



## X12 Clearinghouse Caucus

Tuesday, September 27, 2016  
5:00 - 6:15pm  
Hilton Cincinnati / Pavilion Room

### Thanks To Our Sponsors





The National Clearinghouse Association

## Overview of Cooperative Exchange (CE)

- 28 Clearinghouse Member Companies
- Represent over 90% of the clearinghouse industry
- Over 750,000 submitting provider organizations
- Maintain over 8,000 Payer connections
- 1000 plus HIT vendor connections
- Process over 4 plus billion claims annually
- Value of transactions –over \$1.1 Trillion
- Infrastructure framework supports BOTH administrative and clinical transactions



## Our Members




**Clearinghouse Caucus - ASC X12 Standing Meeting  
September 27, 2016 - 5:00 - 6:15pm  
Hilton Cincinnati / Pavilion Room**

1. **Welcome and Introduction**  
Sherry Wilson, President, Cooperative Exchange and EVP/ CCO, Jopari Solutions
2. **ASC X12 Update - Stacey Barber, ASC X12N Chair**
3. **Clearinghouse Industry Update - Sherry Wilson**
  - *CMS MACRA - SSNRI Update* - Crystal Ewing, Senior Business Analyst and Manager, Regulatory Strategy, Zirmed
  - *CMS MACRA - Patient Relationship Code Update* - Crystal Ewing
  - *X12 7030 Strategic Review Plan* - Betty Lengyel-Gomez, Compliance Director, Government Healthcare Solutions, Xerox Healthcare  
Moderator: Debra Strickland, Project Manager, Xerox Healthcare, Inc.
4. **Update HL7 Meeting** - Durwin Day, Supervisor, Health Care Service Corporation  
Moderator: Debbi Meisner, Vice President Regulatory Compliance, Change Healthcare
5. **X12 838 – Provider Enrollment for EDI Services** - Betty Lengyel-Gomez, Compliance Director – Government Healthcare Solutions, Xerox Healthcare and Doreen Espinoza, VP of Regulatory Affairs, UHJIN  
Moderator: Debra Strickland, Project Manager, Xerox Healthcare, Inc.




**ASC X12 Update**

**Stacy Barber, Chair, ASC X12N**



## Clearinghouse Industry Update

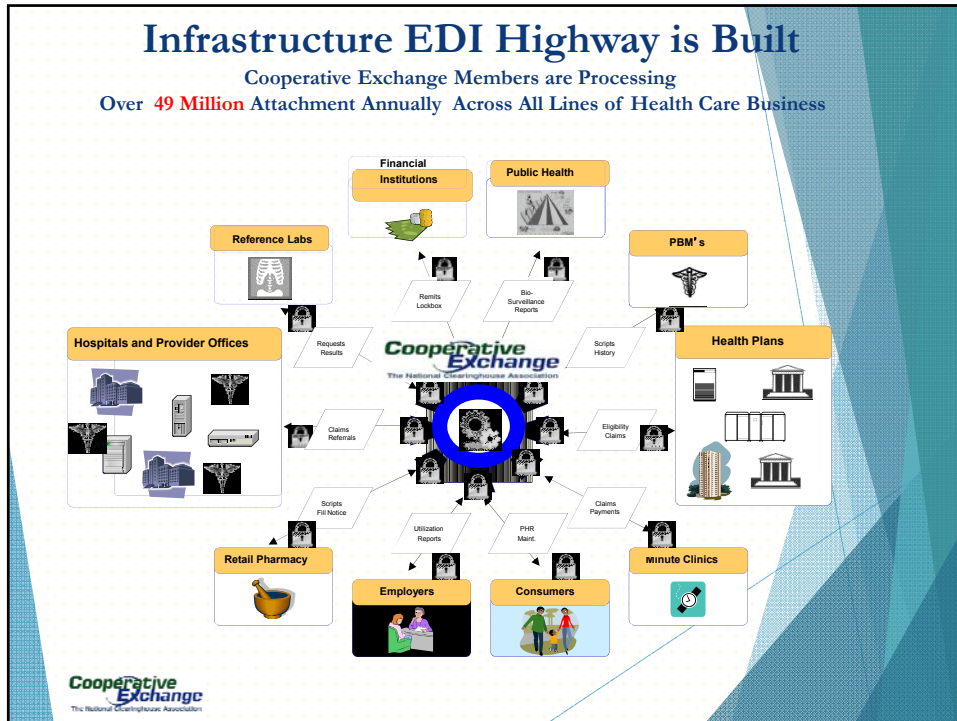
**Sherry Wilson**, President, Cooperative Exchange and EVP/  
CCO, Jopari Solutions



### Key 2016 Initiatives :

- Data Analytics – Identifying Opportunities Process Improvement
- ONC – Interoperability Initiatives
- Cyber Security Initiatives
  - OCR- Clearinghouse National Audit Standards/ Certification
  - Cyber Security Matrix Crosswalk – Regulatory Compliance
  - Aug Draft NIST SP800-63 Series - Digital Authentication Guidelines
- X12 7030 TR3 Review- Technical/ Business Review
- CMS-CE MACRA Discussions
- Value Based Payment Models
- Industry Stakeholder Collaboration
- Attachment Initiatives





## Cooperative Exchange

The National Clearinghouse Association

### Attachment Educational Advocacy Outreach

- CE- CMS Attachment Listening Session
- NCVHS Testimonies
- Stakeholder Education – Communications
- Compliance- Engaged State and Federal Alignment
- Stakeholder Collaboration- Connectivity Partners
- Industry Webinars, Conferences, Surveys

**Cooperative Exchange**  
The National Clearinghouse Association

**Cooperative Exchange  
National Clearinghouse Association**

**CE Clearinghouse Transaction Survey – February 16, 2016**  
*Results representing 2/3rd of the membership*

- **Over 49 Million Electronic Attachments Processed Annually**
- **Electronic Attachments by Healthcare Line of Business**
  - 55% Property and Casualty
  - 15% Dental
  - 15% Commercial
  - 15% Government
- **Electronic Attachment Utilization –Business Process**
  - 83% Claims Adjudication i.e., high% unsolicited)
  - 11% Post Adjudication (i.e., appeal/audit)
  - 3% Referral/Notification
  - 3% Prior Authorization
- **Electronic Attachment Format Type**
  - 95% Unstructured (e.g., TIF, PDF, etc.)
  - 5% Structured (C-CDA)
- **Variety of Attachment Transport Methodology**
  - 53% Web Portal Upload (Single or Batch)
  - 27% EDI using ASCX12 275
  - 14% EDI (e.g., SFTP with PGP Encrypted)
  - 3% Secure Fax
  - 1% Secure Email
  - 1% IHE Profile (XDS, XDR)

\*Cooperative Exchange NCVHS Feb 2016 Attachment Testimony:  
<http://www.cooperativeexchange.org/>



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**Key MACRA Regulation Topic  
Updates**

**Social Security Number Removal Initiative  
New Patient Relationship Codes**

Crystal Ewing

## Social Security Number Removal Initiative (SSNRI)

### Background:

- As part of the Medicare Access and CHIP Reauthorization act of 2015 (MACRA), CMS must remove Social Security numbers (SSNs) from Medicare ID cards. CMS will begin assigning Medicare Beneficiary Identifiers (MBIs) to replace the use of Health Care Insurance Numbers (HICNs) and Medicare Claims Numbers (MCNs) which contain SSNs.
- Since the beginning of the Medicare program, the SSN-based Health Insurance Claim Number (HICN) has been used as the beneficiary identifier for administering the Medicare program.
- The Centers for Medicare and Medicaid Services (CMS) uses the HICN with multiple parties, such as Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, Medicare plans, etc.
- Given the risk of identity theft, Congress passed and the President signed into law, the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, mandating the removal of the SSN-based HICN from Medicare Cards.



## SSNRI Update



- CMS held an Social Security Removal Initiative (SSNRI) Listening Session on August 10<sup>th</sup> at the WEDI Summer Forum –(Monica Kay (CMS), Rob Tennant (MGMA), Crystal Ewing (ZirMed))
- Feedback gathered from June 2016 Clearinghouse Caucus and CE Membership Interim Calls was included in an issue brief submitted to CMS



## Key Updates from CMS Listening Session

- CMS is conducting planning and analysis for over **75 complex** CMS legacy IT systems, as well as contract modifications and procurements to initiate system changes
  - Execution and testing of the system modifications
  - Continued operations of existing system while modifications occur-to ensure that beneficiaries have access to care and to avoid disruption to payment process for services rendered
- CMS will provide outreach and education to over to:
  - The provider community (1.5M providers)
  - Approximately 60 million beneficiaries
  - State and Territories
  - Key stakeholders, vendors & other partners
- CMS will involve stakeholder communities in the outreach and education efforts-through existing vehicles of communication.



## CMS SSNRI-Implementation Schedule

2016 - 2017

2018 - 2020

- |   |   |   |   |
|---|---|---|---|
| <ul style="list-style-type: none"> <li>✓ <b>March 2016</b> – Launch Phase I SSNRI web content on cms.gov</li> <li>✓ <b>March to August 2016</b> – Conduct listening sessions with external stakeholders</li> <li>• <b>April 2016 – October 2017</b> – Develop/Test internal system and business process changes</li> <li>• <b>August 2016</b> – Launch Phase II SSNRI web content on cms.gov</li> </ul> | <ul style="list-style-type: none"> <li>• <b>October –December 2017</b> – Conduct Integrated Testing for CMS, SSA, RRB, States, Health Plans, and Provider Systems</li> <li>• <b>October 2017</b> – Finalize Changes to IT Systems and Internal Systems and Unit Testing</li> <li>• <b>October 2017</b> – CY18 Annual Election Period; Distribute Medicare &amp;You (M&amp;Y) Handbook Announcing New Medicare Card</li> </ul> | <ul style="list-style-type: none"> <li>• <b>January 2018</b> – Begin Beneficiary Education and Outreach</li> <li>• <b>April 2018</b> – All systems &amp; processes able to accept MBI</li> <li>• <b>April 2018</b> – Begin distributing Medicare cards with MBI to 60M beneficiaries</li> </ul> | <ul style="list-style-type: none"> <li>• <b>October 2018</b> - CY19 Annual Election Period; Distribute M&amp;Y Handbook</li> <li>• <b>April 16, 2019</b> – Statutory deadline for issuance of new Medicare Cards</li> <li>• <b>January 2020</b> – HICN no longer exchanges with Beneficiaries, Providers, Plans and other 3<sup>rd</sup> parties</li> </ul> |
|---|---|---|---|





## SSNRI-Question/Concerns to CMS

- Would recommend adding an additional eligibility search option that does not require a member ID number search or if this is not possible allow the old HICN number to be submitted on the eligibility request for at least 3 years post implementation.
- Confirm the requirements for the effective date of the new member ID cards and when they should be used.
- What is the distribution strategy going to be? Will this be by region/jurisdiction? Will need to have clear requirements of the roll out strategy.
- What is the effective date of the new member ID cards? Is it Date of Service based on the effective date or is this by when the new ID was received based on the distribution strategy?
- Will new applicants automatically receive the new MBI started in April 2018 since they will not have an old number? What is distribution strategy for new applicants?
- Will there be any lag of the card issuance and when the HETS system will be updated?
- Will there be a crosswalk from the old HICN number to the new MBI? Who will maintain this? This may be needed for patient matching purposes for historical patient claims and data analytics.
- Any other changes that going on during this transition period including Claims Attachment and Patient Relationship codes. This could cause a longer implementation period in order to implement and transition both technical and business processes.
- How will the Medicare Advantage Plans be affected?
- Recommend identifying all the technical and business process by following the trail of how the current Medicare HICN is being used in both the payer and provider environment to truly identify full impact of this change.
- We recommend a testing period to test trading partner systems support, including claim front edits and validations.
- ICD-10 Communication and Testing Approach worked very well- we recommend following a similar approach for the removal of the SSN from the Medicare cards.
- Need clear specifications for the test file including when the new Member ID number is available and what providers we should test with.
- Recommend validated the industry if ready for the change before CMS mandates. How will CMS know the industry is ready?



## Feedback to CMS

CMS is very interested in your feedback to obtain any additional information on timeframes, implementation concerns or other scenarios that may affect the SSNRI program implementation

The goal is to provide minimal disruption to current operations and procedures if possible. CMS is looking for feedback!

Please submit any additional information asap to the SSNRI team mailbox at:

[SSNRemoval@cms.hhs.gov](mailto:SSNRemoval@cms.hhs.gov)





## CMS MACRA - Patient Relationship Codes Update

**Crystal Ewing**, Senior Business Analyst and Manager, Regulatory Strategy, Zirmed

### Background

- MACRA, paragraph (3) of section 1848(r) requires the Secretary to post on the CMS website a draft list of the patient relationship categories and codes for review and comment.
- The patient relationship codes reported on claims will be used to attribute patients and episodes (in whole and part) to one or more physicians/practitioners.
- CMS will conduct an analysis of resource use utilizing Care Episode and Patient Condition groups as well as patient relationship categories.

Comments were due no later than August 15, 2016.

## CE Feedback to CMS

- If the patient relationship codes are required to be submitted on claims (as determined appropriately by the secretary) it is imperative that the business requirements for how and where this information should be submitted on both electronic and paper claims be defined as soon as possible.
- If the current standards do not support the patient relationship codes then the industry will not be able to support the January 1, 2018 implementation date.
- The Cooperative Exchange encourages CMS to work closely with the Standards Development Organizations and Content Committees to determine if there a solution in place to identify this information without huge costs to the industry.
- The current claim content contains a patient relationship code. The Cooperative Exchange would encourage CMS to consider changing the "Patient Relationship Code" to a more appropriate value such as "provider relationship" or some other title to avoid confusion with the current claim patient relationship code content.
- The Cooperative Exchange would encourage CMS to further clarify the definition of an episode and consider adding additional relationship categories for preventative services.
- The Cooperative Exchange has concerns with expecting physician and practitioners to self-identify and encourages CMS to clarify use cases where a clinician may have to use multiple submissions of a patient relationship codes (ex: chronic and acute conditions are being treated).
- The Cooperative Exchange encourages CMS to clarify what if any documentation would be required if CMS is expecting that relationship on the claim matches the clinical documentation.



## X12 7030 Strategic Review Plan

**Betty Lengyel-Gomez**, Compliance Director,  
Government Healthcare Solutions, Xerox Healthcare

## Emerging Trends & Strategic Innovation Committee

### Overview

Committee to monitor, identify and track emerging trends and strategic innovation and provide education to committee members for future visioning.

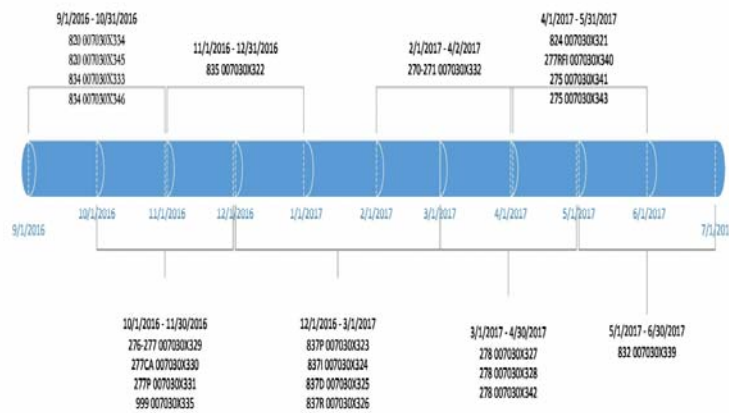
**Chairs:** Betty-Lengyel-Gomez and Joan Kossow

### Meetings:

Type of Meeting	Location	Date/Time
Teleconference	GoToMeeting	4 <sup>th</sup> Wednesday of each month 11-12 est.



## 7030 Timeline



**CE v7030 Meeting Schedule**

CE Member Meeting Dates	CYCLE WEEK	CYCLE / TRANSACTIONS	CYCLE / TRANSACTIONS	CYCLE WEEK
October 19, 2016	3	Cycle 2: Claim Status 276/277, Claim Ack 277CA, Claim Pending 277Pend, Imp Ack 999	Cycle 1 Premium Payment 820, Benefit Enrollment 834	7
November 16, 2016	7	Cycle 2: Claim Status 276/277, Claim Ack 277CA, Claim Pending 277Pend, Imp Ack 999	Cycle 3: Claim Payment/Remittance Advice 835	3
December 21, 2016	3	Cycle 4: Claims 837I, 837P, 837D	Cycle 3: Claim Payment/Remittance Advice 835	7
January 18, 2017	7	Cycle 4: Claims 837I, 837P, 837D		
February 22, 2017	11	Cycle 4: Claims 837I, 837P, 837D	Cycle 5: Eligibility Benefit 270/271	3
March 22, 2017	3	Cycle 6: Service Request for Review 278 (278RR), Review Inquiry 278 (278IR), Notification 278 (278NA)	Cycle 5: Eligibility Benefit 270/271	7
April 19, 2017	7	Cycle 6: Service Request for Review 278 (278RR), Review Inquiry 278 (278IR), Notification 278 (278NA)	Cycle 7: Claim Req for Addl Info (277RFI), Addl Info Claim 275 (275C), Addl Info Serv Review 275 (275P), Application Reporting for Insurance 824	3
May 17, 2017	3	Cycle 8: Fee Schedule (832)	Cycle 7: Claim Req for Addl Info (277RFI), Addl Info Claim 275 (275C), Addl Info Serv Review 275 (275P), Application Reporting for Insurance 824	7
June 14, 2017	7	Cycle 8: Fee Schedule (832)		



## Update HL7 Meeting

Durwin Day, Supervisor, Health Care Service Corporation

## HAPPY 30<sup>TH</sup> BIRTHDAY Health Level Seven International

### About Health Level Seven, International

Trimester working group meetings are scheduled annually. One is a Plenary Session for the upcoming year.

Trends – Payment Reform, New Delivery Models, Exchanging Clinical Data/Interoperability

Balloting the month before each meeting

Ballots have the potential to become normative standards

Payers join HL7 to define Claim Attachment standards in 1996

Align Claim Attachment standards with C-CDA Documents in 2009  
HL7 ADT and Lab Results

## Current NCVHS Recommendation

### Request for Attachments:

- ASC X12N 277 Health Care Claim Request for Additional Information (for all claim-related attachment requests)
- ASC X12N 278 Health Care Service Review – Request for Review and Response – Response (for non-claim-related attachment requests)

### Response – Submission of an Attachment: Message Content/Format:

- HL7 CDA R2 – Consolidated CDA Templates for Clinical Notes R2.1
- HL7 Attachment Supplement Specification Request and Response Implementation Guide R1

### LOINC Codes:

- Attachment Type Value Set: Logical Observation Identifier Names and Codes (LOINC) developed and maintained by the Regenstrief Institute, Inc.,
- HIPAA Panel Solicited and Unsolicited Lists.

**Acknowledgment:** ASC X12 Acknowledgment Reference Model (ARM)

## HL7 Attachments Workgroup

**Finalize updates to the Attachment Supplemental Guide to include conformance statements. Next call on Oct. 4**

- Complete ballot reconciliation by Nov. 1
- Complete updates to the guide by Nov. 15
- Approve and publish by Nov. 22

**Periodontal Chart**– The Periodontal attachment is currently being modeled to the ADA 1079 Standard. Working to complete document for the HL7 January ballot. Support from ADA, DOD and the dental community.

**LOINC code access:**

- Changes to the HIPAA Panel - Solicited and Unsolicited Lists

**Exploring use of C-CDA on FHIR for Attachments:**

- Real time and access to specific clinical data

**Next HL7 Meeting in San Antonio in Jan. 2017**

- FHIR Connectathon for Attachments
- Payer Summit



## X12 838 – Provider Enrollment for EDI Services

**Betty Lengyel-Gomez**, Compliance Director, Government Healthcare Solutions, Xerox Healthcare and **Doreen Espinoza**, VP of Regulatory Affairs, UHIN

## 838 Provider EDI Enrollment

### Background: The Transaction Supports

- EDI enrollment, modification and dis-enrollment of Providers with Health Plans.
- Re-use of provider data.
- Created with payers and providers in mind

Many Enrollment forms were used to gather data – CAQH CORE ERA and EFT, Medicare Enrollment forms and Commercial forms

### Current Status:

- Public comment closed
- Work Group finishing the final steps to first public comment.

## Benefits - Providers

### Providers can enroll in advance of a change

- Being proactive without disruption

### Providers can add, change or cancel enrollment

- Move more easily when changing software vendors or clearinghouse connections
- Adding new providers or removing existing providers

### Providers can easily move from one method of submitting/receiving transactions to another

- Possible transmitting of claims through a clearinghouse and receiving payments (ERA) direct from payer

### Track the enrollment process from start to end

- Know exactly the status of the enrollment



## Benefits - Payers

- Required information missing or illegible
- Reduce the various communication methods - streamline
- Electronic enrollment transaction request offers same benefits of all other EDI transactions
- More than just a request
- Track the enrollment process from start to end

## Benefits - Clearinghouse

- **Switching transaction versions**
- **Switching Clearinghouse**
- **Testing setup and acceptance (payer and member)**
  - HIPAA and Non-HIPAA transactions
- **Track the enrollment process from start to end**

## Your Participation

### We need your feedback:

- **Second Comment Period**
- **Participation with the workgroup**
- **Pilots**

### Contact Co-Chairs

Betty Gomez

Doreen Espinoza

Tom Mort



## Thank You

### Cooperative Exchange Contact Information

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