# NCVHS Standards Subcommittee
# Claims Attachments Hearing

## November 17, 2011

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BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans

# Blue Cross and Blue Shield Association

*A national federation of 39 independent, community-based and locally operated Blue Cross and Blue Shield companies ("Plans") that collectively provide healthcare coverage for more than 99 million – one-in-three – Americans.*

# Question 1:

*Which are the most common business/administrative areas that require the submission of 'attachments' or additional supportive medical documentation (for example, Claims, Eligibility, Referral Authorization, workers' compensation, etc)?*

- Prior authorization of services
- Supporting information for claims adjudication

# Question 2:

*Which are the top 10 situations that require the cover the vast majority (over 80 or 90%) of the instances where submission of additional supportive medical documentation (attachments) is needed (i.e., for claims – ambulance runs, others)?*

- Medical necessity determination, e.g. whether it was cosmetic, medical policy, by procedure code
- Not Otherwise Classified (NOC) procedure reported
- Unusual circumstances identified, Modifier 22
- Medical criteria under specific member contract benefits

# Question 3:

*How are **requests** for submission of attachments currently handled (i.e., letter, claim/transaction reject, electronic request, via phone, fax, electronic transaction using 277CA, etc)?*

- Letter
- Electronic mail
- Facsimile

# Question 4:

*What are the ways you are currently **responding/submitting** (for providers) or **receiving** (for payers) attachments and additional supportive medical documentation?*

- Receive through mail, courier, etc.
  - Hard copy reports
  - X-ray and diagnostic images
- Some receipt through facsimile:
  - Reports
  - Picture images
- Limited use of electronic transactions, e.g. ASC X12N Additional Information to Support a Health Care Claim or Encounter (275)
  - Reports
  - Images, e.g. JPEGs

# Question 5:

*Which types of attachments are or can be done as 'unsolicited' attachments? What are the implications (including privacy) of submitting attachments/additional medical information in an unsolicited manner?*

- Support only by trading partner agreement for clearly defined situations
  - must be clearly defined, e.g. presence of a NOC procedure code
  - Instances that always require additional information
- Avoids transfer and receipt of large volumes of PHI/PII

# Question 6:
## *What are the needs/requirements (business, regulatory) for provider signature/authentication on attachments?*

- Plans rely on trading partner agreements and provider contracts for verification and authentication of providers currently
- New business models, e.g. exchanging data through a health information exchange (HIE), will require incorporating electronic or digitized signature or some other authentication method

# Question 7:

*What are your perspectives on structured data messages and non-structure data messages for the submission of attachments? (i.e., inability to do auto-adjudication when data is not submitted in structured format)?*

- Would allow greater auto-adjudication and attachment processing
- Start with unstructured data exchange as it provides value and efficiencies

# Question 8:
## *What are other specific needs/requirements on attachments that are relevant to the development/use of content standards?*

- Data in existing standards should be considered prior to determining need for mandated attachments
  - Implementation of ICD-10 may provide some data missing currently
  - New version of the administrative standards requires reviewing against previously identified missing data
- Modifications to existing standards may be a way to avoid need for attachments
- Leverage SDOs' review of potentially overlapping data to conduct a more thorough review prior to a mandate

# Question 9:
## *What are your perspectives on 'human' vs. 'computer' types of attachments?*

- Human versus computer is closely tied to structured versus unstructured data
- Human-readable received electronically affords value by reducing receipt time
- Movement towards computer-readable would create additional efficiencies in processing

# Question 10:

*What are your perspectives/practices regarding requiring a specific data element, rather than a full document (for example, requiring a specific lab reading rather than the entire lab results)?*

- Full documents
  - Current approach
  - Providers do not have to extract pieces of data
  - Need greater standardization around data requirements
  - Supports data being viewed in context

# Question 11:
## *What are the areas where national standard business rules/operating rules for requiring /submitting attachments would be most beneficial?*

- Guidance for timing of submissions
  - How soon after receipt of a request for additional information is received by a provider should the information be sent to the payer
  - How soon after a claim is received by a payer should a request for additional information be sent to a provider.
  - Unique timing rules for unsolicited attachments would also be important to address specific situations such as rejecting the claim transaction separate from receipt of the unsolicited attachment
- Prioritize base standard identification followed by stakeholder collaboration to identify situations that would lead to administrative efficiencies through operating rules

# Question 12:

*What are your perspectives on the source of data: In many cases, data being requested or needed to be included as an attachment resides on the electronic health record, rather than the administrative system; in other cases, the data is in other systems outside of EHRs or administrative systems?*

- Multiple sources of data are acceptable
- Standard formats and vocabularies must be used
  - Key to ability to understand the data being exchanged
- Standards and operating rules must be the same across all data sources

# Conclusion

- Supports moving to greater electronic exchange in healthcare, but three things must happen to achieve positive ROI
  - Process must be manageable
    - Start simply e.g. unstructured data, human-readable data exchange first to establish the exchange pipeline
    - Move to more robust data at a later time
  - HHS must factor in the many other mandates and initiatives on the IT agenda that, like claims attachments, will necessitate significant systems changes
  - Full stakeholder participation across all transactions
- BCBS Companies are committed to doing their part to work with providers and federal, state and local industry groups to try to improve the return on investment for HIPAA