

Testimony to the National Committee on Vital and Health Statistics – Subcommittee on Standards

Attachment Standard

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February 16, 2016

Attachment Pilot Testimony

- Overview of Attachment Project
- Mayo Clinic comments:
 - Results from the Claim Attachment Project(s)
- NGS comments:
 - Results from the Claim Attachment Project
- Lessons learned and joint recommendations

Claim Attachment Project Opportunity

- Discussions began in early 2005 between Mayo Clinic and Wisconsin Physician Services (WPS), Medicare contractor at the time supporting the Minnesota area
- Goal: cost reduction and savings opportunity
- Intent to go beyond “proof of concept”
- Wanted a process that could be replicated to other trading partners
- Solution that utilized the X12 275 transaction and the HL7 CDA R2

Claim Attachment Project Opportunity

- Identified a high volume, high dollar request
- Operative report was consistently requested when a surgical procedure was performed and complications occurred or additional surgeons were required
- The surgical CPT code was modified with a 22 or 62 modifier to reflect additional costs were associated with the procedure
- Determined the operative report could be sent as an “*unsolicited*” attachment as the operative report was always required in these scenarios

Mayo Clinic – WPS Implementation

- Mayo's Internal Development & Testing:
 - Developed edits to flag these scenarios in claim scrubber
 - Developed process to automatically pull operative reports from the surgical system
 - Data was sent as text messages, not scanned images
 - Automated assignment of claim control number to operative report and claim
 - Automated process to limit manual staff intervention
 - Most IT effort spent on this portion of the implementation
- External Testing with WPS
 - Successful testing of the X12 275 and CDA R2
 - Moved unsolicited attachment into production Spring 2006

Mayo Clinic – NGS Implementation

- Mayo's Internal Development & Testing
 - No changes made to internal retrieval processes
- External Testing with NGS
 - Updated X12 275 version to 6020
 - Replicated the process set up with WPS
 - Testing completed and move to production February 2014

Mayo Clinic Project Results

- Staff time reduced, decreasing costs associated with paper processes
- Payment for these services were received approximately 30 days sooner
- Successfully submitted electronic attachments to WPS from 2006 to Fall 2013
- Replicated the electronic attachment process with NGS
- Successfully submitting electronic attachments to NGS from 2014 to present
- Mayo Clinic has been successfully submitting electronic operative reports using the X12 275 and HL7 CDA R2 for over 10 years!

Mayo Clinic Observations on Claims Attachments

- Review of high volume attachment requests received:
 - Operative reports associated with 22/62 modifiers (EHR)
 - Miscellaneous procedure code descriptions (PMS)
 - Invoice purchase price (Supply Chain)
 - Radiology medical necessity (EHR)
 - Lab test results (EHR)
 - Clinical notes (EHR)
- Not all requested attachments originate from the EHR
- All Workers' Compensation claims require attachments

National Government Services (NGS)

- National Government Services (NGS) is a Medicare contractor supporting the JK and J6 jurisdictions, including the following states: New York, New Hampshire, Maine, Massachusetts, Vermont, Connecticut, Rhode Island, Wisconsin, Minnesota and Illinois
- August 12, 2013, NGS received CMS approval to implement electronic Attachments in production

NGS Project Scope

- CMS approval for NGS to implement electronic attachments allows providers to send the required information electronically
- Scope is to support unsolicited attachments sent with the claim
- Currently, only support operative notes for surgical procedures codes with a 22 or 62 modifier

NGS Project Objectives

Project objectives were:

- Accept and process X12 275 transaction version 6020 with the embedded HL7 CDA R2 in the binary segment
- Accept and process HL7 CDA R2, unstructured as text data
- X12 275/HL7 is formatted into an XML file and unstructured text data is captured in a separate text file
- XML file and text file are ingested into imaging system which enables operational staff to view the data for processing

NGS Project Objectives (con't)

- The X12 275/HL7 is subjected to the same authentication and authorization as all EDI transactions
- Generate the X12 999 Acknowledgement for the standard level edits on the X12 275 transaction
- Support EDI enrollment and set up for the Attachment process

NGS Project Assumptions

Project assumptions were:

- Initially, support the Mayo Clinic needs for sending unsolicited attachment data with the claim with a plan to offer this option to other providers identified as meeting the claim criteria.
- Claim adjudication would be based upon the medical examiner manual review of the attachment data.
- Medicare shared systems, Fiscal Intermediary Shared System (FISS) and MultiCarrier System (MCS), modifications will not be needed. This includes the Common Edits and Enhancement Module (CEM).
- There will be no changes to the current processing flow of the X12 837claim transaction

NGS Project Results

- CMS approval 8/12/2013
- Mayo Clinic moved to production 2/3/2014
- NGS receiving 275/HL7 transactions in production on a daily basis since 2/3/2014
 - NGS received 3,331 (X12 275/HL7) transactions, in the past year.
 - No significant issues have been identified
- Mayo Clinic receiving payment on these claims approximately 30 days sooner
- NGS mailroom tasks are reduced, decreasing costs

Mayo Clinic & NGS

Lessons Learned: Successes

- Successful use of the X12 275 and HL7 CDA R2 for electronic attachments
- Use of these transactions reduces cost and provides benefits for both the payer and the provider
- Use of the X12 275 transaction allows both the claim and the corresponding attachment to be routed to the same EDI gateway

Mayo Clinic & NGS

Lessons Learned: Successes

- This process can be easily replicated with other trading partners
- Sending the CDA/C-CDA directly from the EHR system provides more automation opportunities for providers than uploading a PDF file into a portal
- Unsolicited attachment provides the most benefit to both payer and provider

Mayo Clinic & NGS

Lessons Learned: Challenges

- Generally, providers and payers working with administrative transactions have limited, to no experience with HL7 standards
- Challenges with implementing the HL7 CDA R2 were as follows:
 - Multiple HL7 documents needed to be referenced
 - HL7 documentation was not easily interpreted
 - HL7 documentation not easily found on the HL7 website
 - HL7 technical assistance needed

Mayo Clinic & NGS Recommendations

- Recommend a single source to download all necessary documents required to implement the mandated electronic attachments
- Significant education is needed:
 - HL7 component
 - Use of multiple standards (X12 & HL7)
 - Business aspect of attachments
 - Creation of an Attachment Quick Reference Guide for C-CDA
 - HL7 technical resource to assist with implementation questions
- Recommend X12, HL7 and WEDI coordinate this education process
- Ensure EHR and Practice Management System vendors are engaged in the administrative attachment process

Mayo Clinic & NGS Recommendations

- Recommend the X12 275 transaction, along with the HL7 Consolidated CDA (C-CDA) be named as the attachment standard
 - Use of the X12 275 allows the provider to send both the claim and the attachment through the same EDI gateway
 - The C-CDA supports a single standard to be used for both transition of care and administrative transactions
- Recommend the unsolicited attachment be included in the attachment standard
 - Provides the most opportunity for cost savings
 - Allowed by mutual trading partner agreement

Summary of Attachment Project

- Successful implementation of X12 275 and CDA R2
- Electronic attachments can save money for both payers and providers
- Opportunity for process automation
- Benefits of unsolicited attachment
- Education and vendor engagement will be essential moving forward