Department of Health and Human Services
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Subcommittee on Standards
Virtual Meeting held by WebEx

November 29, 2017

The National Committee on Vital and Health Statistics Subcommittee on Standards convened a meeting on November 29, 2017 to discuss its 2018 work plan, including the Predictability Roadmap project, and its project scoping and planning documents. The meeting was open to the public and was broadcast live using WebEx. A link to the transcript is available on the NCVHS homepage, https://www.ncvhs.hhs.gov

<u>Subcommittee Members Present</u>
Nicholas Coussoule, Co-Chair
Alexandra Goss, Co-Chair
Linda Kloss, MA
Richard Landen, MPH, MBA
Denise Love, BSN, MBA
Debra Strickland, MS

<u>Staff and Liaisons Present</u>
Rebecca Hines, MHS, Executive Secretary, NCHS
Lorraine Doo, MSW, MPH, CMS Lead Staff
Geanelle Herring, MSW, CMS
Katherine Jones, MS, NCHS
Debbie Jackson, MA, NCHS
Marietta Squire, NCHS

<u>Guests Present</u>
Monica Kay, PhD, CMS

<u>Agenda Topics</u>

- Welcome, Roll Call, Agenda Review

- Predictability Roadmap Update, Alix Goss

- New Medicare Card Project, Monica Kay

- CIO Forum Project Scoping, Alix Goss and Nick Coussoule

- Patient Matching Project Scoping, Alix Goss and Nick Coussoule

- Prior Authorization Project Scoping, Alix Goss and Nick Coussoule

- Public Comment

MEETING SUMMARY

WELCOME, INTRODUCTIONS, AGENDA REVIEW AND UPDATES
Nicholas Coussoule, Alexandra Goss, Co-Chairs

The purpose of the meeting was to obtain input from Subcommittee members on the 2018 work plan and the individual scoping/planning documents for each of the three projects identified for the year: the CIO Forum/Predictability Roadmap, Prior Authorization and Patient Matching. The Subcommittee also heard a presentation from CMS on the New Medicare Card.

Co-chair Alix Goss took a moment to acknowledge the contributions of an industry colleague, Bob Poiesz, who died of ALS in November. Many remember him for his intellect, kindness, friendship, wit and loyalty and agreed he would be greatly missed by family, friends, and colleagues.

Lorraine gave an update on the inclusion of the administrative standards in the Office of the National Coordinator's 2018 Interoperability Standards Advisory, which is available at www.healthit.gov/ISA. It includes standards that have been adopted or are under consideration for EHRs, and now includes the adopted HIPAA standards.

NOTE: For further information on any of the topics summarized below, please refer to the transcript available at www.ncvhs.hhs.gov

Predictability Roadmap – Alix Goss

Alix gave an update on the status of the Predictability Roadmap project. Two versions of the Administrative Standards, the pharmacy and the non-pharmacy transactions have been adopted in 20 years. Operating Rules have been adopted for four of the 12 transactions. Stakeholders would like to use updated versions of the electronic transactions and operating rules, to take advantage of greater efficiency, lower burdens, improved workloads, and reduce expenditures for the greater purpose of improving patient care and outcomes. She explained that the Subcommittee took on a project over the last year, which started with information gathering, moved into individual discussions, and then culminated in the summer of 2017 with a workshop, the findings of which will support future work to advance the Committee's effort on how to promote more predictability for all parties that use the standards adoption process or standards process. Themes have evolved from the information gathering process and workshop, and these will be further refined with the next body of work to be undertaken – primarily the CIO Forum which will be held in 2018 and additional meetings with the SDOs and federal government. Recommendations may be drafted following a hearing.

Presentation on the New Medicare Card – Monica Kay, CMS

The Medicare Access and CHIP Reauthorization Act of 2015, mandated that CMS must remove the Social Security number-based HICN from Medicare cards to address beneficiary risk of identity theft. Dr. Kay gave a comprehensive presentation on the timeline, the outreach and the format of the New Medicare Card and number. She described the guidance that is being given to providers for accessing the new number, how to obtain the number from the new database that is being developed, and how the card number will be used in transactions. The full transition time period is April 1, 2018 through December 31, 2019. Education and outreach resources are available on the CMS website at www.cms.gov/newcard where one can print and

order them for individual offices. Providers can obtain flyers to hand out, posters, tear-offs for patients, as well as conference cards for beneficiaries.

Subcommittee Q & A
Subcommittee members complimented Dr. Kay on the communication and good work underway. Mr. Landen asked if there was going to be an ombudsman, and Dr. Kay responded in the affirmative, and that he could be reached through the New Medicare Card email address. Linda Kloss asked about getting research extracts for Medicare administrative eligibility and claims files for their claims database and state research. Dr. Kay said that if they need to request certain pieces of information whether historical or the new MBI, that needs to be contained within that DUA. Monica asked that this and other questions be submitted to the New Medicare Card email box. She encouraged Committee members and the public to use the New Medicare email box for all inquiries so that they could post frequent questions for the public to see and use for implementation efforts.

CIO Forum - Nick Coussoule
The purpose of this project is to solicit input from senior IT leads and implementers of administrative data standards and operating rules, both from the perspective of how they are implementing today as well as the changes that they believe are coming in the future, and what the impacts might be going forward. The forum might be one or two days in duration; planning is underway. We will have various individuals attend to provide information in regards to the topics we develop questions for. We are not intending to review the specifics of the standards or operating rules. The Committee's aim is to get a short term and long term view of standards and operating rules to support the industry's need for predictability. The Committee discussed including chief financial officers (CFOs) of health care organizations because a lot of this does have to do with revenue cycle issue. For details of the discussion, see the transcript, which is available on the NCVHS website.

Subcommittee Q & A
Committee members asked how participants would be selected. In addition to nominees from the Committee, Nick and Alix indicated that CHIME had volunteered to supply names. Committee members also wanted to be sure that small and rural entities were represented on the panel. The co-chairs explained that the purpose is to identify individuals who are not necessarily in the weeds of the day-to-day transactions, but people who understand the company challenges with technology and understand the business side as well. Several Committee members provided suggestions for the types of organizations and associations who could be contacted for speakers. In particular, pharmacy organizations should be included, so that all standards are represented.

Patient Matching – Alix Goss

Alix described patient matching using the Office of the National Coordinator's commentary, as a description of techniques used to match the data about an individual housed by one healthcare provider with the data about that person housed by another or many others. The Subcommittee wishes to identify existing industry initiatives to understand their successes, barriers and risks and lessons learned that can be leveraged on a broader scale. There was discussion about the scope of the initiative and the fact that there is already a body of work underway at ONC. The Committee determined that the body of work that is out of scope is the evaluation and assessment of activities related to patient matching. The first task will be to meet with ONC to

understand their work activities and plans for their FACA (HITAC). NCVHS will determine next steps based on their findings.

Subcommittee Q & A
Committee members asked questions about the scope of work, best practices, state activities, use cases, the set of questions that would be asked if a hearing would be held, and whether NCVHS would get at a global vs. industry perspective. The co-chairs responded that the actual scope of work to be done on this initiative will be decided after full review of the 2018 work plan on December 7 when all projects across Committees will be evaluated. Details from the discussion during the meeting can be found in the full transcript.

Prior Authorization – Alix Goss

Alix provided a summary of the prior authorization topic, explaining that the healthcare industry continues to report that one of the core transactions adopted under HIPAA has business process issues hampering its implementation; these have impacted its use and precluded its ability to meet the intent of administrative simplification. This applies to both the X12N 278 prior authorization transactions for non-pharmacy exchanges, and the NCPDP script standard for prior authorizations. The NCPDP script standard has not been adopted, but has been recommended to HHS for adoption. The pharmacy industry strongly wishes to use it. The Subcommittee will monitor industry activities underway to mitigate the barriers to prior authorization, and if appropriate hold a hearing to learn of the progress, and determine if there are any recommendations that would be useful from NCVHS to HHS. We understand that NCVHS may receive a recommendation for an updated version of the NCPDP standards in early 2018, for prior authorization and for other transactions. The NCPDP SCRIPT ePA is out-of-scope because we are on record with a recommendation, and to the best of our knowledge, CMS will be moving forward with rule-making.

Subcommittee Q & A
The Committee discussed the scope of work for the prior authorization work plan, and the organizations that would be involved in any hearings. They agreed that WEDI's coordinating council would be a good resource for obtaining information about the various workgroups. After the Executive Committee convenes to discuss the 2018 work plan on December 7, further information about the effort on this project will be determined. Details about the discussion at the meeting can be found in the full transcript.

2018 Work plan

The Committee discussed the 2018 work plan, which will be submitted for review by the Executive Committee by December 7. Dates for different activities will be determined based on availability of resources to support the Committee and assessment of priorities.

Public Comment

One comment was submitted from Aetna: "The quantification of patient matching failure may be tricky since there are many transactions between payer and provider that are sent to feel out

whether coverage exists or based on bad information. I suggest that this be a topic for discussion."

Adjournment: 4:25 p.m.

To the best of my knowledge, the foregoing summary of minutes is accurate and complete.

Nicholas Coussoule   Alexandra Goss
Co-Chair   Co-Chair

DATE: 11/29/17