



HB 10-1332 Colorado Medical Clean Claims Transparency and Uniformity Act Task Force

Meeting Agenda

Meeting Date:	October 22, 2014; noon – 2 PM MDT
Call-In Number:	1-866-740-1260; ID 8586318#
Web-Link:	https://cc.readytalk.com/r/tzkqm5b68g7h&eom

I. Housekeeping Items:

- a. Approve September 2014 meeting minutes ([Attachment A](#))
- b. Remaining schedule through 2014
- c. Revised proposal to HHS

II. Committee Reports:

- a. Specialty Society
- b. Edit Evaluation Team
- c. Data Sustaining Repository (DSR) Committee

III. Level Setting & Strategic Planning

IV. Public Comment

Upcoming Task Force Meetings

Date(s)	Time (Mountain Time)	Meeting Type
November 19	12:00 PM – 2:00 PM	Conference Call
December 17	12:00 PM – 2:00 PM	Conference Call

Draft

HB10_1332 MEDICAL CLEAN CLAIMS TRANSPARENCY AND UNIFORMITY ACT TASK FORCE

Meeting Minutes
 September 24, 2014
 Call-in Number: 1-866-740-1260
 Conference ID: ID 8586318#

Attendees:

- Amy Hodges
- Anita Shabazz
- Barry Keene
- Beth Kujawski
- Beth Provost
- Beth Wright
- Dee Cole
- Doug Moeller, MD
- James Borgstede, MD
- Kathy McCreary
- Kim Davis
- Marianne Fink
- Marilyn Rissmiller, CC
- Mark Painter, CC
- Nancy Steinke
- Robin Weston
- Ruth Backlund
- Terrence Cunningham
- Wendi Healy

Staff :

- Connor Holzkamp, Admin
- Vatsala Pathy, Project Manager

Public:

- Carrie Winter (AANEM)
- David Hitzeman, DO (AOA)
- Diane Hayek (ACR)
- David Kanter (AAP)
- Diana Ewert (Osteopathic)
- Kelly Macnee (GMCB)
- Stephanie Stinchcomb (AUA)
- Sara Odenthal (Public Affairs)

Meeting

Objective (s):
 See Agenda

Key:

-TF = Task Force
 -TFM = Task Force Member
 -CC = Co-Chair



September 24, 2014

WELCOMING REMARKS & ROLL CALL:

Housekeeping Items:

- Minutes from August Task Force meeting were accepted with no changes.

SPECIALTY SOCIETY ORIENTATION:

- Terry Cunningham reported that the Specialty Society is waiting to see how the “Task Force Options” materialize before reaching out to the medical specialty societies.
- The Specialty Society continues its charge to act as the “liaison between the task force and the AMA’s Federation of Medicine, which includes 122 national specialty societies and 50 state medical societies in order to assess if public code edit and payment policy libraries meet the needs of national medical societies and state medical associations by reaching out and obtaining feedback from these groups.”

EDIT EVALUATION TEAM—Beth Wright, Nancy Steinke, Beth Kujawski and Wendi Healy

- The Edit Evaluation Team will be meeting in-person in October to begin working through the data that Bishop is loading in the database. This data will include publically available edits such as the fourth quarter NCCI edits from Medicare, CPT© edits, Medicaid MUE edits and Medicaid procedure to procedure edits, as well as any potential payer submissions.

DATA SUSTAINING REPOSITORY COMMITTEE – Mark Painter and Barry Keene

- The DSR Committee has been working to develop a proposal for the permanent entity that will carry on the work of the Task Force after it goes sunset. This permanent entity is intended to be an outside government/stakeholder driven body that will have a loose connection to a state agency. To this end, the DSR Committee brought a statement of intent for the permanent entity to the Task Force for consensus. [To view this statement of intent please click here.](#)
 - One TFM wanted to know more about which state agency this entity would be tied to. It was noted that this would likely be an existing agency (such as the DOI).
 - Another TFM commented on the use of the words “technical” and “professional” in the document, and several others echoed the concern. It was determined that both these words would be dropped from the document.

Action item: The Task Force adopted the DSR Committee’s statement of intent for the permanent entity, removing the words “technical” and “professional” from the document.

- The DSR Committee reported that it had sent the full draft proposal for a permanent entity to the Attorney General’s office for review. The committee specifically asked the AG’s office to provide feedback on what exactly is required to provide this entity with statutory rule promulgating authority.
- Barry reported that the Task Force’s proposal to HHS to recognize the work of the Task Force as a national initiative is still working its way through the Department. Barry will report back to the Task Force as more information becomes available.

LEVEL SETTING & STRATEGIC PLANNING – Mark Painter

- Previously, during the August Task Force meeting, Mark led the group through a powerpoint presentation that explained the current outlook of the Task Force, and presented several “options” for the group moving forward. Mark had asked the TFM to review these options and provide feedback prior to the September meeting. These options are summarized below.
 1. Continue on the current pathway and rely on payers to release edits voluntarily and in the meantime, release the common edit set using only publicly available edits such as Medicare.
 - This option would require payers to apply pressure on their vendors to release the edits and relies on the process that we have currently proposed, including ongoing formal solicitation letters and informal outreach on the part of plans to their vendors.
 - This option assumes that if vendor edits are not made available, at least for the foreseeable future, that the Medicare edit set with minor modifications will be the common edit set as allowed under the originating legislation
 - ✓ Mark reported that he had received feedback from several TFM in support of this option. In the end this option would yield a full release of the data as a list for public consumption.
 - ✓ Mark noted that he has asked Bishop to load the fourth quarter NCCI edits from Medicare, CPT© edits, Medicaid MUE edits, Medicaid procedure to procedure edits, and potential payer submissions. Bishop plans to have this loaded in time for the Edit Evaluation Team to formally begin working on the edit set in October.
 2. Continue on current course with a modified release strategy but drop PTP edits, which are the source of greatest concern for vendors.
 - The PTP edits contain a great deal of proprietary information that, if put into a publicly available data set, would have significant business implications on vendors. This strategy would entail following current protocols, including formal solicitation letters for the remaining set of edits.
 - The PTP edits represent a very large portion of the complete set. Dropping these edits from the complete set would drastically reduce the size of the edit set.
 - ✓ Mark reported that this option was not explicitly supported by anyone who provided feedback.
 3. Pursue a modified release strategy for edits from vendors that would, in essence, no longer make the database available in the form of a complete list.
 - In this scenario, the common edit set would be maintained by the CCCTF and successor, the common edit set would not be published in toto as a list for public use. Instead payers and providers would be

able to check current edit logic as a batch against the common edit set and would be told which of the edits they propose to use are not a part of the common edit set. Providers in Colorado would be allowed to access individual edits in the common edit set through a web based tool maintained by the CCTF or successor. In short the vendor edits would be partially protected depending on the user and hence protect the interests of vendors in limiting the sharing of their intellectual property by changing the way Colorado users are allowed to access the final common edit set.

- This option assumes that the vendors will agree to let the members of the Task Force review the data set in its entirety as part of the development process.
- This option would ultimately leave the edit development process unchanged as it is described in the governance document.
 - ✓ Mark reported that the Task Force had not received a written proposal to date from any vendors. It was noted that a formalized proposal would be necessary to pursue a meaningful discussion, and that the Task Force would reconsider this option once a proposal is received.
 - Doug commented that McKesson is actively working on structuring a proposal to bring to the Task Force for further discussion.
- Mark reported he had receive a request from a TFM to brainstorm any additional options that may be on the table, and ensure that every possible strategy is explored before making a decision. Several potential ideas were presented:
 - The group considered the possibility of obtaining the PTP edits through a reverse engineering process, similar to what Mark Rieger had originally proposed with the NHXS edits.
 - A TFM made the comment that they were opposed to reverse engineering, pointing out that from a practicality standpoint this would dramatically increase the workload of the Task Force. Additionally, it was noted that this option may not meet the sourcing requirements laid out in the statute.
 - The Task Force generally agreed that this option is not ideal/feasible and should not be pursued.
 - Another potential option would be to set up a single “clearinghouse” point that all claims would run through. This would allow the group to see what denials came back to payers and bring those denials back to the Task Force for discussion.
 - Another option that was discussed involves solidifying the legislative process so that the vendors and payers are more likely to submit the edits, or accept the publically available edits that the Task Force arrives at.

Action Item: The Task Force will pursue option #1, maintaining the current pathway, and load all publically available edits as well as any payer submitted data into the database. The Task Force will also consider option #3 if/when the group receives a written proposal from a vendor regarding the proprietary edits. The Task Force continues to seek any and all available options, and encourages all TFM to send any other ideas or comments to Mark and/or Connor.

PUBLIC COMMENT:

No comments made from the general public

<Meeting Adjourned>