing but written testimony has not yet been compiled and posted by NCVHS. NCVHS generally responds after its hearings with a summary and recommendations from testimony to the HHS Secretary. No further information is available at this time regarding a possible NCVHS report on the review hearings or the timing of a report.

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## TAG Updates

Information about AUC committees and Technical Advisory Groups (TAGs) and their activities, including meeting minutes, can be accessed from the [AUC TAG page](#) (<http://www.health.state.mn.us/auc/activities.htm>).

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>).

With the exception of the Medical Code TAG, TAG meetings are generally conducted via teleconference rather than in-person. All AUC meetings are open, public meetings.

*Note: The AUC reviews Minnesota Uniform Companion Guides (MUCG) approximately annually for any revisions and updates to ensure that the guides remain up to date and accurate. The review and revisions occur generally during the second half of the calendar year. During the next several months then, it is anticipated that several TAGs will be assisting in the "annual maintenance" of the companion guides in*

addition to any other projects or tasks that they are completing.

### **OPERATIONS COMMITTEE**



The AUC committee of the whole, the Operations Committee (“Ops”), met on September 8 to:

- Review and discuss a [request submitted by the Minnesota Council of Health Plans for AUC approval of a proposed single, common form for home health prior authorizations \(PA\)](#).

At present, health plans typically require prior authorization when home care services are requested for a patient. Each health plan has its own form and the variation in forms is administratively burdensome. The Council worked with the home health community and the largest health plans to develop a proposed single PA form.

The Operations Committee discussed the form and suggested that a temporary AUC TAG be created for obtaining additional input, especially from the Minnesota Department of Human Services and county-based purchasers, to review and comment on the form in more detail. A follow-up email vote will be conducted to approve establishing the temporary TAG.

- Review AUC membership requests from a provider organization, Grand Itasca, and a payer organization, South Country Health Alliance.

The membership requests were discussed, and an email vote will be taken for Ops members to approve the new members.

- Respond to a [request from DHS for AUC assistance](#) in standardizing data analytics sent from health plans to providers participating in accountable health arrangements, particularly regarding member and provider information.

As discussed at the meeting, providers participating in accountable health models need data on the populations they are managing. These providers currently receive a variety of demographic files from health plans, containing name, date of birth, address, beneficiary contact information, and associated responsible providers and payers for enrollees. However, the data are sent in a variety of nonstandard formats, with varied field definitions, across nonstandard timeframes, causing “costly challenges, potential errors and lack of understanding in interpreting and using information which diminishes the value and power of data analytics.”

The request recommended formation of an AUC TAG to suggest more standard member contact, demographic, and associated responsible provider data as part of data analytics furnished by health plans to providers participating in accountable health models.

A number of questions seeking clarification of the request were addressed in discussion. An email vote of the Operations Committee will be conducted to determine whether Ops approves the formation of the data analytics standardization TAG.

- Receive an update on Department of Labor and Industry (DLI) requirements regarding the exchange of workers’ compensation e-transactions.

Lisa Wichterman of DLI noted that the following [requirements](#) will take effect over the coming year:

- September 1, 2015 -- Workers' compensation payers must provide the patient's name and patient control number on or with all payments made to a provider;
- January 1, 2016 -- Each workers' compensation payer must post certain information on its Web site or otherwise provide the information to health care providers;
- July 1, 2016 -- Health care providers must electronically submit copies of medical records or reports that substantiate the nature of the charge and its relationship to the work injury using the most recently approved version of the ASC X12N 275 transaction.

Several questions and concerns were raised regarding the requirements, especially regarding the information to be included in the 275 transaction, and the relationship between the DLI 275 requirement and the possible adoption of national standards for electronic claims attachments as mandated under the ACA. Ms. Wichterman noted that DLI is working with the industry on these issues and is exploring options for additional outreach and education, including a possible symposium.

The Operations Committee meets quarterly, and is next scheduled to meet on December 8.

### **Medical Code TAG (MCT)**

The Medical Code TAG met on August 13, August 25, and September 10, with a focus on reviewing the claims MUCGs for any changes or updates that may be needed as part of the annual companion guide maintenance process. The MCT also approved recommendations in response to several requests for medical coding

clarifications ("SBARs"). The TAG's next regularly scheduled meeting is October 8.

### **CLAIMS DD TAG**

At their August 12 meeting, Claims DD TAG discussed the Department of Labor (DLI) industry's new workers compensation requirements. Members voiced concerns about being prepared to meet the new requirements regarding use of the 275 attachments transaction. Some members volunteered to form a workgroup to discuss possible solutions to meet the workers' compensation requirements. More information will be forthcoming regarding work group meetings. Next TAG meeting: September 15.

### **Eligibility TAG**

The Eligibility TAG met on August 26 and discussed and approved a revised draft Service Type Inquiry/Response best practice. The best practice will be submitted to the Operations Committee for review and final approval. The TAG is next scheduled to meet on September 23.

**Check the [AUC website](http://www.health.state.mn.us/auc/index.html)**  
(<http://www.health.state.mn.us/auc/index.html>)  
**for more news and resources**

## AUC September-October 2015 Meeting Calendar

AUC meetings currently scheduled for September – October 2015 are listed below. For more information, please see the [AUC calendar page](http://www.health.state.mn.us/auc/calendar.htm) (<http://www.health.state.mn.us/auc/calendar.htm>).

September 2015	
Date/Time	Event
September 21 1:00 pm - 2:30 pm	<b>EOB/Remit TAG Meeting</b> <a href="#">EOB/Remit TAG Meeting Information</a>
September 23 2:00 pm - 4:00 pm	<b>Eligibility TAG Meeting</b> <a href="#">Eligibility TAG Meeting Information</a>

October 2015	
Date/Time	Event
October 5 8:30 am - 10:30 am	<b>Executive Committee Meeting</b> <a href="#">Executive Committee Meeting Information</a>
October 8 9:00 am - 12:00 pm	<b>Medical Code TAG Meeting</b> <a href="#">Medical Code TAG Meeting Information</a>
October 19 1:00 pm - 2:30 pm	<b>EOB/Remit TAG Meeting</b> <a href="#">EOB/Remit TAG Meeting Information</a>
October 28 2:00pm - 4:00pm	<b>Eligibility TAG Meeting</b> <a href="#">Eligibility TAG Meeting Information</a>