



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

# Standards Subcommittee Report Out

December 3, 2024

Tammy Banks, Co-chair  
Steve Wagner, Co-chair

# Topics for Discussion



- I. 2024 In Review
- II. NCVHS Requests for Information
  - I. Overview
  - II. Status
- III. Transaction Standards & Operating Rules
- IV. CAQH CORE Request for Review of New and Updated CAQH CORE Operating Rules for Federal Adoption
  - I. Request
  - II. Role of NCVHS
  - III. NCVHS Actions to Address CAQH/CORE Proposal
- V. Subcommittee on Standards 2025 Workplan

# 2024 In Review



- **Consultative conversations with CMS National Standards Group (NSG) and HHS ASTP/ONC**
- **Narrowed Standards Subcommittee focus to 4 topic areas in collaboration with Privacy, Security & Confidentiality Subcommittee**

*Modernizing the Standards Driven Healthcare Information Infrastructure & Ensuring the Privacy and Security of Data Exchange Working Document*

- A. Where might future NCVHS recommendations fit into the ONC and HHS 2020-2025 strategic plans?
- B. Examine mature and emerging standards and how they can co-exist to support current and future business needs and their workflows.
- C. Review relevance of HIPAA in the current healthcare ecosystem.
- D. Harmonization of Standards and Data

# 2024 In Review



- **Education Sessions:**

- Value-Based Care Models vs. Fee-For-Service: implications for HIPAA administrative transaction standards.
- SDOH data elements, health equity measures, essential human needs, and social services.
- Introduction to TEFCA.
- HIPAA Exception Process Overview.
- Drafted content for Education Sessions on Harmonization (to be held in 2025).

- **NCVHS Requests for Information Overview & Status**

- HIPAA Exceptions Process to Test a Proposed Modification of a HIPAA Standard
- Harmonization of Standards and Data for Healthcare Interoperability

# NCVHS Requests for Information Overview & Status



| <b>HIPAA Exceptions Process to Test a Proposed Modification of a HIPAA Standard</b>   | <b>Harmonization of Standards and Data for Healthcare Interoperability</b>   |
|---|--|
| <p><b>Purpose:</b></p> <p>Gather information on the HIPAA exceptions process and provide feedback will inform recommendations to HHS.</p> | <p><b>Purpose:</b></p> <p>Gather information to help modernize the healthcare data ecosystem's standards-driven infrastructure. Feedback will inform a report or recommendations to HHS.</p> |

# HIPAA Exceptions Process to Test a Proposed Modification of a HIPAA Standard



## **Who Should Respond:**

- HIPAA-covered entities (payers, providers, health care clearinghouses)
- Standards development organizations (SDOs)
- Other interested parties

## **Focus Areas:**

- Exceptions Process Instruction/Guidance
- Exceptions Process Application
- Exceptions Process and Trading Partners
- Exceptions Process – Impact
- Exceptions Testing Completed – Potential Next Steps & Changes

## **Request:**

- Share input on the HIPAA exceptions process and general testing subject.

# RFI on Harmonization of Standards and Data for Healthcare Interoperability



## **Purpose:**

Gather information to help modernize the healthcare data ecosystem's standards-driven infrastructure. Feedback will inform a report or recommendations to HHS.

## **Who Should Respond:**

- SDOs
- Terminology organizations
- Entities specifying standards
- Implementers

# RFI on Harmonization of Standards and Data for Healthcare Interoperability



## **Focus Areas:**

- Harmonization of standards and data for interoperability
- Data elements
- Terminologies & code sets
- Security & data privacy
- Information exchange formats
- Harmonization methodologies

## **Request:**

Share efforts to harmonize standards and challenges or opportunities in implementing new or updated standards.



# NCVHS RFI Status



| Date     | Target HHS Audience | Request for Information  | Status  |
|----------|---------------------|--|---|
| 11/14/24 | NSG (CMS)           | HIPAA Exceptions Process to Test a Proposed Modification of a HIPAA Standard | Submitted for processing and submission to Federal Register |
| 11/14/24 | ONC, NSG            | Harmonization of Standards and Data for Healthcare Interoperability          | Submitted for processing and submission to Federal Register |

# We Need Your Input!



- Access an overview of RFI's and draft questions
- Visit NCVHS Subcommittee on Standards Report Out at the September 19, 2024, Meeting
- [Presentation-Standards Subcommittee Update-Banks and Wagner](#)
- Sign up for the NCVHS List serv to receive notice when RFI's are published in the Federal Register.
- Then, access the Federal Register when published.

# Transaction Standards & Operating Rules



- **Transaction standards** are:
  - The electronic exchange of health-related information between two parties to carry out financial or administrative activities.
  - HHS has adopted certain standard transactions for the electronic exchange of health care data under HIPAA.
- **Operating rules** are required by the Affordable Care Act (ACA)
  - Operating rules are defined as the “Necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications;
  - Business rules and guidelines do not duplicate what is in the standard and may not be inconsistent or in conflict with the standard. Operating rules typically go above and beyond the standard in terms of data content and other requirements.”



**Appendix A: Required Operating Rules and Standardized Transaction Naming Conventions**

| Rule Status | Current Mandated Version                                    | Current Mandated Operating Rule Name   | Proposed Version   |
|-------------|---|--|--|
| Updated     | <a href="#">Phase III CORE 380 EFT Enrollment Data Rule</a> | <a href="#">CAQH CORE Payment &amp; Remittance EFT Enrollment Data Rule Version PR.1.0</a> | <a href="#">CORE Payment &amp; Remittance EFT Enrollment Data Rule vPR.2.0</a><br><a href="#">CORE Required Maximum EFT Enrollment Data Set Companion Document</a> |
|             | <a href="#">Phase III CORE 382 ERA Enrollment Data Rule</a> | <a href="#">CAQH CORE Payment &amp; Remittance ERA Enrollment Data Rule Version PR.1.0</a> | <a href="#">CORE Payment &amp; Remittance ERA Enrollment Data Rule vPR.2.0</a><br><a href="#">CORE Required Maximum ERA Enrollment Data Set Companion Document</a> |
| New         | -   | -  | <a href="#">CORE Health Care Claim (837) Infrastructure Rule vHC.2.0</a>   |
|             | -   | -  | <a href="#">CORE Health Care Claims (837) Data Content Rule vHC.1.0</a>  |
|             | -   | -  | <a href="#">CORE Claim Acknowledgment Data (277CA) Content Rule vCA.1.0</a>  |
|             | -   | -  | <a href="#">CORE-required Error Code Combinations for CORE-defined Business Scenarios</a>  |

# Appendix from CAQH CORE Request for Review of New and Updated CAQH CORE Operating Rules for Federal Adoption

Received November 4, 2024

# List of Benefits from Proposed Updated CAQH CORE Operating Rules for EFT/ERAs



## Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA) 835 Enrollment Enhancements

- Improved machine readability
- Ensure transparency of EFT fees
- Allow providers to opt in or out of non-EFT payments.
- Enable bulk enrollment and standardizing data element -- groups for large entities.
- Update data set
- Mandatory data fields and business entity identification
- Ensure timely notifications/confirmation upon provider enrollment.
- Increase transparency and trust with enhanced fraud detection measures
- Clearer guidance on alternative payment methods.

# List of Benefits from Proposed New CAQH CORE Operating Rules for Claims (Error Codes)



## **ASC X12N 837 Claim Submission transaction and voluntary ASC X12N 277 Claim Acknowledgment transaction**

Address high-frequency, non-standard use cases, such as telehealth and coordination of benefits.

- Align telehealth reporting
- Expand diagnostic code capacity from 12 to 24
- Standardize COB requirements

# NCVHS Role for Reviewing Updated Standards and Operating Rules



## Roles and Responsibilities for NCVHS

- Receive requests for new or updated standards and operating rules from Standards Development Organizations (SDOs) and Operating Rule Authoring Entities (ORAEs);
- For updated standards, obtain input from industry, including Designated Standards Maintenance Organizations (DSMOs), i.e., ADA, HL7, NCPDP, NUBC, NUCC, and X12 regarding the requested modifications;
- For updated and new operating rules, obtain industry input on how the operating rules support the adopted HIPAA transactions
- Make recommendation(s) to the Secretary of HHS

# NCVHS Actions to Address the CAQH CORE Proposal



## **NCVHS will obtain healthcare stakeholder input about:**

- Need for and benefits/impact from the updates to the adopted operating rules
- Need for and impact on implementation of proposed new operating rules.
- Available cost benefit information for implementation of the updated or new operating rules.
- How the requests from CAQH CORE support the objectives of HIPAA and ACA.
- Other information to support Subcommittee feedback to HHS

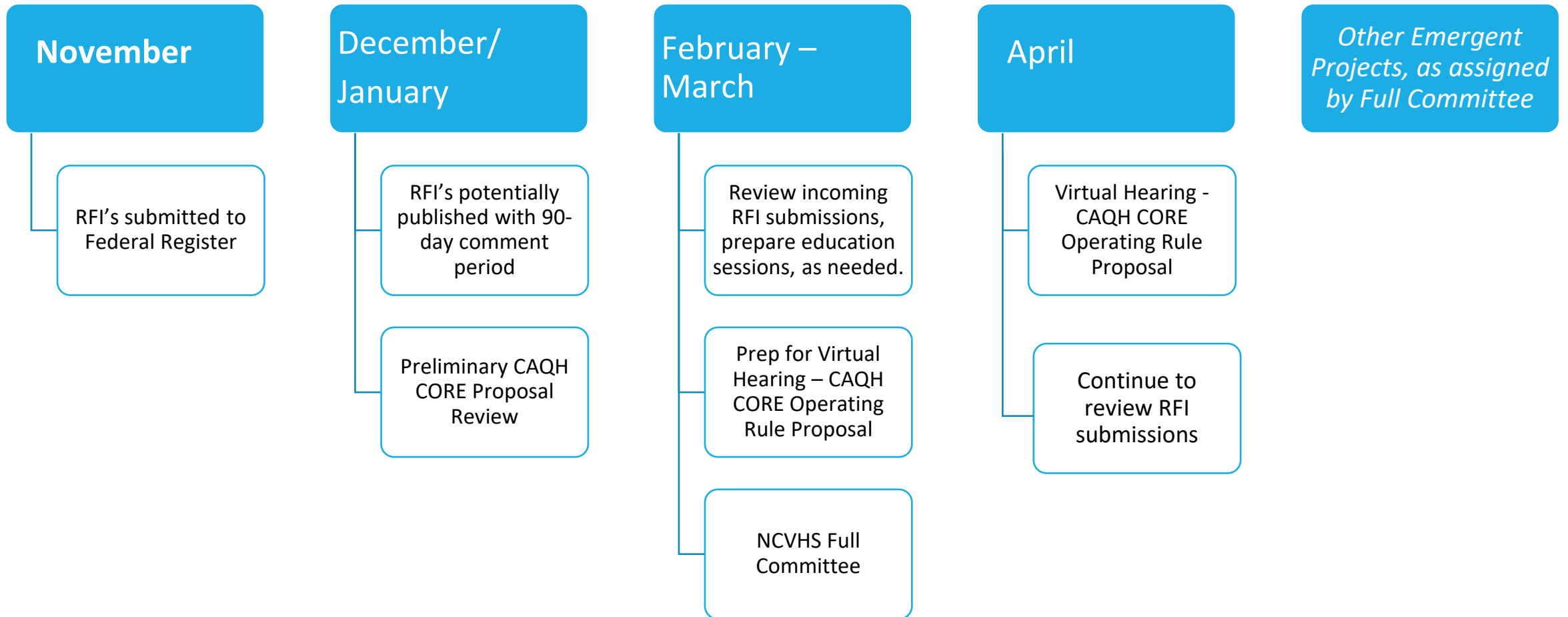


# NCVHS Actions to Address CAQH CORE Proposal Continued



- Presentation by CAQH CORE to Subcommittee on Standards, December 2024
- Collaboration with WEDI (named advisor to HHS in the HIPAA statute)
- Consultative conversations with CMS
- NCVHS stakeholder meeting to be scheduled in April 2025 (virtual)

# Subcommittee on Standards 2025 Workplan



# 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 Information (RFI) Questions**
- **CAQH CORE Operating Rule Request Letter and Upcoming Hearing Materials**