Overview of Attachments Additional Information Model under ACA

NCVHS Standards Sub-Committee
November 13, 2012

Overview

New Model Concepts/Assumptions Focus

- Definition of Attachments
- New Attachment Model
- Architecture of an attachment
- Applicability to meet Industry Needs
- Proposed Standards
- HL7 Attachment Implementation Supplement
- External value set (LOINC DB)
- Possible Operating Rules
- Advantages of new Model
- Attachment Examples
- Questions/discussion

Definition of Attachments

- Attachments - originally limited additional information to support claim payment
  - Letters are exchanged for the request and response
  - The additional information requested could include anything from clinical notes to administrative forms.

- Electronic Attachments include
  - Electronic standards for the request and response
  - Type of documents (clinical and administrative) are codified for exchange by use of LOINC codes
  - Document types that support claim processing, also support prior authorizations and referrals
  - Defined structured content for specific types of documents

New Attachment Model

- HL7 Consolidated CDA (C-CDA) as content standard for electronic depiction of clinical document
  - Document level representations
  - Consistent with EHR System clinical documents
  - Codifies documents using LOINC codes
- LOINC codes codify request / response document
  - External value set (panels in LOINC DB)
  - Ease of adding new attachment types
- Relies on enveloping metadata to 'connect' request and the responding document
- Developed agnostic to Transport Standard(s)

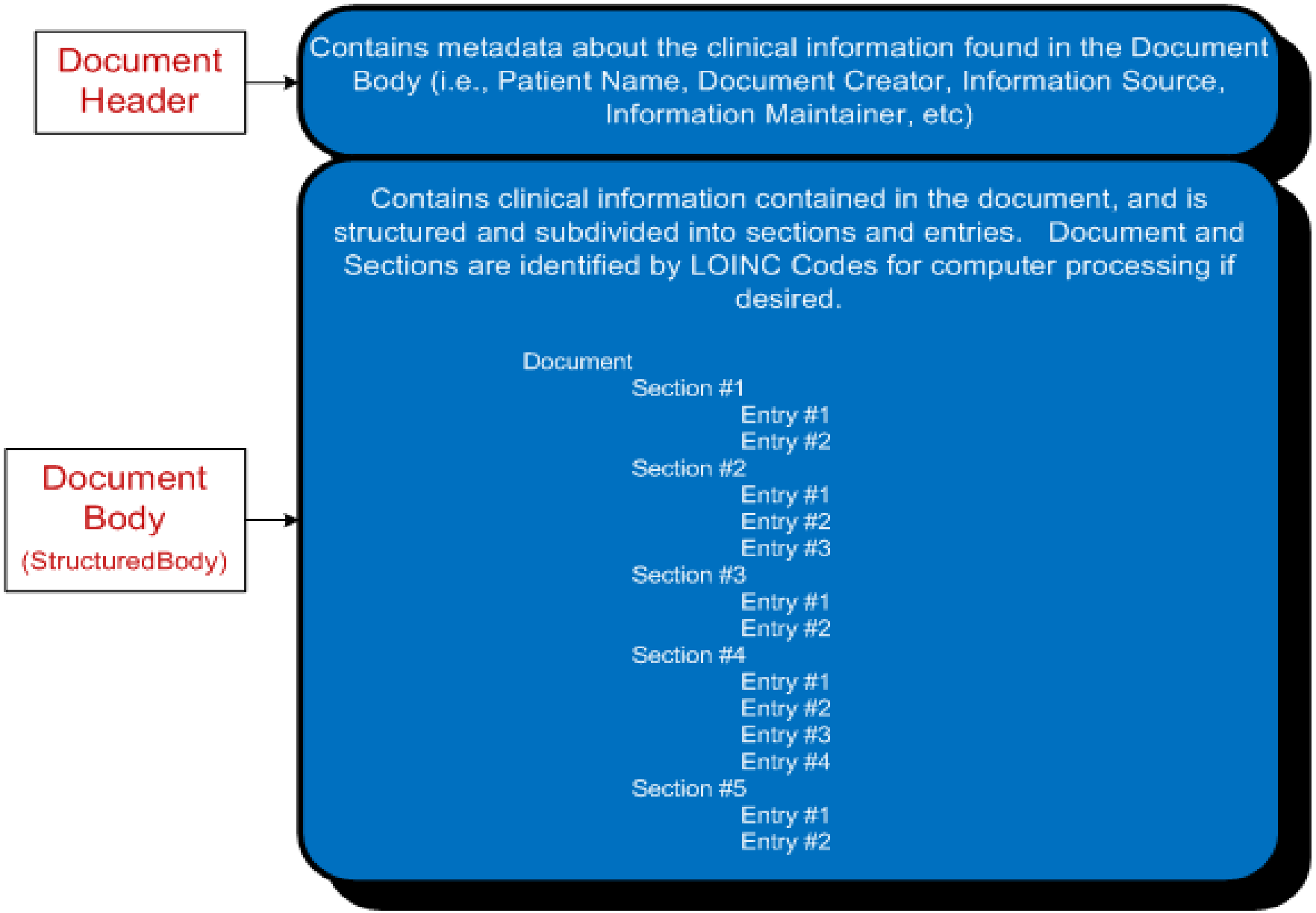
New Attachment Model

- Accommodates "Solicited" and "Unsolicited" exchange.
  - **Solicited** – attachment information which is:
    - An explicit payer/UMO request or
    - The response to an explicit payer/UMO request
  - **Unsolicited** – attachment information from the provider to the payer/UMO based ONLY on a "rules based" request and in the absence of an explicit request.
  - NO attachment information exchange unless it conforms to Solicited or Unsolicited (i.e., non-requested attachment information)
- Who creates metadata to 'connect' attachment information?:
  - Solicited – Payer/UMO (i.e., attachment control ID, Case Number, Tracking number)
  - Unsolicited – Provider (i.e., attachment control ID)

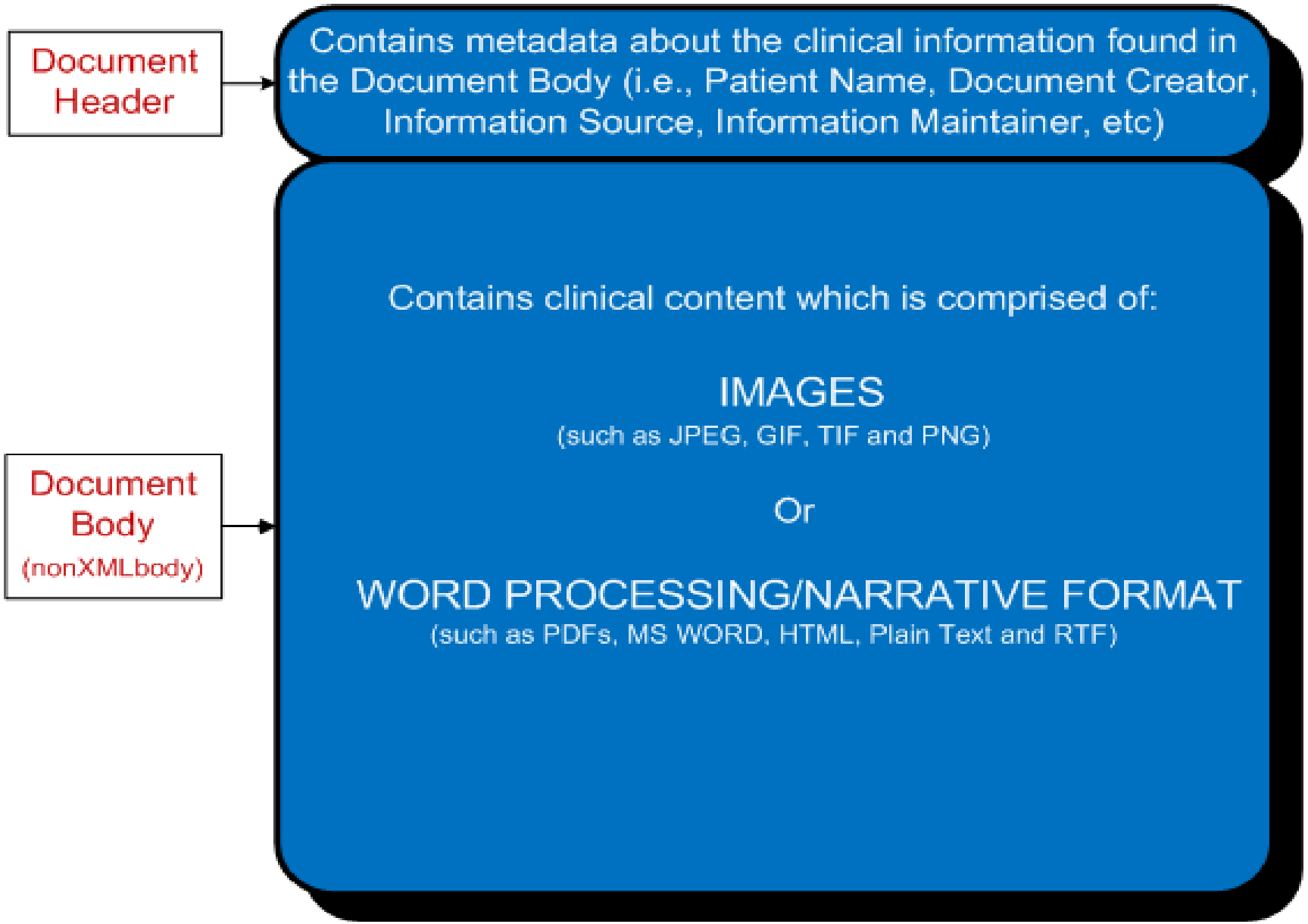
Architecture of an Attachment

- Attachment content standard divided into:
  - "Structured" Document
    - Header plus a structured body
    - Defines discrete elements at Document, Section, Element level
    - Conformance statements indicate required/optional
  - "Unstructured" Document
    - Header plus an unstructured body
    - Identifies the type of Document
    - Comprised of PDF's, Word Documents, Tiffs, JPEG, etc
- Unstructured Document can accommodate "ANY" attachment type

Structured Clinical Document



Unstructured Clinical Document



Architecture of an Attachment

METADATA NEEDED

Required:

- Payer (Requestor) - Name & Plan ID
- Receiver - Name & ETIN
- Provider of Service - Name & NPI
- Patient - Name & ID
- Payer Claim Control Number (re-association key)
- LOINC code – Information Requested & Date Requested
- Response Due Date
- Payer Contact Info
- Date of Service

Situational:

- Patient Control Number assigned by Provider on claim
- Medical Record Number assigned by Provider on claim
- Institutional Bill Type
- Property and Casualty claim number

Applicability to meet Industry Needs

- WEDI Survey (Spring 2012) of current needs
  - Top 3 currently from provider and payer
    - Provider – Op Note, Progress Note, Consent Forms
    - Payer – Op Note, Progress Note, Diagnostic Images
  - Top priorities (in order) for new model are Progress Notes, Op Notes and Diagnostic Images, Consent Forms
  - Payer needs for Prior Authorizations are progress notes, history and physical, and lab results.
  - Little known about direction of standards for attachment exchange

Applicability to meet Industry Needs

- HL7 C-CDA Document types that are "currently structured" with discrete sections and entries:

Continuity of Care Document (CCD)	History and Physical (H&P)	Diagnostic Imaging Report (DIR)	Discharge Summary
Operative Notes	Progress Note	Consultation Note	Procedure Note

Applicability to meet Industry Needs

- Document type categories (Unstructured), but identified as attachment type needs by industry:

Pharmacy Prior Authorization	Home Health	Consent Forms	Durable Medical Equipment (DME)
Explanation of Benefits EOB)	Letters/Reports	Skilled Nursing Facility (SNF)	Rehabilitation Services

Proposed HL7 Standards

Same Standard as EHR/Meaningful Use II:

- HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation (aka C-CDA). July 2012.

  - HL7 Planning to ballot newer version in May 2013;
    And once each year , thereafter.

In addition:

- Supplemental Guide on how to exchange Attachments
  To be balloted at HL7 in Jan. 2013

- External LOINC Code set to identify types of 'unstructured' docs
  Built and maintained by Regenstrief Institute

HL7 Attachment Implementation Supplement

- HL7 AWG is balloting an Implementation Supplement:
  - Guidance on how to implement CCDA for attachment purposes
    - Using LOINC to identify request document types
    - Depict business flows
    - Identify where metadata standards are needed
    - Explain Solicited vs. Unsolicited,
    - Explain Structured vs. Unstructured
    - How to access the external LOINC value set for Unstructured
    - Acquisition process for new Attachment Type
  - Address gaps in CCDA
    - Appropriate LOINC usage for document request/response, when multiple are available for use
    - Clarify references of EHR to EHR exchange
    - Metadata requirements specific to attachments

External Value Set (LOINC DB)

- Use LOINC Database to control/constrain the list of valid attachments types under HIPAA Attachment
  - Currently limited to unstructured content
  - Discussing merits of including structured content.
  - Tabbed display on LOINC DB screen at Regenstrief
  - Updated on a semi-annual basis
- Attachment Additional Information Supplement will provide guidance for LOINC DB usage.

External Value Set (LOINC DB)

- Proposed "New" attachment type process:
  1. Entities needing new attachments must initiate process at HL7 Attachment Work Group (AWG)
  2. AWG, working with OESS would evaluate request for appropriateness under HIPAA (if not, voluntary adoption possible between willing trading partners)
  3. Requests initially considered "Unstructured" and evaluated for migration into "Structured" (not all candidates for structured)
  4. If structured candidate, AWG would develop content.

Potential Operating Rules

CORE Infrastructure Rules for Phase 1:

- Batch Acknowledgements
- Companion Guide Rule (for X12 277,275,278)
- Connectivity (related to transport)
- System Availability

Additionally:

- Response Time Rule ? - Address timing issues , such as, Due Date to respond to the requested information
- Explore possible common Rules for Unsolicited model; what to send, when to be sent .....?
- Transport issues /alternatives?

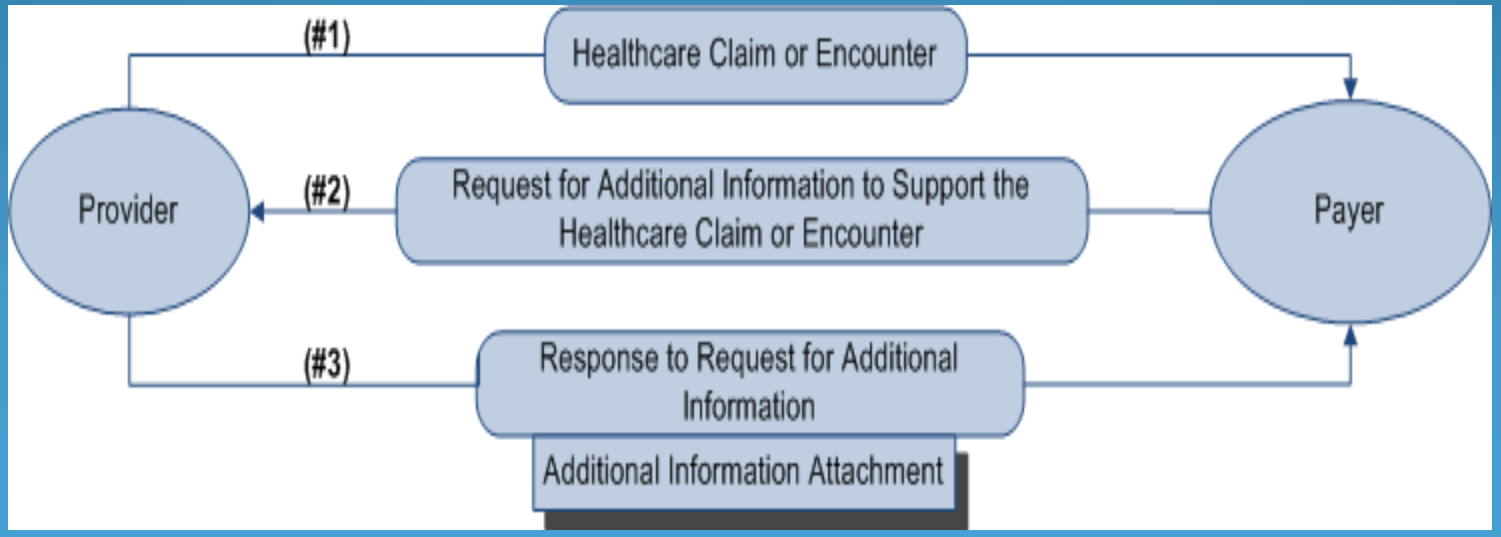
Advantages of New Model

- Supporting reasons for selection of C-CDA:
  - Leverages identical standard (Consolidated CDA or CDA) adopted for EHR MU II
    - Reduces programming impact to EHR system maintainers (5010, ICD-10, MU)
  - Relies on document level representations
    - All documents comprised of templates for Header and Body
    - Conformance statements indicate required and optional
    - Unstructured document can accommodate ANY attachment need
  - External Value Set (LOINC) allows new attachment types inclusion under HIPAA without having to wait to republish standard(s)…semi-annual update cycle
  - Offers providers and payers flexibility in adapting to varying levels of technical capabilities
    - Example (Display the XML and rendering)
      - DISCHARGE SUMMARY (Document)

Claims Attachment Example (Solicited)

Example Scenario: A provider submits a healthcare claim/encounter to a payer who, upon review, determines that it needs additional information from the provider to complete the adjudication of the claim. The payer initiates a request for that additional information. The provider receives that request, and responds to the payer with the additional information needed.

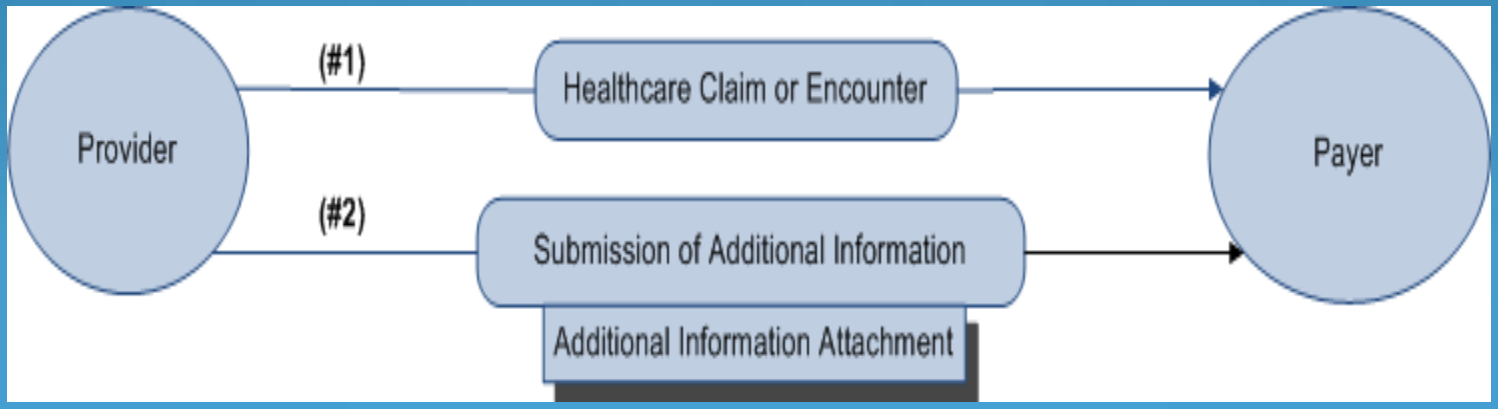
- **Arrow #1** represents a claim which is submitted from a provider to a payer.
- **Arrow #2** represents the request for additional information. (if electronic, X12 277)
- **Arrow #3** represents the provider's response with the attachment data(HL7 CDA within X12 275).



Claims Attachment Example (Unsolicited)

Example Scenario: A provider submits a healthcare claim/encounter to a payer who, at some point prior to claim submittal and through a communication known to the provider (i.e., payer medical policy, pre-arranged between provider and payer for specified services to be rendered, etc) the payer has indicated the need for supplemental information to accompany the claim/encounter to complete the adjudication of the claim/encounter. The provider submits to the payer the additional information needed.

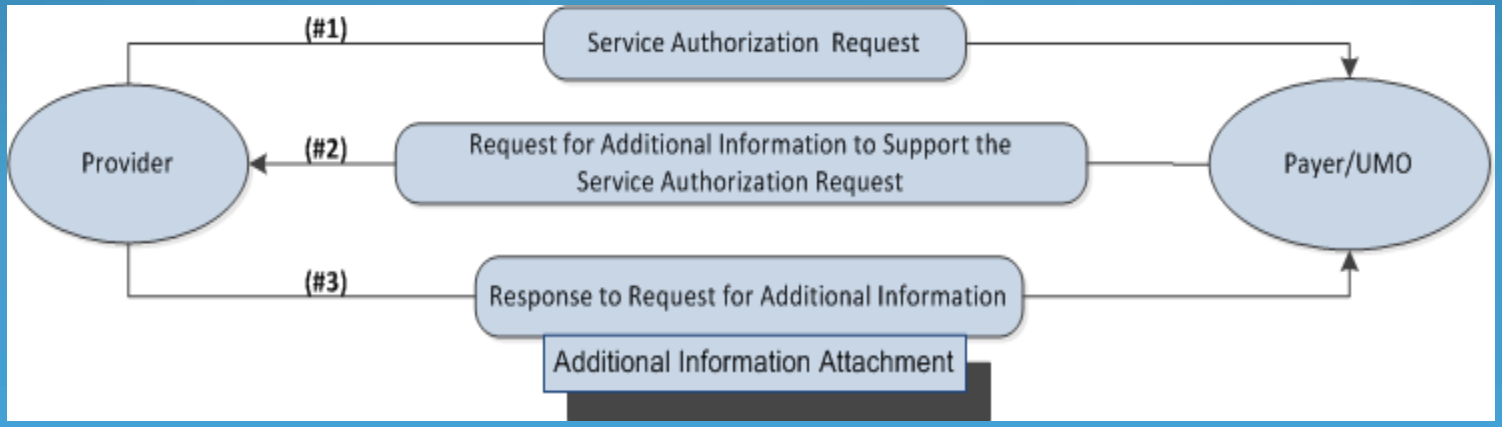
- **Arrow #1** represents a claim which is submitted from a provider to a payer.
- **Arrow #2** represents the provider's submission of additional information (X12 275).



Prior Auth Attachment Example (Solicited)

Example Scenario: The provider submits a request for authorization/payment to payer/utilization management organization (UMO). Payer/UMO receives the request and upon review, determines that it needs additional information from the provider. The payer/UMO initiates a request for the required documentation. The provider responds to the payer with the additional information needed.

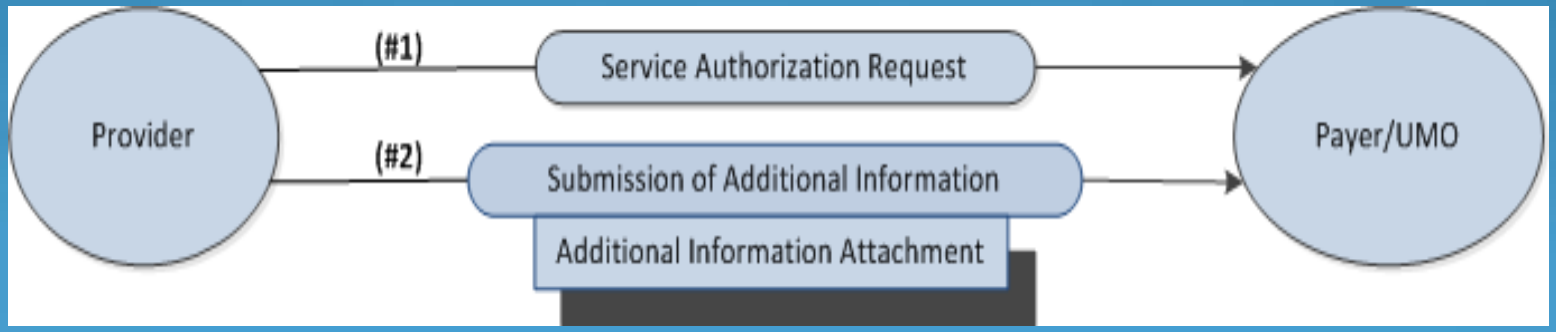
- **Arrow #1** represents a Service Authorization Request which is submitted from a provider to a payer (X12 278).
- **Arrow #2** represents a Request for additional information in support of a service authorization request from the payer to the provider (X12 278).
- **Arrow #3** represents the provider's response with additional information (X12 275).



Prior Auth Attachment Example (Unsolicited)

Example Scenario: When the requirement is known, the provider may submit the request as the service is planned. This request for prior authorization would be accompanied by the required additional information attachment in support of the request.

- **Arrow #1** represents a Service Authorization Request which is submitted from a provider to a payer (X12 278).
- **Arrow #2** represents the provider's response with additional information (X12 275).



Questions/Discussion

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