



*Partnering for Electronic Delivery
of Information in Healthcare*

Statement To
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS
SUBCOMMITTEE ON STANDARDS
REGARDING: Claim Attachments

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Chair, WEDI

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Members of the Subcommittee, I am Don Bechtel, Chair of the Workgroup for Electronic Data Interchange (WEDI) and Patient Privacy Officer for Siemens Health Services. I would like to thank you for the opportunity to present testimony today on behalf of WEDI concerning the matter of Claim Attachment Standards and Operating Rules: Current Developments and Future Directions.

WEDI represents a broad industry perspective of providers, clearinghouses, payers, vendors and other public and private organizations that partner together to collaborate on industry issues. WEDI is named as an advisor to HHS under the HIPAA regulation and we take an objective approach to resolving issues.

1. What is the current status of development of standards for attachments and implementation specifications? What is the timing for development and testing standards?
 - WEDI will defer to the SDOs for specifics on this question; although our understanding is that the ASC X12 is ready with version 5010 and HL7 is near ready with their Attachment Information Specification documents using CDA Release 2.

2. Where do you see the standards for attachments going? How are these standards being harmonized with the standards developed/adopted for exchange of clinical information under the Meaningful Use program?
 - WEDI believes that as the industry continues to move forward the need to provide additional information to a claim will continue especially around medical necessity for services requested or provided. WEDI further believes that Attachments will and can be utilized by referrals and authorizations in addition to claims.
 - The need to harmonize between the standards, namely between HL7, ASC X12 and NCPDP is currently being addressed today through joint work groups in all three organizations.
 - To the question of using attachments with other exchanges, the claim attachment was specifically designed for information exchanges between providers and health plans. But, the source documents embedded in the BIN segment of the ASC X12 275 transactions that are HL7 CDA documents can be consistently used for all like information exchanges among providers and health plans. Currently, the HL7 Claims Attachment SIG is working to consider that this kind of consistency is applied with the source data of an attachment. This was discussed during WEDI's most recent Fall Conference just held in Baltimore.
 - At some point in the future the X12 wrapper may not be needed, but today we believe wrapper should be included with the HIPAA adoption of Claim Attachments. The industry has been prepared for this approach for years now since the NPRM was first issued. We believe the initial HIPAA adoption of Claim Attachments when exchanged between providers and health plans should include the X12 wrappers; however, we should remain open to its removal in the future, should it be proven to be a more effective exchange approach. Mayo and WPS and the earlier pilot Empire BCBS and Montefiore Medical Center all used the wrapper. During our WEDI Conference sessions on Claim Attachment, no recommendations were made to remove the use the wrapper. However, in certain environments (e.g., Delivery System Networks) provider to provider exchanges of attachments might be more effective without the X12 wrapper.

3. Are all the "priority" areas identified by provider and payers being addressed in the development of the standards? Which areas might not be addressed? What other gaps have been identified? How can those gaps be addressed?

- During WEDI's Fall Conference in Baltimore a few weeks ago, our Claim Attachment Sub Work Group looked at this question and gathered significant industry feedback/input on where claim attachments are most needed. It would seem that the HL7 Claim Attachments SIG has addressed 80% of the high priority items, but clearly more can be added.
 - ASC X12, HL7, NCPDP and the industry must continue their efforts to agree on what information should be in a Claim versus on an Attachment, which they did address for this first round of attachments, but going forward new requirements will continually need to be evaluated to determine where it will be best suited to carry the information. The current thinking is that clinical information, not normally found in the Administrative and Financial Systems would be best suited to in an Attachment using the CDA construct, which could include CCD and other CDA Templates; and over time vendors could extract this information in the required CDA template or CCD. WEDI supports this approach, and would be interested in participating in the discussion and future decisions as new business needs are identified. WEDI will continue to support this work through our already established Claim Attachment Sub Work Group. WEDI can further support the discussion by holding Industry Forums when needed, as WEDI has done on three prior occasions to gather wider industry input.
4. What is the current status of common business rules (operating rules) for the requirement/submission of attachments in the industry? What are the areas where national standard business rules/operating rules for requiring/submitting attachments would be most beneficial?
- As WEDI has discussed with ASC X12 transactions standards for Eligibility and Claims Status, we strongly believe that business rules related to the content of Claim Attachments should be written by the SDO that creates the standard and the rules for populating the standard, this would be done via Attachment Implementation Specifications or HL7 templates used with CDA documents and CCD.
 - WEDI has observed that the equivalent of Operating Rules for transmission requirements are being developed by ONC for provider to provider and HIE exchanges; while on the private side of business for clearinghouses or direct connections among providers and payers national operating rules would be helpful. We also see that IHE profiles are being defined for some provider to provider exchanges within a DSN; and we know that CAQH CORE will be involved with exchanges between providers and health plans. All of these entities might have a role in defining Operating Rules going forward, but WEDI still believes that Operating Rules should be focused on: transport protocols, security standards, hours of operation, and other business related rules not associated with data content or data structure. For Claim Attachments Operating Rules would be useful in defining when attachments should and should not be sent; and addressing timing challenges around the use of solicited and unsolicited.
 - Transaction acknowledgments should also be defined by the SDOs, as they will need to define not only responses about receiving the transmission, but also about the validity of the data content and whether the transaction can be

processed and if not to identify where and what the problems are with the data. For exchanges between providers and health plans ASC X12 and HL7 have identified the preferred acknowledgement transactions to be used; which would be a combination of the 999, 277 and 824 Acknowledgement transactions.

5. One of the responsibilities of the Committee is to identify an authoring entity for national operating rules for claim attachments; would you be pursuing designation as an authoring entity?
 - As noted above, and in our prior testimony related to ASC X12 Eligibility and Claim Status transactions, we believe operating rules must be clearly separated from business rules around the data content and data structure that are defined by multi-stakeholder subject matter experts for the transactions and attachments. Operating rules should focus on the operational aspects of exchanging the transactions, while the data interoperability issues should be defined by and harmonized by and among the SDOs. WEDI supports CAQH CORE as being the operating rules entity, but the delineation of responsibility must be clearly defined to avoid conflicting requirements established by consensus based multi-stakeholder SDO entities, namely HL7, NCPDP, DeCC and ASC X12.
 - WEDI also recognizes that other entities might be involved in creating some operating rules for certain environments, such as the NwHIN, HIEs, and DSNs.

CONCLUSION

WEDI supports the adoption of Claim Attachment standards and associated Operating Rules and will continue to provide industry support in their implementation via our Strategic National Implementation Process (SNIP). WEDI believes the standards are ready and the Implementation Specifications are near completion, it is time to adopt these transactions standards for use under HIPAA, there will be benefits to both providers and health plans. Adoption should consider the recommended use of transaction acknowledgements as well, but work may still be needed for the ASC X12 Implementation specifications (TR3) document. We want to emphasize the need for all entities to work together (i.e., SDOs and Operating Rule Entities) in close collaboration, to avoid conflicts and ensure successful implementations and more industry consistency. WEDI believes that operating rules can assist the industry to more fully benefit from these transactions.

WEDI in its advisory role offers our support to NCVHS and HHS in helping to achieve these goals and stands ready to assist as needed. WEDI is also ready to collaborate with the standards and operating rule entities to provide industry input, education, and outreach.

Members of the Subcommittee, thank you for the opportunity to testify. This concludes our statement.