



Wednesday, January 22, 2020

2:00 pm – 4:00 pm

Teleconference/WebEx ONLY

AUC Eligibility TAG

MINUTES

1. Call Meeting to Order

2. Welcome & Introductions – Please e-mail your attendance to Tim.Lopez@bluecrossmn.com

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3. Anti-trust Statement – <http://www.health.state.mn.us/auc/pdfs/antitrust.pdf>

4. Approve Previous Meeting Minutes – [Approved](#)

5. Review MN AUC Operations updates

- a) General news/update – [AUC Ops meet quarterly and last met December, just published and approved in August the 835 Companion Guide and now working on 837P and 837I Companion Guides. Medical Code TAG working to simplify and streamline appendices. EOB remit tag submitted X12 RFI and awaiting a response.](#)
- b) Reporting primacy information Best Practice
- c) Reporting Medicaid Program Code Best Practice
- d) Chair/Co-Chair(s) Vote update on Bonnie Hays (Hennepin Health) and Loni Wegman (Medica) – [Voting final, approved as Co-Chairs.](#)

6. Annual maintenance of the MUCG

a) Discuss MUCG while considering the following questions/concerns:

- Links need updating – Susie working on it and does have some updated links for review.
- Dave – Less is more when looking to revise the Companion Guide. Suggest simplifying and streamlining the front matter similar to what was done with the 835 Companion Guide. TO DO: Dave and Bob to work on front matter prior to vote.
- Table of Contents needs updating – Susie will work on that prior to vote
- Depending on the severity of the changes we will need to consider a timeframe for the MUCG to be mandated. – Overall timeframe is AUC Tag will Vote and then AUC OPS will vote and MDH and then State Register and then made Final. Realistically 3-6 months process. Typical 30 days after publication rule is effective. Once past AUC OPS its pretty certain to be a rule. Decided to ask individuals when Voting on suggested timing of mandate.
- Review new DRAFT changes and Vote Results:
 - Reviewed vote results and approved/agreed to include Reporting Restricted Recipient Program and Reporting Other of Additional Payor Information Best Practices into the next version of the Companion Guide
 - Reviewed the Best Practices as they were incorporated into the Companion Guide. No comments or updates made. Changes approved.
 - Are there any best practices that are important enough, have enough general applicability, and are likely to not change for some time, that they should be included in the guide (i.e., they should become part of a rule with the force of law, rather than a voluntary best practice)?
 - _1_ Reporting Health Care Home (HCH) Benefits
 - _5_ Reporting MN Dept of Human Services (DHS) Major Prgm Code for Prepaid Medical Assistance Plans (PMAP)
 - _5_ Service Type 60 Response (active coverage, no benefits reported)
 - _5_ Reporting Termination Date for Inactive Coverage
 - _6_ Service Type Inquiry/Response
 - 7_ Reporting Restricted Recipient Program** – The BP does not address who are the restricted providers. Asking if we can add that. Decided to add to future topics and a potential future new Best Practice.
 - _3_ Provider Eligibility Verification
 - _5_ Multiple Service Type Inquiry/Response
 - 7_ Reporting Other or Additional Payor Information** – Clarified data is required to be returned only if known – Payers may not always know this information or have all the data in their backend systems. Members are frequently asked for this information throughout the year (Monthly, Quarterly, Yearly).
 - _3_ Reporting Funding Type

OR

- _1_ Abstain
- _1_ Do not approve

7. High Eligibility Volumes beginning of the month

- a) Is there a way to reduce/limit or require handling of those larger volumes?
- Possible Solutions
 - Support Future date requests – Some payors support future dates but that is no guarantee of coverage and still have disclaimer as it is only as good as today as a lot can happen between now and the future.
 - Realtime for small volumes
 - Batch for large volume
 - Tim - Payors need to monitor and keep eye on volumes and make accommodations to constantly increase SLA as volumes grow year after year.
 - Clark DHS – Request Providers submit Batch
 - Fausto – Doesn't experience the issue, they have the bandwidth with no delays
 - Jackie – Processing overnight and utilize payor guidelines like submitting in Batch or limiting lines. Recommendations in their Companion Guides.
 - BJ – Don't run during payor down times
- b) Does this cause issues for anyone else? What is the impact? Slow/No response, errors, outages, etc...
- c) Do any Payors return a provider's network status based on the NPI in the 270?
- BCBS does not.
 - SIGNA has message segment advising the network status of the provider.
 - AETNA returns benefits based on NPI that came in along with message advising the providers network or if they cannot determine they return all networks.
- d) Anything MN AUC can/should do to help?
- BJ – Can we make MN Medicaid/Government Payors change renewals to the 15th month?
 - Fausto – We don't know enrollment until 5 business days till end of month and that is the timeframe they have to make eligibility updates. 1.3.2 think has limits on transaction volumes in other Companion Guides like the 837.
 - Decided to keep this on agenda for further discussion and feedback

8. Topics for upcoming meetings

- a) Education/Training Topics:
- Using 6P vs 1L for group/policy
 - Payer feedback of common 270 provider request errors that can be avoided through some sort of education/tips.
- b) DRAFT BP – Cheat Sheet/Quick Reference Glossary – BJ has DRAFT prepared
- c) DRAFT BP - Correcting Membership information when a unique member is found (ID, First, Last, DOB)
- d) DRAFT BP - Requiring Accumulations for Calendar/Plan Year Deductible/Out of Pocket/Limitations
- e) DRAFT BP - Benefit response Disclaimer
- f) DRAFT BP - Returning Authorization Indicator EB11
- g) DRAFT BP – Reporting Restricted Recipient Program Restricted Providers
- h) Update BP template to Reference the HIPAA Implementation Guide and the AUC Companion Guide

9. Other Business

10. Meeting Summary & Next Steps – Continue to update and Finalize Companion Guide and send out for Vote

11. Next Meeting – Teleconference/WebEx ONLY – February 26, 2020 (2-4pm)

2020 Schedule, please mark your calendars accordingly:

Wednesday, February 26, 2020 (2-4pm)

Wednesday, March 25, 2020 (2-4pm)

Wednesday, April 22, 2020 (2-4pm)

Wednesday, May 27, 2020 (2-4pm)

Wednesday, June 24, 2020 (2-4pm)

Wednesday, July 22, 2020 (2-4pm)

Wednesday, August 26, 2020 (2-4pm)

Wednesday, September 23, 2020 (2-4pm)

Wednesday, October 28, 2020 (2-4pm)

Wednesday, November 25, 2020 (2-4pm)

Wednesday, December 23, 2020 (2-4pm)

12. Adjourn Meeting