

**Administrative Simplification Work Group
Meeting #6 Summary**

Tuesday, June 1, 2010
11:00 a.m.

Work Group Members in Attendance

Laura Etherton, Co-Chair
Dale C. Johnson, Jr., Co-Chair
Rhonda Busek
Alice Cobb
Erick Doolen
Nancy Franssen
Mary Kjemperud
Ann O'Connell
Mike Schwab
Tonja Siefarth
Dan Stevens
Doug Walta, MD

OHPR Staff in Attendance

Sean Kolmer
Lynn-Marie Crider

Work Group Members Not in Attendance

Tom Chamberlain
Barney Speight
Nelda Wilson
Todd Bybee
Tyla Kennedy
Carol Robinson

Meeting Summary (actions in bold)

The meeting was conducted by phone.

The work group revisited the decision about the recommended sequence for standardizing the companion guides.

Staff reviewed the interaction issues between federal and state activities and the pluses and minuses of the five options offered.

After much discussion, the work group decided to adopt Option #3 with the following timelines:

	Eligibility Inquiry and Response (270/271)	Claims submission (837)	Payment remittance advice (835)	Electronic Funds Transfer
Period for industry review	1/1/2011	7/1/2011	1/1/2012	Not

of Minnesota companion guides ends	(end of Q4 2010)	(end of Q2 2011)	(end of Q4 2011)	applicable
DCBS rule-making to adopt uniform companion guide completed	4/1/2011 (end of Q1 2011)	10/1/2011 (end of Q3 2011)	7/1/2012 (end of Q2 2012)	Not applicable
Everyone doing the electronic transaction must follow the uniform guide	1/1/2012 (end of Q4 2011)	10/1/2012 (end of Q3 2012)	7/1/2013 (end of Q2 2013)	Not applicable
Everyone must to this transaction electronically	7/1/2012 (end of Q2 2012)	1/1/2013 (end of Q4 2012)	10/1/2013 (end of Q3 2013)	1/1/2014 (end of Q4 2013)

The rationale for moving the eligibility transaction to the head of the line is as follows:

- Eligibility verification serves patients—not just providers and payers.
- When eligibility is checked on the front end, it avoids rejection and resubmission of claims.
- For these reasons, providers are most interested in automating and improving this transaction.
- There is a greater opportunity for making a transformative leap by taking eligibility verification first than by taking claims (which is largely electronic already) first.

Staff was directed to write the report to urge the Health Leadership Council to vet the companion guide for the remittance advice more quickly than required by the timeline, if possible.

Staff was also requested clarify that clearinghouses as well as providers and payers need to comply with the uniform standards and cooperate to ensure a smooth transition.

The meeting was adjourned before noon.