The National Committee on Vital and Health Statistics

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

Sub-Committee on Standards

NCVHS Meeting Materials – December, 2014

OUTLINE

- 2014 – A Year in Review
- Overview of the Expanded Standards Sub-Committee Role
- The ACA Review Committee – Alignment, Scope, Work Plan for 2015
- Population Health/Public Health Standards – Planned Next Steps
- NEW! Transparency in Health Care
- Other Topics (eHealth Roadmap; Next generation of transactions)
- Putting it all together
  - The 2015 Standards Sub-Committee Work Plan
  - 2015 Hearing/Workshop/Roundtable Plans

2014 – A Year in Review

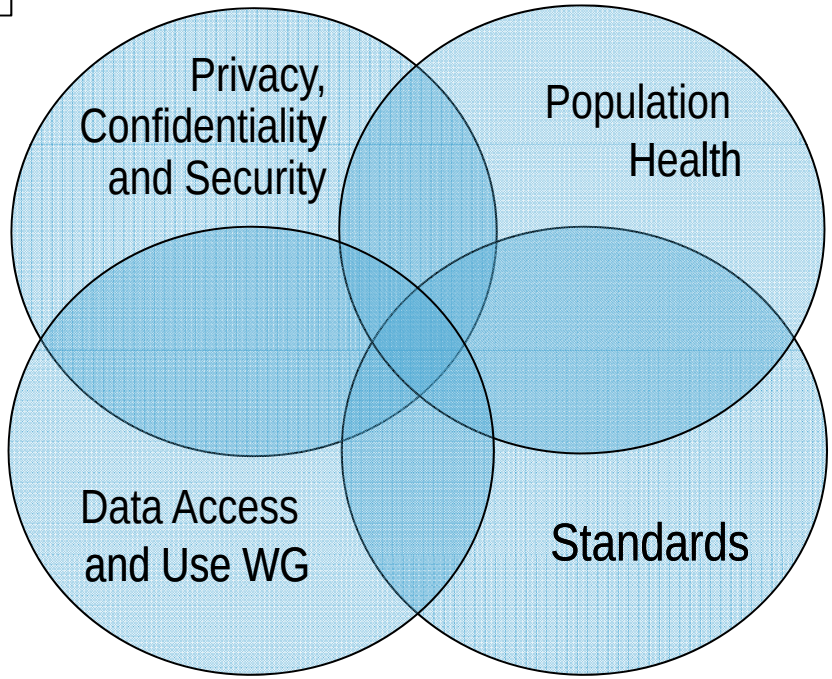
- Convened two major hearings
  - February, 2014 (Operating Rules, ICD-10, Health Plan ID, Pharmacy Prior Authorization)
  - June, 2014 (DSMO Report, Virtual Cards, COB, Attachments, UDI, Plan ID)
- Prepared and submitted eight letters of recommendations to the Secretary of HHS
  - ICD-10 Delay
  - Findings from February, 2014 hearing (EFT/ERA, Plan ID, Pharmacy Benefits Prior Authorization)
  - Public Health Data Standards and Public Health Information Infrastructure
  - X12 XML Schema
  - Virtual Cards
  - Health Plan ID
  - Attachments
  - UDI in Administrative Transactions

2014 – A Year in Review

- Completed the Eleventh HIPAA Report to Congress
- Named "ACA Review Committee" by Secretary of HHS
  - Developed Review Committee charter and work plan for 2015
- Presented on the work of the Sub-Committee at various audiences (other FACAs, WEDI, AHIP, other national events)
- Continued work convergence with other NCVHS Sub-Committees (population health, privacy/security) and other FACAs (HIT Standards, HIT Policy)

Functional Relationships of NCVHS

Secretary of HHS ⟷ NCVHS ⟷



HHS Agencies:
- ASPE, CDC, CMS, ONC, others

Other FACAs:
- Health IT Policy Committee
- Health IT Standards Committee
- Other HHS FACAs

Industry:
- Consumer
- Providers
- Health Plans
- Clearinghouses and System Vendors
- Public Health
- Researchers
- Public Programs
- Policymakers
- Others

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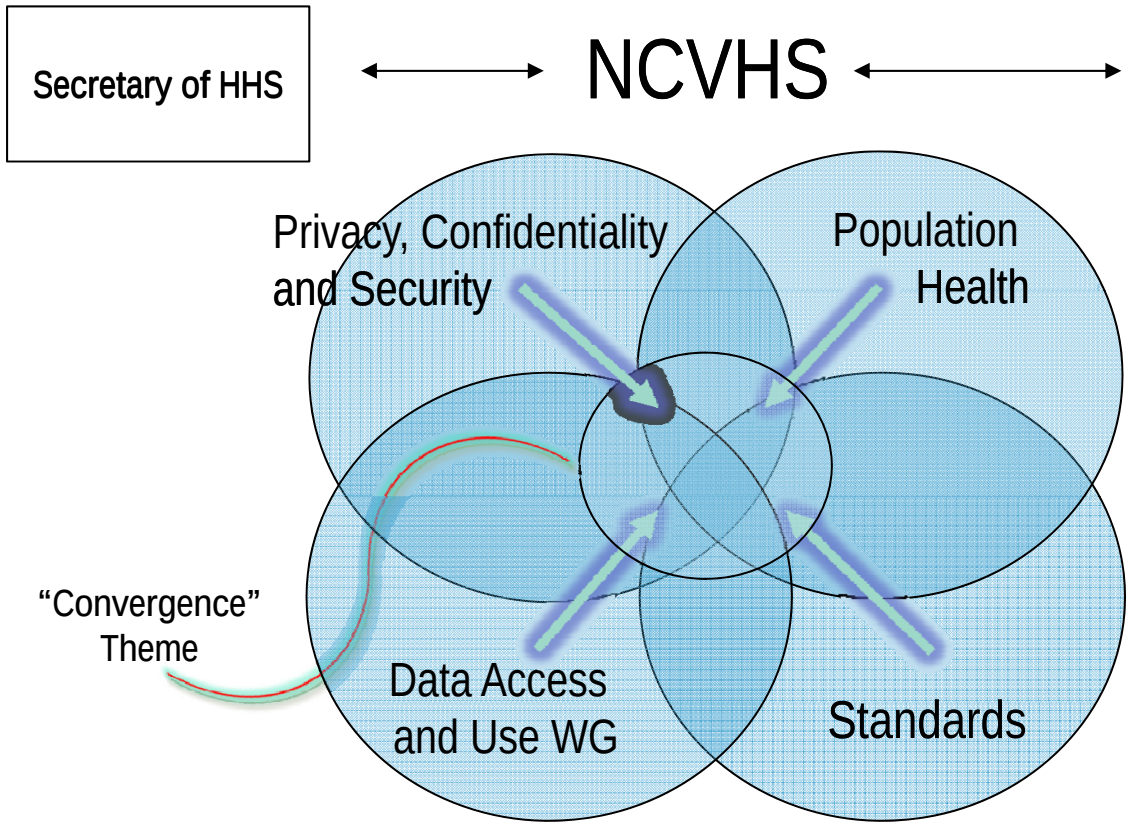
Functional Relationships of NCVHS



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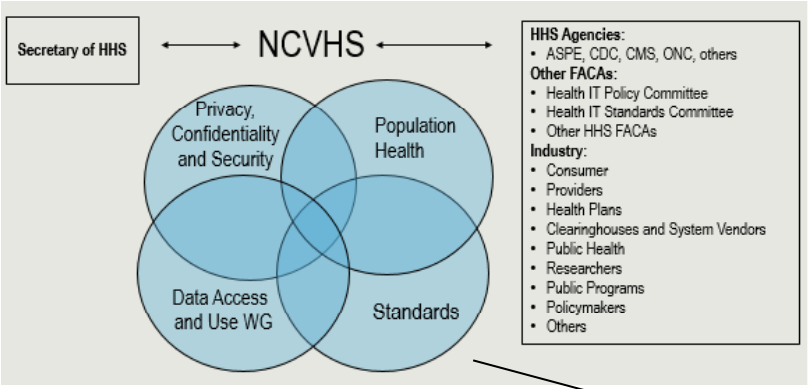
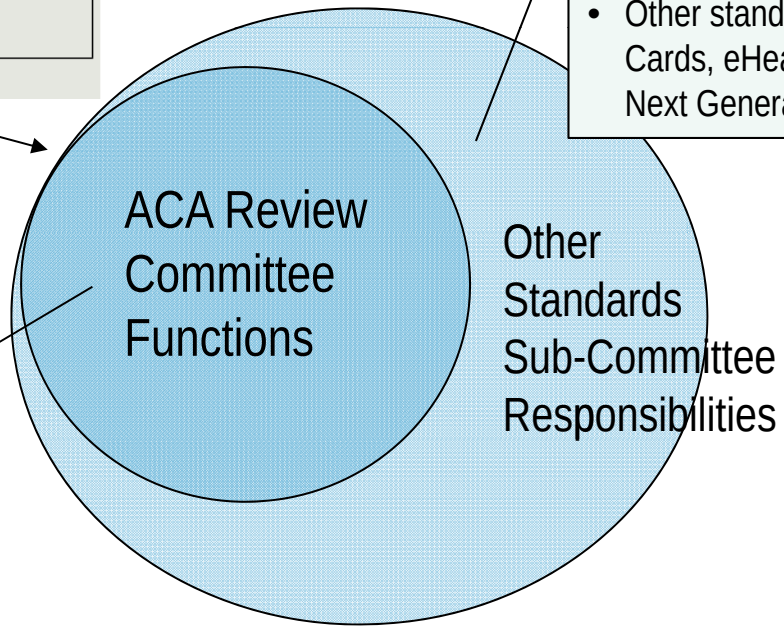
Overview of Expanded Standards Sub-Committee Role



Standards Sub-Committee

Other Standards Sub-Committee Areas:

- New Transactions, Standards, Code Sets, Identifiers, and Operating Rules, not yet adopted in regulations
- Population Health/Public Health Standards
- Other standards-related topics (Virtual Cards, eHealth Roadmap, Transparency, Next Generation of Transactions, etc.)



ACA Review Committee:

- Transactions and their Standards, Code Sets, Identifiers, and Operating Rules <u>that have been adopted in regulations</u>

Topics to be Covered by the Sub-Committee in 2015

- Start the ACA Review Committee process and deliverables
- Take action on Operating Rules for Remaining Transactions
- Follow-up on 2014 topics (ICD-10, Attachments, placeholders for possible topics such as Virtual Cards, Plan ID, UDI in Admin Transactions, other)
- Next steps on Population Health/Public Health Standards
- *NEW TOPIC!* Standards for Transparency in Health Care
- Administrative Transactions Used in Health Reform
- Administrative Transactions in Long Term Care, Behavioral Health
- Next Generation of Transactions to Support Health Reform
- eHealth Roadmap

Components of the 2015 Sub-Committee Work Plan

Hearing/Roundtable Plans for 2015

February, 2015 – Sub-Committee Hearing	Possible Topics: Operating Rules for Remaining Transactions; Transactions in Health Insurance Exchanges; ICD-10 Code Set Maintenance Process; Possibly Health Plan Compliance; Other
June, 2015 – Review Committee Hearing	Planned Topic: Status of Administrative Transactions, Standards, Code Sets, Identifiers, Operating Rule. Possible additional topics: Attachments
September, 2015 or November, 2015 – Sub-Committee Hearing/ Roundtable	Possible Topics: Transparency, Population Health Management, Public Health Standards

The ACA Review Committee
Charter, Principles, Scope, Workplan

Review Committee Charter

(Established under Section 1104(i) of the Affordable Care Act)

National Committee on Vital and Health Statistics
September, 2014

Statutory Background *(See Attachment)*

Section 1104(i) of the Affordable Care Act stipulates that the Secretary establish a Review Committee to:

1) Conduct hearings not less than biennially to evaluate and review the adopted standards and operating rules.
2) Provide recommendations not less than biennially for updating and improving such standards and operating rules.
3) Recommend a single set of operating rules per transaction standard and maintain the goal of creating as much uniformity as possible in the implementation of the electronic standards.
4) Ensure coordination, as appropriate in developing recommendations, with the standards that support the certified electronic health record technology approved by the Office of the National Coordinator for Health Information Technology.

The ACA Review Committee
Charter, Principles, Scope, Workplan

Charge of the Review Committee

Consistent with Section 1104(i) of the Affordable Care Act (ACA), the purpose of the Review Committee is to review existing health care administrative transactions for which standards, code sets, identifiers, or operating rules (heretofore collectively referred as "standards or operating rules") have already been adopted and are currently in use.

For these existing health care administrative transactions for which standards or operating rules have been adopted, the Review Committee review process will determine if the existing adopted standard(s) or operating rule(s) 1) continue(s) to meet current industry business needs and therefore no change is necessary; 2) does not meet current industry business needs and therefore there is a need to move to a new version of the standard or operating rule; or 3) does not meet current industry business needs and therefore there is a need to adopt a different standard or operating rule for the transaction.

The following are not included in the scope of work of the Review Committee:

- New health care administrative transactions for which standards or operating rules have not yet been adopted.
- Standards or operating rules adopted under other programs outside of HIPAA, for example, Meaningful Use, including clinical data standards under the purview of ONC.
- Privacy, security and transport standards.

Consistent with the statute, the Review Committee will coordinate its recommendations with the standards adopted by the Office of the National Coordinator for Health Information for certified electronic health record systems.

The ACA Review Committee
Charter, Principles, Scope, Workplan

NEW! Review Committee Functions

The current role of the NCVHS Standards Sub-Committee encompasses three primary areas:

1. Existing health care administrative transactions named in regulations as HIPAA transactions, and for which standards, code sets, identifiers, or operating rule have been adopted (i.e., claims, claims payment, ICD-10, CPT, National Provider Identifier);
2. New health care administrative transactions not yet named in regulations as HIPAA transactions, and for which standards, code sets, identifiers, or operating rule have not yet been adopted (i.e., attachments, acknowledgments, first report of injury, others); and
3. All other topics that are within the scope of responsibilities of the Sub-Committee (i.e. public health informatics standards, eHealth roadmap, simplification of other administrative processes such as provider enrollment, other).

Review Committee Membership

All members of the Standards Sub-Committee will be considered members of the Review Committee. The co-chairs of the Standards Sub-Committee will act as Review Committee co- chairs. The lead staff of the Standards Sub-Committee will act as lead staff for the Review Committee. Any other members of the full NCVHS can also participate in the Review Committee by joining the Standards Sub-committee.

When additional expertise is needed, content experts may be invited by the Review Committee co-chairs to address specific issues. Additional expertise would be accomplished either through limited participation at Review Committee meetings or in the formation of time-limited, purpose-focused Review Committee task groups, at the discretion of the Review Committee co- chairs. Technical support will be provided by the Standard Sub-Committee lead staff and other existing Standards Sub-Committee staff and resources.

The ACA Review Committee
Charter, Principles, Scope, Workplan

Review Committee Process and Deliverables

- The Review Committee will:
  - Convene additional hearings, as necessary
  - Conduct periodic working meetings.
  - Engage content experts when necessary to provide advice to the Review Committee on specific areas in question.
  - Convene time-limited, purpose-focused task groups to address specific areas in question.
  - Provide recommendations to the Secretary of DHHS.
- The Review Committee work will be accomplished primarily via virtual meetings, email communications, and scheduled hearings. On-site meetings may be held during scheduled NCVHS full committee and Standards Sub-Committee meetings, as necessary.

The ACA Review Committee
Charter, Principles, Scope, Workplan

- Review Committee hearings:
  - At least biennially, NCVHS, through the Standards Sub-Committee acting as the Review Committee, will convene a Review Committee hearing to review the status of existing transactions and their adopted standards, code sets, identifiers, and operating rules.
  - The Review Committee hearing will generally be held during the second-quarter (Q2) meeting of NCVHS (usually in the month of June) and at other times if needed.
  - Additional Review Committee hearings may be scheduled, at the discretion of the Standards Sub-Committee, to fulfill Review Committee functions.
- All hearings will be conducted in accordance with FACA policies and NCVHS practices, including: (1) issuing early public announcement, (2) developing an agenda and topics to be covered, (3) establishing a set of questions to be addressed by testifiers, (4) identifying and inviting industry representatives to provide oral testimony, (5) inviting the health care industry[1] and the public at large to provide written testimony, and (6) allowing for public input during the hearing. All hearings are public, and will be made accessible remotely through voice/webcast.

The ACA Review Committee
Charter, Principles, Scope, Workplan

- Purpose and Content of the Review Committee Hearing(s):
  - At Review Committee hearings, testifiers will be asked to address a set of specific predefined questions concerning:
    - The current status of implementation of all HIPAA-named transactions and their corresponding standards and operating rules.
    - The degree to which current standards, code sets, identifiers, and operating rules continue to fulfill the business needs of the health care industry.
    - The degree to which the use of the standard or operating rule results in discrepancies, ineffectiveness or inefficiencies in the implementation of a transaction, which causes conflicting or unanticipated negative impact to transaction implementers and the industry as a whole.
    - Any inability or limitation of the standard or operating rule to meet new and emerging business needs of the industry.
    - Whether changes in current standards and operating rules for any particular transaction are needed.
  - The DSMO, SDOs, DCCs and ORAEs will be invited to testify and address these questions for each of the existing named HIPAA transactions. In addition, the groups will be asked to review key maintenance changes made to existing standards or operating rules since the last report to the Review Committee, including a description of the business case and technical solution/approach used.
  - Representatives from various segments of the health care industry (i.e., providers, payers, clearinghouses, public programs, vendors, and others) will be also invited to testify.
  - The health care industry at large will be invited to submit written testimony.
  - All testifiers will be requested to provide objective data to support their testimony. This may include analytical data, market research, cost-benefit analysis and other forms of objective analysis.

The ACA Review Committee
Charter, Principles, Scope, Workplan

- Consistent with the ACA Statute, the Review Committee subsequent to each hearing will provide recommendations to the HHS Secretary on the need to update specific standards, code sets, identifiers or operating rules for specific transactions. The Review Committee will prepare a Letter of Recommendations to the HHS Secretary, to be presented to the full NCVHS for action/approval at a subsequent NCVHS meeting.
  - The findings, themes, observations and recommendations included in the Letter to the HHS Secretary will incorporate findings from the written and oral testimony received by the Review Committee for the hearing, as well as any input received from subject matter experts or time-limited, purpose-focused task forces engaged/created by the Review Committee.
  - The Review Committee will also ensure that any changes in standards or operating rules recommended to the HHS Secretary will be coordinated with the standard adopted by the Office of the National Coordinator for Health Information Technology for certified electronic health record systems.
  - Subsequent to the full NCVHS decision, the Letter of Recommendations will be sent to the HHS Secretary.

[1] Note: The terms "industry" and "health care industry" refers to any stakeholder within the health care sector that is affected by, or involved in health care administrative transaction standards, code sets, identifiers, or operating rules. This includes, but is not limited to, consumers, providers, employers, health plans, vendors, government programs, researchers, and others.

The ACA Review Committee – Scope of Work

Transaction	Standard	Code Sets ■ External Medical Codes ■ External Non-Medical Codes)		Identifiers	Operating Rules	
		Applicable to all transactions	Transaction- Specific		General (Applicable to all transactions)	Transaction-Specific
Health Plan Enrollments and Disenrollments	X12N 834	Medical • ICD-9 CM Vol. 1, 2, 4 • ICD-10 CM • ICD-10 PCS • NDC • CDT • CPT • HCPCS Non-Medical • Taxonomy Codes		NPI EIN Payer ID Plan ID Other		
Health Plan Premium Payment	X12N 820					
Health Plan Eligibility Benefit Inquiry and Response	X12N 270/271 NCPDP 3.0					150. Batch Acknowledgements 151. Real Time Acknowledgements 153. Connectivity 154. Eligibility Data Content 155. Eligibility Benefits Batch Response Time Rule 156. Eligibility Benefits Real-Time Response Time Rule 157. System Availability
Referral Certification and Authorization (Prior Auth.)	X12N 278					
Health Care Claim or Equivalent Encounter Information	X837N I/P/D NCPDP D.0 NCPDP 3.0 (*)		• Revenue Codes			
Coordination of Benefits	X837N I/P/D NCPDP D.0					
Health Care Claim Status	X12N 276/277		• Category Codes • Status Codes			250. Claim Status 258. Normalizing Patient Last Name Rule 259. AAA Error Code Reporting Rule 260. Eligibility Data Content Rule 270. Connectivity Rule
Health Care Payment and Remittance Advice and Electronic Fund Transfer	X12N 835 NCPDP D.0		• Revenue Codes • CARCs/RARCs • CAGCs • NCPDP Reject Codes • Combinations			350. Health Plan Claim Payment/Advice (835) Infrastructure Rule 360. uniform Use of CARCs and RARCs (835) Rule 370. EFT & ERA reassociation (CCD+835) Rule 380. EFT Enrollment Data Rule 382. ERA Enrollment Data Rule
Health Claim Attachments						
First Report of Injury						

(*) Medicaid Subrogation

NOTE: This table is not intended to depict a complete list of all standards, code sets, identifiers (external and internal to each transaction) or operating rules for each transaction

Aligning the Role of the Review Committee with NCVHS

- Importance of aligning the work of the Review Committee with NCVHS vision and mission
- NCVHS is optimizing the governance and operation of its sub-committees and workgroup, leveraging common guiding principles and assessing and tracking outcomes of recommended and sanctioned policies
- Transformative changes in health care in the US are providing new "convergence" needs, opportunities and challenges, and they impact the agenda and activities of the Review Committee
  - Growing and evolving adoption and use of clinical and administrative data, standards, transactions and technologies to achieve the triple aim
  - Health care delivery reform (ACO/PCMH), Population Management focus, and Payment reform and reimbursement models are the new drivers
  - Confluence of, and potential conflicts between multiple mandates still a major concern, as the industry is challenged with implementation, adoption and value realization of these converging mandates

Aligning the Role of the Review Committee with NCVHS

- Use common guiding principles and themes between NCVHS and Review Committee to evaluate effectiveness of adopted standards and operating rules:
  - NCVHS converge guiding principles, including 1) focus on the patient and consumer; 2) harmonize policies and regulations; 3) demonstrate flexibility and agility to embrace effective change; 4) balance short and long term evolution of administrative changes; 5) demonstrative disparity of means to execute and adopt required changes; and 6) ensure usefulness of data and effective stewardship
  - NCVHS guiding principles on effectiveness and efficiency, including: 7) effectively align with or enable the triple aim; 8) improve health care related data infrastructure; 9) incorporate, if applicable, privacy, security and confidentiality; 10) has measurable impact; and 11) serve as enabling capabilities for directional and strategic shifts

Aligning the Role of the Review Committee with NCVHS

- Assessing and gauging success and outcomes:
  - No commonly used set of measures to assess effectiveness of any given standards or OR
  - Review Committee has the opportunity to establish a framework for evaluation and "baseline" measures for existing standards and operating rules
  - Potential Review Committee framework could include 1) establish evaluation criteria to assess the efficiency/effectiveness of adopted standards and operating rules; 2) reviewing and establishing outcomes of each standard and operating rule; 3) establishing and formalizing national industry surveys regarding adoption and usage of adopted standards and operating rules; and 4) establishing empirical review of industry's adoption and effective use of standards and operating rules
  - Standards Sub-Committee will be able to use these two areas of alignment to frame and orchestrate the Review Committee's activities and deliberation
  - Review Committee operations and activities will be revised and refined to ensure they meet the requirements under ACA, as well as effectively align with the vision and mission of NCVHS

The ACA Review Committee – June 2015 Hearing

- First hearing of the Review Committee
- Focus on evaluating the state of implementation of HIPAA-named transactions and their adopted standards, code sets, identifiers, and operating rules
- Expected to be a two-day hearing, most likely in June, 2015
- Plan is to organize sessions by the 8 HIPAA adopted transaction, with each of the eight sessions ranging from 60 – 120 minutes, to cover standard(s), code set(s), identifiers and operating rules (as applicable)
- Sessions to include balanced, cross-section representation of the industry
- Will work with the industry over the next two months to plan and organize the hearing

Population Health/Public Health Standards
Next Steps

- Significant support throughout the public health sector on the core recommendations made by NCVHS to the Secretary in June, 2014
- Working with HHS and public health organizations to identify and define actionable next steps to facilitate the implementation of the recommendations
- Significant push expected in 2015 to enhance public health information infrastructure
    - Concerns from recent global public health events increasing the level of priority

Population Health/Public Health Standards *Proposed Plans for 2015*

- Organize a second Population Health/Public Health Standards hearing, to focus on the state of implementation of public health electronic information exchange standards
  - Follow-up to our first hearing (Nov 2013), to include topics such as Vital Statistics electronic standards
  - Q3-4, 2015 Timeframe
- In partnership with Population Health and Privacy/Security Sub-Committees organize a workshop on "Population Health Management" to discuss electronic standards and best practices
  - Population health management is a foundational component of health reform
  - Builds on the work done by NCVHS in this area
  - Strong possibility of partnerships with national foundations
  - Q3-4, 2015 Timeframe

NEW TOPIC! Health Care Transparency

- Transparency is now considered one of the most important transformative elements needed to fully achieve the goals of health reform
- There has been much talk about the need to achieve transparency at various levels (quality, performance, service availability, cost, pricing, etc.)
- There has been limited gains accomplished in this area
  - One example: Price transparency → Insurance Exchanges

NEW TOPIC! Health Care Transparency

- NCVHS has recently been approached by industry to help lead the discussion on transparency, and explore best practices and standards that could be recommended for the industry to follow
- Secretary Burwell soliciting ideas for increased transparency
- Proposed Approach:
  - Convene a workshop and/or a hearing on Transparency in Health Care, focusing on current practices, standards, gaps, and opportunities
  - Workshop/hearing would be convened during Q3/4 of 2015

Additional Topics

- eHealth Roadmap
  - Work with CMS to define next steps, possible 2015 'Summit'
- Administrative Transactions Used in Health Reform
  - Need to assess status of use of enrollment, eligibility, other transactions in health insurance exchanges
  - Topic for Q1 2015 hearing
- Administrative Transactions in Long Term Care, Behavioral Health
  - Need to assess current use, issues, opportunities for improvement
  - To be considered as part of Review Committee activities
- Next Generation of Transactions to Support Health Reform
  - Work with the industry on defining new transactions that support various emerging payment reform models

Putting it all together:
Standards Sub-Committee's Proposed 2015 Work Plan

	Q1 – 2015	Q2 – 2015	Q3/Q4 – 2015
Topics for Sub-Committee Discussion	• Operating Rules for Remaining Transactions • Working with industry on planning for Review Committee • Initial discussion on Transparency • Begin discussion on next generation of transactions • eHealth Roadmap (with CMS)	• Review Committee activity • Additional possible topics: Attachments • Planning for Q3/Q4 sessions (Transparency, Population Health Management, Public Health Standards	• Transparency in Health Care • Population Health Management Best Practices • Public Health Standards • Next generation of transactions to support health reform
Hearings / Roundtables / Workshops	• February 26, 2015 hearing on Operating Rules, Transactions in Health Reform, ICD-10 Code Maintenance Process, Other	• Review Committee Hearing • 2 full days, most likely in June, 2015	• Possible hearing/workshop/roundtable on the following topics: 1) Transparency in Health Care 2) Population Health Management 3) Public Health Standards 4) Next generation of transactions • All conducted jointly with other NCVHS Sub-Committees
Letters / Reports / Papers	• No letters/reports expected for action	• Letter from February, 2015 hearing	• Letter/report from Review Committee hearing (at Q3, 2015 NCVHS meeting) • Letter/Report from Q3/Q4 topics (at Q4, 2015 NCVHS meeting)