PANEL 1 – HEALTH PLAN ENROLLMENT/DISENROLLMENT AND HEALTH PLAN PREMIUM PAYMENT

VALUE:

1. Overall, does the currently adopted **transactions** meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Plan Enrollment/Disenrollment and Health Plan Premium Payment transactions meet the majority of the industry's current business needs.

2. Overall, do the **standards, code sets, and identifiers** adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Plan Enrollment/Disenrollment and Health Plan Premium Payment standards, code sets and identifiers meet the majority of the industry's current business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

      Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

3. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
   a. **RESPONSE:** ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.

BARRIERS:

1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
   a. **RESPONSE**: One significant business or policy barrier inhibiting consistent usage is the number of groups who are not required to adopt the standards. We believe it would increase utilization if there was a statutory requirement that the transaction be implemented for all healthcare enrollment and premium payment uses.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
   a. **RESPONSE**: For Health Plan Enrollment/Disenrollment and Health Plan Premium Payment transactions there is a significant degree of variability in the data provided because adopted transactions are not used by all trading partners. Since non-covered entities are not required to use the mandated standard, health plans must have multiple business processes to accommodate the variability.

3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
   a. **RESPONSE**: The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer.

ALTERATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver?
   a. **RESPONSE**: It is known that trading partners are submitting data in Excel spreadsheets and other proprietary formats instead of using the adopted standards.

OPPORTUNITIES:
1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
   a. **RESPONSE**: Yes, based on business needs brought forward, ASC X12 has developed and is developing later versions of the adopted transactions with additional functionality. Specifically, the enrollment and payment transactions have automation and data matching enhancements and codes have been added to the underlying standard to facilitate better electronic exchange of data. For example a qualifier for the ITIN was added to allow for differentiation from the SSN.

      In addition, ASC X12 has issued a version of the group enrollment 834 specifically focused on individual market enrollments.
      .

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?

a. **RESPONSE**: Based on business needs brought forward, the development and modification of future transaction versions take into consideration the business process of related and/or partnered transactions. For example, the enrollment and payment transactions have been structured to improve automation and data matching. Codes that have been added to the underlying standard that are needed to facilitate a better electronic exchange of data. For example we've added the ITIN to differentiate it from the SSN. Changes have been made to the underlying standard that will enhance the transaction for the next version

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?

    a. **RESPONSE:** As previously stated, expanding the mandate to include all healthcare enrollment and premium payment uses would improve efficiency and effectiveness significantly.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?

    a. **RESPONSE:** Again, mandating the use of the enrollment/disenrollment and premium payment transactions for all healthcare enrollments would eliminate proprietary files and processes, increasing automation and reducing costs. In addition, expanding the payment types to include the additional payment options now available in the transaction would offer additional efficiency and effectiveness as well as reduced administrative costs.

CHANGES:

1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?

    a. **RESPONSE:** Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

ADDITIONAL QUESTIONS:
1. What is the usage of enrollment/disenrollment and premium payment transaction standard in health insurance exchanges?
    a. **RESPONSE:** Every enrolled individual in the Federally-Facilitated Marketplace (FFM) and small business member the Federally-Facilitated (FF) Small Business Health Options Program (SHOP) was enrolled using the enrollment/disenrollment transaction. Most, if not all, the State Based Marketplaces (SBMs) also use the enrollment/disenrollment transaction to enroll their members.

    Some SBMs and FF SHOP Marketplaces are using an ASC X12 premium payment transaction developed specifically for the health insurance exchanges (HIX 820). The FFM scheduled implementation date for the HIX 820 is January 2016.

PANEL 2 – HEALTH PLAN ELIGIBILITY, BENEFITS INQUIRY & RESPONSE

VALUE:
1. Overall, does the currently adopted **transactions** meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Eligibility Inquiry and Response transactions meet the majority of the industry's current business needs.

2. Overall, do the **standards, code sets, and identifiers** adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers?   Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE**: Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Eligibility Inquiry and Response standards, code sets and identifiers meet the majority of the industry's current business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

      Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

3. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
   a. **RESPONSE**: ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.

BARRIERS:
1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
   a. **RESPONSE**: One known barrier to implementation is that the currently adopted transaction paired with the mandated Operating Rules doesn't include all of the information needed to perform the associated business functions. Another is that some functions, such as tiered benefits, are not fully codified in the transaction, making it difficult to automate responses.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
   a. **RESPONSE**: A known consistency issue is that the transaction that allows for general eligibility responses as well as very detailed eligibility response, implementers who choose to provide only the minimal general responses degrade the value of the transaction and force trading partners to maintain multiple business processes, one for general responses and one for detailed responses.

3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
   a. **RESPONSE**: The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer which would apply to every situation.

ALTERNATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver?
   a. **RESPONSE:** Web portals and automated voice response systems are known to be implemented instead of or in addition to the adopted transaction.

OPPORTUNITIES:
1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
   a. **RESPONSE:** Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
   Yes, many enhancements to the functionality provided in the adopted version are available in subsequent versions of the transaction. Examples include:
      i. Enhancements to support tiered benefits and "marrying" benefits together.
      ii. Enhanced error code reporting.
      iii. Conversion of the Service Type Code list to an external code set, allowing for timely updates to the code list as industry needs change and new needs are identified.
      iv. Enhanced functionality to support the Dental industry's needs.

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?
   a. **RESPONSE:** The Health Care Eligibility Inquiry and Response transactions could be used more efficiently and effectively if stakeholders were more aware of the flexibility of the transaction and its' capability to be use in both real-time or batch environments. A concerted education effort undertaken jointly by ASC X12 and significant stakeholders would assist with increasing awareness.

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?
   a. **RESPONSE:** ASC X12 has not identified any additional administrative or clinical processes improvement opportunities at this time.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?
   a. **RESPONSE:** Many implementers are building proprietary (and therefore inconsistent) XML based solutions because of uncertainty as to whether the official ASC X12 TR3 Schemas are permissible. Explicit confirmation that use of the official ASC X12 TR3 Schemas meets the requirement for compliance would encourage consistency and increase efficiency and effectiveness across the industry.

CHANGES:
1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?
   a. **RESPONSE:** Potentially, ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

QUESTIONS ON OPERATING RULES APPLICABLE TO PANEL 2 (ELIGIBILITY):
1. Overall, do the currently adopted operating rules meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the operating rules? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE**: No comment.

2. Have there been any studies, measurement or analysis done that documents the extent to which the operating rules, as adopted and in use, have improved the efficiency and effectiveness of the business processes?
    a. **RESPONSE**: No comment.

3. Explain the perceived or actual adoption trend of each set of operating rules (by transaction, by industry sector – i.e., providers, health plans). Describe challenges and opportunities for broader adoption of these ORs by industry stakeholders.
    a. **RESPONSE**: No comment.

4. Are there any identified areas for improvement of currently adopted operating rules?
    a. **RESPONSE**: No comment.

5. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions for which operating rules have been adopted?
    a. **RESPONSE**: No comment..

6. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions that can/should be addressed via operating rules, and strategies to measure impact?
    a. **RESPONSE**: To simplify implementations, reduce confusion, and facilitate consistent instructions, all data content instructions should be addressed within the adopted transactions and not in operating rules developed and published separately.

7. What alternatives exist to achieve greater efficiency and effectiveness between trading partners?
    a. **RESPONSE**: Common understanding of industry scenarios and instructions, consistent implementation of the instructions, and the assurance of cohesion between the adopted standards and the adopted Operating Rules are all areas where additional efficiencies might be realized.

8. Are there any changes that should be made to the current ORs or the mandate?
    a. **RESPONSE**: When areas needing more precise instructions are identified for an adopted transaction and an Operating Rule is developed to provide consistency across implementations, the Operating Rules entity should be required to submit an ASC X12 Change Request noting where additional precision is required or where a gap has been noted and filled with an Operating Rules so these items can be addressed during ASC X12's normal development cycle. Under the current guidance, once the item has been addressed and the corresponding version of the transaction adopted, the Operating Rule must be eliminated. .

ADDITIONAL QUESTIONS:
1. What is the degree of usage of non-batch transactions (i.e., web portals) for eligibility?
    a. **RESPONSE:** The use of real-time inquiry/response solutions is prevalent in the industry. This would include web portals and other online solutions as well as real-time use of the adopted transactions.

PANEL 3 – PRIOR AUTHORIZATION

VALUE:

1. Overall, does the currently adopted **<u>transactions</u>** meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Services Review transactions meet the majority of the industry's current business needs.

2. Overall, do the **<u>standards, code sets, and identifiers</u>** adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Services Review standards, code sets and identifiers meet the majority of the industry's current business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

      Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

3. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
   a. **RESPONSE:** ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.

BARRIERS:

1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
   a. **RESPONSE**: There are several significant barriers to effective and efficient use of this transaction.
      i. The request and response transaction is mandated and health plans must support it. However, since providers aren't mandated to use the transaction many provider systems do not support the transaction. Given the lack of a mandate for providers and subsequently no pressure on vendors to support the transaction, health plans receive a low volume of transactions and must support

other types of processes to ensure the information is available to providers. Since few providers are using the adopted transaction, many health plans have implemented only basic responses to the requests they do receive which reduces the value of the response.

  ii. Due to factors described above, providers continue to use alternative processes to obtain the information they need instead of making effective use of the mandated transaction a priority.

  iii. There is a general lack of knowledge of the capabilities and potential uses of the Health Care Services Review transaction among the stakeholders. .

  iv. Due to the high number of options and opportunities within the transaction, comprehensive end-to-end testing for all of the types of requests supported in the 278 is extremely resource-intensive and presents significant challenges to implementers.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
   a. **RESPONSE**: Yes, as the Health Care Services Review transaction was designed to be flexible to support different business processes and levels of detail, there is a high degree of variability among implementations.

3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
   a. **RESPONSE**: The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer.

ALTERNATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver?
   a. **RESPONSE**: Web portals, automated voice response systems, and even paper forms are known to be implemented instead of or in addition to the adopted transaction. The NCPDP ePA Script standard is used for prescription benefits.

OPPORTUNITIES:

1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
    a. **RESPONSE**: Yes, enhancements to the functionality provided in the adopted version are available in subsequent versions of the transaction. Examples include:
        i. support additional business needs
        ii. Enhanced drug requests
        iii. Workman's Comp
        iv. Conversion of the Service Type Code list to an external code set, allowing for timely updates to the code list as industry needs change and new needs are identified.
        v. ability to identify and capture implant information

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?
    a. **RESPONSE**:
        i. Many inquiries result in a pending status initially and are later determined based on a manual review. However there is no mandate to transmit the final determination in the adopted 278. Mandating the final status be transmitted back to the submitter without the submitter having to send a follow-up inquiry would allow for more automation, more efficiency, and more accurate information for providers and patients.

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?
    a. **RESPONSE**: There are also two other implementation guides related to different uses of the 278 transaction, one of those, the Notification and Inquiry, would facilitate the automation of prior authorizations if adopted.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?
    a. **RESPONSE**: There is a general lack of knowledge of the various functions of the 278 and there is no overall industry education/information on implementation of the 278. A concerted education effort undertaken jointly by ASC X12 and significant stakeholders would assist with increasing awareness.

CHANGES:
1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?
    a. **RESPONSE:** Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

ADDITIONAL QUESTIONS:
1. What are the main reasons for non- or limited-usage of transaction?
    a. **RESPONSE**: There are several contributing factors including:
        i. A general belief among implementers that the transaction is difficult to implement and does not support the business needs. This is a carryover from deficiencies in the 004010 version of the transaction that were addressed in version 005010. Education is needed to ensure implementers understand the enhancements and how the transaction is used.
        ii. Provider systems vendors have inadequate support for the 278 transaction.
        iii. Providers have not made implementation of this transaction a priority because alternative processes and procedures meet their needs.
        iv. Attachments documenting medical necessity are often required to process a prior authorization request. Since there is no mandate for such attachments, necessary information isn't always accepted electronically, the incentive to use the 278 transaction.

2. What is the degree of usage of non-batch transactions (i.e., web portals) for prior authorization?
    a. **RESPONSE**: Web portals and other online solutions are often used for prior authorizations.

PANEL 4 – HEALTH CARE CLAIM OR EQUIVALENT ENCOUNTER INFORMAT

VALUE:
3. Overall, does the currently adopted **transactions** meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
    a. **RESPONSE**: Based on comments, questions and change requests submitted by implementers and industry representatives, and the high percentage of claims and encounters currently submitted electronically, the Health Care Claim or Encounter transactions meet the majority of the industry's current business needs.

4. Overall, do the **standards, code sets, and identifiers** adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers?   Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
    a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim or Encounter standards, code sets and identifiers meet the majority of the industry's current business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

    Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

5. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
    a. **RESPONSE:** ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.

BARRIERS:
1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
    a. **RESPONSE:** There are several barriers impeding use of the Health Care Claim or Encounter transaction including:
        i. The inability to electronically submit attachments.
        ii. The inability to report Remittance Advice Remark Codes at a claim service line level inhibits clear understanding of a previous payer's adjudication.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
    a. **RESPONSE:** Some sectors of the insurance industry, such as Property and Casualty stakeholders, are not covered under the current rule leading to inconsistency in implementations of the 837 transaction.

3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
    a. **RESPONSE:** The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer.

ALTERNATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver
    a. **RESPONSE:** Web portals, direct data entry (DDE) systems, and paper forms are known to be implemented instead of or in addition to the adopted transaction.

OPPORTUNITIES:
1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
    a. **RESPONSE:** Yes, many enhancements to the functionality provided in the adopted version are available in subsequent versions of the transaction. Examples include:
        i. Remittance Advice Remark Code reporting at a claim service line level, providing better information to receivers.
        ii. Support for predetermination of benefit submissions.
        iii. Additional functionality for Workers' Compensation and other Property and Casualty claims.

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?
    a. **RESPONSE:** ASC X12 has no suggestions for improvements to these business processes at this time.

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?
    a. **RESPONSE:** Adoption of mandates for additional transactions, such as Attachments and Acknowledgements per the ASC X12 Acknowledgement Reference Model (ARM), would increase efficiency for implementers.
        i.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?
    a. **RESPONSE:** A concerted education effort undertaken jointly by ASC X12 and significant stakeholders would assist with increasing awareness of the features and functionality available in this transaction.

CHANGES:
1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?
    a. **RESPONSE**: Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

ADDITIONAL QUESTIONS:
1. What is the degree to which clean claims are being achieved?
    a. **RESPONSE:** No comment.

PANEL 5 – COORDINATION OF BENEFITS

VALUE:
1. Overall, does the currently adopted **transactions** meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
    a. **RESPONSE**: Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim or Encounter transactions meet the majority of the industry's current business needs for Coordination of Benefits (COB) in both the provider to payer and payer to payer models.

2. Overall, do the **standards, code sets, and identifiers** adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
    a. **RESPONSE**: Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim or Encounter standards, code sets and identifiers meet the majority of the industry's current COB business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

       Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

3. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
    a. **RESPONSE**: ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.
       .

BARRIERS:
1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
    a. **RESPONSE:** There are several known barriers, including the following:
        i. One known barrier is that while the transaction supports electronically submitted COB information, many health plans and providers are still submitting COB claims on paper.

    ii. Another is health plans do not consistently follow the instructions in the 835 TR3 related to the reporting of adjustment information and often report adjustments incorrectly making it difficult for providers to use the 835 to create a COB claim.

    iii. Finally, in a Provider to Payer scenario, there is often a need to submit attachments. Since use of electronic attachments is not mandated, many claims requiring attachments are submitted on paper.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
   a. **RESPONSE:** Yes, Health Plans have proprietary rules for processing COB claims which affect how the data is transmitted in the transaction. For example, some health plans transmit information at the service line level when other payers expect to see the information at the claim level.

3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
   a. **RESPONSE:** The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer.

ALTERNATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver?

RESPONSE: Web portals, direct data entry (DDE) systems, and paper forms are known to be implemented instead of or in addition to the adopted transaction.
OPPORTUNITIES:
1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
   a. **RESPONSE:** Yes, many enhancements to the functionality provided in the adopted version are available in subsequent versions of the transaction. Examples include:
      i. Remittance Advice Remark Code reporting at a claim service line level, providing better communication to receivers.
      ii. Enhancements to improve association of the payment to the correct payer.

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?
   a. **RESPONSE:** ASC X12 has not identified any such alternatives.

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?
   a. **RESPONSE:** ASC X12 has not identified any additional administrative or clinical processes improvement opportunities at this time.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?
   a. **RESPONSE:** Several opportunities exist for improved efficiency including:
      i. Adoption of mandates for additional transactions, such as Attachments and Acknowledgements per the ASC X12 Acknowledgement Reference Model (ARM), would increase efficiency for implementers.
      ii. Increased adoption of the payer to payer COB model would increase efficiency across the industry.
      iii. A concerted education effort undertaken jointly by ASC X12 and significant stakeholders would assist with increasing awareness of the available COB features and functionality.

      iv. Encouraging use of the ASC X12N 269 Health Care Benefit Coordination Verification Request and Response may increase the number of COB transaction. This transaction allows a payer inquire with other health plans to verify if a member has coverage with them.

CHANGES:
1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?
   a. **RESPONSE:** Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

ADDITIONAL QUESTIONS:
1. What is the status of coordination of benefits processes, opportunities for process improvement via operating rules?
   a. **RESPONSE:** We know of no identified items which would make specific Operating Rules related to data content for COB necessary and believe the TR3 instructions can stand alone.

PANEL 6 – HEALTH CARE CLAIM STATUS

VALUE:
1. Overall, does the currently adopted __transactions__ meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim Status Request and Response transactions meet the majority of the industry's current business needs.

2. Overall, do the __standards, code sets, and identifiers__ adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers?   Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim Status Request and Response standards, code sets and identifiers meet the majority of the industry's current business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

      Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

3. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
   a. **RESPONSE:** ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.

BARRIERS:
1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
   a. **RESPONSE:** ASC X12 is not aware of any barriers to the transaction that is preventing the transaction from being used in the industry.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
   a. **RESPONSE:** No comment.

3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
   a. **RESPONSE:** The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer

ALTERNATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver
   a. **RESPONSE:** Web portals, automated voice response systems, email, and phone calls are known to be implemented instead of or in addition to the adopted transaction. In addition, the 277 Claim Acknowledgement (CA) is often used for this purpose.

OPPORTUNITIES:
1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
   a. **RESPONSE:** Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?
   a. **RESPONSE:** ASC X12 has not identified any additional business process improvement opportunities at this time.

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?
   a. **RESPONSE:** ASC X12 has not identified any additional administrative or clinical processes improvement opportunities at this time.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?
   a. **RESPONSE:** Adoption of acknowledgements via the ASC X12 ARM would bring industry efficiencies, including use of the ASC X12N 277CA transaction.

CHANGES:
1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?
    a. **RESPONSE:** Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

QUESTIONS ON OPERATING RULES APPLICABLE TO PANEL 6 (CLAIM STATUS)
1. Overall, do the currently adopted operating rules meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the operating rules? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
    a. **RESPONSE:** No comment.

2. Have there been any studies, measurement or analysis done that documents the extent to which the operating rules, as adopted and in use, have improved the efficiency and effectiveness of the business processes?
    a. **RESPONSE:** No comment.

3. Explain the perceived or actual adoption trend of each set of operating rules (by transaction, by industry sector – i.e., providers, health plans). Describe challenges and opportunities for broader adoption of these ORs by industry stakeholders.
    a. **RESPONSE:** No comment.

4. Are there any identified areas for improvement of currently adopted operating rules?
    a. **RESPONSE:** No comment.

5. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions for which operating rules have been adopted?
    a. **RESPONSE:** No comment.

6. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions that can/should be addressed via operating rules, and strategies to measure impact?
    a. **RESPONSE:** To simplify implementations, reduce confusion, and facilitate consistent instructions, all data content instructions should be addressed within the adopted transactions and not in operating rules developed and published separately.

7. What alternatives exist to achieve greater efficiency and effectiveness between trading partners?
    a. **RESPONSE:** Common understanding of industry scenarios and instructions, consistent implementation of the instructions, and the assurance of cohesion between the adopted standards and the adopted Operating Rules are all areas where additional efficiencies might be realized.

8. Are there any changes that should be made to the current ORs or the mandate?
    a. **RESPONSE:** When areas needing more precise instructions are identified for an adopted transaction and an Operating Rule is developed to provide consistency across implementations, the Operating Rules entity should be required to submit an ASC X12 Change Request noting where additional precision is required or where a gap has been noted and filled with an Operating Rules so these items can be addressed during ASC X12's normal development cycle. Under the current guidance, once the item has been addressed and the corresponding version of the transaction adopted, the Operating Rule must be eliminated.

ADDITIONAL QUESTIONS:

No additional questions for this panel.

PANEL 7 – HEALTH CARE PAYMENT, REMITTANCE ADVICE AND ELECTRONIC FUND TRANSFER

VALUE:

1. Overall, does the currently adopted **transactions** meet the current (and near-term) business needs of the industry? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim Payment/Advice transactions meet the majority of the industry's current business needs.

2. Overall, do the **standards, code sets, and identifiers** adopted for each transaction meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the transactions and their corresponding standards, code sets and identifiers? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** Based on comments, questions and change requests submitted by implementers and industry representatives, the Health Care Claim Payment/Advice standards, code sets and identifiers meet the majority of the industry's current business needs. The industry is achieving the intended benefits of consistency and standardization with these adoptions.

   Additional current and near-term business needs have been or are being accommodated in later versions which may be adopted in the future.

3. Have there been any studies, measurement or analysis done that documents the extent to which the transactions and their corresponding standards, code sets and identifiers, as adopted and in use, have improved the efficiency and effectiveness of the business processes? Please provide, as much as possible, information for specific transactions.
   a. **RESPONSE:** ASC X12 has not as yet conducted such studies and cannot provide information on any such studies conducted by other organizations.

BARRIERS:

1. Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
   a. **RESPONSE:** There are several:
      i. Although balancing instructions are included in the mandated TR3, specific processes or system constraints within a health plan or vendor system may result in out-of-balance 835 transactions.
      ii. Transactions that are necessary to the business flow are not mandated, for example, reporting of pended transactions is not included in the Health Care

Claim Payment/Advice transactions, and the 277 Pending Status transaction is not mandated so providers cannot count on receiving this information.

 iii. There is a mixture of making payment based on the NPI or Tax ID. Since providers may need to divide payments differently depending on how the payment is reported, in some cases it is necessary for a provider to use manual workarounds to split the payment.

 iv. Provider level adjustments often require manual processing to ensure they are applied correctly.

 v. Health plans are not providing unique values in the TRN02 making it difficult for the receiver to re-associate the 835 with the payment.

 vi. Reporting of dental payments is not fully supported in the adopted 835, but is included in later versions.

 vii. Providers have a challenge posting the 835 because they cannot determine if it is an inpatient, outpatient, dental or professional claim or the method the claim was submitted.

2. Is there any perceived or qualified degrees of variability in stakeholders' usage of adopted transactions and operating rules?
   a. **RESPONSE:** Yes**.**
      i. Health plan often do not follow the TR3 instructions related to the processing of corrections and reversals resulting in inconsistent information and miscommunication between trading partners.
      ii. Both the NPI and Tax ID are used for payments, resulting in the need for multiple processes and procedures and increased costs.
3. What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules?
   a. **RESPONSE:** The ease or difficulty of adopting new transactions or expanding operating rules is dependent on a number of factors which are unique to each implementation or expansion suite. It is not possible to provide a single answer

ALTERNATIVES:
1. Are there any known perceived or qualified availability and acceptance of other methods / approaches in achieving the same goal which the adopted transactions and operating rules intend to deliver?
   a. **RESPONSE:** Web portals and paper are known to be implemented instead of or in addition to Claim Payment Advice transactions. Virtual card payments are an alternative to EFT or check payments.

OPPORTUNITIES:
1. Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?

    a. **RESPONSE:** Yes, many enhancements to the functionality provided in the adopted version are available in subsequent versions of the transaction. Examples include

       i. Association of the CARC and RARC.

      ii. Virtual Card payments.

     iii. Conversion of the PLB adjustment reason code list to an external code set, allowing for timely updates to the code list as industry needs change and new needs are identified.

     iv. Reporting dental payments to accommodate specific tooth information.

     v. Inclusion of an indicator to allow providers to easily determine the type of claim - an inpatient, outpatient, dental or professional claim or the method the claim was submitted.

2. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?

    a. **RESPONSE:** ASC X12 has not identified any business process improvement opportunities at this time.

3. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions and strategies to measure impact? Would they be addressable via new or different standards?

    a. **RESPONSE:** ASC X12 has not identified any additional administrative or clinical processes improvement opportunities at this time.

4. What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?

    a. **RESPONSE:** Increased dissemination of educational material published in ASC X12N Technical Report Type 2 documents:

      i. CARC/RARC Encyclopedia

     ii. Real-time Processing

CHANGES:

1. Are there any changes that should be made to the current transaction standards, or the mandate to use them?

    a. **RESPONSE:** Potentially. ASC X12's Change Request process provides an online mechanism for any implementer or stakeholder to request changes to ASC X12's transactions or implementation instructions based on identified barriers or opportunities. ASC X12 bases improvements and enhancements to future version on these change requests. Such improvements and enhancements will benefit the industry when the Secretary adopts a later version of the adopted standard.

QUESTIONS ON OPERATING RULES APPLICABLE TO PANEL 7 (ERA/EFT):

1. Overall, do the currently adopted operating rules meet the current (and near-term) business needs of the industry? Is the industry achieving the intended benefits from the operating rules? Please provide as much as possible any evidentiary information (qualitative or quantitative) to support your viewpoints.
   a. **RESPONSE:** No comment.

2. Have there been any studies, measurement or analysis done that documents the extent to which the operating rules, as adopted and in use, have improved the efficiency and effectiveness of the business processes?
   a. **RESPONSE:** No comment.

3. Explain the perceived or actual adoption trend of each set of operating rules (by transaction, by industry sector – i.e., providers, health plans). Describe challenges and opportunities for broader adoption of these ORs by industry stakeholders.
   a. **RESPONSE:** No comment.

4. Are there any identified areas for improvement of currently adopted operating rules?
   a. **RESPONSE:** No comment.

5. What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions for which operating rules have been adopted?
   a. **RESPONSE:** No comment.

6. Are there additional efficiency improvement opportunities for administrative and/or clinical processes of these transactions that can/should be addressed via operating rules, and strategies to measure impact?
   a. **RESPONSE:** To simplify implementations, reduce confusion, and facilitate consistent instructions, all data content instructions should be addressed within the adopted transactions and not in operating rules developed and published separately.

7. What alternatives exist to achieve greater efficiency and effectiveness between trading partners?
   a. **RESPONSE:** Common understanding of industry scenarios and instructions, consistent implementation of the instructions, and the assurance of cohesion between the adopted standards and the adopted Operating Rules are all areas where additional efficiencies might be realized.

8. Are there any changes that should be made to the current ORs or the mandate?

a. **RESPONSE:** When areas needing more precise instructions are identified for an adopted transaction and an Operating Rule is developed to provide consistency across implementations, the Operating Rules entity should be required to submit an ASC X12 Change Request noting where additional precision is required or where a gap has been noted and filled with an Operating Rules so these items can be addressed during ASC X12's normal development cycle. Under the current guidance, once the item has been addressed and the corresponding version of the transaction adopted, the Operating Rule must be eliminated.

ADDITIONAL QUESTIONS:
1. What is the status of use of CARC/RARC code sets?
   a. **RESPONSE:** The standard continues to support use of both the CARC and the RARC lists.