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

Hearing on HIPAA and ACA Administrative Simplification
------ Phase IV Operating Rules and Attachment Standard------

Hubert Humphrey Building
200 Independence Avenue, SW – Room 705-A
Washington, DC 20024

Tuesday February 16, 2016

Hearing Purposes, Objectives

The purpose of this hearing is to gather industry input regarding two areas to consider in making recommendations for adoption to the Secretary of HHS:

- The proposed Phase IV Operating Rules for selected HIPAA Transactions (enrollment/disenrollment, premium payment, health care claims and prior authorization).
- The proposed Claim Attachment standards and code sets

The objectives of this hearing are to:

Operating Rules:

- Understand the business needs for each of the operating rules being presented for recommendation for adoption.
- Review the process for developing the proposed operating rules.
- Consider the effect that the proposed operating rules will have on standards and operating rules already adopted and implemented.
- Identify the benefits and efficiencies gained by the health care industry through the adoption and implementation of the proposed operating rules.
- Consider possible risks, concerns, costs, or issues that the adoption of the proposed operating rules may create.

Attachment Standard:

- Understand the new developments and current status of proposed standards and code sets for claim attachments
- Review and validate the business needs and use cases for claim attachments
- Explore the use of attachment standards for other health care transactions, such as eligibility, prior authorization, and post-paid claim audits

Agenda: (unless otherwise specified, each testifier will have 5 minutes to present key points followed by public comment and Subcommittee Q & A at the end of each Session. Written testimony is requested to supplement oral testimony.

9:00 – 9:15 AM **Welcome and Introductions** Standards Subcommittee Co-Chairs

PART 1: PROPOSED OPERATING RULES

9:15 – 9:30AM **Overview of Proposed Operating Rules** Gwen Lohse, CAQH CORE

Panel 1 - *Health Care Claims*

9:30 – 9:35 AM **Overview of Proposed Operating Rules – Claims** Gwen Lohse, CAQH CORE

9:35 – 10:30 AM **Industry Perspectives on Operating Rules - Claims**

■ Health Plan	Christol Green, Anthem/AHIP
■ Health Plan	Gail Kocher, BCBSA
■ Provider	George Arges, AHA
■ Provider	Rob Tennant, MGMA
■ Medicaid	Melissa Moorehead, MPHI (via phone)
■ ASC X12	Stacey Barber, ASC X12
■ Clearing House	Sherry Wilson, Cooperative Exchange
■ WEDI	Laurie Burckhardt, WEDI
■ Employer	Debra Strickland, Xerox

NOTE: Written testimony will be provided by other stakeholders

10:30-10:45 AM **Sub-Committee Q&A**

10:45 – 11:00 AM **BREAK**

Panel 2 - *Enrollment/Disenrollment and Premium Payment*

11:00 – 11:05 AM **Overview of Proposed Operating Rules – Enrollment/Disenrollment & Premium Payment** Gwen Lohse, CAQH CORE

11:05 – 11:30 AM **Industry Perspectives on Operating Rules – Enrollment/Disenrollment & Premium Payment**

■ Health Plan	Pat Waller, Cambia Health/AHIP
■ Health Plan	Gail Kocher, BCBSA
■ Employer	Debra Strickland, Xerox
■ ASC X12	Stacey Barber, ASC X12

NOTE: Written testimony will be provided by other stakeholders

11:30 - 11:45 PM **Sub-Committee Q&A**

11:45 – 12:45 PM **LUNCH**

Panel 3 - Prior Authorization

12:45 – 12:50 PM **Overview of Proposed Operating Rules - Prior Authorization** — Gwen Lohse, CAQH CORE

12:50 – 2:00 PM **Industry Perspectives on Operating Rules – Prior Authorization**

■ WEDI	Laurie Burckhardt, WEDI
■ Health Plan	Pat Waller, Cambia Health/AHIP
■ Health Plan	Gail Kocher, BCBSA
■ Provider	Heather McComas, AMA
■ Provider	George Arges, AHA
■ NCPDP/Pharmacy	Margaret Weiker, NCPDP
■ Practice Management	Chris Bruns, HATA
■ Medicare	Connie Leonard, CMS
■ Medicaid	Melissa Moorehead, MPHI (via phone)
■ Billing	Dave Nicholson, HBMA
■ ASC X12	Stacey Barber, ASC X12

NOTE: Written testimony will be provided by other stakeholders

2:00 – 2:15 PM **Sub-Committee Q&A**

2:15 – 2:30 PM **Public Comment on Proposed Operating Rules**

2:30 – 2:45 PM Break

PART 2: ATTACHMENTS

2:45 – 3:30 PM **Proposed Attachment Standard**

■ HL7	Chuck Jaffe, HL7
■ ASC X12	Stacey Barber, ASC X12
■ LOINC	Daniel Vreeman, Regenstrief Institute

3:30 – 4:40 PM **Industry Perspectives on Proposed Attachment Standard**

■ Provider	Heather McComas, AMA
■ Provider	George Arges, AHA
■ Provider	Rob Tennant, MGMA
■ Health Plan	Christol Green, Anthem/AHIP

■ Health Plan	Gail Kocher, BCBS
■ Medicaid	Melissa Moorehead, MPHI (via phone)
■ WEDI	Durwin Day, WEDI
■ Clearinghouses	Cooperative Exchange
■ Clearinghouse	Don St Jacques, Jopari
■ Billing	Dave Nicholson, HBMA
■ Dental	Jean Narcisi, ADA
■ Pilot	Laurie Darst, Mayo Clinic

NOTE: Written testimony will be provided by other stakeholders

4:40 – 5:00 PM **Sub-Committee Q&A**

5:00 – 5:15 PM **Public Comment on Proposed Attachment Standard**

5:15 PM **Adjournment**

QUESTIONS FOR PANELISTS

Overall, we would like testifiers to consider the following factors that NCVHS is using in evaluating exiting and new standards, code sets, identifiers and operating rules for possible adoption:

- Does the standard/operating rule meet the industry's business need/use/problem resolution?
- Does the standard/operating rule decrease cost and/or administrative processes?
- Is the standard/operating rule flexible/agile to meet changes in technology and/or healthcare delivery systems?
- Can the standard/operating rule be operationalized?
- Can the standard/operating rule be enforced?

In addition to these concepts, NCVHS is also looking at the following variables to evaluate the degree to which the standards and operating rules being recommended for adoption meet the overall goal of administrative simplification:

- Completeness: does the standard or operating rule provide the complete information necessary to execute the transaction and achieve the business purpose?
- Efficiency: does the standard or operating rule decrease resource utilization and the time to perform the transaction function?
- Complexity: Do the standard or operating rule requirements exceed the healthcare industry's cost and resource capacity resulting in limited or non-adoption?
- Flexibility: is the standard or operating rule allow for interim updates and can it adapt to changes in technology and health delivery models?
- Consistency: is the standard or operating rule able to be implemented in the same manner across all healthcare entities?
- Effectiveness: does the standard and operating rule solve the business need?
- Ambiguity: does the standard or operating rule result in differences in interpretation and in implementation?

PART 1 – OPERATING RULES

Proposed Operating Rules – Questions for CAQH CORE – for each transaction
(To be covered in written testimony. For oral testimony – 5 minutes for each testimony – please focus on the most important highlights)

- How were the proposed operating rules developed?
  - Has there been an industry-wide input in the operating rules' development and representation of stakeholders that have agreed with the proposed operating rules?
  - What is the vetting process?
  - What lessons learned from previously adopted operating rules have been applied to the proposed operating rules?
  - Have the proposed operating rules incorporated any of the concerns raised by the

industry at the June 2015 Review Committee hearing? Which concerns? How were they incorporated?

- Are there proposed operating rules that are common to all transactions? Which ones?
- Are there proposed operating rules that are specific to each transaction? Which ones?
- How are Acknowledgments handled in the proposed Operating Rules?
- What testing (including pilots) of the proposed operating rules have been done?
    - Which stakeholder entities were included in the testing (pilots included)?
    - Was the sample size for the pilot/testing statistically significant?
    - What were the outcomes of the testing (pilots included)?
- How do the proposed operating rules comply with and support the existing standards?
- How do the proposed operating rules relate to, or affect the set of operating rules already adopted and being implemented today?
    - Are there any consistency issues between the two versions?
    - Are the versions compatible?
    - How will the operating rules provide consistency or limit the degree of variability to achieve optimal intended results?
- Describe how the proposed operating rules support the intended business function/intended use?
    - Does it provide a complete set of information needed to achieve the purpose of the transaction?
    - Do they achieve the transaction in the fastest, simplest, and cost –effective manner?
- What is the potential impact of the operating rules to various health care entities (providers, payers, etc.) on the daily workflow/transaction process; administrative costs; required capabilities; and agility to implement the operating rules changes?
    - Do the proposed operating rules provide efficiency improvement opportunities for administrative and/or clinical processes in health care?
    - Do the proposed operating rules have potential for decreasing costs and improve efficiency?
    - Are there challenges to implement the proposed operating rules? What are they?
    - What steps should the health care industry undertake to be successful in adopting the proposed operating rules?
    - What system and business process changes are required by the industry to implement the proposed operating rules?
    - What amount of time is needed for the industry to implement the proposed operating rules?
    - Is there a single guide to define the unique way in which the operating rule should be implemented?
- Do the proposed operating rules support changes in technology and health care models?
- How do the proposed operating rules demonstrate ease in adoption and use?
- Has CAQH Core developed strategies to measure the impact of adopting the proposed operating rules on the industry?
- Has CAQH CORE developed metrics to measure the effectiveness and value of adopting the proposed operating rules? What are they?
- Why should NCVHS recommend the adoption of the operating rules?

(To be covered in written testimony. For oral testimony – 5 minutes for each testifier – please focus on the most important highlights)

Describe the industry's perspective on the proposed operating rules regarding the following:

- Do the proposed operating rules comply/support with the existing standards?
    - Does the standard require modification before implementing the proposed operating rules?
- Do the proposed operating rules support the intended business function/intended use?
    - Do they provide a complete set of information needed to achieve the purpose of the transaction?
    - Do the operating rules achieve the transaction in the fastest, simplest, and cost – effective manner?
- What is the potential impact of the proposed operating rules to various health care entities (providers, payers, etc.) on the daily workflow/transaction process; administrative costs, required capabilities and agility to implement the operating rules changes?
    - Do the proposed operating rules provide efficiency improvement opportunities for administrative and/or clinical processes in health care?
    - Has the potential for decrease in cost and improved efficiency been demonstrated by using the proposed operating rules?
- Do the proposed operating rules support changes in technology and health care models?
- How will the operating rules provide consistency or limit the degree of variability to achieve optimal intended results?
- How does the new set of proposed operating rules relate to, or affect the implementation of the operating rules already adopted?
    - Are there any consistency issues between the two versions?
    - What are the benefits or concerns with implementing the two versions concurrently?
- Will system changes be required by the industry to implement the proposed operating rules?
- Have the proposed operating rules demonstrated ease in adoption and use?
- What amount of time is needed for the industry to implement the proposed Operating Rules?
- What lessons learned from previously adopted operating rules have been applied/addressed in the proposed operating rules?
- Do the proposed operating rules incorporate the concerns raised by the industry at the June 2015 Review Committee hearing? Which concerns? How?
- Has the industry developed strategies to measure the impact of adopting the proposed operating rules on the industry?
- Has the industry developed metrics to measure the effectiveness and value of adopting the proposed operating rules? What are they?
- How do the proposed operating rules facilitate potential emerging or evolving clinical, technical and/or business advances?
- Do the proposed operating rules provide potential impact and/or improvement to health care related data and/or data infrastructure?
- If applicable, do the proposed operating rules incorporate privacy, security and confidentiality?
- Do the proposed operating rules sufficiently align with the HITECH Stage 3 Final Rules on interoperability/Health Information Exchange so as to be reasonable for effectiveness and efficiency of the industry?

- Can the proposed operating rules be enforced? How?
- Should NCVHS recommend the adoption of the proposed Operating Rules? Please explain.

PART 2 – ATTACHMENTS

Proposed Standard For Attachments – Questions For Panelists - HL7, ASC X12 & LOINC
(To be covered in written testimony. For oral testimony – 15 minutes for each testifier – please focus on the most important highlights)

- How were the proposed standard and code sets developed? (Please provide timeline and industry input in the development; process for vetting, etc.)
    - Has there been an industry-wide representation of stakeholders that have agreed with the Proposed Standard and code sets?
    - What lessons learned from previously adopted standards have been applied to the proposed standard and code sets?

- What testing (including pilots) of the proposed standard and code sets have been done?
    - Which stakeholder entities were included in the testing (pilots included)?
    - Was the sample size for the pilot/testing statistically significant?
    - What were the outcomes of the testing (pilots included)?
- Does the proposed standard comply with and support existing standards used in other transactions and programs (for example, Meaningful Use)?
- In addition to the use of the proposed standards and code sets in health care claims transaction (Claim Attachments), what other transactions can the standard support (for example, eligibility, prior authorization, post-paid claim audits).
- Do the proposed standard and code sets support the intended business function/intended use?
    - Does it provide a complete set of information needed to achieve the purpose of the transaction?
    - Does the standard achieve the transaction in the fastest, simplest, and cost –effective manner?
- What is the potential impact of the standard to various health care entities (providers, payers, etc.) on the daily workflow/transaction process; administrative costs, required capabilities and agility to implement the operating rules changes?
    - Does the proposed standard provide efficiency improvement opportunities for administrative and/or clinical processes in health care?
    - Has the potential for decrease in cost and improved efficiency been demonstrated by using the proposed standard?
- Does the proposed standard and code sets support changes in technology and health care models? Does it support different forms of performing the transactions they relate to? Does it support the new, emerging alternative payment models?
- How will the proposed standard provide consistency or limit the degree of variability to achieve optimal intended results?
- How will the proposed standard and code sets demonstrate or ensure ease in adoption and use?

- Will system changes be required by the industry to implement the proposed standard and code sets?
- What amount of time is needed for the industry to implement the proposed standard?
- Has HL7, ASC X12 & LOINC developed strategies to measure the impact of adopting the proposed standard on the industry?
- What is the envisioned product life cycle, i.e., how long will the proposed claim attachment standards meet industry needs and what is the frequency and size of maintenance updates to the standards and associated code sets?
- Has HL7, ASC X12 & LOINC developed metrics to measure the effectiveness and value of adopting the proposed standard? What are they?
- Does the proposed standard incorporate privacy, security and confidentiality?
- How will the attachment standard support interoperability and efficiencies in a health care system?
- Can the proposed standard be enforced? How?
- Why should NCVHS recommend the adoption of the standard and code sets?

Questions For Panelists - Proposed Standard For Attachments – INDUSTRY
(To be covered in written testimony. For oral testimony – 5 minutes for each testifier – please focus on the most important highlights)

- In addition to the use of the proposed standards and code sets in health care claims transaction (Claim Attachments), what other transactions can the standard support (for example, eligibility, prior authorization, post-paid claim audits).
- Do the proposed standard and code sets support the intended business function/intended use?
    - Does it provide a complete set of information needed to achieve the purpose of the transaction?
    - Does the standard achieve the transaction in the fastest, simplest, and most cost – effective manner?
- What is the potential impact of the proposed standard and code sets to various health care entities (providers, payers, etc.) on the daily workflow/transaction process; administrative costs, required capabilities and agility to implement the standard changes?
    - Does the proposed standard provide efficiency improvement opportunities for administrative and/or clinical processes in health care?
    - Has the potential for decrease in cost and improved efficiency been demonstrated by using the proposed standard?
- Are there potential emerging or evolving clinical, technical and/or business advances the proposed standard intends to address or facilitate.
- How will the proposed standard provide consistency or limit the degree of variability to achieve optimal intended results?
- How does the new set of proposed standard relate to, or affect the implementation of the standards already adopted?
    - Are there any consistency issues between the two versions?
    - What are the benefits or concerns with implementing the two versions concurrently?
- Will system changes be required by the industry to implement the proposed standard and code sets?

- Has the proposed standard and code set demonstrated ease in adoption and use? What amount of time is needed for the industry to implement the proposed standard?
- What lessons learned from previously adopted standards have been applied/addressed in the proposed standard?
- Has the industry developed strategies to measure the impact of adopting the proposed standard and code sets on the industry?
- Has the industry developed metrics to measure the effectiveness and value of adopting the proposed standard and code sets? What are they?
- Do the proposed standard and code sets provide potential impact and/or improvement to health care related data and/or data infrastructure?
- Does the proposed standard incorporate privacy, security and confidentiality?
- How will the attachment standard support interoperability and efficiencies in a health care system?
- Can the proposed standard be enforced? How?
- Should NCVHS recommend the adoption of the proposed standard? Please explain.