



The Accredited Standards Committee

IF IT FITS – USE IT

Presented by
Bob Davis



LEGAL DISCLAIMER

This presentation is for informational purposes only.

- The content should not be construed as legal advice.
- If you have questions regarding specific information shared during this presentation, please send them to info@x12.org
- Visit www.x12.org for additional details about ASC X12

LITTLE APPRECIATED FACT

Public Health Discharge Data systems have been in existence since the late 1970's.

One thing that has stayed constant in all old and new systems is that these data systems are driven by 2 questions:

WHAT IS WRONG?

&

HOW MUCH DOES IT COST?

ANOTHER LITTLE APPRECIATED FACT

These Public Health Discharge Data systems have a long track record of being the “Canary in the Mineshaft”. They anticipate the data needs before the rest of the industry realizes it! (For example- Present on Admission Indicator, Diagnosis codes on a Bill)

These systems have long been the basis for Quality Measurement by the states and publication of reports intended to improve quality of care in health facilities regulated by each state.

WHY DOES “IT FIT” WITH ASC X12 STANDARDS?

- **These state systems USE THE SAME provider processes to collect the data as dictated by HIPAA Rules. (Public Health Hospital and Clinic Reporting systems are HIPAA Compatible)**
- **These state systems USE THE SAME payer processes to collect Post Adjudicated Claims Data.**
- **Using compatible ASC X12 Transactions – REDUCES THE COLLECTION BURDEN on providers & payers with BETTER QUALITY OF DATA COLLECTED.**

QUESTION NUMBER 1: WHAT IS WRONG?

- **The Data Elements needed by states to answer this questions are already or easily made part of the ASC X12 standards.**
- **The Health Care Service: Data Reporting Guide is an approved ASC X12 standard created to provide a standard messaging vehicle for public health reporting. (It is very very closely aligned with the HIPAA mandated Institutional Claim Guide.)**

QUESTION NUMBER 1 CONT: WHAT IS WRONG?

- **ASC X12 provides a cross industry forum for having meaningful discussion about meaningful use.**
- **Fostering of important relationships. ASC X12 has a close long standing working relationship with the National Uniform Billing Committee as does the Public Health Community.**

QUESTION NUMBER 2: HOW MUCH DOES IT COST?

- **Note: This question has always been problematic to answer. Existing state discharge systems collect charges as a proxy for Costs. NOT THE SAME.**
- **States solved this problem by requiring the payers to report this data. These systems are called All Payer Claims Data (APCD).**
- **Again the best Fit was found with the existing X12 data standards. As we know the HIPAA rules apply to payers as well as providers. Developing standards to satisfy the public health need to answer the How Much Does it Cost question was found within the scope of ASC X12 data standards.**

QUESTION NUMBER 2 CONT: HOW MUCH DOES IT COST?

- **The result has been the creation of a series of Post Adjudicated Claims Reporting (PACDR) data standards.**
- **Potential WOW's using these new PACDR systems.**
 - **Access to accurate cost data since the source of cost data is payer systems.**
 - **Easier to collect because there are a lot fewer payers than providers in every state.**
 - **Access to data for services up to now that has been difficult if not impossible to collect (i.e. Labs, Pharmacy, & Doctors Offices)**

CURRENT STATE OF PUBLIC HEALTH RELATED STANDARDS

- **Strengths**

- Public Health representatives being invited to the standards table (i.e. NUBC representation)
- ASC X12 embraced need to adapt their standards to Public Health Reporting needs. Again X12 standards “FIT” the needs of these public health reporting systems.

- **Weaknesses**

- MORE Representation needs to be supported to better represent the diverse needs of Public Health at the “standards tables”.
- Coordination across the spectrum of Public Health needs to improve.

WHAT ARE THE INCENTIVES AND DRIVERS FOR ADOPTING DATA STANDARDS?

- **Incentives**

- **More comparable data across state lines.**
- **Less of a burden to collect quality data as demonstrated by the long lived state discharge systems. (They keep giving like the ever ready bunny).**

- **Barriers**

- **Resources to maintain existing systems. It takes time for humans to mature. The same is true of data systems. Monies need to be made available to maintain legacy systems.**
- **Resources needed to participate and keep informed about the relevant standards for each Public Health application.**

WHAT ARE THE IMPLEMENTATION CHALLENGES?

- **The Short Answer is Resource Starved:**
 - To develop and **MAINTAIN** suitable standards meeting public health data needs.
 - To create and **MAINTAIN** standards-based public health data systems.
 - To educate about what standards are available.
- In spite of these challenges, states have been creating and maintaining public health reporting systems for a long time.

PRIVACY AND SECURITY OF PUBLIC HEALTH REPORTING SYSTEMS?

- **Fact:**
 - **History is on our side.** States up to now have been very diligent over many many years to put processes in place to ensure the privacy and security of identifiable data. These time tested processes existed before HIPAA privacy rules and remain in effect today.
 - **All state data stewards understand – “They want to watch 20 / 20 not be on it!”** Having a privacy breach would put those bureaucrats on such a show. So far So Good.
- **Lessons Learned**
 - **States have successfully collected and protected this data for a long time.** National systems could learn from the states that have been successful data stewards over time.

INTEROPERABILITY STANDARDS?

- **Opinion:**
 - **We need to work harder developing harmonized definitions across the spectrum of Public Health, so that when data is used across the multi-purpose world of public health, it is more useful without being more expensive.**
 - **We need to pay more attention to the industry processes that are in place to collect data and leverage these processes to feed the public health data needs for clinical as well as policy purposes.**
 - **In other words, we need to be part of the solution and not part of the problem.**

BIG FINISH

ASC X12 stands ready to help create implementable data standards for Public Health Reporting as evidenced by the body of work represented in the balloted approval of the Health Care Service: Data Reporting Guide and the Post Adjudicated Claims Data Reporting Guides as ASC X12 standards.

ASC X12 stands ready to develop new yet to be determined data standards of the future with confidence based on successful pasts.

ASC X12 standards “FIT” the needs of public health reporting systems long used to establish health policy in this country.

QUESTIONS

Thank You

Accredited Standards Committee (ASC) X12

7600 Leesburg Pike, East Building

Suite 430

Falls Church, VA 22043

(703) 970-4480

www.x12.org