



From HIPAA to Interoperability

**NCVHS** 

April 6, 2005

Kepa Zubeldia, M.D. Claredi





### **Transactions NPRM, May 17 1998**

"The health care industry recognizes the benefits of EDI and many entities in that industry have developed proprietary EDI formats. Currently, there are about 400 formats for electronic health care claims being used in the United States. The lack of standardization makes it difficult to develop software, and the efficiencies and savings for health care providers and health plans that could be realized if formats were standardized are diminished."



# Final Rule, Transactions, August 17, 2000

"In addition, we disagree with commenters that we should add a new "usage" statement, "not required unless specified by a contractual agreement," in the implementation guide. We believe that the usage statement would have the same effect as allowing trading partners to negotiate which conditional data elements will be used in a standard transaction. Each health plan could then include different data requirements in their contracts with their health care providers. Health care providers would then be required to use a variety of guidelines to submit transactions to different health plans. This would defeat the purpose of standardization." (Page 50323)



# § 162.915 Trading partner agreements.

A covered entity must not enter into a trading partner agreement that would do any of the following:

- (a) Change the definition, data condition, or use of a data element or segment in a standard.
- (b) Add any data elements or segments to the maximum defined data set.
- (c) Use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s).
- (d) Change the meaning or intent of the standard's implementation specification(s).



## **High expectations from HIPAA**

The HIPAA standard transactions will be acceptable to all covered entities (payers and clearinghouses)

 If a provider or clearinghouse sends a claim that meets the HIPAA Standard (IG) then the payer is required to accept it without imposing additional requirements.



## **The Reality Today**

There are many additional requirements imposed by the payers

- Contractual
- Other laws and regulations
- Telecommunications
- Implementation restrictions
- Data formatting requirements
- Data content requirements
- Most additional requirements are reasonable



### **Examples of Requirements**

- Used / not used segments and elements
  - Functionality not yet implemented
- Data formatting requirements
  - No punctuation in names and addresses
  - Maximum of xx bytes in provider names
  - Dollar amounts must have trailing ".00"
- Data content requirements
  - Provider identifiers (may go away with NPI)
  - Anesthesia units or minutes
  - Specific provider name spelling
  - Unique code set restrictions, payer-specific procedure modifiers, etc.



### Where are these requirements?

- HIPAA "Companion Guides" and "Payer Sheets"
- Provider Bulletins and Newsletters
- Instructions for filing different types of claims
  - DME, Anesthesia, Home Health, Ambulance, etc.
- Joe's head
- Codified in legacy computer system
- Does anybody know why we require this?



## How many sets of requirements?

- Before HIPAA
  - Transactions NPRM reports 400 formats in use
- After HIPAA
  - Three standard X12 formats for claim + NCPDP
- Today
  - Claredi has identified 1,082 "Companion Guides" as of April 1, 2005 for the X12 HIPAA transactions.
    - Number keeps growing.
  - Identification of NCPDP "Payer Sheets" still under way



# Distribution as of September 1, 2004

• 278 Response – 12



# Distribution as of April 1, 2005

• 278 Response – 25



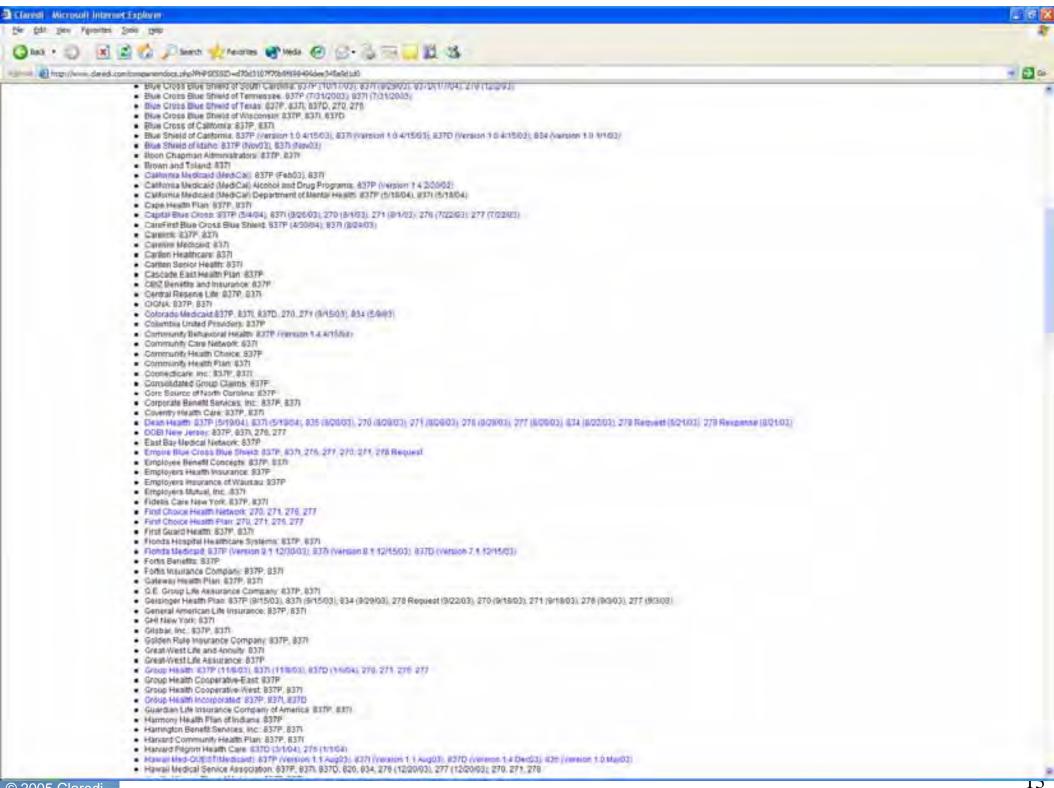
# Increase From September To April

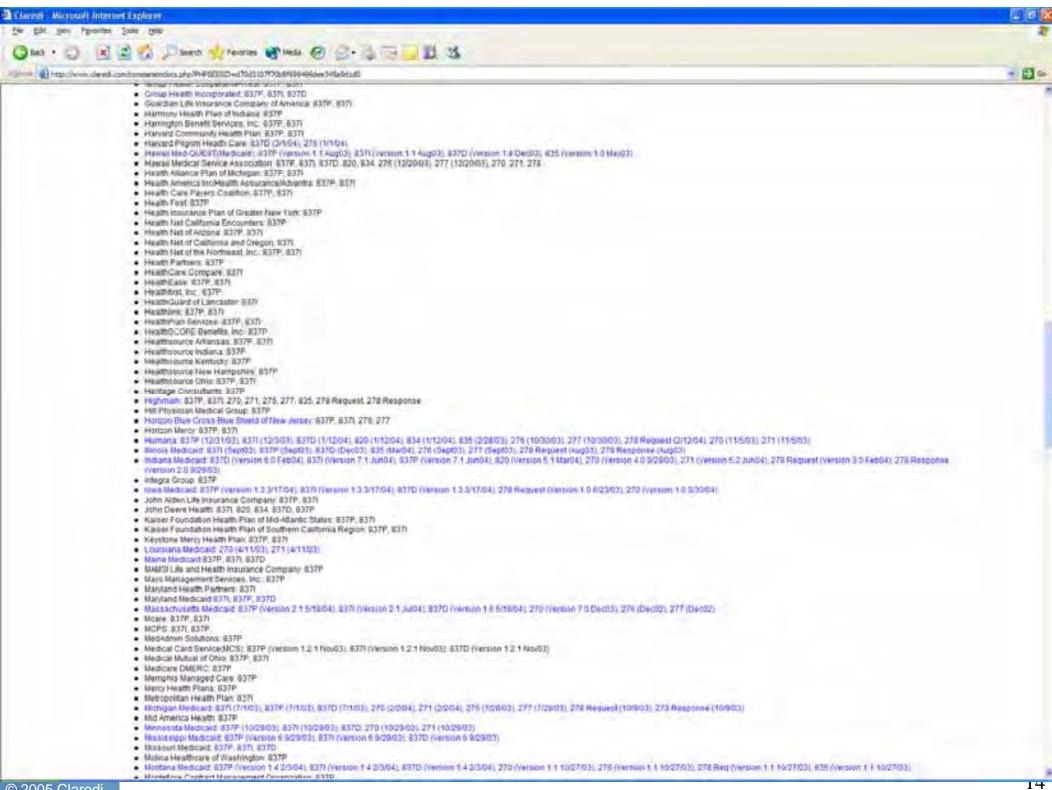
- 837I 252 (13%)
- 837D 88 (14%)

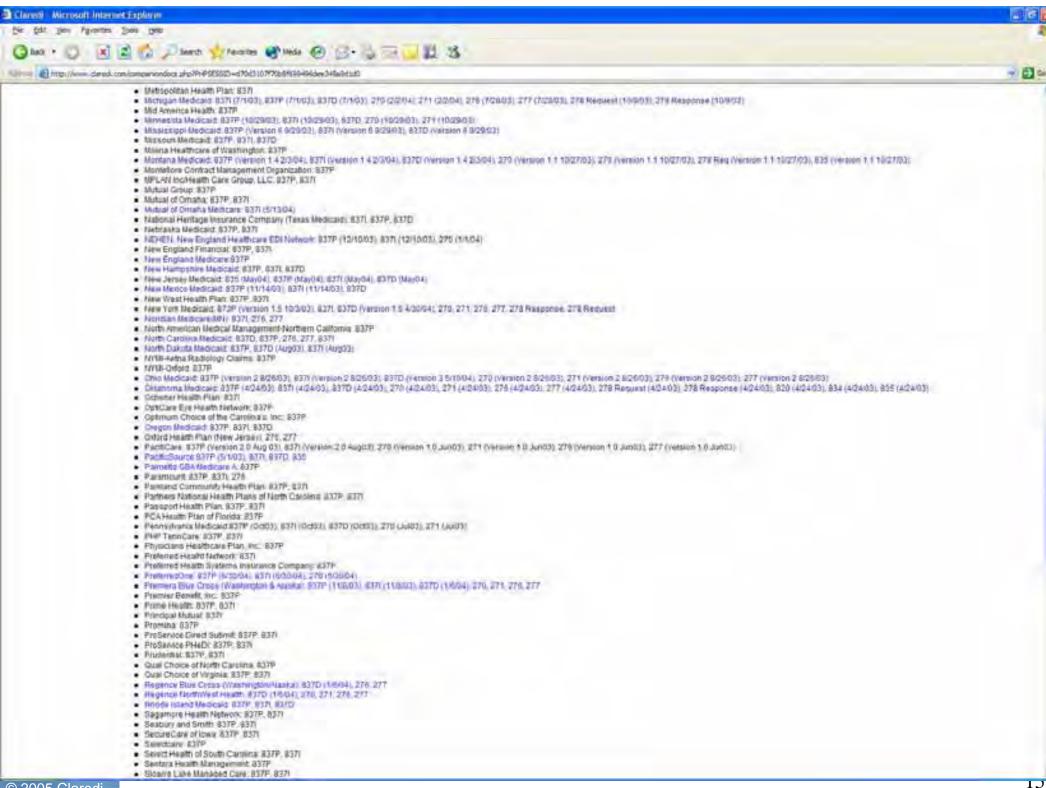
- 276 63 (24%)
- 278 Request 41 (86%)
- 834 34 (162%)
- 820 23 (92%)

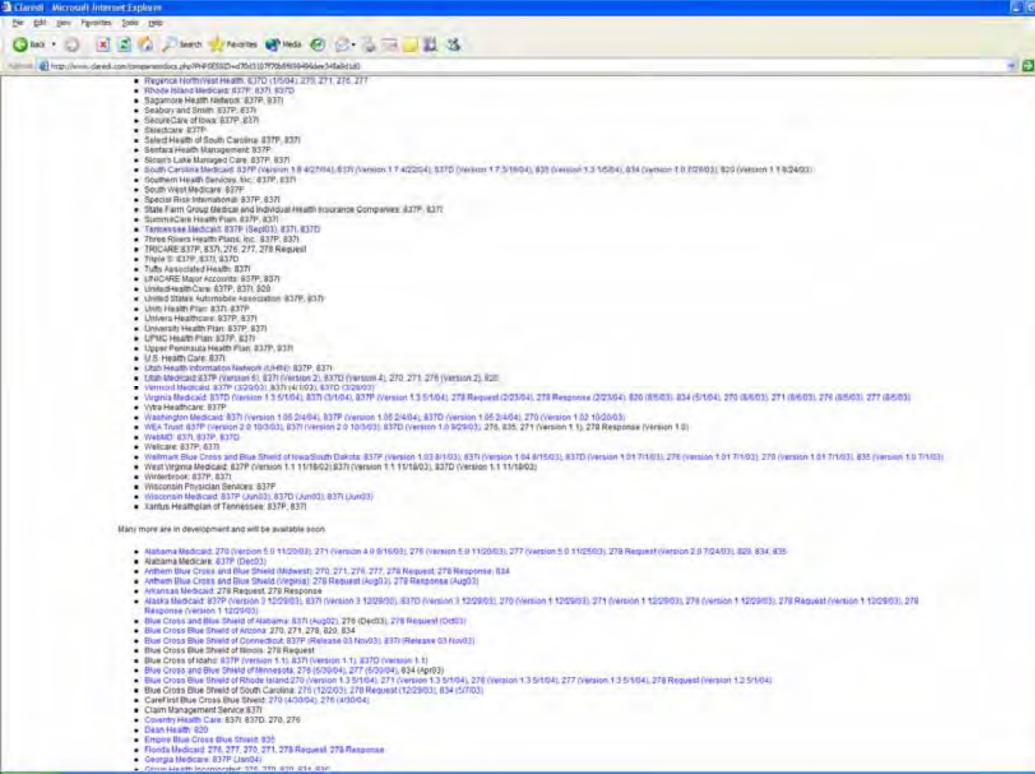
- 271 63 (75%)
- 277 62 (48%)
- 278 Response 25 (109%)



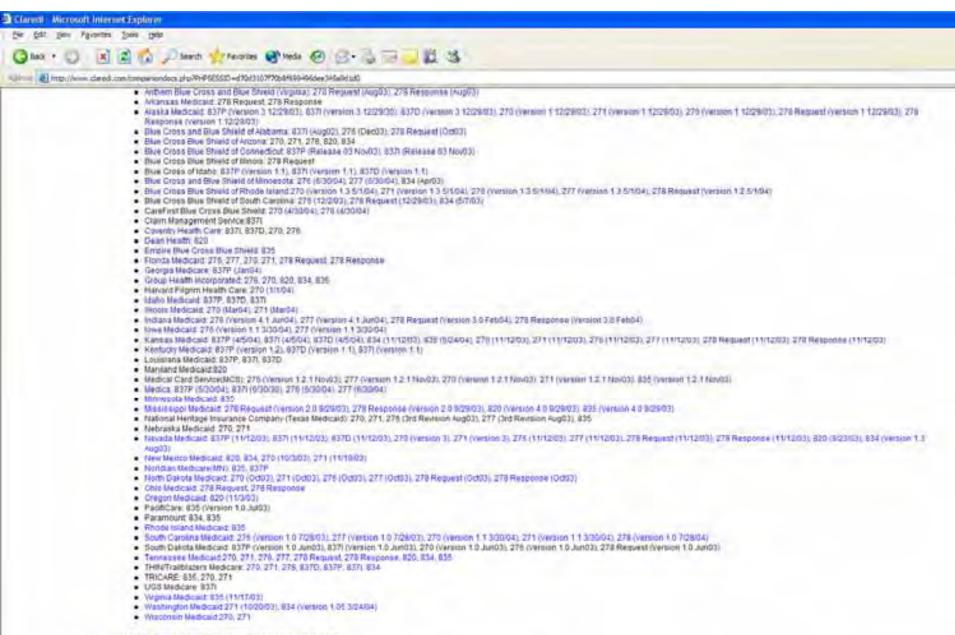








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## Claredi's Companion Guide Portal

- Free resource on the Internet
- Lists all the companion guides we have identified, with version number and date
- Links to the guides themselves
  - Only for guides available through the Internet (65%)
  - Some guides are restricted distribution
- Next tasks:
  - NCPDP "Payer Sheets"
    - NCPDP + ASAP + NACDS
  - Claim Attachments "templates"
    - CCR templates?



### So...

 How do we help in converging these requirements into common requirements?







# Claredi's Convergence Project

- To help the healthcare industry converge on a manageable set of requirements for the HIPAA transactions
- To help identify the divergent requirements
- To automate the identification of requirements in a machine processable format
- To provide a convergence model usable for other transactions like those in the NHII
- Free, open to the entire industry

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# **Convergence** → Interoperability

- Data Content profiles driven by NUBC, NUCC, ADA DeCC, NCPDP, NDEDIC, CAQH, ASAP, others
  - Industry should adopt these data content profiles as reference point, or "target for convergence"
- Feedback mechanism: compare transaction requirements profiles among participants
  - Deviation from requirements defined by Content Committees, industry associations and others
  - Deviation from other requirement from same payer
  - Deviation from requirements from other payers

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# HIPAA Convergence Requirements Profiles

- General Convergence Profiles
  - Define common requirements as target for convergence
    - Bill type, Type of claim
  - Profiles defined by NUBC, NUCC, DeCC, NCPDP, NDEDIC, CAQH, for the entire industry
- Payer/Clearinghouse/Vendor/Provider-Specific
  - Defined by each entity for their own needs
  - Concise, limited only to entity-specific needs
  - Allow automated comparison to other profiles
  - Private or Public
  - Does not replace companion guides. Supplements them.
  - Eventually these profiles "should" go away (Probability 0%)

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✓ → Go



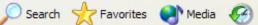
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Claredi is sponsoring the Convergence Project as a mechanism to help the industry converge on a common set of HIPAA Transaction Requirements by identifying the data requirements contained in companion documents and comparing requirements among multiple lists. The goal is to minimize the need for unique data requirements in companion documents and to help reduce the burden of companion documents.

Claredi provides free access to the HIPAA Transaction Requirements Lists, a visual comparison tool, and the ability for payers and others to define and maintain their own requirement lists for all the HIPAA Transactions. Access is free after registering with Claredi for this project. If you need assistance in creating or maintaining your own requirement lists for this project, please contact Claredi Customer Support at 1-866-444-0339, option 5.

Requirement Lists may be viewed and also downloaded in machine-readable form. If you need these lists in other formats, or sent to you automatically on a subscription basis, contact Claredi Sales at 1-866-444-0339, option 6. If you want Claims or other HIPAA Transaction data matched against requirement lists, open a Claredi Classic Account.

The following standards-setting organizations and industry associations are among those participating in the HIPAA Transactions Convergence Project:

#### Standards Development Organizations

NUBC (National Uniform Billing Committee)

NUCC (National Uniform Claim Committee)

American Dental Association (Dental Content Committee)

NCPDP (National Council for Prescription Drug Programs)

Mttp://www.claredi.com/convergence/convergence.php?PHPSESSID=a8210dad8f52f44186f16aa804db7da3

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- Click on List name for summary', 'CSV', or 'XML' to see the Requirements.
- To download the individual files, right-click on the CSV or XML option and choose 'Save As ...'

#### Other Global Lists

Publisher	List Name	Transaction	Down	iloads
Claredi	Alabama Medicaid 837D - Recommended  This list contains the data elements that are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV	XML
Claredi	Alabama Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV	XML
Claredi	Alabama Medicaid 837I - Recommended These elements are not required by Alabama Medicaid, but if sent, must meet the criteria.	837I X096A1	CSV	XML

Attp://www.claredi.com/convergence/public\_requirementlists.php?PHPSESSID=a8210dad8f52f44186f16aa804db7da3

Internet

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<u>File Edit View Favorites T</u> ools <u>H</u> elp				
Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I X096A1	CSV XML	^
Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1	CSV XML	
Claredi	Bill Type 11x Hosp. Inpatient, discharged (non- Medicare)	837I X096A1	CSV XML	
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non-PPS)	837I X096A1	CSV XML	
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I X096A1	CSV XML	
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non- Medicare)	837I X096A1	CSV XML	
Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I X096A1	CSV XML	
Claredi	Bill Type 13x Hospital - Outpatient	837I X096A1	CSV XML	
Claredi	Bill Type 14x Hospital - Other	837I X096A1	CSV XML	
Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I X096A1	CSV XML	
Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I X096A1	CSV XML	
Claredi	Bill Type 18x Hospital - Swing Beds, not discharged	837I X096A1	CSV XML	
Claredi	Blue Cross Blue Shield Anthem West of Colorado 837I	837I X096A1	CSV XML	
Claredi	Blue Cross Blue Shield Anthem West of Colorado	837P	CSV XMI	~
<				>

### Claredi - Free Stuff - Requirement Lists - Microsoft Internet Explorer







Address	http://www.claredi.com/convergence/public_requirementlists.php?PHPSESSID=a8210dad8f52f44186f16aa804db7da3
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Publisher	List Name	Transaction	Downloads
Claredi	Alabama Medicaid 837D - Recommended  This list contains the data elements that are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	Alabama Medicaid 8371 - Recommended These elements are not required by Alabama Medicaid, but if sent, must meet the criteria listed.	837I X096A1	CSV XML
Claredi	Alabama Medicaid 8371 - Required This list contains elements that are required by Alabama Medicaid for each Institutional claim.	837I X096A1	CSV XML
Claredi	Alabama Medicaid 837P Recommended  This list contains the data elements that are not required by Alabama Medicaid, but if sent must meet criteria listed.	837P X098A1	CSV XML
Claredi	Alabama Medicaid 837P Required This list contains the data elements that are required by Alabama Medicaid for Professional claims.	837P X098A1	CSV XML
Claredi	Alaska Medicaid 837D - Recommended  This list contains the data elements that are not required by Alaska Medicaid, but if sent, must meet the criteria listed.	837D X097A1	CSV XML
Claredi	Alaska Medicaid 837D - Required This list contains the data elements that are required by Alaska Medicaid for 837 Dental Claims.	837D X097A1	CSV XML
Claredi	Alaska Medicaid 837I - Recommended These elements are not required by Alaska Medicaid, but if sent, must meet the criteria listed.	837I X096A1	CSV XML
Claredi	Alaska Medicaid 837I - Required This list contains the data elements that are required by Alaska Medicaid for 837	837I X096A1	CSV XML

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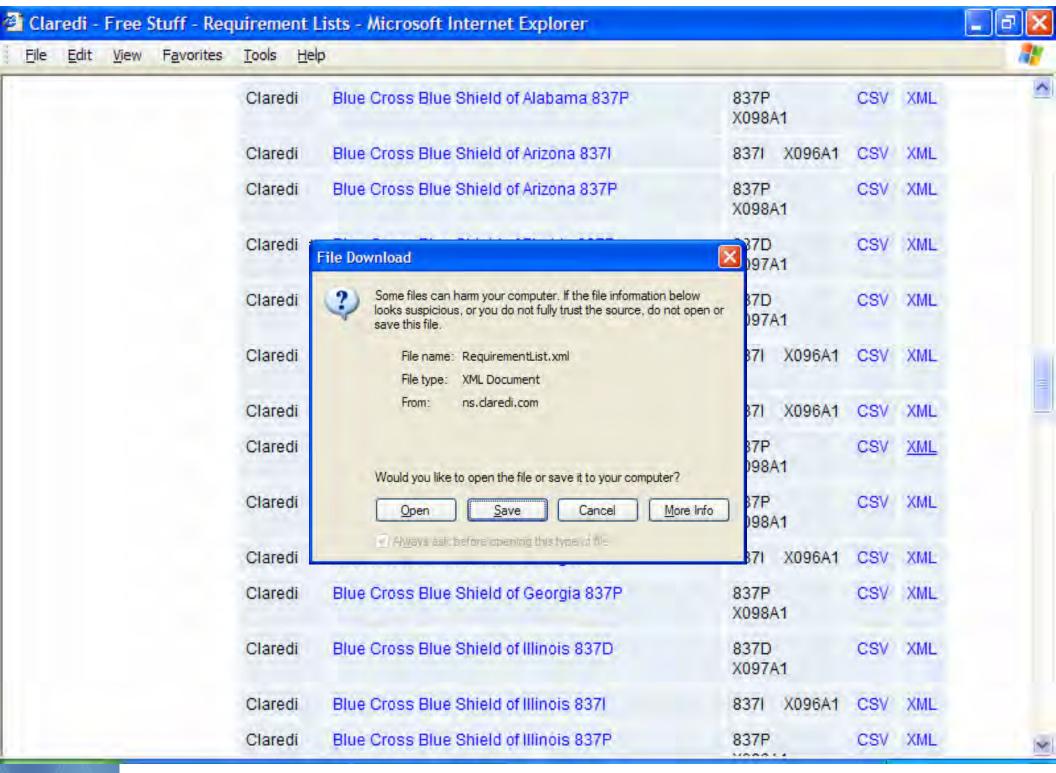
Logout

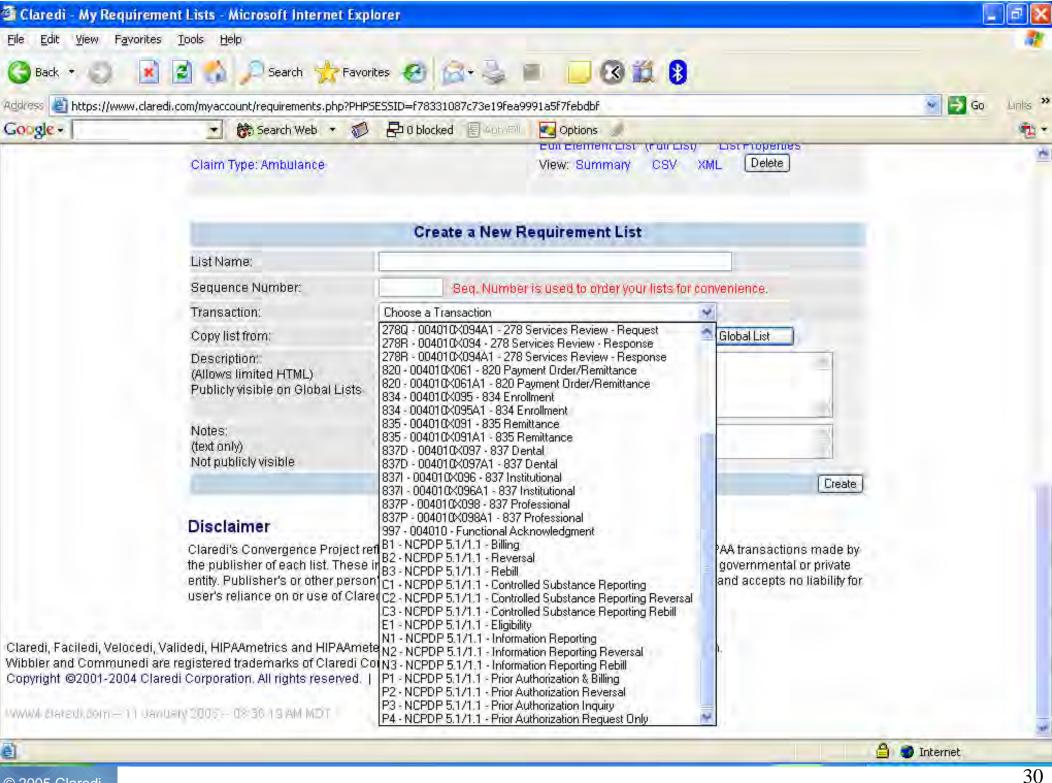
### Requirement List: Blue Cross Blue Shield of Florida 837P

Published by: Claredi

#### 004010X098A1 - 837 Professional

Element	Choice	Operator	Data	Default
Submitter Contact Communication Number1-ED (837P.1000A.PER.PER04)	Required	Presence of Element		
Billing Provider Additional Identifier-1B (837P.2000A.2010AA.REF.REF02)	Required	String Length	5	
Payer Primary Identifier-PI (837P.2000B.2010BB.NM1.NM109)	Required	Equal To (Numeric)	590	
Claim Submission Reason Code (837P.2000C.2300.CLM.CLM05.CLM0503)	Required	One of Selected Codes	1	
Claim Attachment Report Type Code (837P.2000C.2300.PWK.PWK01)	Not Used			
Claim Attachment Transmission Code (837P.2000C.2300.PWK.PWK02)	Not Used			
Claim Attachment Control Number (837P.2000C.2300.PWK.PWK06)	Not Used			
Claim Principal Diagnosis Code (837P.2000C.2300.HI.HI01.HI0102)	Required	Presence of Element		
Service Line Unit Count- F2 (837P.2000C.2300.2400.SV1.SV104)	Not Used			
ABB DB O-d-		F		







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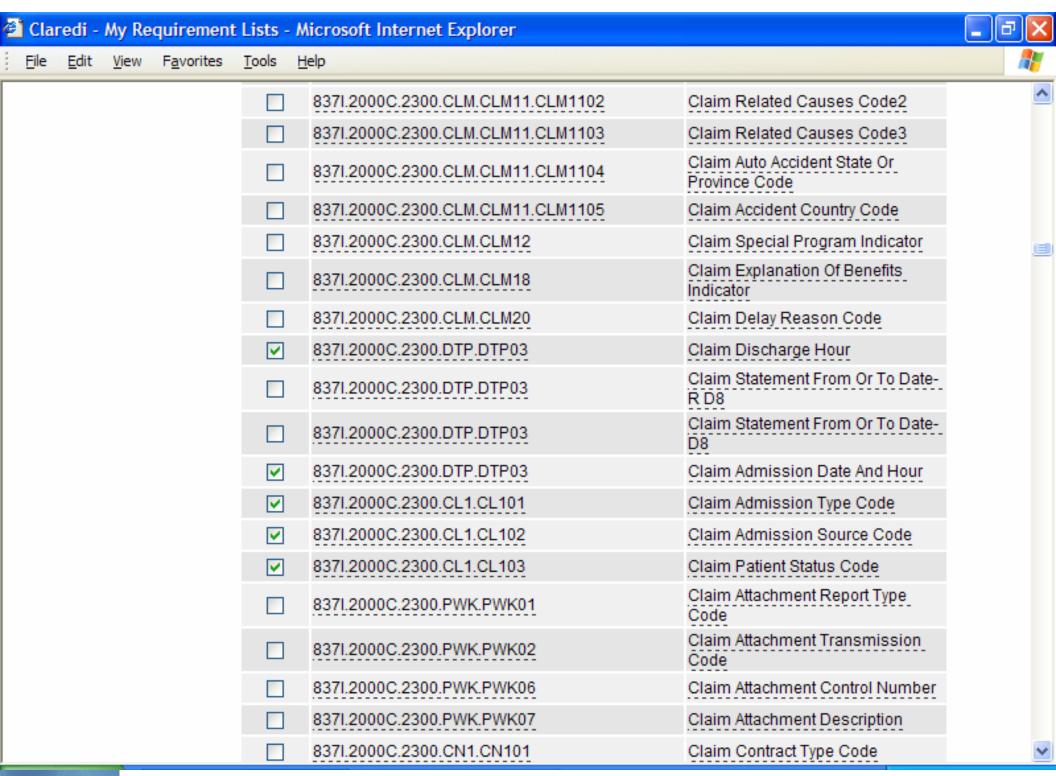
### Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)

8371 - 004010X096A1 - 837 Institutional

Select the Elements you want to include in this Requirement List.

Note that you can organize the elements by Element name or Location by clicking on the respective link.

Cancel	Save Show Partial List	
Include in List	Location	Element
	837I.ST.ST01	Transaction Set Identifier Code
	837I.ST.ST02	Transaction Set Control Number
	837I.BHT.BHT02	Transaction Set Purpose Code
	837I.BHT.BHT03	Transaction Set Originator Application Transaction Identifier
	837I.BHT.BHT04	Transaction Set Creation Date
	837I.BHT.BHT05	Transaction Set Creation Time
		Transaction Cat Claim Or



Help

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Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)

837I - 004010X096A1 - 837 Institutional

When you have identified the elements you want in the list, specify what your requirement is for each element on this page

(Not Used, Not Allowed, Allowed, or Required; the Operator; and any related Data value used for comparison).

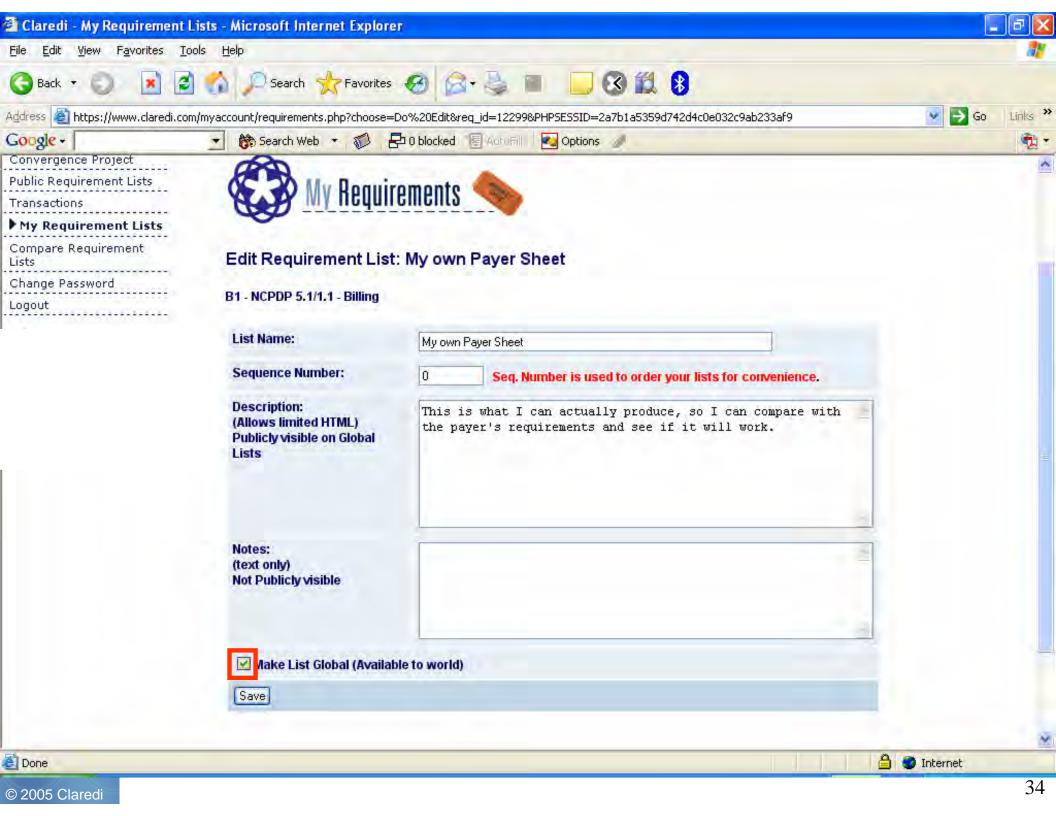
If the element is a 'code' type, it has a select set of items that can be chosen. In this case, a code value will appear in the Data column for the element. If you have a code with many items, you can use the 'select all' feature to select them all (if you want) or the 'deselect all' feature to deselect any you don't want to use.

Element		C	hoice		Operator		Data	Default
		Not Allowed	Allowed	Required	4.6			
Claim Type Of Bill Facility Type Code	0	0	0	•	Equal To (String)	9	11	
Claim Type Of Bill Claim Frequency Code	0	0	0	•	Not Equal To (String)	¥	1,2,3,4,6,9,B,0	
Claim Discharge Hour	0	0	0	0	Presence of Element	3		
Claim Admission Date And Hour	0	0	0	•	Presence of Element	Y		

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### Compare Requirement Lists

Choose up to 10 Requirement Lists to compare, by selecting the checkboxes on the left. When you are ready to compare, click 'Compare'.

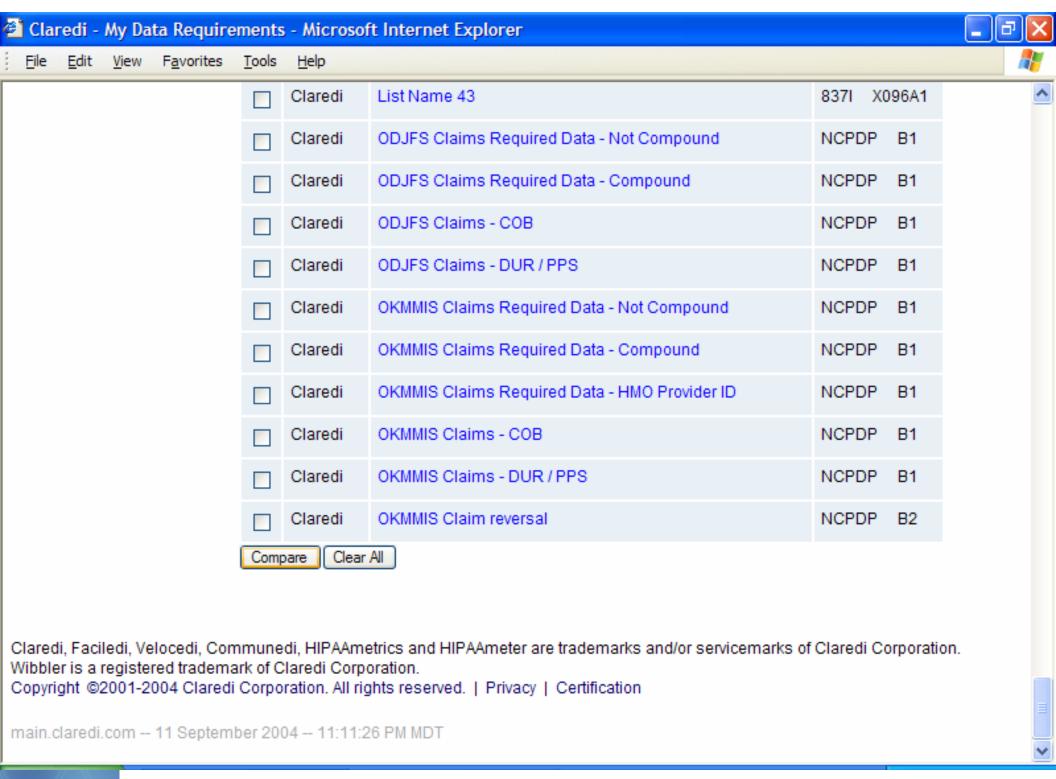
Only lists for similar transactions may be compared to each other.

### My Own Lists

Diff	Publisher	List Name	Transaction
	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non- PPS)	837I X096A1
	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1
	Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1



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				Diff	Publisher	List Name	Transaction	^
					Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non- PPS)	837I X096A1	
				<u>V</u>	Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I X096A1	
					Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I X096A1	
					Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non- PPS)	837I X096A1	
					Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I X096A1	
					Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non-Medicare)	837I X096A1	
				<u>~</u>	Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I X096A1	
				V	Claredi	Bill Type 13x Hospital - Outpatient	837I X096A1	
				V	Claredi	Bill Type 14x Hospital - Other	837I X096A1	
					Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I X096A1	
					Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I X096A1	
				T	Claredi	Rill Type 18x Hospital - Swing Beds, not discharged	8371	<b> </b>



# Claredi - My Data Requirements - Microsoft Internet Explorer



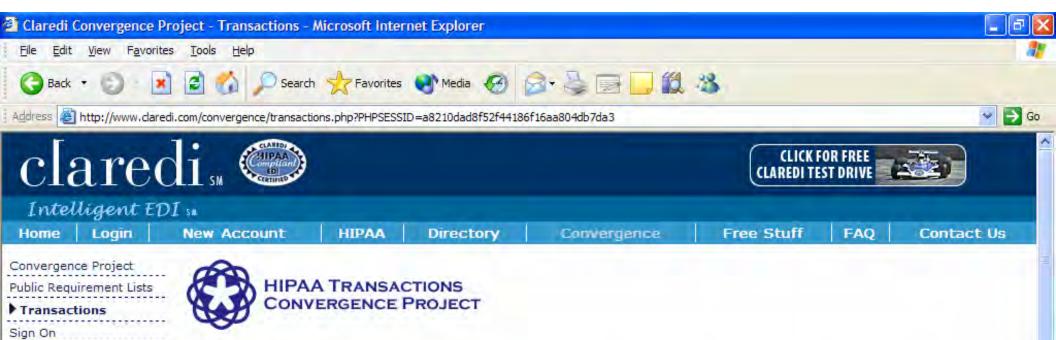
<u>File Edit View Favorites Tools Help</u>					
Name	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	Bill Type 13x Hospital - Outpatient	Bill Type 14x Hospital - Other	
Claim Type Of Bill Facility Type Code	Required Equal To (String) (11)	Required Equal To (String) (12)	Required Equal To (String) (13)	Required Equal To (String) (14)	
Claim Type Of Bill Claim Frequency Code	Required Equal To (String) (1)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)	Required Not Equal To (String) (6,9,A,B,C,D,E)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)	
Claim Discharge Hour	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed	
Claim Statement From Or To Date- D8				Required Presence of Element	
Claim Statement From Or To Date-R D8				Not Allowed	
Claim Admission Date And Hour	Required Presence of Element	Required Presence of Element	Required Presence of Element	Required Presence of Element	
Claim	Required		Required	Required	~







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	Segment Identification	Not Allowed	Required Equal To (String) (10)	
	Compound Dosage Form Description Code		Required Presence of Element	
	Compound Dispensing Unit Form Indicator		Required Equal To (String) (1,2,3)	
	Compound Routeof Administration		Required Presence of Element	
	Compound Ingredient Component Count		Required Less Than or Equal To (Numeric) (25)	
	Compound ProductID Qualifier		Required Equal To (String) (03)	
	Compound ProductID		Required Presence of Element	
	Compound Ingredient Quantity		Required Presence of Element	
	Compound Ingredient Drug Cost		Not Used	=
	Compound Ingredient Basisof Cost Determination		Not Used	
	Segment Identification	Required Equal To (String) (11)	Required Equal To (String) (11)	
	Ingredient Cost Submitted	Not Used	Not Used	×



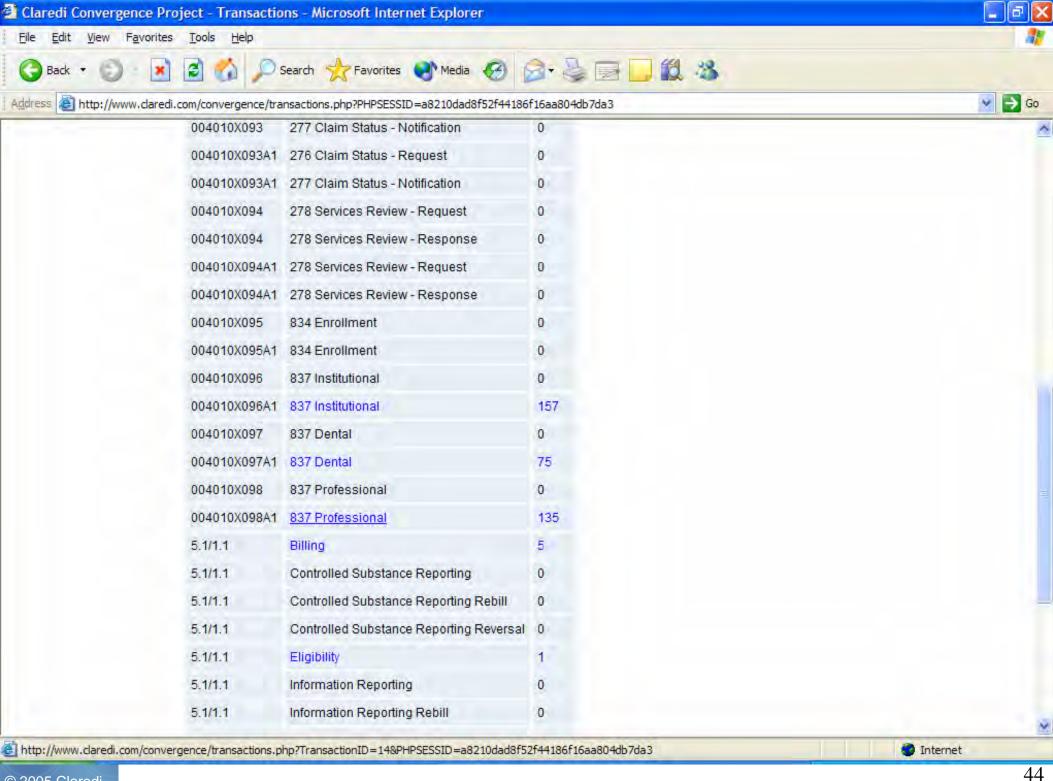
#### Disclaimer

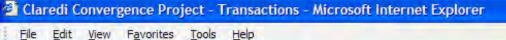
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### **Transactions**

Version	Transaction	Count
004010	Functional Acknowledgment	0
004010X061	820 Payment Order/Remittance	0
004010X061A1	820 Payment Order/Remittance	0
004010X091	835 Remittance	0
004010X091A1	835 Remittance	0
004010X092	270 Eligibility - Inquiry	0
004010X092	271 Eligibility - Information	0
004040700244	270 Eligibility Inquiny	0

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Address 📳 http://www.daredi.com/convergence/transactions.php?TransactionID=14&sort\_by=Location&PHPSESSID=a8210dad8f52f44186f16aa804db7da3





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## Transaction Summary -- 837 Professional - 004010X098A1

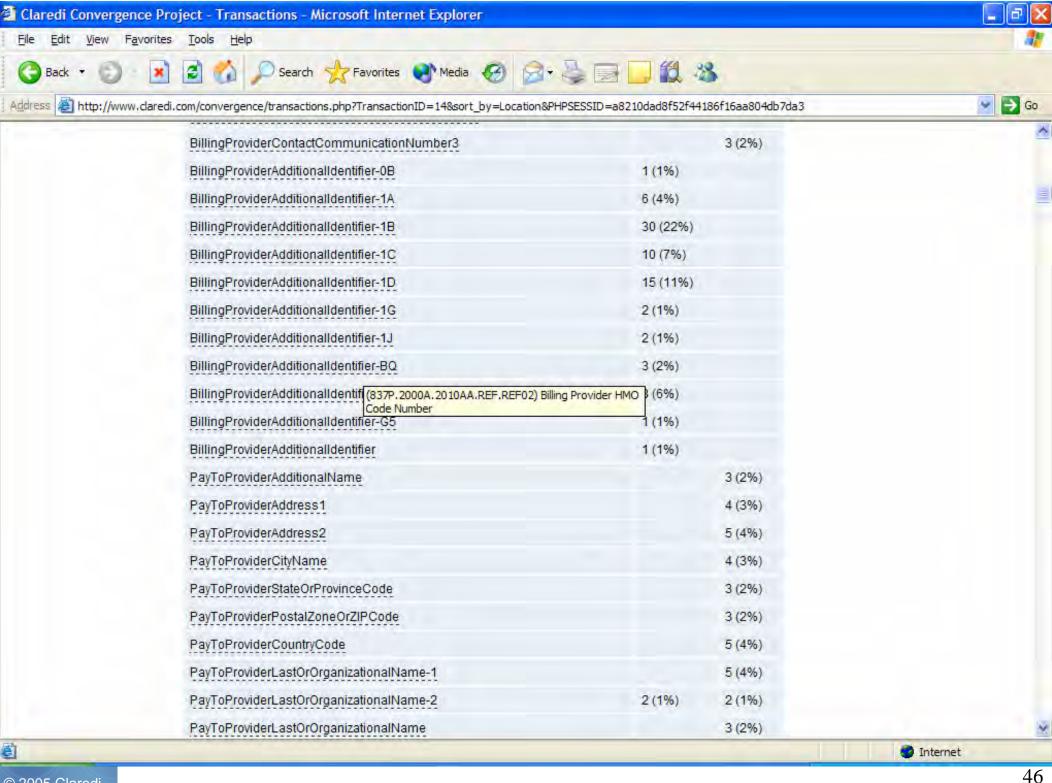
## 135 Requirement Lists

#### Alphabetical Order IG Order

Element	Required	Not Used
SubmitterFirstName		2 (1%)
SubmitterMiddleName		2 (1%)
SubmitterPrimaryIdentificationNumber	9 (7%)	
SubmitterContactName		1 (1%)
SubmitterContactCommunicationNumber1-ED	2 (1%)	



Internet





# **Convergence Project Profiles**

- Will be published by NUBC, NUCC, ADA DeCC, CAQH, NDEDIC and NCPDP
- HIPAA covered entities should publish their own specific data requirement profiles
- Claredi provides the infrastructure
  - Free
  - Each publisher maintains its own profiles
  - Claredi is entering an initial set of payer-specific profiles as part of our Companion Guide implementations, to seed the directory
    - Over 250 entered to date

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# The goal: Convergence

- A single web portal where the companion guides can be referenced and the requirements can be published
- Easy to read and understand data requirements profiles
- Downloadable in machine readable format (XML, CSV)
- Easy to compare data requirements among profiles
- Does not replace Companion Guides
- Ultimate goal is convergence of requirements
  - Only lists that "should" remain are the NCPDP, CAQH, NDEDIC, ADA DeCC, NUBC and NUCC-defined profiles (Probability 0%)
- Free to the industry
- Open invitation to participate to all interested parties

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# **Questions?**

Kepa.Zubeldia@claredi.com

# Convergence Project URL

http://www.claredi.com/convergence/

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