

**National Committee on Vital and Health Statistics (NCVHS)
Subcommittee on Standards
Hearing on HIPAA and ACA Administrative Simplification
— Attachment Standard —
Durwin Day, HCSC
on behalf of WEDI**

- **Hubert Humphrey Building
200 Independence Avenue, SW – Room 705-A
Washington, DC 20024
Tuesday, February 16, 2016**

Implementing Attachments



- Collaborative Initiative for HL7 & ASC X12
 - ASC X12 provides an established, consistent and effect EDI communication channel between Providers and Payers
 - HL7 provides the established global exchange of clinical documents**Bridges Administrative and Clinical Information**
- New standards for Payers to implement
 - HL7 Clinical Document Architecture
 - LOINC codes
 - Other transport models**Requires different skill set than EDI**
- New work flows for Providers to implement
 - Automating EHR systems to exchange data with PMS
 - Digital signature
- Alternatives for Requesting Additional Information
 - Solicited or Unsolicited
- Alternatives for types of Response
 - Structured or Unstructured
- Alternatives for transport methods
- WEDI plans to conduct Tutorials, webinars, conferences
 - WEDI CON May 2016 – Sessions on Attachments; EDIFECS, VA.,
 - Think Tank with industry stakeholders – NCVHS and CMS invited

Industry Education



- One pathway forward to increased use of the transactions, improving administrative processes, driving out inefficiency - education
- WEDI recommends that HHS aggressively educate the industry on
 - (a) the value of adopting standard transactions and operating rules (including attachments)
 - (b) how best to implement
- Should mirror the extensive CMS outreach on ICD-10
- Critical targets: smaller providers and software vendors
- WEDI ready to partner with HHS to establish ROI, develop educational content, support outreach efforts

Attachments-Supporting APMs



- Electronic clinical data exchange-not JUST for claims,
 - it also supports prior authorizations, referrals, notifications, post adjudicated claims and more...
- HHS, industry moving more to alternative payment models (pay for value)
- Each model requires efficient, effective data exchange
- Current public and private sector models include:
 - Physician Quality Reporting System
 - Medicare Shared Savings Program
 - Accountable Care Organizations
 - Patient-Centered Medical Homes
- APM regulations expected later this year could include others
- WEDI has established an APM workgroup, focused on supporting clinical data exchange

Why Adopt? It's a Win-WIN!



Even minimum implementation can provide a ROI benefit for all.
Evolve the clinical exchange to machine computable data.

- **Provider Perspective**
 - **Benefits**
 - Provides faster payment and approvals
 - Enables efficient internal routing to avoid lost documents
 - Allows for specific requests for all additional information at one time
 - Decreases administrative costs
 - **Concerns**
 - Automation to link EHR system with the PMS
 - Changes in work flow
 - Requests of one item at a time resulting in delay of adjudication
 - Requests for data already on the claim or previously requested
 - Cost of software update
- **Payer Perspective**
 - **Benefits**
 - Cost savings from automating requests for additional information
 - Cost savings from receiving and routing responses
 - Streamline documentation review
 - Easier access to clinical data
 - **Concerns**
 - Costs to support multiple methods of submissions and transport
 - Costs to support electronic and paper process
 - Unsolicited Attachments not necessary for review
 - Storage requirements under the regulation

For Consideration:



- ASC X12 Documents
 - ASC X12N 277 Health Care Claim Request for Additional Information
 - ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter
 - ASC X12N 278 Health Care Services Review – Request for Review and Response
 - ASC X12N 275 Additional Information to Support a Health Care Services Review
- HL7 Documents
 - HL7 CDA R2 Consolidated CDA Templates for Clinical Notes R.2.1
 - HL7 Attachment Supplement Specifications Request and Response Implementation Guide R1
 - HL7 Implementation Guide for CDA® Release 2: Additional CDA R2 Templates -- Clinical Documents for Payers – Set 1 (no recommendation, as membership is divided)
 - LOINC – HIPAA Panel Solicited and Unsolicited lists

For Consideration:



- Promote the evolution/innovation of attachment standards:
 - Open Envelope/Transport
 - Require support for ASC X12 275
 - Allow for other methods
 - Flexible adoption, phased approach to implementation
 - Unstructured
 - Structured Documents Header with narrative text
 - Structured, codified elements
- Keep alignment with all methods of clinical information exchange

Thank you

Written testimony has the responses to each of the Questions .