

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

Administrative Transaction Standards, Code Sets and Operating Rules  
Industry Status of Planning, Transitioning and implementation

DoubletreeHilton Hotel  
8727 Colesville Road  
Silver Spring, MD

Wednesday, June 20, 2012  
Final Agenda

8:00 – 8:15 am	Call to order, Welcome, Introductions	Walter Suarez and Ob Soonthornsima, Co-Chairs
8:15 – 9:45 am (90 minutes)	Panel 1: 5010/D.0 and 3.0 – Issues, Approaches to Solutions and Lessons Learned	
	■ Overall Industry Update	Laurie Darst, <i>WEDI</i>
	■ Provider Perspective	Rob Tennant, <i>MGMA</i>
	■ Health Plan Perspective	Jordan Firfer, <i>BCBSFL</i>
	■ Medicare Fee-for-Service	Cathy Carter, <i>Medicare</i>
	■ Clearinghouses	Debbi Meisner, <i>Emdeon</i>
	■ Billing Services	Holly Louie, <i>HBMA</i>
	■ Vendors	Tim McMullen, <i>The Cooperative Exchange</i>
	■ NCPDP	Annette Gabel, <i>Express Scripts</i>
9:45 - 10:00 am	<b>BREAK</b>	
10:00 – 11:00 am (60 minutes)	Panel 2: Operating Rules for Eligibility and Claim Status – Preparing for Implementation	
	■ Health Plan Perspective	Tim Kaja, <i>UnitedHealth</i>
		Janet Jackson, <i>BCBSNC</i>
	■ Provider Perspective	Tammy Banks, <i>AMA</i>
	■ Industry Engagement/Education	Deb Strickland, <i>WEDI</i>
	■ Authoring Entity	Gwen Lohse, <i>CAQH CORE</i>
11:00 am – 11:20 am (20 minutes)	Panel 3: DSMO Update	
	■ Update	Stacy Barber, <i>DSMO</i>

11:20am – 12:30 pm (70 minutes)	<b>Panel 4: ICD-10 – Strategies and Recommended Milestones to Achieve a Successful Transition</b>	<ul style="list-style-type: none"> <li>■ Overview Remarks <span style="float: right;">Simon Cohn, <i>Kaiser Permanente Former Chair, NCVHS</i></span></li> <li>■ AHIMA <span style="float: right;">Dan Rode, <i>AHIMA</i></span></li> <li>■ Provider Perspective – high level <span style="float: right;">Stanley Nachimson, <i>HIMSS</i></span></li> <li>■ Health Plan Perspective <span style="float: right;">Rhonda Buckholtz, <i>AAPC</i></span></li> <li>■ Billing Services <span style="float: right;">Mona Reimers, <i>Practice</i></span></li> <li>■ Health Plan Perspective <span style="float: right;">Dennis Winkler, <i>BCBSMI</i></span></li> <li>■ Billing Services <span style="float: right;">Sid Hebert, <i>AHIP</i></span></li> <li>■ Billing Services <span style="float: right;">Holly Louie, <i>HBMA</i></span></li> </ul>
12:30 – 1:15 pm	<b>LUNCH BREAK</b>	
1:15 – 2:10 pm (50 minutes)	<b>Panel 5: Dental Code Set Updates and Considerations</b>	<ul style="list-style-type: none"> <li>■ ADA <span style="float: right;">Dave Preble, <i>ADA</i></span></li> <li>■ Dental Plans <span style="float: right;">Tim Brown, <i>NADP</i> and William Kohn, <i>Delta Dental Plans</i></span></li> <li>■ CMS <span style="float: right;">Lynn DouglasMouden, <i>CMCS</i></span></li> </ul>
2:43– 3:35pm (55 minutes)	<b>Panel6: A Unique Device Identifier and its relationship to Administrative Transactions</b>	<ul style="list-style-type: none"> <li>■ FDA representatives <span style="float: right;">Terrie Reed, <i>FDA</i></span></li> <li>■ Standards Organization <span style="float: right;">Margaret Weiker, <i>X12</i></span></li> <li>■ California Pilot <span style="float: right;">Marchel Burgess, Sara Rivera, Pansy Watson, <i>CADept. of Health Care Services</i></span></li> </ul>
3:35 - 3:45 pm	<b>BREAK</b>	
3:45 – 4:55pm (75 minutes)	<b>Panel 7: ACA Health Plan Compliance Certification – Initial Ideas</b>	<ul style="list-style-type: none"> <li>■ Testing Issues <span style="float: right;">Jim Daley, <i>WEDI</i>, and Lee Barrett, <i>EHNAC</i></span></li> <li>■ Health Plans <span style="float: right;">Jeanette Thornton, <i>AHIP</i></span></li> <li>■ Certification <i>strategies</i> <span style="float: right;">Merri-Lee Stine, <i>Aetna</i></span></li> </ul>
4:55 – 5:00 pm	<b>Sub-Committee Discussion</b>	
5:00 – 5:10 pm	<b>Public Input</b>	
5:10 p.m.	<b>Adjournment</b>	

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**PURPOSE:**

- 5010/D.0/3.0
  - Review the industry status of implementation of 5010/D.0/3.0
  - Discuss identified implementation issues and approaches to address them
  - Identify/discuss lessons learned with respect to transition and initial implementation issues
  
- Operating Rules – Eligibility and Claim Status
  - Review industry status and issues, and identify opportunities and milestones regarding the pending implementation of operating rules for eligibility and claim status by 1/1/2013
  
- DSMO Update
  - Review and discuss the 2012 report from the DSMO to NCVHS
  
- ICD-10
  - Review summary of public comments received by CMS on proposed extension
  - Identify and discuss key industry milestones needed to ensure successful transition to ICD-10, considering the pending 1-year delay in compliance
  
- Unique Device Identifier
  - Review background, purpose, benefits of adoption a unique device identifier, and status of adoption of regulations (FDA)
  - Identify and discuss business and technical issues related to the use of a unique device identifier in administrative transactions
  
- Dental Code Set Update
  - Identify/discuss new/emerging issues related to the purpose, benefit, process for adopting new versions of the standard dental code set being used in administrative transactions
  
- ACA Health Plan Compliance Certification
  - Review and discuss industry perspectives on possible approaches for achieving ACA health plan compliance certification, as input to HHS proposed regulations on the topic

## QUESTIONS TO TESTIFIERS

### 5010/D.0/3.0 (Panels 1, 2, 3)

- How is the implementation of 5010, D.0, 3.0 going, from your perspective
- What are the most important business and technical issues still remaining for each transaction (claims, claims payment, eligibility, claim status, etc), and how would you recommend addressing them
- What are the top 2 or 3 lessons learned from the first national transition to a new version of existing standards
- Anything else you would like to bring up regarding the implementation of 5010, D.0, 3.0

### Operating Rules for Eligibility and Claim Status

- How is the transition to the new required operating rules for eligibility and claim status going, from your perspective
- What have been your (your organization, the organizations you represent) experience with internal preparation and transition to the new required operating rules – including business and technical process changes
- Have you identified any business or technical issues with respect to the operating rules?
- Anything else you would like to bring up regarding the preparation/transition to the new operating rules for eligibility and claim status

### ICD-10

- (Dr. Cohn) Discuss the experience of transitioning to ICD-10 by a large, integrated health care organization; the need for an enterprise-wide commitment, benefits of adopting ICD-10, business, technical, organizational challenges; recommendations on defining transition milestones to ensure success
- (CMS) Overview of comments received on ICD-10 proposed delay; timeline for completing regulatory process for delay.
- (Others)
  - What are the most critical industry milestones to achieve between now and the proposed new compliance deadline to ensure a successful transition
  - What can be done to maintain industry momentum on the transitioning to ICD-10, and avoid organizations moving to put-off ongoing work due to the delay
  - What can be done to facilitate end-to-end testing during the remaining transition period
- Anything else you would like to bring up regarding the delay of ICD-10, the milestones to complete during the remaining transition period

### Unique Device Identifier

- (FDA) Overview of unique device identifier, purpose, benefits, status of regulations
- (Others) What are the business and technical relationships, needs, issues, gaps, regarding a unique device identifier and the administrative transactions (i.e., documentation of device/product on a claim)

- Anything else you would like to bring up regarding the adoption and implementation of a unique device identifier vis-à-vis the HIPAA administrative transactions

#### Dental Code Set Update

- What is the current status of code set development and the process for adopting new codes, and a new version of the standard code set
- What are the current/new/emerging issues with the existing code set, and the process and issues associated with the adoption of a new version of the code set

#### ACA Health Plan Compliance Certification

- Please provide your perspectives on the possible methods/mechanisms CMS/HHS could use to obtain adequate documentation certifying health plan compliance with standards/operating rules, including documentation showing the plan has completed end-to-end testing.
- Provide your perspectives on how document health plans are ensuring that their contractors (BAs, others) are complying with any applicable certification and compliance requirement.