



## HB10\_1332 MEDICAL CLEAN CLAIMS TRANSPARENCY AND UNIFORMITY ACT TASK FORCE

December 28, 2011, 12:00 – 2:00 PM MST

Call-in information: 1-800-406-9170, meeting ID 3891479554#

<http://coloradomedicalsociety.adobeconnect.com/r7p8mu1rvws/>

### PRELIMINARY AGENDA

12:00 pm **Roll Call, Welcoming Remarks & Housekeeping**

- Approve November 2011 task force minutes

12:10 pm **CO-CHAIRS' CONSENSUS RECOMMENDATIONS**

*Important Note: Task Force will be asked to accept, by consensus four recommendations. Please be prepared to discuss and approve/disapprove the recommendations. An important discussion item will also be presented.*

- **Consensus Recommendation 1:** Top Stakeholder Concerns (see Attachment 1)
- **Consensus Recommendation 2:** Source and Sourcing (See Attachment 2)
- **Consensus Recommendation 3:** Transparency Goals (See Attachment 3)
- **Consensus Recommendation 4:** Case for Sharing Edits (See Attachment 4)
- **Discussion Item A: Overview of the December 13, 2011 Co-Chairs' meeting** (See Attachment 5)

1:25 pm **Committee Reports**

- NCCI– Beth Wright
- Specialty Society – Tammy Banks/Helen Campbell
- Sustaining/Repository – Mark Rieger
- Project Management – Barry Keene
- Finance – Barry Keene

1:50 **Other Business\*\***

- Reminder of new schedule for 2012
  - Next face-to-face meeting is scheduled for January 25, 2012.
    - **Discuss possibility of adding on a day or 1/2 day to the January 2012 meeting.**
  - July meeting will NOT take place on July 25<sup>th</sup> as originally scheduled. (Based on feedback from TFMs, July 18<sup>th</sup> is the preferred.)

1:55 **Public Comment**

2:00 **Adjourn**

\*\*Documents for distribution to Task Force members should be sent to Marilyn Rissmiller in pdf or PowerPoint format no later than close of business the day before the scheduled conference call..

## Co-Chairs' Consensus Recommendation 1

### Top Stakeholder Concerns

**Confirm that the following are the #1 concerns of each major stakeholder at the table:<sup>1</sup>**

- Providers: Reduce providers' administrative costs by developing a uniform, standardized set of edits used by all payers to ensure correct coding of procedures and services that are machine-readable for loading into a provider practice management system.
- Payers: Implement HB 10-1332 in such a way that it minimizes their total costs, including payer administrative costs and care payments.
- Vendors: Maintain ability to work with provider and payer clients to meet their needs and protect vendor's intellectual property.
- Consumers: Not significantly increase premiums in Colorado and facilitate point-of-service pricing; over time, not negatively impact consumers or other stakeholders.

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<sup>1</sup> Note: These are statements of general concerns and not meant to be measures of impact.

## Co-Chairs' Consensus Recommendation 2

### Source and Sourcing

#### Use these definitions of sources and sourcing:

- Sources means the list of national industry sources found in §(2)(b)(I - VII),C.R.S., of HB10-1332 only.
  - “National medical specialty “society” in this section of the law means national medical organizations that are assigned as advisors to AMA, CPT, and AMA Health Care Professionals Advisory Committee (HCPAC), organizations representing limited license practitioners and other allied health professionals. *Note: This is the definition put forward by Tammy and approved for recommendation to the Task Force, subject to Tammy checking to make sure the definition does not exclude any legitimate health professional groups)*
- “Sourcing” refers to the process of interpreting and translating information from the sources into edits.
  - Sourcing occurs when the national industry sources have guidelines or descriptions of how a claim should be handled. Examples of entities that may be doing sourcing include Optuminsight (Ingenix), McKesson, and Bloodhound.
  - Because sourcing may involve interpretation and translation into edits, who has done the sourcing and based on what materials needs to be explicit.
  - **§25-37-106 2(c)(I) of HB10-1332 refers to sourcing:**

(c) (I) AS THE BASE SET OF RULES AND EDITS DEVELOPED PURSUANT TO PARAGRAPH (b) OF THIS SUBSECTION (2) MAY NOT ADDRESS EVERY TYPE OF HEALTH CARE SERVICE INVOLVED IN A MEDICAL CLAIM, THE TASK FORCE SHALL WORK TO DEVELOP A COMPLETE SET OF UNIFORM, STANDARDIZED PAYMENT RULES AND CLAIM EDITS TO COVER ALL TYPES OF PROFESSIONAL SERVICES. IN WORKING TO DEVELOP A COMPLETE SET OF RULES AND EDITS, THE TASK FORCE SHALL REQUEST TO PARTICIPATE IN THE NATIONAL INITIATIVE OR WORK WITH NATIONAL EXPERTS TO IDENTIFY ANY RULES AND EDITS THAT ARE NOT ENCOMPASSED BY THE NATIONAL INDUSTRY SOURCES IDENTIFIED IN PARAGRAPH (b) OF THIS SUBSECTION (2) OR THAT POTENTIALLY CONFLICT WITH EACH OTHER. **ADDITIONALLY, THE TASK FORCE SHALL CONSIDER THE CMS MEDICALLY UNLIKELY EDITS AND COMMERCIAL CLAIMS EDITING SYSTEMS THAT SOURCE THEIR EDITS TO NATIONAL INDUSTRY SOURCES ON A CODE AND CODE EDIT PAIR LEVEL IN ORDER TO CREATE A COMPLETE SET OF PAYMENT RULES AND CLAIM EDITS.**

## Co-Chairs' Consensus Recommendation 3

### Transparency Goals

**Use this prioritized list of transparency goals:**

1. To be able to see and access the entire set of edits (not just one edit at a time) in a machine-readable form that can become part of a practice management system.
2. To have access to the specific rationale for each edit, including where it came from; if multiple sources, what they are and where the one selected came from; if multiple sources that disagree, how the disagreement was resolved; type of edit; and description of the reason for the edit.

## Co-Chairs' Consensus Recommendation 4

### Case for Sharing Edits

**Adopt the following case to encourage vendors and payers to share their edits:**

- Colorado's Medical Clean Claims Transparency and Uniformity Act requires that, once the complete standardized set of edits is implemented, "no other proprietary or other claims edits," other than edits for medical necessity, utilization review and fraud, "shall be applied to modify the payment of charges for covered services."
- In order to have available the edits you/your clients want for processing claims in Colorado, the Task Force needs to know what they are to decide if they should be in the standard edit set or not.
- The Task Force needs to know how you handle these types of edits in order to count them in making a decision.
- In order for the Task Force to recommend a complete set of edits it needs to understand the scope of the "edit universe."
- If edits are provided, the edits will be housed in a "safe" place. Individuals with access will be bound with nondisclosure agreements.

## Discussion Item A

### Decision Rule<sup>2</sup>

**Note:** *The co-chairs discussed a recommendation for a Decision Rule at some length. The group decided to put forward two approaches for preliminary discussion and feedback by the Task Force. The full process for operationalizing the Decision Rule has yet to be incorporated what will become the consensus recommendation/decision on this item.*

**Adopt the following decision rule for selecting, adding, deleting, modifying and reconciling conflicting edits:**<sup>3</sup>

1. Develop the purpose, rationale, and guiding principles for the A-P edits (e.g., age, gender, place of service, etc.).

EITHER:

- 2A. From any source (see definition of “source” in Proposed Recommendation B), assess what best fits the rationale. This step applies both to the creation of the initial standardized set and to the operation of the data sustaining repository, as follows:

The DSR will have 2 functions:

- (1) Quarterly maintenance where edits can be added or deleted through a straightforward application of guiding principles, and
- (2) Convening a panel that will be tasked with:
  - Adding or deleting edits that were not straightforward enough that they could be handled as part of quarterly maintenance; and
  - Maintaining a public open process for:
    - Edits that could not be handled by the panel
    - Resolution of concerns brought to the panel

In all of the uses above, the process for decision making will include the guiding principles, research of and input from national sources, how payers currently operate on the edit, and relevant claims data analysis.

OR:

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<sup>2</sup> The Task Force has sometimes used the term “dispute resolution” to describe the way to resolve issues about what should be included or excluded. The co-chairs propose using the term “Decision Rule.”

<sup>3</sup> The decision rule needs to be simple, straight-forward, and easily and objectively applied.

- 2B. Using a pre-established hierarchy of sources for each type of edit listed in the law (e.g., co-surgeon, bilateral procedures, etc.). For example, we could start with CPT, NMSS, HCPCS, NCCI, CMS. Assuming the hierarchy of sources is not inconsistent with the rationale and guidelines set forth as the first step listed above, use the hierarchy to select edits.

**To:** Barry Keene  
**From:** Ian Danielson  
**Date:** December 6, 2011  
**Subject:** MCCTF November 30<sup>th</sup> meeting assignments

Based on my notes, these are the assignments from the November task force meeting.

- 1. Staff:**
  - a. Research administrative simplification
  - b. Kirstin to do a comparison of health insurance in Colorado vs. health insurance in Minnesota.
- 2. Tammy Banks:**
  - a. Tammy to write up a summary of the morning's discussion on Professional Society Outreach, and work on defining a credible source, and pulling information from legislation concerning sourcing.
  - b. Tammy to request feedback from specialty societies on page 7, Section 6 (Sustainability) from the NCVHS testimony, which can be found @ [http://hb101332taskforce.org/images/hb1332\\_ncvhs\\_testimony.pdf](http://hb101332taskforce.org/images/hb1332_ncvhs_testimony.pdf)
- 3. The CCI subcommittee:**
  - a. CC would like to see an RFP developed by the DSR if a third model is viable. CCI should also be involved in this process. A precursor to this may be an RFQ or RFI.
  - b. NCCI or a new subgroup will deliberate on a dispute resolution process.
- 4. The DSR Subcommittee:**
  - a. The DRS subcommittee will flesh out the major pros and cons of the two models.
- 5. All:** The issue of how the task force will work with NCCI was flagged but not assigned to any Task Force member or subcommittee.