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Dear Jeff and Harry;

The Designated Standards Maintenance Organizations (DSMO) collectively work to maintain the standards that are adopted by the Secretary under HIPAA. The DSMO is requesting the following six (6) Change Requests proceed through the regulatory process for industry adoption under HIPAA.

In May 2007, the DSMO brought forward recommendations for existing or new standards to be named in the next round of HIPAA. The following are six new recommendations which were brought forward, reviewed, and approved by the DSMO since that time. Two are for new versions to be named to the existing standards (CRS 1060 and 1067), three relate to errata updates (CRS 1064, 1065, 1066), and another is for a new standard to be named under HIPAA (CRS 1063).

#### **CRS 1060**

##### **Premium Payment to a Health Plan**

"X12 Insurance Subcommittee (N), the Health Care Task Group (TG2) and the Premium Payments Work Group (WG4) are submitting the following Technical Report Type 3 (TR3) as a version upgrade and replacement for the 820 HIPAA Premium Payment Transaction (820), which is currently adopted and implemented using version 004010X61.

The next X12 version is 005010 with Implementation Guide (TR3) designated 005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)."

##### **DSMO Recommendation:**

"Approve. The DSMO appreciates the improvements in the 820 5010 TR3 as outlined in the benefits analysis report as compiled by X12. In addition, the DSMO encourages quick adoption of the TR3, which could occur if the streamlined process, as defined by the standards development organizations and WEDI, for modifications to standards is adopted and followed. The DSMO acknowledges that the maintenance of administrative transaction standards is an evolving process and looks forward to continuing to work on improving the standards and the business processes they support."

Note: The official designation is 005010 version of the X12 820 transaction together with its X12 005010 TR3 (Implementation Guide) 005010X218 for Payroll Deducted and Other Group

Premium Payment for Insurance Products.

### **CRS 1063**

#### **Retail Pharmacy Claim**

“The NCPDP membership is requesting a new standard be named in HIPAA for use in the pharmacy industry – the Post Adjudication Standard Implementation Guide, version 2.0. The Post Adjudication Standard Implementation Guide version 2.0 supports the reporting of post-adjudicated pharmacy claim data that may be submitted in the NCPDP Telecommunication Standard Implementation Guide version D.0. Since the industry has requested the movement to D.0, post claims reporting needs to be in sync by moving to version 2.0. This implementation guide provides standard methods that entities can use to share this data.

Client Groups, Pharmacy Benefit Managers (PBM's), Payers, Fiscal Agents, Vendors, and Administrative Oversight Organizations will use this format to share post adjudicated pharmacy claim data. The data is used to support

1. Auditing of services
2. Retrospective DUR review
3. Statistical reporting
4. Evaluate Health Care
5. Evaluate Contractor performance
6. Develop and evaluate Capitation rates
7. Pay reinsurance (stop loss) to contractors
8. Develop fee for service payment rates.

In the current environment, Post Adjudication Standard Implementation Guide version 1.0 is in use. Proprietary files are also used. With the movement to D.0, post claims reporting needs to move to version 2.0.

More information on this business function is found in the NCPDP “Post Adjudication Standard Implementation Guide”.

#### **DSMO Recommendation:**

“Approve. The DSMO is supportive of the work done by NCPDP to develop the Post Adjudication Standard version 2.0. We are aware that this new standard supports the reporting of post adjudication pharmacy claim data that may be submitted in the NCPDP Telecommunication Standard version D.0. In addition, this new standard will bring efficiency and decrease administrative burden in the current process.”

### **CRS 1064**

#### **Referrals**

“The X12 Insurance Subcommittee (N), the Health Care Task Group (TG2) and the Health Care Services Work Group (WG10) are submitting the following 005010X217E1 Errata Document to compliment the 005010X217 Technical Report Type 3 (TR3) for the 278 Health Care Services Review - Request for Review and Response transaction. This errata document must be used in conjunction with the TR3 originally submitted with CR1052, as it corrects several typographical errors found in the original publication.”

#### **DSMO Recommendation:**

“Approve. The DSMO believes the industry will benefit from more extensive front matter, refined situational note usage, and expanded business capabilities in the Technical Report Type 3 associated with this errata.”

Note: The official designation is 005010X217E1 Errata Document, included with the 005010X217 TR3 for the 278 Health Care Services Review - Request for Review and Response transaction.

## **CRS 1065**

### **Institutional Claim (UB-92)**

“The X12 Insurance Subcommittee (N), the Health Care Task Group (TG2) and the Health Care Claim and Encounter Work Group (WG2) are submitting the following 005010X223A1 Errata Document to compliment the 005010X223 Technical Report Type 3 (TR3) for the 837 Health Care Claim: Institutional Claims transaction. This errata document must be used in conjunction with the TR3 originally submitted with CR1043, as it corrects several typographical errors found in the original publication.”

#### **DSMO Recommendation:**

“Approve. The Errata addressed in this request is a technical change affecting the rendering provider loop that brings consistency between the implementation specification (TR3) and X12 syntax, and does not affect business use of the Institutional Claim transaction.”

Note: The official designation is 005010X223A1 Errata Document, included with the 005010X223 TR3 for the 837 Health Care Claim: Institutional Claims transaction

## **CRS 1066**

### **Dental Claim**

“X12 Insurance Subcommittee (N), the Health Care Task Group (TG2) and the Health Care Claims and Encounter Work Group (WG2) are submitting the following 005010X224A1 Errata Document to compliment the 005010X224 Technical Report Type 3 (TR3) for the 837 Health Care Claim: Dental Claims transaction. This errata document must be used in conjunction with the TR3 originally submitted with CR1045, as it corrects several typographical errors found in the original publication.”

#### **DSMO Recommendation:**

“Approve. The Errata document referenced in this request addresses issues with the implementation specification for v5010 of the Dental Claim transaction previously conveyed to X12 (e.g., references to HCPCS modifiers).”

Note: The official designation is 005010X224A1 Errata Document, included with the 005010X224 TR3 for the 837 Health Care Claim: Dental Claims transaction.

## **CRS 1067**

### **Health Care Eligibility Requests or Responses**

“X12 Insurance Subcommittee (N), the Health Care Task Group (TG2) and the Eligibility Work Group (WG1) are submitting the following Technical Report Type 3 (TR3) as a version upgrade and replacement for the 270/271 HIPAA Health Care Eligibility Benefit Request and Response transactions, which are currently adopted and implemented using version 004010X92A1.

The next X12 version is 005010 with Implementation Guide (TR3) designated 005010X279 Health Care Eligibility Benefit Inquiry and Information Response (270/271).

A prior Change Request (CR1062) for this transaction was withdrawn by X12N.”

#### **DSMO Recommendation:**

“Approve. The implementation specification (TR3) addressed in this request offers improvements to the Eligibility transactions.”

Note: The official designation is 005010 version of the X12 270/271 transactions together with their X12 005010 TR3 (Implementation Guide) 005010X279 for Health Care Eligibility Benefit Inquiry and Information Response.

The DSMO recommends that NCVHS begin the process of incorporating these change requests with the other change requests that have already been recommended to the Department of Health and Human Services. It is important to move forward with these recommendations so that a timely and accurate notification rule can be written. This is especially true for the errata designated change requests since these apply to previously recommended specifications that are slated for inclusion in an upcoming rule. If you have any questions, please feel free to contact me at 972-605-4174 or [Margaret.weiker@eds.com](mailto:Margaret.weiker@eds.com).

Sincerely,  
Margaret Weiker  
2007 DSMO Chair

CC: DSMO Steering Committee