Report from Sub-Committee and Discussion on Claim Attachments

June 2012 Meeting of the
National Committee on Vital and Health Statistics
NCVHS

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NCVHS Sub-Committee on Standards Workplan for 2012

- Complete letters on claim attachments, Section 10109, Standards/ORs Maintenance Process post hearings (**January-March**, 2012) [COMPLETED]
- Complete process for identifying and recommending Authoring Entity(ies) of Operating Rules for remaining transactions (**March-June**, 2012) [COMPLETED]
- June, 2012 Hearing on various topics [COMPLETED]
  - Status of implementation of 5010, D.0, 3.0; Milestones for achieving successful transition to ICD-10; Status of transition to implement Eligibility and Claim Status ORs; DSMO Report; Dental Coding Issues; Uniform Device Identifier and Administrative Transactions; Approaches to ACA Health Plan Compliance Certification
- Develop strategy for Section 10109 (**March-June**, 2012) [IN PROCESS]
- Complete letter(s) on June, 2012 hearing topics (**June-September**, 2012)
- 11th HIPAA Report to Congress (**July-November**, 2012)
- Review of the Larger and Longer-Term Picture and Strategy for Sub-Committee – 2013 and Beyond (**July-November**, 2012)

NCVHS Sub-Committee on Standards Anticipated Workplan for 2013

- Second Claim Attachments Hearing and Recommendations on Claim Attachment Standards and Operating Rules (**February, 2013**)
- Complete process for evaluating/recommending Operating Rules for Health Care Claim, Enrollment/Disenrollment, Referral Authorization, Premium Payment (**January–June, 2013**)
- Hearing on status of 5010, D.0 implementation (**June, 2013**)
- Hearing on status of ICD-10 planning (**June, 2013**)
- Hearing on status of implementation of Eligibility, Claim Status ORs, Plan ID (**June, 2013**)
- Hearing on Status of planning/transition to EFT standard and EFT/ERA ORs (**June, 2013**)
- DSMO Report (**June, 2013**)
- 12th HIPAA Report to Congress (**November, 2013**)
- Possible NCVHS role as "Review Committee" called for in ACA to be established by HHS
  - Ongoing review of implementation of standards and operating rules
  - HHS to name Committee by January 1, 2014; Committee to convene hearing by April, 2014 (and no less than biennially thereafter); Committee to provide report to HHS by July, 2014 (and no less than biennially thereafter)

NCVHS Sub-Committee on Standards Update from June, 2012 Meeting

- ACA Section 10109 discussion and next steps for Sub-Committee
  - NCVHS completed hearing on each of the topics and prepared/submitted a letter to the Secretary
  - CMS is developing a plan/approach based on NCVHS observations and recommendations
  - NCVHS will wait to hear back from CMS, and look at the opportunities to assist with implementation, as appropriate
- Defining a strategic plan, a roadmap and topics to focus on
- Initial set of topics:
  - Claim Attachments (higher priority for 2012/2013)
  - Health reform (insurance exchanges, ACOs, others) and new paradigm for Admin Transactions
  - Public Health Data Standards
  - Convergence of administrative, clinical, quality standards (HIPAA, HITECH, ACA, others)
  - Work with CMS to develop a national strategic plan to move standards forward
- Steps:
  - Convene monthly conference calls of Sub-Committee between July and December, 2012
  - Hold a half-day in-person Sub-Committee meeting in September (day before Comm mtg)
  - Consider sponsoring with CMS a 'listening session' regarding the strategic plan

Background on Claim Attachments Standards Regulations

- Originally included in the HIPAA Law:
  - Section 1173(a)(2)(B) identifies a health claim attachment as one transaction for which electronic standards are to be adopted
- NCVHS held hearings in 1998 on claim attachment standards, recommending the transaction and code set standards which were then included in the proposed regulations
- Significant work was done between 2001 and 2004 to define attachments, develop standard, identify priority areas, test scenarios
- Several entities (payers, providers, clearinghouses) conducted 'pilots' to test the implementation of electronic claim attachments
- NCVHS submitted letters to the Secretary in March, 2004 and November, 2005
- Proposed regulations were published in September, 2005
  - Described requirements that covered entities (health plans, health care providers, clearinghouses) would have to meet when conducting electronic health care claim attachment transactions, and facilitate the transmission of certain types of detailed clinical information to support claim adjudication

Background on Claim Attachments Standards Regulations

- Standards defined in the proposed regulations identified:
  - Administrative information contained in the request and response
  - Attachment information (clinical)
  - Code set for specifically describing the attachment information
  - Code set modifier to add specificity to the request
  - Format that will be required to 'package' all the information
- Defining an electronic health care claim attachment transaction
  - "Attachment Information" – Supplemental health information needed to support a specific health care claim
- Priority electronic attachment types identified in the proposed regulations were: 1) Clinical Notes; 2) Rehabilitation Services; 3) Ambulance; 4) Emergency Department; 5) Lab Results; and 6) Medications

Background on Claim Attachments Standards Regulations

- Other key concepts discussed in the regulations
  - Standards for transmitting electronic attachments
    - ASC X12N 277 “request” and ASC X12N 275 “response”
  - Standard for the ‘payload’ included in the response
    - HL7 CDA (included in the BIN segment of the 275)
  - Code set: LOINC to describe/itemize the specific elements of attachments
  - Variants of electronic attachment
    - Human decision variant (scanned/imaged document or narrative text that required human intervention)
    - Computer decision variant (structured/coded data that can be read/executed by a machine without human intervention)
  - Solicited vs Unsolicited attachments
    - Unsolicited OK only when health plan has given advanced instructions

Background on Claim Attachments Standards Regulations

- Other key concepts discussed in the regulations (cont.)
  - Administrative information vs clinical information
    - Need to include in request/response transactions administrative information that identified the individual, date of service, payer, provider, and other information to allow the recipient to identify the appropriate individual, claim, entity, etc (for reassociation purposes)
  - Difference between electronic claim data and electronic attachment data
  - Limitation on health plan attachment requests (only one request per claim)
  - Hard copy ('wet') signatures, "electronic signatures" and digital certificates
  - HIPAA Privacy applicability
    - Minimum necessary applying across the board (types, variants, etc)
  - HIPAA Security applicability
    - All aspects of HIPAA Security apply

Scope, Process, Timeline for Defining Claim Attachment Standards, Implementation Specifications and Operating Rules

- 2010 ACA requirement:
  - HHS to publish Final Regulations on the adoption of claim attachment standards, implementation specification and operating rules by 01/01/2014
  - Industry compliance with new national mandated standards by 01/01/2016
- NCVHS Roles and Responsibilities
  - Convene industry hearings on the topic to understand current practices, attachment priorities, latest standards development efforts
  - Make recommendations to CMS on the adoption of standards, implementation specifications and operating rules for claim attachments
- Timeline
  - Initial hearing: November 17, 2011 (industry perspectives on priorities, standards)
  - Next hearings: late 2012/early 2013 (define priorities, standards, ORs)
  - Final recommendations to HHS: expected by no later than Q1, 2013
  - Regulations development process (CMS): 2013

Scope, Process, Timeline for Defining Claim Attachment Standards, Implementation Specifications and Operating Rules

- Important considerations about upcoming regulations
  - Standard requirements will apply to ALL covered entities, including Medicare and Medicaid
  - Standards requirements will apply to ALL electronic claim attachments (for which an attachment specification has been created and approved), per the definition to be adopted in the regulation
  - Not ALL ‘attachments’ are CLAIM attachments
  - Not all CLAIM attachment information comes from an EHR
  - STRONG relationship and need for alignment between the standards to be adopted for attachments (including claim attachments) and the standards adopted for the exchange of clinical information between providers (under HITECH Meaningful Use Program)
  - Need to separate the TRANSPORT mechanism (network, HIE, NwHIN, etc) from the CONTENT standard

Scope, Process, Timeline for Defining Claim Attachment Standards, Implementation Specifications and Operating Rules

- Need to re-review and address the same key issues identified in the 2005 proposed regulations
  - Definitions, applicability, priority areas
  - Solicited vs Unsolicited
  - Human vs Computer Variants
  - Content standards approach (transaction, code set) for request and response
  - Re-association mechanism
  - Minimum Necessary
- Newer/additional important issues to address
  - Authentication/Digital Signature
  - Transport vs Content
  - Operating rules associated with implementation of electronic attachments

Next Steps

- Ensure there is plenty of opportunity for Sub-Committee on Standards to discuss the policy, business and technical issues associated with Claim Attachments
- Ensure that Sub-Committee on Standards develops and uses evaluation criteria to assess and reach consensus on the recommended standards (to be presented at a Q1, 2013 hearing)
- Plan and convene Sub-Committee meetings (teleconference plus in-person meetings in September and November) to address these issues