



National Committee on Vital and Health Statistics
Advising the HHS Secretary on National Health Information Policy

NCVHS Subcommittee on Standards Hearing on Proposed Updates to the X12 Standards

January 18, 2022

Purpose of Subcommittee Hearing on Proposals from X12



- To gather input from industry stakeholders regarding the proposal from X12 for updated version of HIPAA standards Claims and Payment/Remittance Advice, use of XML and other proposals.
- This input, along with previously gathered input will be used to inform Subcommittee recommendations to the HHS Secretary regarding adoption of the proposal.

NCVHS Review Process for X12 Proposal



- Overview presentations by CAQH/CORE and X12 to Subcommittee on Standards July 2022
- Collaboration with WEDI, named advisor to HHS in the HIPAA statute:
 - Informational sessions
 - WEDI Industry Survey
 - Member Position Advisory (MPA) Event – November 2022
- Request for Comment published – received over 600 comments
- Consultative conversations with CMS/OBRHI, CMS/NSG and HHS ONC¹
- NCVHS hearing January 18 & 19, 2023 (virtual)

¹ *HHS/CMS Office of Burden Reduction and Health Informatics; HHS/CMS/OBRHI National Standards Group; HHS Office of the National Coordinator for Health Information Technology (ONC).*

X12 Request to Update to X12 Version 8020 under HIPAA



- X12 has requested NCVHS recommend that the Secretary adopt version 8020 for certain transaction implementation guides:
 - **Claims** (837 Professional, Institutional and Dental)
 - 2021 CAQH Index adoption rates: 97% (Medical) and 84% (Dental)
 - **Payment/Remittance Advice** (835)
 - 2021 CAQH Index adoption rates: 76% (Medical) and 84% (Dental)
- Move from Version 005010 to Version 008020
 - *5010 balloted by X12 2003; adopted under HIPAA 2009; implemented 2012*
- All other adopted transactions remain on version 5010

The letter to NCVHS from X12 is available on the NCVHS website: : <https://ncvhs.hhs.gov/wp-content/uploads/2022/09/X12-Request-for-review-of-8020-transactions-060822-to-NCVHS-508.pdf>

X12 Request to Update HIPAA Transactions *(continued)*



Implementation Guide	Number of Enhancements
008020X323 Health Care Claim: Professional (837)	1,041
008020X324 Health Care Claim: Institutional (837)	1,136
008020X325 Health Care Claim: Dental (837)	333
008020X322 Health Care Claim Payment/Advice (835)	259

Source: X12

X12 Request to Update HIPAA Transactions *(continued)*



X12 Request Continued

- 8020 EDI Standard representation (the implementation guide) and the XML representation be named as permitted syntaxes.
- FHIR crosswalk to be provided for Version 8020 transactions
- The X12 letter is available on the NCVHS website: <https://ncvhs.hhs.gov/wp-content/uploads/2022/09/X12-Request-for-review-of-8020-transactions-060822-to-NCVHS-508.pdf>

Role of NCVHS in Making Recommendations to HHS on Standards



Roles and Responsibilities for NCVHS regarding updated standards:

- Receive requests for new or updated standards from Standards Development Organizations (SDOs), and obtain input from industry, including from Designated Standards Maintenance Organizations (DSMOs), i.e., ADA, HL7, NCPDP, NUBC, NUCC, and X12 regarding the requested modifications;
- Make recommendation(s) to the Secretary of HHS
- HIPAA requires NCVHS to render our advice, but Secretary is not bound by our recommendation.

Role of Healthcare Stakeholders in Advancing Standards Process



Roles and Responsibilities for Healthcare Stakeholders: DSMOs, Covered Entities, Business Associates, and other impacted stakeholders under HIPAA.

Provide input/comments on the proposed modifications.

Types of comments that would be welcome:

- Support proposal, as is.
- Support proposal with modifications.
 - Agree there is value and could support proposal, but there are specific concerns to address (e.g., benefit/cost analysis, major flaw), prior to adoption.
- Do not support proposal with rationale.

Process and Agenda



1. Today's hearing:

- Presentation by X12 to describe their request and proposals.
- WEDI will provide a presentation of its findings from an industry survey and member advisory session.
- Panelists representing invited stakeholders from the payer, provider, government, clearinghouse and vendor community will provide input on anticipated value, concerns and other topics of their choosing pertaining to the proposals. Those who were not able to attend were invited to submit comments in writing.

2. Time available for Subcommittee questions at the end of each panel.

3. A public comment period will take place after the afternoon break

NCVHS Work Plan for X12 Request



NCVHS is gathering industry input/consensus about:

- Need for the proposed changes from X12.
- Available cost benefit or value information for one or more of the changes to assess impact for implementation of updated or new standards.
- How the requests from X12 support the objectives of HIPAA and ACA.
- Other priorities provided through oral and written comments.

Out of Scope for this hearing:

- Disagreements about contractual relationships between stakeholders (e.g., providers and payers)
- Non-HIPAA requirements for use of a specific field or standard transaction.

After the Hearing



The Subcommittee will:

- Consolidate and analyze input (written and oral) from stakeholders
- Discuss and deliberate
- Draft recommendations
- Present Subcommittee recommendation(s) to full Committee
- Finalize and send letter to HHS Secretary conveying full Committee recommendations

Where to Find NCVHS Materials



All at <https://ncvhs.hhs.gov/>

- Calendars and Agendas
- Membership and Committees
- Recommendations
- Reports
- Meeting Summaries, Recordings and Transcripts
- Responses from HHS
- **Request for Comment (RFC) Submissions and Related Hearing Materials**



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Hearing Presentations