NCVHS – Standards Subcommittee

Outline and Plan

November 2015

Outline

- I. Background Standards Subcommittee
- II. Standards Subcommittee Plan
 - I. Operating Rules
 - II. Attachments
- III. NCVHS Strategic Plan



Standards Subcommittee Background

Scope of Work

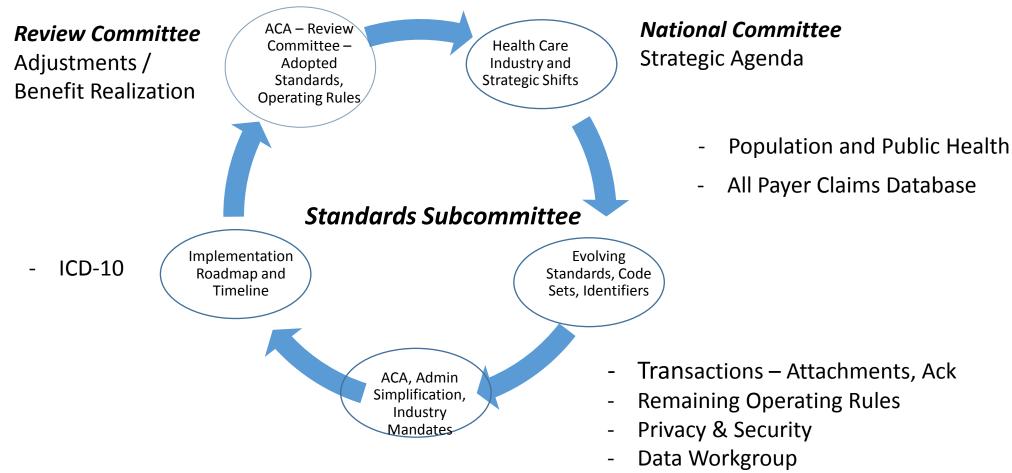


I. Standards Subcommittee Focus Areas

- Legislative drivers
 - Administrative Simplification HIPAA
 - Health care transactions, identifiers, code sets
 - Report to Congress
 - ACA
 - Operating Rules
 - Review Committee
- Advancements and evolution of standards Convergence
 - Standards for health care administrative message payload, e.g. administrative transactions (X12), HL7 clinical messages, etc
- Convergence of Health and Healthcare
 - Public health data standards
 - All-payer claims database
 - Population health
 - Pay for Performance



I. SCOPE – NCVHS Standards Subcommittee



I. Healthcare Transactions and Standards

Patient Admission
/ Patient
Registration

Prior-auth
Billing

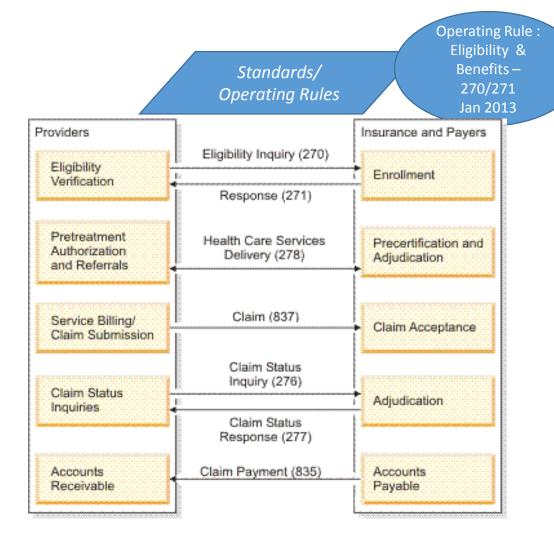
Coding /
Billing

Claims
Intake

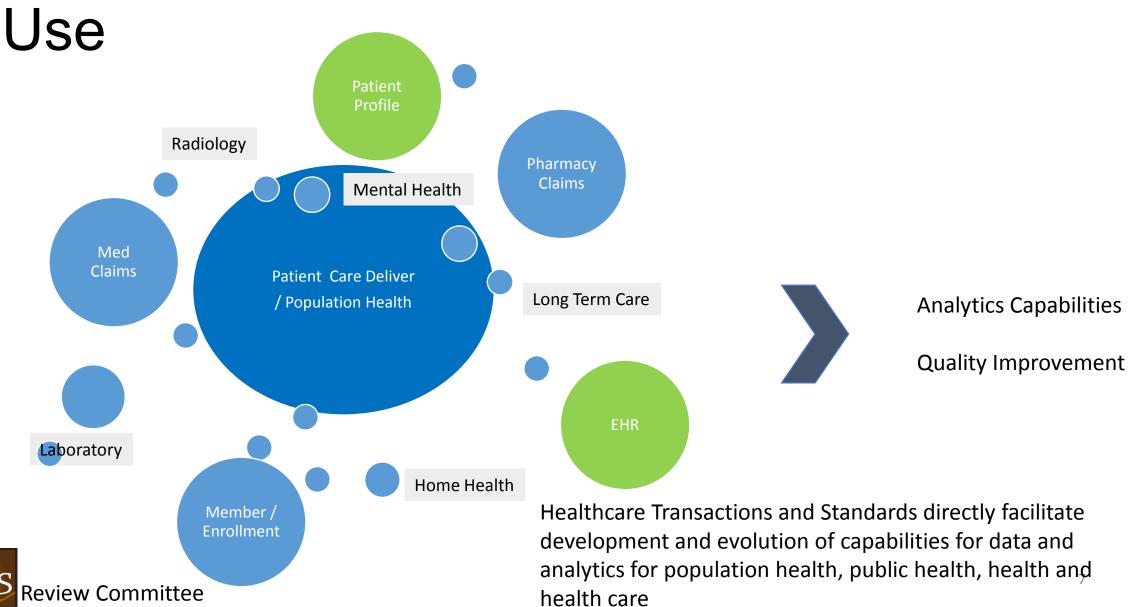
Claims
Edit

Pricing /
Adjudication

Payment /
Remittance
Advice



I. Healthcare Transactions & Secondary



Standards Subcommittee: Current Activities

Current Body of Work other than the Review Committee



Operating Rules - Phase 4

Background

- Scope of Phase 2 / 3
 - Adopted Jan 2013 Eligibility and Benefits
 - Adopted Jan 2014 Electronic Fund Transfer and Electronic Remittance Advice
- Scope of Phase 4
 - Health care claim (X12 837)
 - Health care service review (X12 278)
 - Benefit Enrollment (X12 834)
 - Premium payment (X12 820)
- 2014 NCVHS Letter no recommendations for remaining ORs
 - Health claim attachment standard has not been developed
 - Future operating rules should be developed based on ROI, industry readiness and constraints



Operating Rules Phase 4

- CAQH CORE announced the release of OR phase IV in October 2015
 - Letter to NCVHS
 - Operating Rules Phase IV focus on
 - Infrastructure Rule for each of the 4 transactions
 - Connectivity Rule for the transactions
- Next Step
 - NCVHS Standards Subcommittee to gather feedback from stakeholders and a hearing in or around February 2016



Attachments

Background

- 2013 NCVHS Letter
 - Focus on attachments and not claims attachment due to convergence and usage of clinical and administrative data
 - Clear purpose should be defined; not duplicative of other adopted standards
 - Attachment-related transactions
 - Message Content / Format HL7 implementation guide for CDA
 - Attachment Type Value Set LOINC
 - Routing Envelope X12 275 information to support health care claims
 - Request for Attachments X12 277 health care claim request for additional information
 - Request for Attachments X12 278 health care service review non-claim-related information requests
 - Acknowledgement X12 TA and 999
 - Pharmacy Prior-Auth NCPDP Script and X12 278
 - Other guiding principles and recommendations around; security / privacy, solicited / unsolicited usage, structured / unstructured data, etc.



Attachments

• Update from Walter Suarez

NCVHS Strategy Plan

Alignment with the National Committee



Strategic Goals	Objectives	Standards
Strengthen the health system's data and analytic capacity to sustain continuous improvement in health and well being	Objective 1.1: Continuously assess capacity to use data to improve health and well being	Administrative Simplification responsibility to advise on adoption of standards, identifiers, code sets for admin/fin transactions. (HIPAA 1996) Advise on ePrescribing standards (MMA 2003) Review Committee responsibilities (PPACA 2010) (If 21st Century Cures Act passes, additional EHR related duties may need to be added) Cross domain coordination to inform robust data standards by aligning business, policy, legal, and data needs
	Objective 1.2 Identify opportunities to enhance data and analytic resources and reduce redundancy to accelerate improvement in health and well being	Through industry testimony and collaboration inform through the development of: NCVHS' biennial HIPAA report Review Committee Recommendations and Report Reports on specific topic(s)
	Objective 1.3 Recommend actions to HHS, other federal agencies, Congress, and other stakeholders	Strategic coordination and alignment to support submission of letters and reports on topics such as: administrative simplification standards, operating rules, identifiers and code sets; Public health standards; ICD-10 post implementation; APCD;

Accelerate the adoption of standards to achieve the purpose of efficiency, effectiveness, privacy, security and interoperability of health data and systems	Assess the adoption and implementation of standards to achieve interoperability, operating efficiency, health system effectiveness, information security, and protection of privacy and confidentiality.	Leverage work from strategic goal 1 (Admin Simp, MMA, RC, (EHR?), Industry Collab) to enable assessing capacity of industry adoption Conduct hearings on Phase IV operating rules; identified issues (e.g. virtual cards); future standards and operating rules
	Objective 2.2 Identify opportunities to enhance interoperability, compliance, and operating efficiency through alignment of standard development, regulation and industry adoption and implementation	Leverage work from strategic goal 1 and 2.1 (Admin Simp, MMA, RC, Industry Collab) to enable inform specific recommendations (e.g. Public Health Standards, APCD, and emerging business models) Provide recommendations to HHS based on findings from hearings to assist them in their roadmap development
	Objective 2.3 Recommend actions that HHS, other federal agencies, Congress, and other stakeholders	Develop recommendations to applicable entity and for industry awareness 15

Increase access and use of data while ensuring appropriate safeguards	Objective 3.1: Engage relevant stakeholders to assess current capacity and identify opportunities for improvement	Provide standards view and considerations in NCVHS efforts to promote appropriate data use and access Continue to apply principles for access, use and confidentiality in discussions and development of key questions for the health care industry and recommendations to HHS
	Objective 3.2 Identify strategies to improve access and use of federal data resources	Hold hearings and solicit commentary from representative stakeholders to present testimony on metrics, best practices and opportunities. For example, Public Health Standards, ACO / Population Based Reimbursement and Data Usage
	Objective 3.3 Recommend actions that HHS, other federal agencies, Congress, and other stakeholders	Leveraging 3.1 and 3.2, produce and distribute recommendations to applicable entity and for industry awareness
		16

Strategic Goal 4: Recommend long term strategies in health information policy	Objective 4.1: Identify and assess emerging trends in population health, health care, business processes, information technology, interoperability, data management, statistics, ethics and cultural norms	Through collaborative efforts with HHS and the industry collaborative through hearings and workshop to identify emerging trends
	Objective 4.2 Identify and define opportunities and threats from emerging trends that will enable, or require change, to health information policies, standards, or regulatory frameworks.	Recommendations identified through HIPAA and ACA assessment and reporting efforts will support cross-domain coordination and roadmap development
	Objective 4.3 Formulate agile, flexible and converging recommendations and long-term strategies to improve health and well-being	Recommendation development will consider if standards, operating rules, code sets and identifiers are agile and flexible to accommodate emerging trends and support the triple aim