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We want you – March Operations Meeting

Reminder -- The next regularly scheduled quarterly meeting of the AUC Operations Committee is 2:00 pm – 4:00 pm, March 10, 2015, at the TIES Conference Center, 1644 Larpenteur Avenue West, Falcon Heights, MN 55108. An agenda and meeting materials will follow in the near future. We look forward to seeing you at the meeting.

Please welcome Elise Westby as the new Eligibility TAG chair

Elise Westby has agreed to serve as the new AUC Eligibility TAG chair, filling a vacancy arising from the recent retirement of the previous chair, Ed Stroot. Elise is currently the Admitting/Registration Manager for Ridgeview Medical Center and Clinics and Two Twelve Emergency Center. She has worked in patient registration for over 13 years, with the last three years at Ridgeview Medical Center in Waconia.

When asked about her decision to serve as chair, Elise said, “I was interested in joining the AUC Eligibility committee because I thought it would be a new challenge in an area that I work in daily, but

up until now, all of that work has always been in the Provider End User side of eligibility. I look forward to learning more and being part of this team.”

Please welcome Elise to the AUC!

ICD-10 Updates

MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)

DHS continues to work on preparations for ICD-10 implementation and will provide opportunities coming up for providers to test system changes for ICD-10. DHS will update its [ICD-10 web page](#) with details as soon as testing opportunities are available.

CMS REPORTS SUCCESSFUL ICD-10 FFS END-TO-END TESTING

The federal Centers for Medicare and Medicaid Services (CMS) reported on February 25, 2015 that ICD-10 end-to-end testing conducted January 26 – February 3, 2015 was successful and that CMS systems are ready to accept ICD-10 claims. The testing included a sample of Medicare Fee-For-Service (FFS) health care providers, clearinghouses, and billing agencies representing a broad cross-section of provider, claim, and submitter types, who tested with all Medicare Administrative Contractors (MACs) and the Durable Medical Equipment (DME) MAC Common

Electronic Data Interchange (CEDI) contractor.

In total, approximately 660 providers and billing companies submitted nearly 15,000 test claims during the week-long test period. Approximately 81% of the claims tested were accepted. The majority of claims rejected were for errors unrelated to ICD-9 or ICD-10, including for example: incorrect NPI, Health Insurance Claim Number, Submitter ID, dates of service outside the range valid for testing, invalid HCPCS codes, and invalid place of service.

CMS also reported the results below for the following claim types:

- Professional and Supplier Claims: No issues identified and zero rejects due to front-end CMS systems issues.
- Institutional Claims: One issue identified related to system edits.
 - Home health claims with dates that spanned the October 1, 2015, implementation date were not processed correctly. These claims contained ICD-10 codes but were returned to the submitter. The problem impacted less than 10 test claims and will be resolved prior to the next testing week. Testers will have an opportunity to re-submit these claims.

In addition to acknowledgement testing, which may be completed at any time, two more end-to-end testing weeks will be held before the October 1, 2015, compliance date for ICD-10:

- April 27 through May 1: Volunteers have been selected
- July 20 through July 24: Volunteer forms will be available March 13 on the MAC and CEDI websites
- Testers who participated in the January testing are automatically eligible to test again in April and July

Tester education will be conducted to avoid non-ICD-10 related errors in preparation for

the upcoming testing weeks. Testers who participated in the January testing are automatically eligible to test again in April and July, 2015.

For more information regarding CMS ICD-10 testing, see

- [MLN Matters® Article #MM8867](#), “ICD-10 Limited End-to-End Testing with Submitters for 2015”
- [MLN Matters® Special Edition Article #SE1435](#), “FAQs – ICD-10 End-to-End Testing”
- [MLN Matters® Special Edition Article #SE1409](#), “Medicare FFS ICD-10 Testing Approach”

TAG Updates

EXECUTIVE COMMITTEE

The Executive Committee met February 2, 2015 and focused first on questions of reporting data to providers regarding the eligibility and enrollment of patients in publicly funded health care programs administered by the Department of Human Services (DHS). The AUC had previously addressed similar questions approximately two years ago. At that time, the AUC adopted a best practice for the eligibility inquiry and response transaction (270-271), and related requirements for the remittance advice transaction (835) companion guide, for transmitting information to providers concerning their patients’ enrollment in publicly funded health care programs, such as MinnesotaCare or Medical Assistance (MA, often referred to as Medicaid). Providers sought the information to aid in receiving proper levels of federal “Disproportionate Share Hospital (DSH)” funding. DSH funding is intended to help level of the playing field between hospitals with disproportionate shares of public program patients and/or high uncompensated care levels, and other hospitals. The AUC’s best practice and companion guide requirements were designed

to aid in reporting information known as “2 digit PMAP codes” to providers, to help in assigning patients to a public program category as part of the DSH payment calculation process.

In late 2014, the Executive Committee received questions about additional information that was desired to improve the DSH process, including whether perhaps the AUC’s best practice and companion instructions should be modified to report the additional data. The Committee met February 2 to learn more about the issue. Representatives from DHS provided initial background and clarifications regarding public programs, DSH payments, and related information needs. They clarified that DSH is an issue particularly for hospitals, and also noted that there are inherent limitations in prospectively classifying patients for DSH purposes based on a patient’s enrollment in a program at a point in time. Patients’ circumstances often change frequently, and assignment to a particular public program that may have seemed correct at the time based on the information available may subsequently be determined to have been incorrect for DSH payment purposes. With this background and initial discussion, the Committee agreed to forward the issue to the appropriate TAGs, the Eligibility TAG and the EOB/Remit TAG respectively, for further review and consideration.

At the February 2 meeting, the Executive Committee also discussed:

- the status of companion guide maintenance. The 2014 guide maintenance will be concluded shortly with the publication into rule of guide revisions and updates discussed with the AUC;
- needs for an Eligibility TAG co-chair and possible recruiting options. Tony Rinkenberger volunteered to reach out Ridgeview Medical staff for possible interest. (Note: Elise Westby of Ridgeview subsequently volunteered to serve as the TAG co-chair for 2015.);
- the status of phase IV operating rules being developed as mandated per the ACA. The

Exec Committee will continue to monitor operating rule development;

- the SBAR process for submitting questions and seeking information for correct medical coding. The SBAR process is used primarily by the Medical Code TAG to recommend correct coding and is an important resource. It is important that information needed by the TAG is submitted on the SBAR, and that responses are clear and detailed for Operations reviews and votes and for communicating recommendations; and
- preliminary plans for the next Operations meeting, scheduled for March 10. Preliminary agenda items include: status update and discussion of implementation of electronic prescription drug prior authorization by a statutory deadline of January 1, 2016; ICD-10 outreach and education; TAG updates; and follow-up to an industry-wide symposium held in November 2014 regarding workers compensation health care e-transactions.

CLAIMS DD TAG

The Claims DD TAG met February 4, 2015 and reviewed findings and updates from the November 2014 Workers’ Compensation e-transactions symposium. The Minnesota Department of Labor and Industry (DLI) briefly summarized a draft legislative proposal it has been developing to address several key issues at the symposium, including: the need for standard claims attachments; ensuring that information and instructions needed by the parties to establish connectivity is shared and readily available; and assuring that “bulk” payments for many individual bills can be reconciled to the appropriate bill. The proposal was briefly discussed with no further actions or recommendations at this time.

MEDICAL CODE TAG

The Medical Code TAG met February 12 and reviewed and approved its final set of changes to the 837 companion guides as part of companion guide annual maintenance. In addition:

- An SBAR regarding coding for autism services was discussed and will be voted on via a TAG email vote;
- DHS provided an update on coding for the gambling addiction program and the item remains open for additional discussion at the next TAG meeting;
- A coding question regarding Health and Behavior Group Therapy by Mid-level Provider was resolved with recommendations to “follow CPT” and to place the recommendation on the TAG’s [“coding clarification grid.”](#)
- A question about the use of modifier 90 was resolved with the recommendation to note that the modifier may be used as appropriate for services paid for by other than DHS public programs (“Minnesota Health Care Programs”), in which case the instructions in [MHCP Provider Update MHP-14-08](#) apply.

The TAG discussed additional possible changes to the 837 companion guides to revise tables for “Maternal and Child Health Billing Guide For Public Health Agencies.” However, no action was taken pending additional possible discussion with public health nurses.

ELIGIBILITY TAG

The Eligibility TAG met February 25 with Elise Westby serving as the new chair. As reported in the summary for the February 2, 2015 Executive Committee meeting above, the TAG received a request from the Committee to discuss issues related to reporting of “2-digit PMAP codes.” The TAG discussed the issues with representatives in attendance from DHS and is taking no further action at this time, pending more discussion between DHS and hospitals submitting information for DSH payments.

The TAG also discussed priorities and plans for the year. In addition to completing the annual companion guide maintenance for the Eligibility (270-271) transaction, the TAG will be seeking input on challenges and obstacles to using the transaction as fully and correctly as

possible, and will be developing best practices and other resources to address them.

Minnesota Uniform Companion Guide – Annual Maintenance Update


The Minnesota Department of Health (MDH) plans to publish an announcement in the State Register on March 9, 2015 of the adoption into rule of revised, updated versions (v10.0) of the Minnesota Uniform Companion Guides (MUCGs) for the Eligibility (270/271) and Remittance Advice (835) transactions. The primary changes from the previously adopted versions of the MUCGs (v8.0) include:

- **For the 835 MUCG:** addition of three Remittance Advice Remark Codes (RARC) available to be used for the “Scenario: Additional Information Required – Missing/Invalid/Incomplete Information from the Patient” in Appendix A; and correction of a number of claim adjustment reason codes (CARCs) to replace deleted codes with appropriate new codes in Appendix B.
- **For the 270-271 MUCG:** correction of segment names in section 5.

In addition, annual final updates and revisions to the MUCGs for the claims transactions (837P, 837I, and 837D) were recently submitted to AUC Operations for a vote. Following the vote, they will also be announced as final rules as described above.

On behalf of MDH, we wish to thank the AUC for its assistance with the annual companion guide maintenance.

AUC Newsletter Subscription

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(<http://www.health.state.mn.us/auc/index.html>) under the “Most Viewed” navigation frame.

Comments or questions about this newsletter?

Please contact us at: health.auc@state.mn.us.

AUC Calendar

Date/Time	Event
March 2	Executive Committee Meeting
March 10	Operations Committee Meeting
March 12	Medical Code TAG Meeting
March 16	EOB Remit TAG Meeting
March 25	Eligibility TAG Meeting