

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

**Hearing on HIPAA and ACA Administrative Simplification
-- Operating Rules, ICD-10, Health Plan ID, Pharmacy Prior Authorization --**

**Hubert Humphrey Building
200 Independence Avenue, SW – Room 705-A
Washington, DC 20024**

Wednesday, February 19, 2014

Hearing Purposes, Objectives

The purpose of this hearing is to review and discuss the current status of selected administrative simplification topics that are a priority for NCVHS in 2014.

The objectives of this hearing are as follows:

- Review the status of development of Operating Rules for all remaining HIPAA transactions (Claims, Enrollment, Premium Payment, Prior Authorization, Claims Attachments)
- Discuss the status of initial implementation of Operating Rules for EFT/ERA, which began January 1, 2014
- Review and discuss ICD-10 transition and implementation
- Discuss use of ICD-10 in Workers' Compensation, Property/Casualty and other non-covered entities
- Review plans for enumerating and use of Health Plan ID
- Review recommendations from DSMO regarding Prior Authorization Transactions between prescribers and processors for the pharmacy benefit.

Agenda

(Each testifier will have 5 minutes followed by Sub-Committee Q&A at the end of each panel)

9:00–9:15 am	Welcome and Introductions	Standards Subcommittee Co-Chairs Walter Suarez, Ob Soonthornsima
9:15–10:45 am (90 minutes)	Panel 1 – Review of Status of Operating Rules <i>EFT/ERA Implementation; ORs for Remaining HIPAA Transactions</i>	
	■ Operating Rules Authoring Entity	Gwen Lohse, CAQH
	■ EFT Standards Authoring Entity	Janet Estep, NACHA
	■ Other Payment Methods	Heather McComas (AMA)
	■ Provider Perspective	Rob Tennant, MGMA
	■ Health Plan Perspectives	TBD
	■ Banking Perspective	Stuart Hanson, Citibank
10:45 –11:00 am	Break	

11:00–12:30 pm (90 minutes)	<p>Panel 2 – ICD-10: Achieving a Successful Transition</p> <ul style="list-style-type: none"> ■ CMS OESS Update ■ Medicare FFS ■ Medicaid ■ WEDI ■ Health Plans ■ Providers <ul style="list-style-type: none"> ■ Clearinghouses, Vendors 	<p>Matthew Albright, CMS, OESS John Evangelist, CMS Godwin Odia, CMS <i>dial-in</i> Jim Daley, WEDI Sid Hebert, Humana Rob Tennant, MGMA Nancy Spector, AMA George Arges, AHA Meryl Bloomrosen, AHIMA Jill Venskytis, PAHCOM Debbie Meisner, Emdeon Tim McMullen, Coop. Exchange</p>
12:30–1:15 pm	LUNCH	
1:15 – 2:15 pm (60 minutes)	<p>Panel 3 – ICD-10 Implementation beyond Covered Entities</p> <ul style="list-style-type: none"> ■ WEDI P&C eBilling Workgroup ■ Payer/Property/Casualty Representative ■ Third Party Administrators 	<p>Sherry Wilson, Jopari Solutions Tina Greene, Mitchell Internat. Don St Jacques, Jopari Solutions Robert Holden, AAPAN</p>
2:15 – 3:15 pm (60 minutes)	<p>Panel 4 –Prior Authorization Between Prescribers and Processors for the Pharmacy Benefit</p> <ul style="list-style-type: none"> ■ DSMO Recommendations ■ Industry Work Perspective ■ NCPDP Perspective ■ Provider/Prescriber Perspective ■ CMS Perspective 	<p>Margaret Weiker, DSMO <i>dial-in</i> Tony Schueth, POCP Lynn Gilbertson, NCPDP Heather McComas, AMA Andrew Morgan, OESS</p>
3:15 –3:30 pm	Break	
3:30–4:45 pm (75 minutes)	<p>Panel 5 – Health Plan ID Planning and Implementation Issues</p> <ul style="list-style-type: none"> ■ HPID Introduction ■ WEDI Recommendations ■ Health Plan Perspective ■ Provider Perspectives ■ SDO Perspectives 	<p>Matthew Albright, OESS Chevell Thomas, OESS Laurie Darst Gail Kocher, BCBSA Rob Tennant, MGMA Margaret Weiker, ASC X12 <i>dial-in</i> Laurie Burckhardt, ASC X12 <i>dial-in</i> Lynne Gilbertson, NCPDP</p>
4:45–5:00 pm	Public Comments	

QUESTIONS FOR PANELISTS

Panel 1 – Operating Rules

- EFT/ERA Implementation (January 1, 2014)
 - What is the current status of implementation of EFT/ERA standard and operating rules is there any data? What does this update tell us and what should we/industry be doing in reaction to it? Are there any known implementation issues with the standard and/or operating rules? What are some of the early successes with the adoption of these standards/operating rules?
 - Providers:
 - What benefits and obstacles of EFT & ERA are you seeing?
 - What are the current issues with other payment forms such as virtual cards?
- Development of Operating Rules for all remaining HIPAA transactions (Clams, Enrollment, Premium Payment, Prior Authorization, Claims Attachments)
 - What is the status of development of operating rules for all the remaining HIPAA transactions (Please specify for each transaction)
 - Are there any priority areas for operating rule consideration with respect to specific transactions?

Panel 2 –ICD-10: Achieving a Successful Transition

- What are the key findings from the latest large-scale industry surveys regarding transition planning and implementation of ICD-10? What do these key findings tell us and what should we be doing in response to these findings?
- What is the current status of testing of ICD-10? What are some of the key initial testing results?
- What should be the industry focus for the remaining 9 months prior to the compliance date?

Panel 3 – ICD-10 Implementation Beyond Covered Entities

- What is the current state of adoption of ICD-10 by property/casualty carriers and workers' compensation carriers and other HIPAA non-covered entities? What are the perspectives on ICD-10 implementation from TPAs?
- What are the key issues with non-covered entities not adopting ICD-10 after October 1, 2014?
- What are the plans for handling claims with and without ICD-10 codes post October 1, 2014?

Panel 4 – Electronic Prescribing Prior Authorization

- What is the current state of prior authorization transactions within the electronic prescribing industry?
- What should the relationship be between the e-Prescribing world (including standards development and maintenance) and the HIPAA world?
- What is being recommended by the DSMO with respect to the adoption/use of a new transaction for prior authorization between prescribers and processors for the pharmacy benefit?
- What are the main benefits for adopting these new transactions? What are the key issues or challenges? What is the timeline?

Panel 5 – Health Plan ID Planning and Implementation Issues

- What is the current status of preparation and health plan strategies for adopting the new health plan ID in transactions?
- What is the current status of preparation and plan strategies for using new health plan ID in transactions?
- What are the key issues and challenges with the adoption of a health plan ID and Other Entity Identifier (OEID)? How can these issues be addressed?

- What are the implementation issues/successes with implementing operating rules for TPAs?
- What is the impact on TPAs and ASOs of HPID and Certification of Compliance?

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