



The National Committee on Vital and Health Statistics
The Public Advisory Body to the Secretary of Health and Human Services

Standards as a Continuing Theme for NCVHS

Identifying Present and Future
Information Exchange Needs
Between Providers, Health
Plans/Payers and Public Health in
Support of Health Care
Transformation

NCVHS November 2012 Meeting

Hyattsville, MD

November 14-15, 2012



Topics

- The Charge
 - NCVHS Sub-Committee on Standards
- The Present
 - Pressing Needs and New Requirements
 - NCVHS Role and Responsibility
- The Future
 - The convergence forces between providers, plans and public health



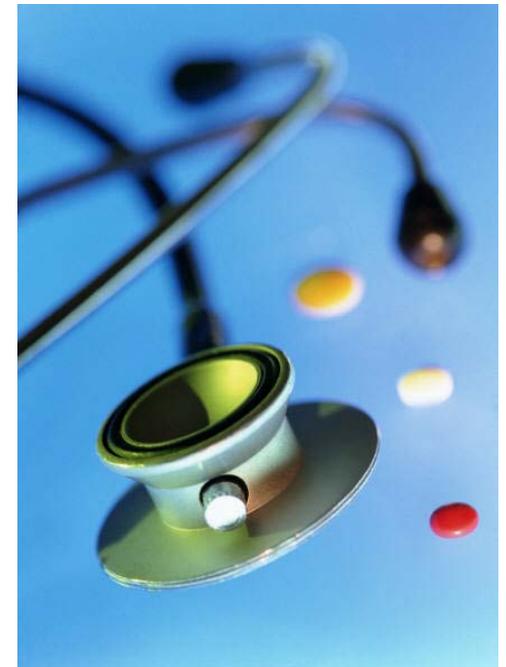
Topics

- Sub-Committee Members
 - Raj Chanderraj, William J. Scanlon, W. Ob Soonthornsima, Walter Suarez (Linda Kloss – liaison member)
 - Lorraine Doo, J. Michael Fitzmaurice, Michelle Williamson, Jim Sorace, Vivian Auld, Suzie Burke-Beebe, Donna Pickett
 - Departing members (☹)
 - Judy Warren, Justine Carr
- New members (*hoping...*)
 - Alix Goss... others?



Committee Charge - Standards

- HIPAA Law (1996)
 - Committee has legislative responsibility for making recommendations related to all aspects of HIPAA Administrative Simplification provisions (transactions, code sets, identifiers, security, privacy)
- Expanded responsibilities under ACA:
 - Define and recommend:
 - Standard for Health Plan ID
 - Operating Rules for ALL regulated transactions
 - Standards and operating rules for new transactions
 - Standards, implementation specifications and operating rules for Claim Attachments
 - New areas for standardization
 - Periodically (every 2 years) monitor status of standards and operating rules, and recommend, if necessary, changes to them (i.e., new versions)



Current Subcommittee Charge

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES



National Committee on Vital and Health Statistics

The Public Advisory Body to the Secretary of Health and Human Services

SUBCOMMITTEE ON STANDARDS

Charge

The Subcommittee on Standards monitors and makes recommendations to the Full Committee on health data standards, including implementation of the Administrative Simplification provisions of Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare Modernization and Improvement Act of 2006 (MMA), and associated subjects such as the development of a nationwide health information network (NHIN).

Current Subcommittee Charge

Specifically, the Subcommittee will:

1. Identify opportunities and issues in health data standards for full Committee attention.
2. Provide outreach, liaison, and consultation with, and serve as a public forum on health information technology standards for, the following stakeholders:
 - Consumer groups
 - The health industry
 - Public health
 - Standards development organizations
 - The research community
 - Federal, state and local governments
3. Make recommendations to the Full Committee related to:
 - Electronic transactions;
 - Terminologies and code sets;
 - Clinical documentation;
 - Security measures; and
 - Identifiers on various players in the health care system (including large and small providers, large and small health plans, employers, individuals, and Federal, state, and local governments).
4. Make recommendations to the full Committee on strategies to promote a continuing process of developing, coordinating, adopting, implementing and maintaining standards. These strategies may include public information and educational efforts as well as research and development efforts.
5. Produce recommendations for the full Committee's annual report to Congress on HIPAA Administrative Simplification.
6. Collaborate with the other NCVHS subcommittees on cross-cutting issues.

The Present: Pressing Needs and New Requirements

- Area: 5010, D.0, 3.0
 - Compliance: January 1, 2012
- Area: Operating Rules for Eligibility and Claim Status
 - Compliance: January 1, 2013
- Area: EFT Standard and EFT/ERA Operating Rules
 - Compliance: January 1, 2014
- Area: Health Plan Compliance Certification
 - Compliance: Dec, 2013; Dec 2014
- Area: ICD-10:
 - Compliance: October 1, 2014
 - *(MU2 Effect: adopted as alternative standard effective October 1, 2013/January 1, 2014)*
- Area: Unique Identifier for Health Plans
 - Compliance: October 1, 2014 (enumerate)
 - Compliance: October 1, 2016 (use)
- Area: Claim Attachment Standard
 - Compliance: January 1, 2016
- Area: Operating Rules for Claim, Enrollment, Premium Payment Pre-authorization; claim attachments
 - Compliance: January 1, 2016
- Area: New areas for standardization
 - Compliance: N/A
- Area: Health Reform and Administrative Standards
 - Compliance: TBD
- Area: Monitoring/Evaluation of Industry Progress
 - Compliance: Annually (ACA-Biannually)

The Present – NCVHS Role and Responsibility

- Operating Rules for Claim, Enrollment, Premium Payment, Prior Authorization
 - Receive ORs, Review, Recommend (Q1-2, 2013)
- Claim Attachment Standard and Operating Rules
 - Receive ORs, Review, Recommend (Q1-2, 2013)
- DSMO Report (Q2, 2013)
- Monitoring industry status of implementation of various elements
 - Current version of standards; initial set of ORs (Q2, 2013)
- Monitoring industry planning for upcoming compliance
 - EFT standard; EFT/ERA ORs; Plan ID; ICD-10 (Q3, 2013)
- HIPAA Report to Congress (Q2-4, 2013)



The Future – Convergence of transactions, standards, exchanges

- Several forces converging:
 - The Triple Aim:
 - Improve patient experience with care (quality, safety)
 - Improving health of populations
 - Reducing cost of health care (efficiency)
 - HITECH – MU, EHRs, HIEs, Standards
 - Care delivery reform (PCMHs, ACOs, HIXs, etc)
 - Payment reform (bundle payment, medical loss ratio, etc)
 - Economy pressures, federal/state budgets
 - mHealth, personalized health care, health social media, big data, virtualization of health systems, genomics, privacy and security...
 - Public health role is changing, and their needs are requirements for data from providers and plan changing too



The Future – Convergence of transactions, standards, exchanges

- Opportunity: to take a new, more holistic view at the future of information exchanges between providers and payers in support of health care transformation
 - Changes in the business and administrative processes
 - Enrollment and eligibility
 - Population-based care management
 - Quality/outcomes measurement, reimbursement
 - Changes in the data needs to support business transformation
 - Convergence of transactions, standards, code-sets and vocabularies
 - Convergence of public health data standards and needs with the rest of the industry



The Future – Convergence of transactions, standards, exchanges

- Next Steps:
 - Begin the dialogue with stakeholders on this health care transformation and the impact on information exchange between providers and health plans/payers
 - Conduct a series of roundtables, hearings and other methods to engage community/industry at large
 - Engage members from other NCVHS sub-committees
 - Identify short- medium- and long-term opportunities to roadmap the new information exchange needs, approaches and standards and to align them with current approaches and standards
- *Next steps start tomorrow....*



The Future – Opportunities for Cross-Membership Work

- Standards relate to all topics the Committee is working on:
 - HIPAA/ACA/HITECH Admin Simplification (Tx, Codesets, IDs, ORs)
 - *Standards Sub-Committee*
 - Public Health/Population Health Standards (electronic messaging/reporting)
 - *Population + Standards Sub-Committees*
 - Privacy and Security Standards (technical elements)
 - *Privacy + Standards Sub-Committees (*)*
 - Quality Standards (electronic messaging/reporting)
 - *Quality + Standards Sub-Committees (*)*



() relationship to HIT Policy and Standards Committees*