

**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, Attachments --**

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

Tuesday, June 10, 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:

- Receive and discuss the annual DSMO Report and review of the status of implementation of administrative transaction and code set standards
- Discuss the status of development of Operating Rules
- Review the status of the Coordination of Benefits transaction
- Discuss new developments in the use of credit cards (including virtual cards) for claim payment
- Review the Status of Standards Development of Attachments
- Discuss the planning and preparation of Health Plan ID
- Review and discuss the incorporation and use of a unique device indicator (UDI) in Administrative Transactions
- Discuss the status of ICD-10 Delay

Agenda

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

9:00–9:15 am	Welcome and Introductions	Standards Subcommittee Co-Chairs Walter Suarez, Ob Soonthornsima
9:15-9:55 (40 minutes)	Session 1: Regulatory Update, DSMO Report and Operating Rules	
	■ Regulations Update	Todd Lawson, OESS
	■ DSMO Report	Margaret Weiker, WEDI
	■ Operating Rules	Gwen Lohse, CORE

**9:55-10:35
(40 minutes)** **Session 2: Use of Credit Cards- Including Virtual Cards – for Claims Payment**

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|-----------------|--------------------------|
| ■ OESS | Mathew Albright, CMS |
| ■ Provider | Heather McComas, AMA |
| | Doug Downey, HCA |
| ■ Clearinghouse | Priscilla Holland, NACHA |
| ■ ASC X12 | Laura Burkhardt, ASC X12 |
| ■ Plan | Sid Hebert, Humana |

**10:35-11:05
(30 minutes)** **Session 3: Coordination of Benefits**

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|------------------|---------------------------------------|
| ■ CAQH | Atul Pathiyal, CAQH |
| ■ Health Plan | Sean Killeen, Kaiser |
| ■ Provider | Laura Darst, Mayo |
| ■ Clearing House | Mary Hyland -
Cooperative Exchange |

11:05-11:15 **Break**

**11:15-12:15
(60 minutes)** **Session 4: Health Care Attachments Transaction Standard**

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|--|---|
| ■ Status of Attachments Standard | Durwin Day, HL7
John Quinn, HL7 |
| ■ Industry Perspectives on Attachments | |
| -- CMS esMD | Robert Dieterle, esMD |
| -- Plans | Gail Kocher, BCBSA |
| -- Providers | Sherry Wilson, Jopari |
| -- Clearinghouses | Tm McMullen, Coop. Exchange |
| -- Practice Management Vendor | Mary Hyland, Coop. Exchange |
| ■ WEDI Foundation | Geoff Palka, Epic
Jean Narcisi, WEDI |

12:15-1:00 **Lunch**

**1:00-2:00
(60 minutes)** **Session 5: Use of UDI in Administrative Transactions**

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|-------------------------|---------------------------|
| ■ FDA | Tom Gross, FDA |
| ■ Brookings Institution | Greg W. Daniel, Brookings |
| ■ WEDI Foundation | Devin Jopp, WEDI |

- Pew Charitable Trust
 - Health Plan
 - Provider
 - ASC X12
 - HL7
- Joshua Rising, PEW
Stuart Kilpinen, Aetna
George Ages, AHA
Margaret Weicker, ASC X12
Paul Knapp, HL7

**2:00-3:00
(60 minutes)**

Session 6: Health Plan ID

- ASC X12 – HPID Errata
 - WEDI
 - Provider Perspective
 - Clearinghouse Perspective
 - Commercial Health Plans
 - ERISA plans
 - Practice Management Vendor
- Margaret Weiker, ASC X12
Laura Darst, WEDI
TBD
Debbie Meisner, Emdeon
Christol Green, Wellpoint
TBD
Gloria Davis, QSI/Nextgen

3:00-3:10

Break

**3:10-4:50
(100 minutes)**

Session 7: ICD-10 Delay

- OESS
 - ICD-10 Coordinating and Maintenance Committee
 - WEDI Report on ICD-10 Delay
 - Providers
- Denesecia Greene
TBD
Jean Narcisi, WEDI
Holly Louis, HBMA
Meryl Bloomrosen, AHIMA
John Powers, Harvard
Nancy Spector, AMA
Sid Hebert, AHIP
John Evangelist, CMS
Diane Kovach, CMS
Godwin Odia, CMS
- Health Plans
 - Medicare
 - Medicaid

4:50-5:00

Public Comment

QUESTIONS FOR PANELISTS

Session 1: Regulatory Update, DSMO Report and Operating Rules

Objective: Receive an update on the status of Admin Simplification regulations, the DSMO Report and the status of Operating Rules for Remaining Transactions

- OESS
 - What is the status of regulations development?
 - What is the status of the development of a regulatory roadmap?
 - Summary of Public Comments received on Compliance Certification NPRM and estimated timeline for final rule
- DSMO
 - What is the status of administration transaction standards updates
- CORE and Others (Operating Rules)
 - 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?

Session 2: Use of Credit Cards- Including Virtual Cards – for Claims Payment

Objective: To further understand the level of use and the core issues related to the use of credit cards – including virtual cards – in the payment of health care claims from payers to providers, and discuss ways to address those issues

- What is the level of use of credit card payment from payers to providers in the health care industry
- What is the status of the issues associated with the use of virtual card in EFT transactions?
- What is the status of development of standards modifications to address credit card payment
- What is the status of development of guidance and educational materials related to the use of credit cards – including virtual cards

Session 3: Coordination of Benefits

Objective: To review the status of implementation of Coordination of Benefits across the health care industry, identify issues, and discuss ways to address those issues.

- What is the current status of implementation of electronic coordination of benefits (COB) via v5010?
- What is the current model being followed (i.e. plan-to-plan COB, provider-to-provider COB, provider-to-plan COB)?
- Are there any issues with the implementation of electronic COB?
- What is the current status of development of Operating Rules applicable to COB?
- What are the top priority areas where Operating Rules are needed for COB?
- What are the key issues, from your perspective, that are occurring with COB, and how should we address them? (CAQH)
- What is the current status of Operating Rules for the COB transaction? (CAQH)

Session 4: Health Care Attachments Transaction Standard

Objective: To understand the latest developments in attachments standards, and consider any

modifications to the original recommendations submitted by NCVHS in 2013

- What is the status of development of attachment standards?
- Have there been any significant changes since the Committee issued its recommendations - in terms of clinical data standard, enveloping/wrapper, transport/connectivity, etc?
- Has there been any message content changes or additions (new data sections, new codification of templates) needed to be incorporated into the standard?
- What are your perspectives with respect to alternative attachment standards being considered for balloting and approval?
- How are clinical data and administrative data exchanges taking place to help drive the quality and cost improvement and facilitate population health goals?

Session 5: Use of UDI in Administrative Transactions

Objective: To understand the purpose, benefits, value, and other considerations for the use of UDI in administrative transactions

- What is the current understanding of the purpose, value, and benefits of using UDI in administrative transactions, including Post-market surveillance, Cost/payment, Eligibility/prior authorization, Utilization analysis, Quality reviews, and other
- What are the main challenges and issues in adopting and using UDI in administrative transactions
- What is the current state of development of administrative transaction standards to accommodate for the capturing/reporting of UDI

Session 6: Health Plan ID

Objective: To discuss issues pertaining to the adoption, use and benefits of the HPID.

- What is the X12 HPID Errata?
- What are the main issues or concerns and challenges identified with respect to the use and implementation of Health Plan ID (from a provider, plan, clearinghouse, and vendor perspective)?
- What are some of the most salient strategies and 'best practices' for resolving these issues and challenges (from the same various perspectives?)
- What is the current status of preparation and health plan adoption of 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 are these issues being addressed?
- What is the impact on TPAs and ASOs of HPID and Certification of Compliance?
- How are controlling health plans being defined?

Sessions 7: ICD-10 Delay

Objective: To discuss the issues related to the delay in implementation of the ICD-10 codes.

- What are the main challenges, issues and risks associated with the delay in the implementation of ICD-10?
- What is the impact of the new delay on the calculation of Medical Loss Ratio?
- What are the cost implications of the delay in implementation of ICD-10?
- What are the contingency plans being developed by organizations that had planned to

- implement ICD-10 by October 1, 2014?
- Would there be any benefit in allowing ICD-9 and ICD-10 to be used concurrently prior to the full implementation of ICD-10?
- What are the most important areas and opportunities to focus on during the delay period?
- Should the new deadline be 2015 or beyond 2015? Please explain.
- What are the implications of the delay for providers implementing Meaning Use?
 - How has ICD-10 been incorporated in meaningful use?
 - What is the impact of using diagnostic codes (ICD-9 or ICD-10) in meaningful use?
- What are the implications, impact of the ICD-10 delay? Business operations, systems, resources, financial?
- What must be done to ensure no further delay?
- What are the transition plans being considered by the ICD-10 Coordinating and Maintenance Committee, including continuation of the current code freeze?

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Times, topics, and speakers are subject to change. For final agenda, please call 301-458-4200 at NCHS or visit the NCVHS Home Page at <http://www.ncvhs.hhs.gov>

05/27/14