The National Committee on Vital and Health Statistics

The Public Advisory Body to the Secretary of Health and Human Services

Standards as a Continuing Theme for NCVHS

Overview of NCVHS Standards

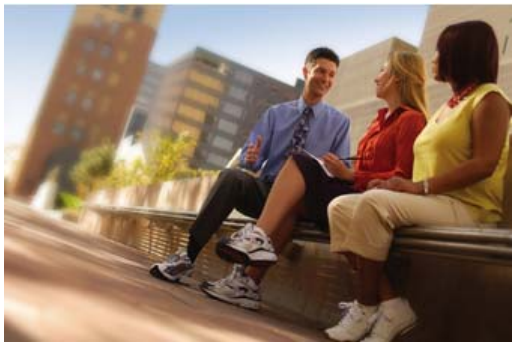
Subcommittee Agenda/Topics for 2013

Presented to NCVHS

February, 2013

Subcommittee Members

- Sub-Committee Members and Liaisons:
  - Raj Chanderraj, William J. Scanlon, W. Ob Soonthornsima, Walter Suarez
  - Lorraine Doo, Michelle Williamson, J. Michael Fitzmaurice, Jim Sorace, Vivian Auld, Suzie Burke-Beebe, Donna Pickett
  - WELCOME NEW MEMBERS!
    - Linda Kloss (now formal subcommittee member)
    - Alix Goss (formal subcommittee member)



Current Schedule of Administrative Simplification Deadlines

AREA	COMPLIANCE
• 5010, D.0, 3.0	January 1, 2012
• Operating Rules for Eligibility and Claim Status	January 1, 2013
• EFT Standard and EFT/ERA Operating Rules	January 1, 2014
• Health Plan Compliance Certification	Dec, 2013; Dec 2015
• ICD-10: *(MU2 Effect: adopted as alternative standard effective October 1, 2013/January 1, 2014)*	October 1, 2014
• Health Plan ID	October 1, 2014 (enumerate) October 1, 2016 (use)
• Claim Attachment Standard	January 1, 2016
• Operating Rules for Claim, Enrollment, Premium Payment Pre-authorization; claim attachments	January 1, 2016
• New areas for standardization	N/A
• Health Reform and Administrative Standards	TBD
• Monitoring/Evaluation of Industry Progress	Annually (ACA-Biannually)

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2013 Agenda, Activities, Topics

- Recommend Claim Attachment Standard and Operating Rules
  - Receive ORs, Review, Recommend (Q1-2, 2013)
- Recommend Operating Rules for Claim, Enrollment, Premium Payment, Prior Authorization
  - Receive ORs, Review, Recommend (Q1-2, 2013)
- Receive DSMO Report (Q2, 2013)
- Monitoring industry status of implementation of various standards, code sets, identifiers, operating rules, etc.
  - Current version of standards; initial set of ORs (Q2, 2013)
- Monitoring industry planning for upcoming compliance
  - EFT standard; EFT/ERA ORs; Plan ID; ICD-10 (Q3, 2013)
- HIPAA Report to Congress (Q2-4, 2013)

2013 Proposed Workplan

- January-February: Planning for post-Roundtable, February hearing
- February NCVHS Meeting: Subcommittee hearing and meeting
  - Hearing topic: Attachments Standards, Operating Rules
  - Meeting topics: SmartCard; NDC issues; other
- March-June:
  - Several calls to deliberate on Attachments, draft Observations and Recommendations; prepare letter to present to NCVHS in June
  - Discuss input and next steps from Nov 2012 Roundtable (plan possible second Roundtable in partnership with CMS, others)

2013 Proposed Workplan

- June NCVHS Meeting:
  - Subcommittee hearing on DSMO, status of implementation of transactions/standards/codsets/operating rules, Plan ID; compliance certification; industry planning activities for upcoming compliance dates
  - Recommendations on Attachments
- July-August: Possibility of holding second roundtable; discuss observations, recommendations from June hearing, discuss status of operating rules for remaining transactions; discuss plans for 2013 HIPAA Report to Congress
- September NCVHS Meeting: act upon items from Subcommittee's work in previous months (letter, report, as needed)
- October: Standards Subcommittee topics
- November NCVHS Meeting: Standards Subcommittee topics TBD

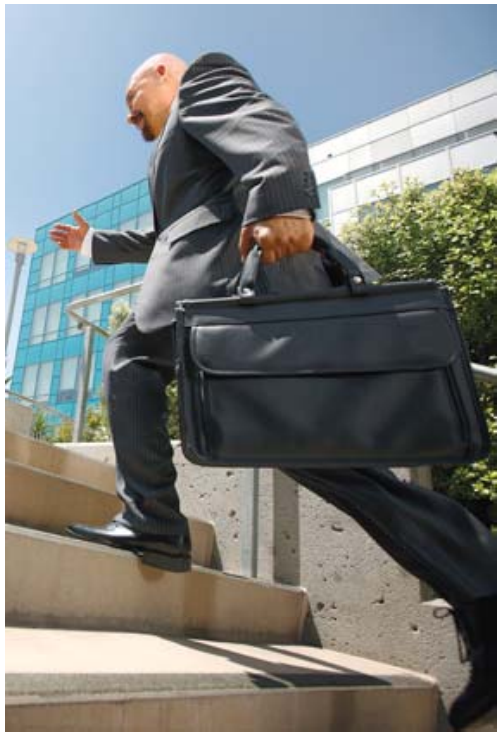
Attachments

Background on Claim Attachments Standards Regulations

- Originally included in the HIPAA Law:
  - Section 1173(a)(2)(B) identifies a health claim attachment as one transaction for which electronic standards are to be adopted
- NCVHS held hearings in 1998 on claim attachment standards, recommending the transaction and code set standards which were then included in the proposed regulations
- Significant work was done between 2001 and 2004 to define attachments, develop standard, identify priority areas, test scenarios
- Several entities (payers, providers, clearinghouses) conducted 'pilots' to test the implementation of electronic claim attachments
- NCVHS submitted letters to the Secretary in March, 2004 and November, 2005
- Proposed regulations were published in September, 2005
  - Described requirements that covered entities (health plans, health care providers, clearinghouses) would have to meet when conducting electronic health care claim attachment transactions, and facilitate the transmission of certain types of detailed clinical information to support claim adjudication

NCVHS Themes – Convergence and Standards

- "It's all about the patient..." "It's all about data…"
- Major transformative forces converging to change data needs and exchanges now and in the near future:
  - The Triple Aim:
    - Improve patient experience with care (quality, safety)
    - Improving health of populations
    - Reducing cost of health care (efficiency)
  - HITECH – MU, EHRs, HIEs, Standards
  - Care delivery reform (PCMHs, ACOs, HIXs, etc)
  - Payment reform (bundle payment, medical loss ratio, etc)
  - Economy pressures, federal/state budgets
  - mHealth, personalized health care, health social media, big data, virtualization of health systems, genomics,
  - Advances and new pressures on privacy and security
  - Public health role is changing, and their needs are requirements for data from providers and plan changing too



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Scope, Process, Timeline for Defining Claim Attachment Standards, Implementation Specifications and Operating Rules

- 2010 ACA requirement:
  - HHS to publish Final Regulations on the adoption of claim attachment standards, implementation specification and operating rules by 01/01/2014
  - Industry compliance with new national mandated standards by 01/01/2016
- NCVHS Roles and Responsibilities
  - Convene industry hearings on the topic to understand current practices, attachment priorities, latest standards development efforts
  - Make recommendations to CMS on the adoption of standards, implementation specifications and operating rules for claim attachments
- Timeline
  - First hearing: November 17, 2011 (industry perspectives on priorities, standards)
  - Second hearings: February 27, 2013 (scope, priorities, standards, ORs)
  - Final recommendations to HHS: expected by no later than Q2, 2013
  - Regulations development process (CMS): 2013 with goal of publishing in 2014

Scope, Process, Timeline for Defining Claim Attachment Standards, Implementation Specifications and Operating Rules

- Need to consider the following areas:
  - Scope of Observations and Recommendations (attachments? claim attachments?)
  - Definitions, applicability, priority areas of transaction
  - Identification and recommendation
    - Standards, implementation specifications, code sets of transaction
    - Operating Rules
    - Transport mechanisms
    - Other (author of record authentication)
    - Request/response/acknowledgement
    - Solicited vs Unsolicited
    - Structures/Unstructured (Computer vs Human Variants)
  - Privacy Considerations; Minimum Necessary

Hearing Structure

- Two Panels
  - Attachment Standards and Operating Rules
    - HL7, Codes, X12, Pharmacy, Operating Rules, esMD, CMS/OESS
  - Industry Perspectives
    - Plan, Provider, Multi-stakeholder, Vendor
  - ONC “Big Picture”

- Questions sent in advanced to all testifiers to cover the key questions about the topic
- Received testimony from Dental, Other

Attachments Hearing – Key Themes

- “Do No Harm…”
- Convergence – clinical and administrative data
- This is the opportunity to stop the ongoing separation of clinical and administrative “data”
- Need for a Roadmap - The EDI Cycle (Enrollment, Eligibility, Referral/Prior Authorization,
- Use an incremental approach
- Consistency across testifiers regarding definition, standards
- Alignment with MU standards for clinical message exchanges
- Operating rules – will come later
- Separating transport from content
- Do an NPRM instead of a Final Rule
- Clearly defined purpose of use of transaction (avoid use for ‘any’ data collection purpose)
- Strong need for industry education and outreach
- Strong considerations to privacy and security implications

Attachments Hearing – Key Themes

- Goal of each mandate is well defined, but the intersection of these mandates may yield greater opportunity
- Implementation fatigue and significant cost already incurred/will be incurred require that Committee provide judicious, prudent and practical advice to the Secretary
- Topic of Attachments:
  - Standards Dev Organizations (SDOs) and Operting Rules Authoring Entity, seem to be in better alignment
  - Everyone seems to agree that the issue is no longer around "claims attachment" but attachments in general
  - Everyone seems concerned about the rule being too prescriptive; and at the same time, don't make the rule so broad that implementation can be daunting!- Regardless of the rule on attachment, education and awareness is critical; while there's been pilot with ROI, there's no broad adoption today.
  - Prioritize areas that may gain the biggest benefit and adoption
  - Roadmap, roadmap, roadmap

Attachments Hearing – Key Themes

- Our challenge as a sub-committee is
  - How do we balance these priorities and what the law requires for HHS to do?
  - There is the convergence between administrative and clinical data. And opportunity for alignment is more than ripe.
  - Do we focus on yesterday's rules by applying them to today's situations? Or do we leap our thinking 2-3 years and influence how attachments will play a role. Particularly between Payers and Providers, not just for facilitating reimbursement, quality measures but for appropriate data sharing needs.
  - The roadmap
- Next steps
  - Sub-committee conf. calls
    - Hone in on themes
    - Craft different recommendation options
    - Keeping our recommendation(s) with the general themes of the Committee

Background Materials

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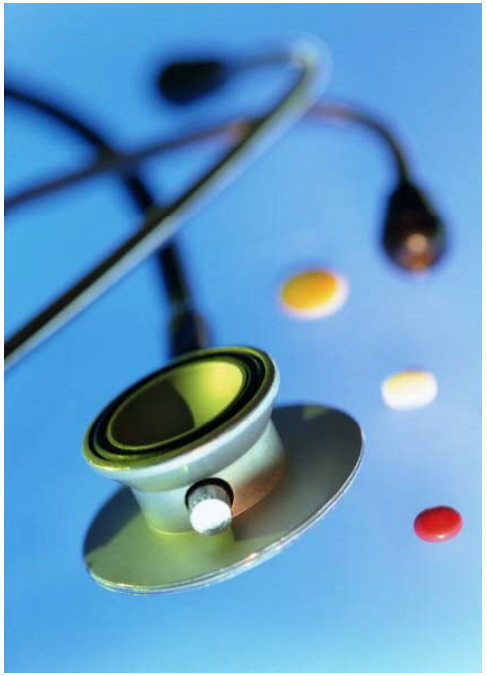
Committee Charge - Standards

- HIPAA Law (1996)
  - Committee has legislative responsibility for making recommendations related to all aspects of HIPAA Administrative Simplification provisions (transactions, code sets, identifiers, security, privacy)
- Expanded responsibilities under ACA:
  - Define and recommend:
    - Standard for Health Plan ID
    - Operating Rules for ALL regulated transactions
    - Standards and operating rules for new transactions
    - Standards, implementation specifications and operating rules for Claim Attachments
    - New areas for standardization
  - Periodically (every 2 years) monitor status of standards and operating rules, and recommend, if necessary, changes to them (i.e., new versions)



Current Sub-Committee Charge

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES

National Committee on Vital and Health Statistics

The Public Advisory Body to the Secretary of Health and Human Services

SUBCOMMITTEE ON STANDARDS

Charge

The Subcommittee on Standards monitors and makes recommendations to the Full Committee on health data standards, including implementation of the Administrative Simplification provisions of Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare Modernization and Improvement Act of 2006 (MMA), and associated subjects such as the development of a nationwide health information network (NHIN).

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Current Sub-Committee Charge

Specifically, the Subcommittee will:

1. Identify opportunities and issues in health data standards for full Committee attention.
2. Provide outreach, liaison, and consultation with, and serve as a public forum on health information technology standards for, the following stakeholders:
    - Consumer groups
    - The health industry
    - Public health
    - Standards development organizations
    - The research community
    - Federal, state and local governments
3. Make recommendations to the Full Committee related to:
    - Electronic transactions;
    - Terminologies and code sets;
    - Clinical documentation;
    - Security measures; and
    - Identifiers on various players in the health care system (including large and small providers, large and small health plans, employers, individuals, and Federal, state, and local governments).
4. Make recommendations to the full Committee on strategies to promote a continuing process of developing, coordinating, adopting, implementing and maintaining standards. These strategies may include public information and educational efforts as well as research and development efforts.
5. Produce recommendations for the full Committee's annual report to Congress on HIPAA Administrative Simplification.
6. Collaborate with the other NCVHS subcommittees on cross-cutting issues.

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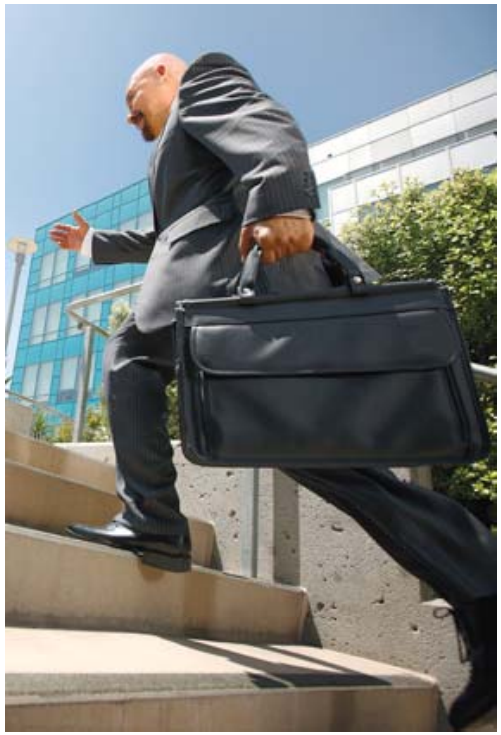
The Future
– Convergence of transactions, standards, exchanges

- Several forces converging:
  - The Triple Aim:
    - Improve patient experience with care (quality, safety)
    - Improving health of populations
    - Reducing cost of health care (efficiency)
  - HITECH – MU, EHRs, HIEs, Standards
  - Care delivery reform (PCMHs, ACOs, HIXs, etc)
  - Payment reform (bundle payment, medical loss ratio, etc)
  - Economy pressures, federal/state budgets
  - mHealth, personalized health care, health social media, big data, virtualization of health systems, genomics, privacy and security…
  - Public health role is changing, and their needs are requirements for data from providers and plan changing too



The Future
– *Convergence of transactions, standards, exchanges*

- Opportunity: to take a new, more holistic view at the future of information exchanges between providers and payers in support of health care transformation
  - Changes in the business and administrative processes
    - Enrollment and eligibility
    - Population-based care management
    - Quality/outcomes measurement, reimbursement
  - Changes in the data needs to support business transformation
  - Convergence of transactions, standards, code-sets and vocabularies
  - Convergence of public health data standards and needs with the rest of the industry

The Future
– Convergence of transactions, standards, exchanges

- Next Steps:
  - Begin the dialogue with stakeholders on this health care transformation and the impact on information exchange between providers and health plans/payers
  - Conduct a series of roundtables, hearings and other methods to engage community/industry at large
  - Engage members from other NCVHS sub-committees
  - Identify short- medium- and long-term opportunities to roadmap the new information exchange needs, approaches and standards and to align them with current approaches and standards
- *Next steps started with NCVHS Standards Subcommittee November, 2012 Roundtable….*

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The Future
– *Opportunities for Cross-Membership Work*

- Standards relate to all topics the Committee is working on:
  - HIPAA/ACA/HITECH Admin Simplification (Txs, Codesets, IDs, ORs)
    - *Standards Sub-Committee*
  - Public Health/Population Health Standards (electronic messaging/reporting)
    - *Population + Standards Sub-Committees*
  - Privacy and Security Standards (technical elements)
    - *Privacy + Standards Sub-Committees (*)*
  - Quality Standards (electronic messaging/reporting)
    - *Quality + Standards Sub-Committees (*)*

(*) relationship to HIT Policy and Standards Committees