Panel 1: Attachment Standards and Operating Rules

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ASC X12N Chair

About ASC X12

- Chartered by the American National Standards Institute more than 30 years ago

- Develops and maintains EDI standards, technical reports, and XML schemas which drive business processes globally

- ASC X12 membership includes technologists and business process experts, encompassing health care, insurance, transportation, finance, government, supply chain and other industries.

- For additional information, visit www.x12.org.

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A Brief History

- Attachment Definition: An electronic attachment is supplemental documentation needed to support a specific health care related event (ex. health care claim, authorizations, referral, etc.) using a standardized format.

- Since 1997, ASC X12 and HL7 International have been working together to develop attachments

  - Significant work has occurred to define attachments, develop standards, and to identify priority areas

- Pilots were conducted to test the implementation of the standards and to measure ROI

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A Brief History

- NPRM was published in September 2005

- Standards have been updated

- ACA requirement

  - Final regulation on adoption of claim attachment standards, implementation specifications and operating rules by 1/1/2014

  - Industry compliance with new national mandated standards by 1/1/2016

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Transaction Business Flow - Solicited Model
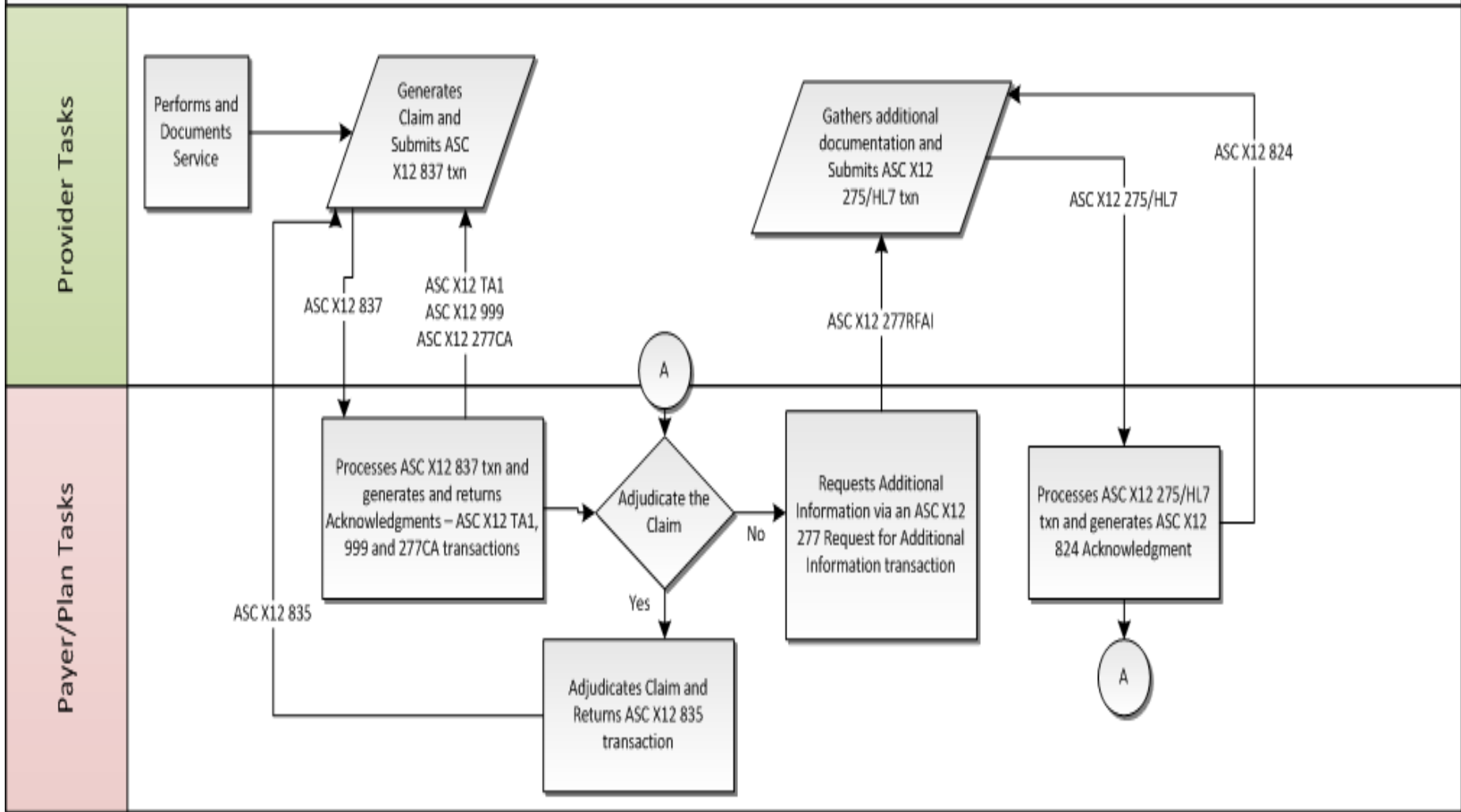
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Transaction Business Flow - Unsolicited Model

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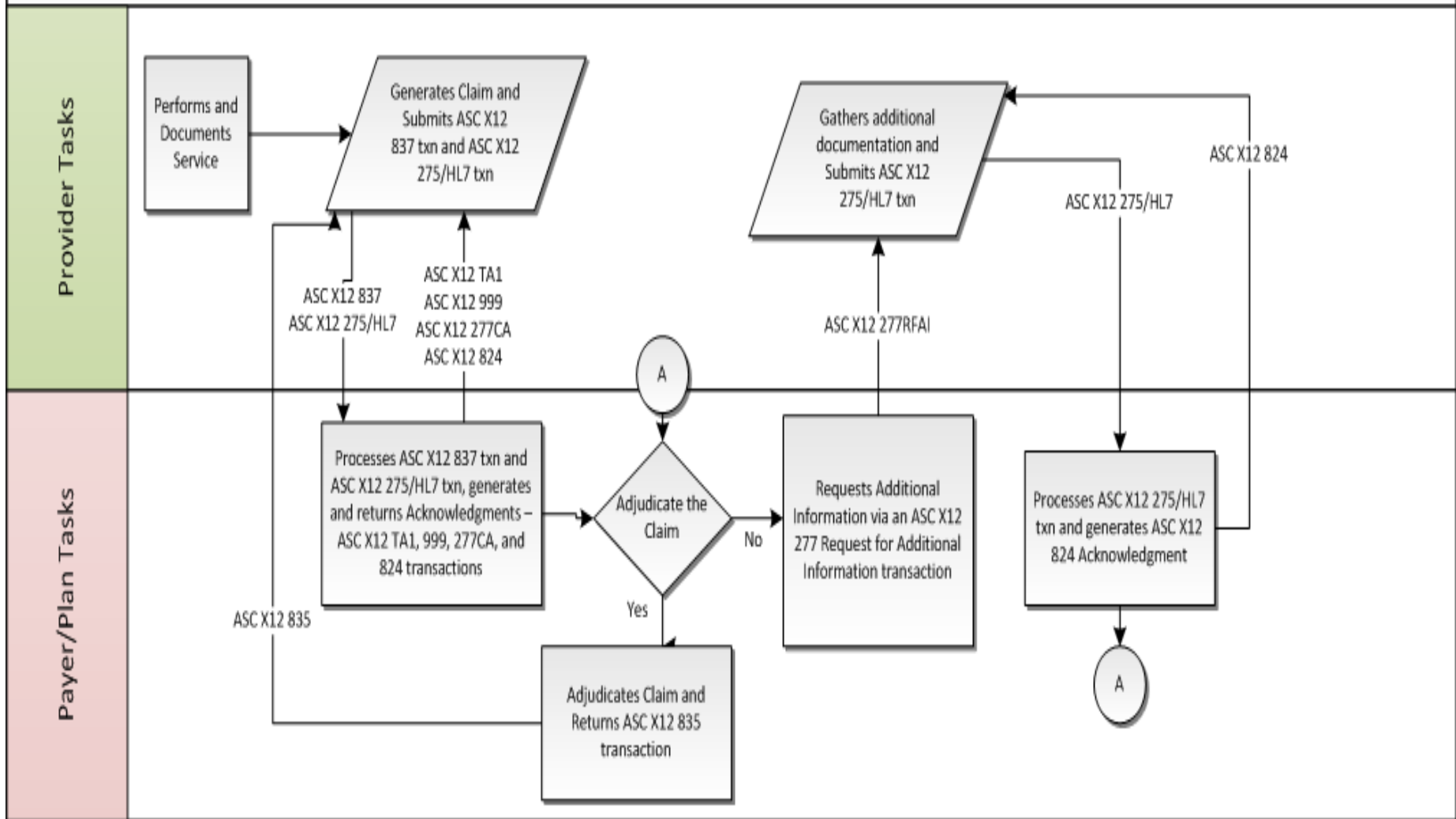
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Q & A

What is the status of development of 'attachment' standards?

What is the set of attachment standards being recommended for adoption?

- ASC X12 Version 6020 guides are final and will be published in the April/May 2013 timeframe

  – 275 Additional Information to Support a Health Care Claim or Encounter

  – 275 Additional Information to Support a Health Care Services Review

  – 277 Health Care Claim Request for Additional Information

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Q & A

What are the priority business (health related) areas for which 'attachments' are necessary? How is this expected to change in the next five or 10 years?

- Claim and Post Pay Adjudication – Clinical reports, Lab results, Rehabilitation therapy, Consent forms, letters and reports, and Durable Medical Equipment

- Prior Authorizations and Referrals

- Care Management and Quality care measurements

- Audits

Q & A

What are the recommended approaches to the submission of 'attachments'?

- ASC X12 Standard transactions are recommended as the HL7 envelope

- Solicited attachments using the ASC X12 277 or 278 transactions to request the data and the ASC X12 275 transaction for the response are recommended

- Unsolicited attachments using the ASC X12 275 transaction in addition to the ASC X12 837 or the ASC X12 278 transactions are recommended. Unsolicited attachments must be based on an agreement between trading partners.

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Q & A

Are there any Operating Rules to be recommended for adoption at this time? Which would they be? Are the 'infrastructure' related operating rules in place applicable to attachments? What are the plans for developing further 'attachment' operating rules? What processes/steps have been taken to identify/develop such operating rules? What might be some of the lessons learned thus far from the development of previous operating rules that may be applicable to the development of attachments operating rules?

- Defining and publishing attachment requirements to leverage the unsolicited business flow

- Information on using MIME packaging and Base64 encoding for unstructured clinical content

- Timeliness of submission of attachment

- Recommend that ASC X12 and HL7 subject matter experts be involved in the development of operating rules for attachments.

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Q & A

Are there other standards for clinical information exchange rather than or in addition to HL7 C-CDA that should be considered?

- ASC X12 supports the HL7 Standards as well as the HL7 proposals under development for Attachments

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Q & A

What metadata or pieces of information would be necessary to include in the envelope that is not available today in the HL7 C-CDA?

- Attachment Control Number

- Name/Identifier of Sender

- Name/Identifier of Receiver

- Name/Identifier of Provider

- Attachment Type Identifier (LOINC)

- Date Requested

- Response Due Date

- Attachment Request Tracking Identifier

- Payer Contact Information

- Date of Service

- Provider Assigned Patient Identifier

- Patient Medical Record Number

- Case Reference Identifier

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Q & A

With respect to the 'envelope' of the message, should more than one enveloping standard be permitted to wrap the standard clinical information? What are examples of these standards that build on existing or future infrastructures?

- Recommend using existing EDI gateways supporting the ASC X12 transactions since this is a proven standard between Providers, Payers and Clearinghouses

  – Inconsistency of an Attachment process between payers causes providers to have multiple processes which adds complexity and additional financial burden

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Q & A

With respect to transport, how would you envision the routing/transport (sending or receiving) of clinical/medical information occurring? How does it relate to HealtheWay and/or ONC Direct and/or ONC Connect?

- The EDI architecture provided in the ASC X12 standards is an administrative method of exchange which already has established security, routing, and privacy elements including already established payer/provider relationships.

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Q & A

Should we consider optional or situational enveloping (and/or transport) standards?

- The lack of an administrative envelope inhibits the functionality of administrative processes requiring metadata elements found in the envelope in order to trace and process attachments received electronically.

- Enveloping allows linkage, authorization, authentication, audit trailing, multi-entity traceability in addition to needed elements.

- A lack of enveloping is not recommended.

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Q & A

Are there any known limitations or gaps in the recommended standards? How will they be addressed?

- No gaps identified thus far

- ASC X12 version cycle will keep up with the needs that may arise in the industry.

- HL7 Standards will evolve independently of the ASC X12 Standards

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Q & A

Are the recommended standards (and operating rules, if any) applicable only to claim attachments, or will they be applicable also to other types of attachments?

- ASC X12 recommends the Attachment Rule not be limited to Claim Attachments but rather allow the standards to be used for purposes such as Authorizations, Referrals, Post Payment, and Audit situations.

  - ASC X12 also recommends a staggered implementation timeframe to address the concern that a mandate which includes attachments other than claims with the same implementation timeframes may impact the implementation of all attachments.

- Standards must be aligned with other attachment standards being used for Meaningful Use and exchanged between providers.

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Q & A

What are some of the most important business and technical issues surrounding attachments for providers, health plans, and vendors, and how would you recommend addressing them?

- Incorporation into existing workflows

- Educational forums will be a "MUST"

  - Lack of a knowledge base

- Implementation costs may be a concern

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Thank You