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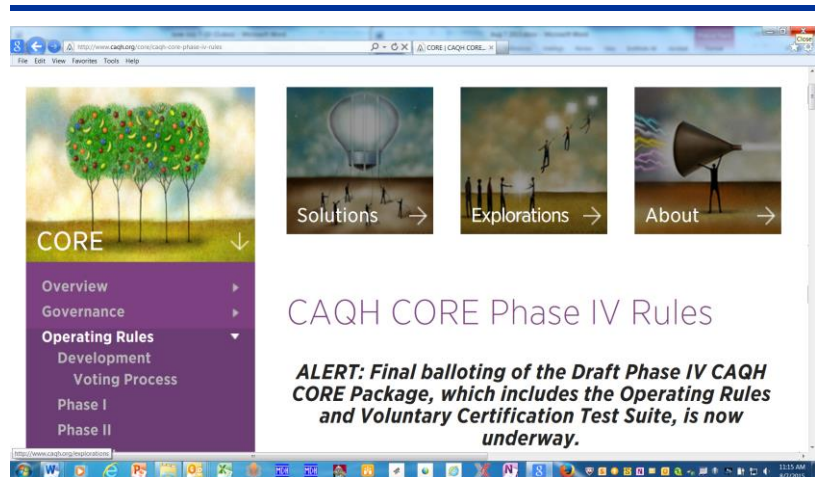
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Comments or questions about this newsletter? Please contact us at: health.auc@state.mn.us.



CORE Announces Vote on Latest Operating Rules

On August 3 the national Committee on Operating Rules for Information Exchange (CORE) announced that it had completed drafting the latest in a series of operating rules mandated by the federal Accountable Care Act (ACA). The rules, intended to streamline and accelerate the flow of routine health care business transactions, are now subject to approval by CORE members in a voting process that continues through August 28.

The ACA defined operating rules as "the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications." The secretary of the federal Department of Health and Human Services (HHS) must adopt operating rules for all HIPAA administrative transactions. CORE, a multi-stakeholder organization with over 140 members, was named by the Secretary as the author of the operating rules.

CORE began phase IV rule development in 2013. The draft rules now being voted on establish connectivity, response time, and system availability specifications for four transactions:

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

The phase IV rules follow previous CORE rules that have been adopted by HHS and are currently in force for eligibility, claims status, health care claim payment advice, and electronic funds transfer transactions.

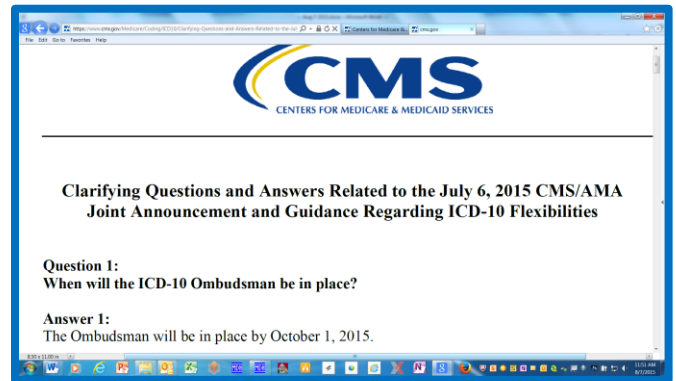
If the most recent draft rules are approved by CORE members, they will be submitted to the CORE board in the third quarter of 2015 for a final vote. Pending approval by the CORE board, the HHS secretary will then determine whether the rules will be adopted as requirements that would apply to all providers, payers, and clearinghouses subject to federal HIPAA administrative simplification regulations.

More information, including copies of the CORE phase IV rules, is available on the [CORE website](#).

CMS/AMA Provide Additional ICD-10 Clarification, Announce Resources

In the July issue of the AUC Update we reported that CMS and the American Medical Association (AMA) had jointly issued a [press release](#) describing additional resources and flexibility to aid the industry in converting from the ICD-9 to the ICD-10 coding system by the required federal cross-over date of

October 1, 2015. Subsequent to the joint press release, CMS and the AMA recently issued a set of [Clarifying Questions and Answers](#) to further explain topics discussed in the press release. The FAQ clarifies for example: the requirements for valid ICD-10 codes; coding and payment of Medicare-Medicaid crossover bills; and that the guidance in the earlier press release and the FAQ apply only to Medicare fee-for-service claims from physician or other practitioner claims billed under the Medicare Fee-for-Service Part B physician fee schedule.



CMS also recently announced a “National Provider Call: Countdown to ICD-10” to be held August 27, 2015 to discuss:

- ICD-10 Coding guidance
- Getting answers to coding questions
- Claims that span the implementation date
- Results from acknowledgement and end-to-end testing weeks
- Provider resources.

For more information and to register, go to the CMS [Countdown to 10](#) page.

A number of other resources and information on ICD-10 topics of interest are also provided as links in the [July 30 edition](#) of CMS’s Medicare Learning Network “MLN Connects Provider eNews.”

WEDI's Latest ICD-10 Survey Results Show Many Providers Not Yet Ready

The Workgroup for Electronic Data Interchange (WEDI) announced the results of its most recent ICD-10 readiness survey on August 3. In its announcement, WEDI noted that "While much of the industry is nearing readiness, nearly one-quarter of physician practice respondents said they will not be ready by the October 1, 2015 deadline and another one-quarter were unsure." In a letter reporting the survey results to HHS secretary, Sylvia Mathews Burwell, WEDI noted that it will be critical to "closely monitor industry progress and testing results" as the ICD-10 deadline of October 1 approaches, and WEDI strongly encouraged "... HHS to leverage its communication channels to continue promoting the need for compliance."

WEDI'S national survey, completed in June this year, included responses from over 600 respondents, including over 450 providers as well as nearly 100 health plans and over 70 vendors.

Reminder: Next Quarterly Ops Meeting is September 8

Save the date! Put September 8 on your calendar as the next regularly scheduled quarterly meeting of the AUC committee of the whole, the Operations ("Ops") Committee. The meeting will be held 2:00 p.m. to 4:00 p.m., Tuesday, September 8, 2015 at the TIES Event Center, Hamline

Room, 1644 Larpenteur Avenue West,
Falcon Heights, MN 55108.

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/activity.htm) (<http://www.health.state.mn.us/auc/activity.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) (<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.

MEDICAL CODE TAG (MCT):

The MCT met July 28 and reviewed and approved an updated "grid of medical coding recommendations" which will be submitted to the AUC Operations Committee in the near future for a vote. In addition, MCT members are currently reviewing chapters of the online [Medicare Claims Processing](#)

[Manual](#) to determine whether any possible additions or revisions are needed to the coding appendices (“Appendix A”) of the professional and institutional MUCGs. The TAG continues its ongoing development of coding recommendations in response to coding clarification requests and questions. The TAG is next scheduled to meet on August 13.

HPID TAG

After meeting in June to help prepare an AUC response to an HHS request for information regarding the health plan identifier (HPID) concept, the TAG did not meet in July and has no further meetings scheduled at this time. (For additional information regarding the AUC HPID RFI response, please see the [July 10 edition of the AUC update.](#))

ELIGIBILITY TAG

The TAG met July 22 to work on a best practice for Information Receivers to request eligibility on specific Service Types. The task included reviewing a lengthy table of individual service types and the draft recommended response. The TAG did not reach consensus on several services types that are also discussed in the X12 5010 270-271 Implementation Guide (TR3), and will be continuing the discussion at its next meeting August 26.

CLAIMS DD TAG

The Claims DD TAG next meets on August 12 and will be working on a SBAR request for modifications to the AUC claims attachment cover sheet. (Issue to be addressed: “Currently there is no place on the cover sheet used by AUC for claim attachments to put the date of service to match to the submitted claim.”)

EOB/REMIT TAG

The EOB/Remit TAG canceled its two most recent meetings due to light agendas. The TAG is next scheduled to meet on August 17.

ACKNOWLEDGMENT TAG

The Acknowledgment TAG met on August 10 and reviewed a number of suggested changes to the 277CA acknowledgment MUCG list of allowed claims status category code and claims status codes. The TAG will meet again on August 17 to: complete its work on the 277CA; review the TA1 and 999 acknowledgment MUCGs for any possible updates or changes; and to review an acknowledgment best practice with guidance and examples for best use of the acknowledgment transactions.

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 August-September 2015 Meeting Calendar

AUC meetings currently scheduled for August-September 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>).

| August 2015 | |
|-------------------------------|---|
| Date/Time | Event |
| August 12 9:00am - 10:30am | Claims DD TAG Meeting Claims DD TAG Meeting Information |
| August 13 9:00am - 12:00pm | Medical Code TAG Meeting Medical Code TAG Meeting Information |
| August 17 1:00pm - 2:30pm | EOB/Remit TAG Meeting EOB/Remitt TAG Meeting Information |
| August 26 2:00pm - 4:00pm | Eligibility TAG Meeting Eligibility TAG Meeting Information |

| September 2015 | |
|----------------------------------|---|
| Date/Time | Event |
| September 8 2:00pm - 4:00pm | Operations Committee Meeting Operations Committee Meeting Information |
| September 10 9:00am - 12:00pm | Medical Code TAG Meeting Medical Code TAG Meeting Information |
| September 14 8:30am - 10:30am | Executive Committee Meeting Executive Committee Meeting Information |
| September 21 1:00pm - 2:30pm | EOB/Remit TAG Meeting EOB/Remitt TAG Meeting Information |
| September 23 2:00pm - 4:00pm | Eligibility TAG Meeting Eligibility TAG Meeting Information |