

**National Committee on Vital and Health Statistics (NCVHS)
Subcommittee on Standards
Review Committee**

Hearing on Adopted Transaction Standards, Operating Rules, Code Sets & Identifiers

June 16 & 17, 2015

National Center for Health Statistics - 3311 Toledo Road, Hyattsville, MD 20782

Webcast information available from the NCVHS Website at <http://ncvhs.us/>

Hearing Purposes, Objectives

The purpose of this hearing is to obtain information from the health care industry on the currently adopted standards, operating rules, code sets and identifiers used in administrative simplification transactions.

The objectives of this hearing are as follows:

- Review currently adopted standards, operating rules, code sets and identifiers used in each of the HIPAA-named administrative simplification transactions and evaluate the degree to which they meet current industry business needs.
- Identify transactions, standards, operating rules, code sets and identifiers used in administrative simplification that require changes, deletions or new versions in order to meet industry needs.

Background on the Review Committee, including the Review Committee’s Charter can be accessed at <http://www.ncvhs.hhs.gov/subcommittees-work-groups/subcommittee-on-standards/review-committee/>

We invite the public to prepare and submit written testimony on any and all areas covered by this hearing. We also invite testifiers to prepare and submit more extensive written testimony, in addition to the oral testimony they will be providing during the hearing.

AGENDA

DAY 1 – Tuesday June 16, 2015

(Note: Unless noted, all testifiers will have 5 minutes to provide oral testimony;
additional written testimony can be provided and will be entered into the record)

9:00 - 9:15 AM	Welcome and Introductions	Review Committee Co-Chairs
9:15 – 9:35 AM	Overview of the Review Committee & Purpose of the Hearing	Review Committee Co-Chairs
	■ Legislative background and brief introduction to the Review Committee	

- Process and Logistics of the hearing

9:35 – 10:20 AM **PANEL 1 – HEALTH PLAN ENROLLMENT/DISENROLLMENT AND HEALTH PLAN PREMIUM PAYMENT**

- Health Plan Don Petry, *BCBS TN*
- Health Plan Gail Kocher, *BCBSA*
- Employer Debra Strickland, *Xerox*
- ASC X12 Stacey Barber
- Pharmacy Annette Gabel, *ACAG Consulting/NCPDP*

10:20 – 10:30 AM **Public Comment**

10:30 – 10:50 AM **Review Committee Q&A**

10:50 - 11:05 AM **BREAK**

11:05 – 11:55 PM **PANEL 2 – HEALTH PLAN ELIGIBILITY, BENEFITS INQUIRY & RESPONSE (PART 1)**

- WEDI Laurie Darst
- Provider George Arges, *AHA*
- Provider Robert Tennant, *MGMA*
- Billing Dave Nicholson, *HBMA*
- VA Ruth-Ann Phelps
- Mental Health Benjamin Miller, *PsyD, UC Denver*
- Pharmacy Annette Gabel, *ACAG Consulting/NCPDP*
- Clearinghouse Sherry Wilson, *Cooperative Exchange*

11:55 – 12:55 PM **LUNCH**

12:55 – 1:50 PM **PANEL 2 – HEALTH PLAN ELIGIBILITY, BENEFITS INQUIRY & RESPONSE (PART 2)**

- Health Plan Merri-Lee Stine, *AETNA/AHIP*
- Health Plan Gail Kocher (*BCBSA*)
- Long term Care Stephanie Eades, *AHIP*
- Medicare Rich Cuchna *CMS^{Telephone}*
- Medicaid Melissa Moorehead, *MPHI*
- Practice Management Vendors Chris Bruns, *HATA*
- Operating Rule Authoring Entity Gwen Lohse, *CAQH CORE*
- ASC X12 Stacey Barber

1:50 – 2:00 PM **Public Comment**

2:00 – 2:20 PM **Review Committee Q&A**

2:20-2:35 PM

BREAK

2:35 – 4:00 PM

PANEL 3 – PRIOR AUTHORIZATION

- WEDI
- Health Plan

Sam Rubenstein
 Rhonda Starkey, *Harvard Pilgrim Health Care/ AHIP*

- Health Plan
- Medicare
- Medicaid
- Provider
- Provider
- Provider
- Mental Health
- Pharmacy
- Clearinghouse

Gail Kocher *BCBSA*
 Connie Leonard, *CMS^{telephone}*
 Melissa Moorehead, *MPHI*
 George Arges, *AHA*
 Heather McComas, *AMA*
 Robert Tennant, *MGMA*
 Benjamin Miller, *PsyD, UC Denver*
 Margaret Weiker, *NCPDP*
 Sherry Wilson, *Cooperative Exchange*

- Practice Management Vendor
- ASC X12

Chris Bruns, *HATA*
 Stacey Barber

4:00 – 4:10 PM

Public Comment

4:10 – 4:30 PM

Review Committee Q & A

4:30 PM

DAY 1 ADJOURNMENT

DAY 2 – Wednesday June 17, 2015

(Note: Unless noted, all testifiers will have 5 minutes to provide oral testimony; additional written testimony can be provided and will be entered into the record)

8:00 – 8:15 AM

Opening Statement & Introduction

Review Committee Co-Chairs

8:15 – 9:05 AM

PANEL 4 – HEALTH CARE CLAIM OR EQUIVALENT ENCOUNTER INFORMATION (Part 1)

- Health Plan
- Medicare
- Medicaid
- Provider
- Provider

Gail Kocher, *BCBSA*
 John Evangelist, *CMS^{telephone}*
 Melissa Moorehead, *MPHI*
 George Arges, *AHA*
 Robert Tennant, *MGMA*

- Dental
- Mental Health

David Preble, DDS, JD *ADA*
Benjamin Miller, PsyD, *UC Denver*

9:05 – 9:40 AM **PANEL 4 – HEALTH CARE CLAIM OR EQUIVALENT ENCOUNTER INFORMATION (Part 2)**

- Pharmacy
- Clearinghouse

Margaret Weiker, *NCPDP*
Sherry Wilson, *Cooperative Exchange*

- Practice Management Vendor
- ASC X12
- Coders

Chris Bruns *HATA*
Stacey Barber
Raemarie Jimenez, *AAPC*

9:40 – 9:55 AM Break

9:55 – 10:05 AM **Public Comment**

10:05 – 10:25 AM **Review Committee Q & A**

10:25 – 11:20 PM **PANEL 5 – COORDINATION OF BENEFITS**

- CAQH
- Medicaid
- Provider
- Medicare Supplemental Carrier
- Provider
- Clearinghouse
- ASC X12
- Practice Management Vendor

Atul Pathiyal
Melissa Moorehead, *MPHI*
George Arges, *AHA*
Gary Beatty, *AHIP*
Robert Tennant, *MGMA*
Sherry Wilson, *Cooperative Exchange*
Stacey Barber
Chris Bruns, *HATA*

11:20 – 11:30 PM **Public Comment**

11:30 -11:50 PM **Review Committee Q&A**

11:50 – 12:50 PM **LUNCH**

12:50 – 1:40 PM **PANEL 6 – HEALTH CARE CLAIM STATUS**

- Operating Rule Authoring Entity (ORAE)
- Provider
- Provider
- Health Plan

Gwen Lohse, *CAQH CORE*
George Arges, *AHA*
Robert Tennant, *MGMA*
Rhonda Starkey, *Harvard Pilgrim Health Care/AHIP*

- Health Plan
 - Medicare
 - Clearinghouses
 - WEDI
- Gail Kocher, *BCBSA*
 John Evangelist, *CMS* ^{telephone}
 Sherry Wilson, *Cooperative Exchange*
 Jean Narcisi

1:40 – 1:50 PM **Public Comment**

1:50 – 2:10 PM **Review Committee Q&A**

2:10 – 2:25 PM **BREAK**

2:25 – 4:00 PM **PANEL 7 – HEALTH CARE PAYMENT, REMITTANCE ADVICE AND ELECTRONIC FUND TRANSFER**

- WEDI
 - Operating Rule Authoring Entity (ORAE)
 - NACHA
 - Provider
 - Provider
 - Provider
 - Dental
 - Long Term Care
 - Health Plan
 - Health Plan
 - VA
 - Medicare
 - Medicaid
 - Pharmacy
 - Clearinghouses
 - ASCX12
- Jean Narcisi
 Gwen Lohse, *CAQH CORE*
 Priscilla Holland ^{telephone}
 George Arges, *AHA*
 Heather McComas, *AMA*
 Robert Tennant, *MGMA*
 David Preble, *DDS, JD ADA*
 Stephanie Eades, *AHIP*
 Merri-Lee Stine, *Aetna/AHIP*
 Gail Kocher, *BCBSA*
 Ruth-Ann Phelps
 John Evangelist, *CMS* ^{telephone}
 Melissa Moorehead, *MPHI*
 Annette Gabel, *ACAG Consulting/NCPDP*
 Sherry Wilson, *Cooperative Exchange*
 Stacey Barber

4:00 – 4:10 PM **Public Comment**

4:10 – 4:30 PM **Review Committee Q&A**

4:30 – 5:00 PM **Review Committee Discussion of Key Themes, Findings, and Next Steps**

5:00 PM **ADJOURNMENT**

QUESTIONS FOR PANELISTS

GENERAL QUESTIONS TO ALL PANELISTS APPLICABLE TO ALL PANELS

- VALUE - 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
- VALUE - 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
- VALUE - 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.
- VOLUME - What is the current volume / percentage / proportion of business transactions being conducted electronically (each transaction) using the adopted standard?
- BARRIERS – Are there any known barriers (business, technical, policy, or otherwise) to using the transactions, standards, or operating rules?
- BARRIERS – Is there any perceived or qualified degrees of variability in stakeholders’ usage of adopted transactions and operating rules?
- BARRIERS – What is the qualified or quantified degree of difficulty in adopting and expanding the usage of the transactions and operating rules
- ALTERNATIVES – 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
- OPPORTUNITIES – Are there any identified areas for improvement of currently adopted transactions and their corresponding standards, code sets and identifiers?
- OPPORTUNITIES – What, if any alternatives exist for improving efficiency and effectiveness of the business process for each of the transactions adopted and in use?
- OPPORTUNITIES – 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?
- OPPORTUNITIES – What alternatives exist to achieve similar or greater efficiency and effectiveness between trading partners at lower administrative cost?
- CHANGES – Are there any changes that should be made to the current transaction standards, or the mandate to use them?

QUESTIONS ON OPERATING RULES APPLICABLE TO PANEL 2 (ELIGIBILITY), PANEL 6 (CLAIM STATUS) AND PANEL 7 (ERA/EFT)

- [CAQH CORE] Outline the current mandated Operating Rules (Claims / Eligibility Status, EFT / ERA) and their intended benefits
- [ALL] 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
- [ALL] 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?
- [ALL] 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
- [ALL] Are there any identified areas for improvement of currently adopted operating rules?
- [CAQH CORE] What will be the process for updating and publishing operating rules?
- [ALL] 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?
- [ALL] 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?
- [ALL] What alternatives exist to achieve greater efficiency and effectiveness between trading partners?
- [ALL] Are there any changes that should be made to the current ORs or the mandate?
- [CAQH CORE] What lessons learned from the adopted operating rules has or will be applied to the next set of proposed operating rules?

ADDITIONAL QUESTION FOR PANEL 1 – HEALTH PLAN ENROLLMENT/DISENROLLMENT AND HEALTH PLAN PREMIUM PAYMENT

- What is the usage of enrollment/disenrollment and premium payment transaction standard in health insurance exchanges?

ADDITIONAL QUESTION FOR PANEL 2 – HEALTH PLAN ELIGIBILITY, BENEFITS INQUIRY & RESPONSE (PART 1)

- What is the degree of usage of non-batch transactions (i.e., web portals) for eligibility?

ADDITIONAL QUESTIONS FOR PANEL 3 – PRIOR AUTHORIZATION

- What are the main reasons for non- or limited-usage of transaction?
- What is the degree of usage of non-batch transactions (i.e., web portals) for prior authorization?

ADDITIONAL QUESTION FOR PANEL 4 – HEALTH CARE CLAIM OR EQUIVALENT ENCOUNTER INFORMATION

- What is the degree to which clean claims are being achieved?

ADDITIONAL QUESTION FOR PANEL 5 – COORDINATION OF BENEFITS

- What is the status of coordination of benefits processes, opportunities for process improvement via operating rules?

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

- What is the status of use of CARC/RARC code sets?

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