DSMO Report to NCVHS

January 29-30, 2008

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May 2007

- The DSMO brought forward recommendations for existing or new standards to be named in the next round of HIPAA

Since May 2007 - Six New Recommendations

- Approved by the DSMO since May 2007
  - Three relate to errata updates (CRS 1064, 1065, 1066)
  - Two are for new versions to be named to the existing standards (CRS 1060 and 1067)
  - One is for a new standard to be named under HIPAA (CRS 1063)
- Brought to NCVHS to begin the regulatory processes

CRS 1064 – Errata for ASC X12 278 Health Care Services Review

- 005010X217E1 Errata Document to compliment the 005010X217 Technical Report Type 3 (TR3) for the 278 Health Care Services Review - Request for Review and Response transaction
- This errata document must be used in conjunction with the TR3 originally submitted with CRS 1052, as it corrects several typographical errors found in the original publication

CRS 1065 – Errata for ASC X12 837 Health Care Claim: Institutional Claims

- 005010X223A1 Errata Document to compliment the 005010X223 Technical Report Type 3 (TR3) for the 837 Health Care Claim: Institutional Claims transaction
- This errata document must be used in conjunction with the TR3 originally submitted with CRS 1043, as it corrects several typographical errors found in the original publication

CRS 1066 – Errata for ASC X12 837 Health Care Claim: Dental Claims

- 005010X224A1 Errata Document to compliment the 005010X224 Technical Report Type 3 (TR3) for the 837 Health Care Claim: Dental Claims transaction
- This errata document must be used in conjunction with the TR3 originally submitted with CRS 1045, as it corrects several typographical errors found in the original publication

CRS 1060 – ASC X12 820 Premium Payment Transaction

- Version update from 4010A1 to 5010
- The official designation is 005010 version of the X12 820 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X218 for Payroll Deducted and Other Group Premium Payment for Insurance Products

CRS 1067 – ASC X12 820 270/271 HIPAA Health Care Eligibility Benefit Request and Response Transactions

- Version update from 4010A1 to 5010
- The official designation is 005010 version of the X12 270/271 transactions together with their X12 005010 TR3 (Implementation Guide) 005010X279 for Health Care Eligibility Benefit Inquiry and Information Response

CRS 1063 – NCPDP Post Adjudication Standard Implementation Guide

- Supports the reporting of post-adjudicated pharmacy claim data that may be submitted in the NCPDP Telecommunication Standard Implementation Guide version D.Ø
- New standard be named in HIPAA (eliminating proprietary and non-standard usage)

More Detail from the SDOs

January 29-30, 2008

NCPDP Post Adjudication Standard Implementation Guide

- Used by Client Groups, Pharmacy Benefit Managers (PBMs), Payers, Fiscal Agents, Vendors, and Administrative Oversight Organizations will use this format to share post adjudicated pharmacy claim data
- To be in sync with claims processing, which will use the NCPDP Telecommunication Standard Version D.Ø

NCPDP Post Adjudication Standard Implementation Guide

- Currently in use:
  - NCPDP Post Adjudication Standard Version 1.Ø
  - Proprietary and/or custom formats
  - “Creative” uses of NCPDP Batch Standard

NCPDP Post Adjudication Standard Implementation Guide - Recommendation

- Trading partners should begin to use the Post Adjudication Standard Version 2.Ø prior to the compliance date for new transactions
  - Must be in sync with claims processing, which will use the NCPDP Telecommunication Standard Version D.Ø
    - HIPAA legislation requires a 2 year implementation period for new transactions, but 180-days for new versions

NCPDP Post Adjudication Standard Implementation Guide

- The data is used to support
  1. Auditing of services
  2. Retrospective DUR review
  3. Statistical reporting
  4. Evaluate Health Care
  5. Evaluate Contractor performance
  6. Develop and evaluate Capitation rates
  7. Pay reinsurance (stop loss) to contractors
  8. Develop fee for service payment rates

ASC X12 –Addenda vs. Errata

- Addenda
  - An X12*N* publication option exercised to supplement 4010 implementation guides adopted under HIPAA
  - Addenda adopted in separate final rule resulting in 4010A1 usage by industry for X12 adopted transactions.
  - Addenda effort the result the final Transaction and Code Set section §160.104 Modifications.
  - ASC X12 now requires X12N to only use X12 documents
    - An Implementation Guide is now a Technical Report Type III (TR3)
    - X12 does not recognize Addenda
    - Anything changed after publication of TR3 is considered Errata

ASC X12 –Addenda vs. Errata

- Errata has two types:
  - Type 1 Errata
  - Type 2 Errata
  - Neither can change the underlying base X12 transaction standard or associated “internal” code sets
    - An Implementation Guide (TR3) constrains the base standard to a specific use or purpose, and provides guidance on when to use transaction loops, segments, data elements, constrained value sets, and so on.

Type 1 Errata

- Supplements a published implementation guide (TR3) with changes that modify the transmitted transaction set defined by the implementation guide (TR3).
- Both the sender and receiver must adopt the errata to conduct a successful interchange.
  - Type 1 Errata, changes the constraints of the base standard, but does not modify the base standard or associated internal code sets.

Type 2 Errata

- Supplements a published implementation guide (TR3) with minor changes that clarify or correct the implementation guide, but do not change the transmitted transaction set defined by the implementation guide.
- The sender and receiver do not have to use the errata to conduct a successful interchange.
  - Implementation Guide constraints are unchanged.

Errata Approval Processes

- Type 1 Errata
  - A 29 step process noted below, key points: coordination with other affected subcommittees, requires public review and comments, responses, and full approval process WG, TG2, TG4, X12N, and X12 Technical Assessment Subcommittee.
  - Type 1 errata will have an “A” suffix followed by a #
- Type 2 Errata
  - A 13 step process noted below, key points: requires only WG, TG2, and TG4 approvals
  - Type 2 errata will have an “E” suffix followed by a #

ASC X12 837 Institutional Claim 005010X223A1 TR3 (Type 1 Errata)

- The NM1 Referring Provider Name segment had an invalid loop repeat, that did not conform to the implementation specification
- Changed the loop repeat count to from 2 to 1
- Also corrected a typo, a minor change
- This change further constrains the Implementation Guide (TR3) and effects the transmitted transaction set
  - Considered a Type 1 Errata change

ASC X12 837 Dental Claim 005010X224A1 TR3 (Type 1 Errata)

- Modified the DN2 – Tooth status segment
  - Now requires DN206, previously “not used” to identify code set value “JP”
    - Universal National Tooth Designation System
      - Code source: 135 – American Dental Association
  - Semantic notes for SV301-(3-6) and SVD01-(3-6) were further constrained to eliminate use of HCPCS Procedure Modifiers
    - SV3 – Dental Service segment
    - SVD – Line Adjudication segment
- ASC X12 and ADA worked collaboratively to resolve
- Also corrected a typo
- This change further constrains the Implementation Guide (TR3) and effects the transmitted transaction set

ASC X12 278 Health Care Services 005010X217 TR3 (Type 2 Errata)

- The front matter documentation incorrectly referenced the wrong segment and loop for transaction response.
  - Service Level (loop 2000F) was changed to be Patient Event Level (loop 2000E)
- This change is considered minor and therefore is a Type 2 Errata
  - It results in no change to the transmitted transaction set.

ASC X12 270/271 Eligibility 005010X279 TR3

- As we noted July 30, 2007
  - Provider requested search options created concerns about privacy and fraud
  - ASC X12 Work Group worked collaboratively with providers, payers, and CMS to resolve concerns
  - All parties (providers, payers, X12 leadership) wanted to find a solution, a solution was found
- This required a new Technical Report Type 3 be written by the work group, which delayed publication
- Required a full approval process be followed
  - 29 steps described for Errata type 1

Impacts of Errata and New 270/271

- For those who already purchased the 837D, 837I, and/or 278 TR3, Errata updates available from Washington Publishing Company at no additional charge
- Those who did not purchase these TR3s will receive both the original TR3 and the Errata when purchased
- The initial 270/271 was never made available for purchase, should have no impact

Activities of the SDOs

ASC X12 Activities

ASC X12 Activities

- Since July 30, 2007
  - Presentations to AHIP, WEDI
  - ASC X12 is developing individual educational program by transaction TR3
  - Will be conducting audiocast and face-to-face educational sessions
  - WEDI will host a Pre-conference for HIPAA upgrades, X12 and NCPDP
  - ASC X12 planning educational sessions
  - Will look to present at a variety of venues

Business Justifications

- ASC X12 has been focusing their educational programs on both the technical changes and the business justifications and/or expected benefits
- WEDI working with ASC X12 to identify the business / operational / policy impacts of technical changes requested by the industry
- Timeline project lead by NCHICA and WEDI

NCPDP Activities

NCPDP Strategic National Implementation Process (SNIP) Committee

- Sister committee to WEDI SNIP for pharmacy industry items
- Web casts for Telecom D.Ø in Jan/Feb 2007
- Surveys for Telecom D.Ø, Batch 1.2, Medicaid Subrogation 3.Ø
  - Presented to NCVHS in July 2007
- Survey for Post Adjudication 2.Ø
  - Presented to NCVHS in January 2008

NCPDP Strategic National Implementation Process (SNIP) Committee

- HIPAA Implementation White Paper
  - Timelines
  - Guidance
- Implementation Guide for Payer Sheets
  - Consistent approach to sharing processing requirements
- Future educational sessions (NCPDP, and collaboratively with WEDI and X12N)

NCPDP Post Adjudication Survey to the Industry

- December 24, 2007 - January 11, 2008
- Based on the survey information received, the industry will benefit by bringing the Post Adjudication Standard Version 2.Ø forward as a HIPAA-mandated transaction standard.

Survey Findings

- Of those responding to the survey, 12.5% currently use the NCPDP Post Adjudication Standard Version 1.Ø.
- 43.8% are using other NCPDP standard(s) to report post adjudicated claim data. The other NCPDP standard(s) that are currently being used were not created to report post adjudicated claim data.
- 81.3% utilize a proprietary reporting standard.
  - Processors have reported that 25% are utilizing the processor's proprietary reporting standard while the remainder are using a client-specific reporting standard.

Survey Findings

- The majority of responders indicated that it would take between 181 to 365 days to implement the Post Adjudication Standard Version 2.Ø.
- The benefits of moving to the Post Adjudication Standard Version 2.Ø as cited in the survey are:
  - Data is compatible with that contained in the Telecommunication Standard Version D.Ø
  - Facilitates migration between pharmacy claims processors
  - Expanded and consistent data content
  - Standardized formats across all clients
  - Ease of client implementation
  - Administration and maintenance simplification

Questions?

Thank you