

HB10_1332 MEDICAL CLEAN CLAIMS TRANSPARENCY AND UNIFORMITY ACT TASK FORCE Meeting Minutes December 2, 2010 9am-3pm		
<p>Attendees: Chris Adams, Facilitator (CA) – Engaged Public Michele Baran (MB) alt - McKesson Nancy Botiller (NB) - Kaiser Permanente Helen Campbell (HC) - United Health Group Pamela Dane (PD) – Denver Health and Hospital Authority Tom Darr, MD (TD) – Ingenix Kim Davis (KD) – University Physicians, Inc. Mark Dawson, MD (MD) – Aetna Catherine Hanson (CH) – American Medical Association Wendi Healy (WH) – Western Nephrology Barry Keene, Co-Chair (BK) - Keene R&D Deb Lachowetz , Coordinator (DL) Lori Marden (LM) – Rocky Mountain Health Plans Kelly Shanahan Marshall, Facilitator (KM) - Engaged Public Kathy McCreary (KMc) – University of Colorado Hospital Douglas Moeller, MD (DM) – McKesson Mark Painter (MP) – Relative Value Studies, Inc. Carol Reinboldt (CR) – Colorado Department of Health Care Policy and Financing Mark Reiger (MR) - NHXS Marilyn S. Rissmiller, Co-Chair (MSR) – Colorado Medical Society Ryshell Schrader (RS) – Community Reach Center Bob Semro (BS) - The Bell Policy</p>	<p>Meeting Objective (s): -Learn about members’ perspectives on the issues before the task force -Review the requirements of HB 1332 and confirm key points -Learn about the state of Colorado’s interest in improving the process -Discuss issues related to managing the task force’s work and make some preliminary decisions on how to move forward -Discuss other organizational issues</p>	

Center Tina Sherman (TS) – Surgical Care Affiliates Robin Weston (RW) - Integrated Physician Network BethAnn Wright (BW) - WellPoint		
---	--	--

MEETING MINUTES

Topic	Discussion	Action	Due Date
HB 1332	BK provided an overview of how the bill came into being and emphasized that it had a lot of support in the legislature.	None	None
Task Force Perspectives	Comments included: the uniformity of processes is intrinsic in other health care delivery systems (BK); we do not want to recommend any actions which would cause payers to increase premiums or further burden providers with additional administrative work; ambiguity leads to lots of re-work and is more expensive than the increasing complexity and number of rules; claim edits can serve to provide payers with assurances they are paying appropriately but moving toward more consistent processes can improve payer defensibility and decrease administrative costs; can payers agree to a set of edits without anti-trust issues; providers view edits as a way for payers to avoid reimbursement; there are trust issues between payers and providers which cannot be ignored; some payers are knowingly applying Skilled Nursing Facility (SNF) edits to acute care claims while at the same time hospitals have become very transparent with their costs; on average there are 12-20 different payer contracts per physician practice causing huge administrative burdens for providers to comply with	Task force to be aware of member comments/concerns as edits are proposed and discussed.	None

	multiple contractual requirements; sadly the patient gets lost in the process of the push/pull between providers and payers; variation costs money in terms of training and complex business processes for both the provider and payer billing staff (e.g., there are currently 4-5 ways to bill a bilateral procedure); health plans struggle most with unusual circumstances and spend inordinate amounts of time with them; there is lots of variation with health plan benefit structures which will make it harder to standardize coding edits; BCBS VT watching CO who many consider on the leading edge (BK); there are so many Band-Aids on this issue that we no longer know what the wound looks like; payers, providers, employers, and patients all have different skin in the game which changes how they look at claim denials and resubmissions; there cannot be 50 different versions of claim edit recommendations for the payers to comply with or this process is dead.		
HB 1332 Task Force Framework	MSR walked group through 'base set' development (12/02/2010-11/30/2012). Using the 'base set' ensures the task force uses what is already out there and is not creating edits. It was reiterated that types of edits outside the scope include any contractual arrangements.	Task force to follow HB 1332 Task Force Framework.	None
Speaker: Representative Joe Miklosi	Representative Miklosi is looking for the task force to come up with creative ideas to have billing and reimbursement processes run more smoothly; wants to see a spirit of cooperation.	None	None
Transparency of Edits	Five percent proprietary edits is still a huge number of edits; Aetna website has edits, logic, and individual code combinations. Uses McKesson's ClaimsXten™.	None	None
Modifiers	The biggest number of resubmissions and/or denials occur with modifiers -25	Task force must address the	Second meeting agenda item

	(Significant, separately identifiable E/M service by the same physician on same day of the procedure or other service), -26 (Professional component), -59 (Distinct procedural service), and -80 (Assistant surgeon).	problem of modifier denials and resubmissions.	
Claim Denials	As many as 20% of edit denials are paid when the provider resubmits the claim. These edits are low hanging fruit and should be pulled out for the task group to look at first.	Task force to confirm agreement with tackling low hanging fruit edits first. Task Force or sub group will need to identify low hanging scenarios.	Second meeting agenda item
Walk Through an Example of a Claim Edit	The group walked through an example of an actual claim edit issue. The edit clarification is needed on whether pathologists can bill a professional charge on all CPT lab codes. It was mentioned that in network and out of network labs can further complicate and change the process. (e.g., member is sent to a non par lab by a par provider and may be responsible for full charges)	None	None
Lexicon	Group agrees on defining key terms to ensure all members of the task force are on the same page. Terms mentioned include clean claim, claim edit, payment policy, and denial/rejection.	Task Force to submit terms to be included to BK/MSR. Survey Monkey	Second meeting agenda item
Colorado Sunshine Law	Task force wants to better understand the laws' implications to this work.	BK to send out a summary of the Sunshine Law to the task force. BK, MSR, and CR to arrange for an Assistant Attorney General to speak with task force and answer any questions/address concerns.	Completed 12/04/2010 12/31/2010
Task Force Additional	Base set plus what we develop will make the universe (MSR); the task	Task force to be aware of member	None

Comments/Thoughts	force needs to understand that insurance regulations stipulate that denials for medical necessity are very different from denials generated by claim check edits; we cannot look at every code combination but rather need to create a sustainable approach using NCCI and CMS as a starting place; we will not look at each edit and should update when CMS updates (MSR); how should we address the problems with ICD-9 4 th and 5 th digits (e.g., if provider submits a 3 digit ICD-9 code when a 4 th digit was available then the claim may be denied by some payers); members differed in their opinions on denial rates generated by claim edits ranging from <2% to 15%; some task group members believe that a small number of appeals are related to claim edits and that most are related to experimental procedures, etc.; members thought it would be beneficial to consider asking Dr. Rosen (National Correct Coding Initiatives) to speak to the task force.	<p>comments as edits are proposed and discussed.</p> <p>Consider asking Dr. Rosen (National Correct Coding Initiatives) to speak to task force.</p> <p>Consider additional speakers.</p>	<p>Second meeting agenda item; speakers' date TBD</p> <p>Second meeting agenda item</p>
Administrative Items	<p>1) Decision-making process: consensus works best.</p> <p>2) Participation: attend in person; alternates are equal at the table; when the alternate and the designated appointee both show there is only one vote.</p> <p>3) Fiscal sponsor is The Bell Policy Center; there are forms in your notebooks (BK); in kind donation forms need to be received by The Bell by 12/17/2010.</p>	None	None
Public Comment Period	One representative was glad we were doing something about the health care system.	None	None
Closing Comments	Elephant in the room is the issue of trust; providers are afraid they won't get paid and payers are afraid they will pay too much. Task Force should commit to a 'one team' spirit (BK).	None	None

<p>Next Steps</p>	<p>Numbers 1, 2, and 3 are necessary to complete project work plan. 1) Create task group lexicon – definition of statute specific terms to minimize confusion and improve clarity for duration of project 2) Clarify and agree what is in/out of scope of statute 3) What will be our strategy/strategic approach? Create decision guides. 4) Determine next meeting date which will be face to face and two days in length in late January; group prefers Tues/Wed/Thurs meeting days for members traveling from out of town; subsequent meeting frequency TBD; targeting quarterly.</p>	<p>Co-chairs (BK and MSR) to direct task group on next steps. Each step may need a separate due date.</p>	<p>Second meeting agenda item</p>
<p>Parking Lot Items</p>	<p>1) Common lexicon needed 2) What, if anything, should the task force do re: proprietary edits? 3) What, if anything, should the task force do about ICD-9 codes which must have 4th and 5th digits in order to be reimbursed? 4) Is there an impact to the work of the task force with payers who ignore some claim errors and pay anyway? 5) Task force must spend time up front on how they will focus their work (e.g., most active situations) 6) Task force needs to confirm agreement to go after ‘low hanging fruit’ first and then further refine details.</p>	<p>Act on relevant parking lot items as indicated in minutes; include in work plan as needed.</p>	<p>None</p>