The Division of National Standards, CMS Industry Stakeholder Discussion
HIPAA and ACA Administrative Simplification Attachment Standards

Tuesday, July 18, 2017

Stakeholder Meeting Purpose and Objectives

The purpose of the meeting is for business stakeholders to share and discuss with the Division of National Standards at CMS their attachment business need(s), administrative simplification impact and advocacy support for attachment regulations this year.

Industry stakeholder participation includes representatives from the provider, clearinghouse, IT vendor payer communities, representing the Commercial, Governmental and Property and Casualty sectors that will be sharing the following information with the Division:

- Attachment Business Use Case(s) - Driving Factors
- Realized and/or Expected ROI
- Implementation – Challenges / Successes
- Lessons Learned / Recommendations
Agenda

9:00 - 9:10 AM

Welcome and Introductions
Madhu Annadata, Director, The Division of National Standards, CMS
Sherry Wilson, Chair Cooperative Exchange Board, National Clearinghouse Association

9:10 – 9:25 AM

Background and Summary Overview of NCVHS Attachment Standards Recommendations to HHS
Walter Suarez, MD, MPH, Executive Director, Health IT Strategy and Policy, Kaiser Permanente and Former Chair, NCVHS

Electronic Attachments: Background, Evidence and Final Recommendations

National Committee on Vital and Health Statistics

Walter G. Suarez, MD, MPH
Executive Director, Health IT Strategy and Policy, Kaiser Permanente
Former Chair, NCHVS

Meeting with the Division of National Standards
Centers for Medicare and Medicaid Services
Baltimore, MD | July 18, 2017
Background

- Attachments – one of the original transactions named in HIPAA
- Early development (2000-2005)
  - Hearings (Dec 2003; March 2004)
  - First Recommendations Letter (March 2004)
- CMS NPRM on Attachments published September, 2005 (withdrawn January 2010)
- Recent developments (2010-2017)
  - Section 1104 of the ACA calls for publication of attachments final rule by January 1, 2014 with compliance date of January 1, 2016
  - Nov 2011 hearing and March 2012 letter with observations
  - Feb 2013 hearing and June 2013 letter with findings and recommendations
  - June 2014 hearing and Sept 2014 letter with findings and recommendations
  - Feb 2016 hearing and July 2016 final letter with findings and recommendations

Industry Activities

- Standards development
  - X12N, HL7, LOINC, NCPDP, others, continuing to refine and mature standards
- Pilot Testing and Production Systems
  - Mayo Clinic, WPS, NGS, Jopari, Zirmed, others
- White papers
  - WEDI with industry groups
- Surveys
  - CAQH, Emdeon, Cooperative Exchange
- CMS eSMD
  - Transitioning post-payment audits and submission of supportive medical documentation to electronic format using attachment standards
- Property, Casualty and Workers’ Compensation
  - IAIABC Workers’ Compensation Attachment Standards for eBill – TX, CA, NC, LA, GA, OR, VA, IL, TN, NV, and NM, with others expected to follow
- Other federal, state programs
  - Medicaid, VA, DOD
Consistent Findings: ROI, Driving Force

- Strong industry support throughout for the adoption of standards
- Documented evidence of the costs associated with paper-based system, lack of electronic standard, lack of consistency in definition of standard requirements
- Noted clinical and administrative benefits include improved care coordination, continuity of care, transitions of care, care management, quality of care; opportunity to better support QPP and Alternative Payment Models
- Documented evidence of the ROI results of implementation pilots of proposed standards (savings from mail room handling, billing time staff, chart abstraction, data validation, delays in processing, payment delays)
- Key issues such as unsolicited vs solicited, structured data vs unstructured data, can be handled
- Considerations about maturity and experience with standards, multiple document options in standard, education and technical support needs

Final set of Recommendations

- Adopt one standard definition of “Attachment”
- Adopt standards for three transactions: Attachment Query, Response, and Acknowledgement
- Adopt the following attachment standards:
  - Query
    - ASC X12N 277 Health Care Claim Request for Additional Information
    - ASC X12N 278 Health Care Service Review – Request for Review and Response
  - Response
    - HL7CDA R2 – Consolidated CDA Templates for Clinical Notes R2.1
    - HL7 Attachment Supplement Specification Request and Response IG R1
  - Acknowledgment
    - ASC X12 Acknowledgment Reference Model (ARM)
    - ASC X12C Implementation Acknowledgment for Health Care Insurance (999)
    - ASC X12 TA1 Acknowledgment Segment (Appendix to the 999
    - Acknowledgment standard (ACK)
  - Attachment Type Value Set
    - Logical Observation Identifier Names and Codes (LOINC) – HIPAA Panel Solicited and Unsolicited Lists
Final set of Recommendations

- Adopt additional standards for Attachment Response
  - HL7 Implementation Guide for CDA Release 2: Additional CDA R2 Templates – Clinical Documents for Payers – Set 1
- Adopt attachment standards for pharmacy services
  - NCPDP SCRIPT Standard Version 2016071 Prior Authorization
- Adopt attachment standards for dental services
  - ANSI/ADA Standard No. 1079 for Standard Content of Electronic Attachments for Dental Claims
- Adopt standards for Routing/Envelope of an Attachment
  - ASC X12N 275 Additional Information to Support a Health Care Claim/Encounter
  - ASC X12N 275 Additional Information to Support a Health Care Service Review
- Definition of Structure and Unstructured Data
  - To be defined in the implementation specifications for message content (above)
- Support for both solicited and unsolicited transactions
  - Specific situations to be defined in TPAs and, in the future, in Operating Rules

Final set of Recommendations

- Avoid duplication and chain request
  - Data already part of original transaction (i.e., claim), not permitted to be requested again in an attachment
- Conform to privacy requirements, such as minimum necessary
  - Covered entity should only request/submit attachments when there is a valid, permitted, TPO purpose for such request/submission
- Additional guidance for implementing attachment standards
  - Evaluate need for a larger size limit to accommodate for lengthy attachments
  - Create a quick reference guide
  - Require plans to communicate need for solicited and unsolicited attachments
  - Define structure and unstructured documentation needs
- Utilize a flexible adoption and implementation approach
  - Identify priority areas where attachment-related transaction standards are needed
  - Consider priorities, starting with attachments for claims, then moving to attachments for prior authorization, referrals, care management
- Provide testing, communication, education and outreach
Key Considerations

- Standards version to adopt
- Mechanism to use (IFR with Comment? NPRM?)
- Phased transition/implementation approach (prioritize attachment application)
- Leveraging other CMS programs (MU, MACRA/MIPS, QPP, Alternative Payment Models)

Provider Stakeholder Perspective

9:25 – 10:05 AM

- **American Medical Association (AMA)**
  Heather Mc Comas, Director, Administrative Simplification Initiatives
- **Medical Group Management Association (MGMA)**
  Robert Tennant, Director, Health Information Technology Policy
- **American Hospital Association (AHA)**
  George Arges, Senior Director of Health Data Management
- **American Dental Association (ADA)**
  Jean Narcisi, Director of Dental Informatics Practice Institute
Current Landscape: Multiple Methods of Sending Clinical Data

- In order to increase efficiencies and consistency across the health care industry, CMS mandated standard transactions for claims (X12N 837) and prior authorization (X12N 278)
- Health plans often require supporting clinical information to process these transactions
- Though named in the initial HIPAA legislation, a standard attachment transaction for sending clinical data has not been established
- The lack of a standard format for this information prevents realization of the full benefits and ROI of implementing existing HIPAA standard transactions
- Without a standard, the industry utilizes various (and often manual) methods to send supporting clinical information:
  - Fax
  - USPS mail
  - Health plan portals
Overall Business Use Case: Need for Electronic Attachment Standard

- In order to promote efficiency, the industry needs a standard, defined way of formatting and transmitting clinical data between physicians and health plans
  - Current “wild-west,” “anything goes” system creates significant provider and patient hardship
    - Prior authorization delays impact patient care!
  - Congress enacted HIPAA standard transactions in order to enable providers “to submit the same transaction to any health plan in the United States” when conducting it electronically\(^1\)
    - Standard = One uniform way of doing something to promote efficiency


Priority Business Use Case: Prior Authorization Reform

**2016 AMA Survey** - 1000 practicing physicians (40% PCPs/60% specialists)

- Average practice burden: 37 prior authorizations per physician per week, which takes a physician and his/her staff an average of 16 hours, or the equivalent of two business days, to process
- 75% of surveyed physicians described prior authorization burdens as high or extremely high
- Over 1/3 of surveyed physicians reported having staff who work exclusively on prior authorizations
- Nearly 60% of surveyed physicians reported that their practices wait, on average, at least 1 business day for prior authorization decisions—and over 25% of physicians said they wait 3 business days or longer
- 90% of surveyed physicians reported that prior authorization sometimes, often, or always delays access to care
Prior Authorization and Utilization Management Reform Principles

- Developed by 17 stakeholder organizations representing physicians, hospitals, pharmacists, and patients
- 21 principles grouped in 5 broad categories:
  - Clinical validity
  - Continuity of care
  - Transparency and fairness
  - Timely access and administrative efficiency
  - Alternatives and exemptions

Importance of Attachment Standard for Prior Authorization Reform

- To limit the provider burdens and patient care delays caused by inefficient and inconsistent processes, our coalition recommended utilization of standard electronic transactions for prior authorization:

  Principle #12: A utilization review entity requiring health care providers to adhere to prior authorization protocols should accept and respond to prior authorization and step-therapy override requests exclusively through secure electronic transmissions using the standard electronic transactions for pharmacy and medical services benefits. Facsimile, proprietary payer web-based portals, telephone discussions and nonstandard electronic forms shall not be considered electronic transmissions.

- Lack of a HIPAA-mandated electronic attachment standard is a rate-limiting factor to widespread automation of medical services prior authorization

- Without a standard way for providers to send clinical information supporting prior authorization requests to all health plans, the industry will continue to struggle with low adoption of the X12N 278 (currently 18%, per the 2016 CAQH Index)
Impact of Inaction

- June 2014 NCVHS vendor testimony on attachments indicated that the “uncertainty in the area has had a paralyzing effect” and serves as a disincentive for vendors to allocate resources to attachment development
- Without a mandated standard to serve as “marching orders,” the industry will continue on the current course of fragmented, hodgepodge, and workaround methods of transmitting clinical information
- Vendors, providers, and health plans all need clear direction now so that the industry can begin development and implementation plans
- In the case of prior authorization attachments, timely patient care is at stake

Recommendation: Meet Urgent Need for Industry Direction

- 20 years have passed since the original HIPAA legislation included attachments as a transaction in need of standardization, making the release of an attachment rule long overdue
- In order to reduce costs and improve efficiencies for both physicians and health plans, and to minimize patient care delays, the AMA strongly recommends that CMS develop and release an electronic standard attachment transaction regulation
Questions

Heather McComas
- Director, AMA Administrative Simplification Initiatives
  heather.mccomas@ama-assn.org

Your MISSION is Our MISSION
About MGMA

- MGMA is the premier association for professional administrators and leaders of medical group practices

- Through its national membership and 50 state affiliates, MGMA represents more than 40,000 medical practice administrators and executives in practices of all sizes, types, structures and specialties.
Current Attachments Environment

- Payer requests (claims, prior authorizations) sent manually
  - Often lost or sent to incorrect address
  - Often difficult to determine what clinical data is being requested by payer
- Provider responses (claims, prior authorizations) sent manually
  - Take significant staff time to compile, mail, fax, or upload
  - Often include more information than was requested
- Manual claim attachments are a significant cause of denials, payment delays, write-offs
- Manual prior authorization attachments often require physician intervention, delays patient treatment

What do Manual Attachments Cost?

2016 CAQH Index
- Provider cost for a manual claim attachment: $5.25 per submission
- Provider cost for a manual prior authorization response: $7.50

2016 MGMA Survey (2011)
- MGMA survey-avg. provider attachment cost per request is $21.34
**MGMA 2011 Survey:**

"How often do the following business/administrative areas require the submission of attachments or additional supportive medical documentation?"

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims</td>
<td>3.5%</td>
<td>47.5%</td>
<td>42.9%</td>
<td>5.1%</td>
<td>1%</td>
</tr>
<tr>
<td>Eligibility</td>
<td>2.8%</td>
<td>13.2%</td>
<td>19.6%</td>
<td>43.9%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Prior auth/ referrals</td>
<td>12.6%</td>
<td>41.8%</td>
<td>27.4%</td>
<td>12.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Workers Comp</td>
<td>56.8%</td>
<td>21.6%</td>
<td>6.3%</td>
<td>4.5%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

**Recent MGMA Data**

– 2016 MGMA survey results: 51% answered “always” or “often” that payers request attachments for claims, **78.4%** for WC

– Nearly 100% for some specialties (i.e., Orthopedics)
MGMA 2011 Survey:
“How are you currently responding/submitting attachments or additional supportive medical documentation?”

<table>
<thead>
<tr>
<th>Method</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Postal Service Letter</td>
<td>15.3%</td>
<td>55.8%</td>
<td>20.2%</td>
<td>6.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other mail (i.e., FedEx, UPS)</td>
<td>0.8%</td>
<td>9.6%</td>
<td>7%</td>
<td>30.5%</td>
<td>53.1%</td>
</tr>
<tr>
<td>Electronic Response</td>
<td>2.1%</td>
<td>17.2%</td>
<td>20%</td>
<td>22.1%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Phone</td>
<td>1.4%</td>
<td>7.8%</td>
<td>23.4%</td>
<td>26.3%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Fax</td>
<td>5.1%</td>
<td>53.5%</td>
<td>30.6%</td>
<td>7%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

MGMA Stat Poll

- **Overview**
  - Poll of medical practice leaders throughout the country
  - Conducted in real-time via text on May 16, 2017
  - 1041 applicable responses
- **Results**
  - 86% of respondents indicated that prior authorization requirements have grown over the past year
    - A similar poll conducted in May, 2016 found that 82% believed that prior authorization had grown in the preceding year.
2017 MGMA Regulatory Relief Survey

“How burdensome would you rate the following regulatory and administrative issues?”

<table>
<thead>
<tr>
<th>Issue</th>
<th>N/A</th>
<th>Not burdensome</th>
<th>Slightly burdensome</th>
<th>Moderately burdensome</th>
<th>Very/Extremely burdensome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization (n=731)</td>
<td>41</td>
<td>50</td>
<td>18</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Benefits of Automation for Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>597</td>
<td>61.6%</td>
<td>510</td>
<td>68.4%</td>
<td></td>
</tr>
</tbody>
</table>

- Virtually eliminates lost requests/responses
- Reduced cost associated with staff, paper, postage
- Payer documentation requests should decrease
- Improved predictability of payer content needs
- Reduced pends, denials, appeals, faster payment
- Decreased days in AR
- **Significantly** reduced administrative burden
- Opens door for additional functionality…
Attachments Opportunities—Clinical Data

- Beyond claims and prior authorization...
  - Care coordination
  - Transitions of care
  - Care management
  - Quality reporting (MIPS)
  - Support for alternative payment models
    - Patient-centered medical homes
    - Accountable care organizations
- All will benefit from standardized and automated clinical data exchange

Recommended Standards

- Request for additional information
  - ASC X12N 278 Services Review Request
  - ASC X12N 277 RFAI Request for Additional Information
- Envelope
  - ASC X12N 275 Additional Information to Support a Health Care Claim
  - ASC X12N 275 Additional Information to Support a Health Care Services Review
- Clinical Content
  - HL7 CDA R2.1 IG: Consolidated CDA Templates for Clinical Note
  - HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents
- LOINC Code Set
  - limited to HIPAA Panel for the types of requests
  - any document type code for the response
- ASCX12 Healthcare Acknowledgement Reference Model (ARM)
Additional Recommendations

• Do not allow “trading partner agreements” to set the standard between payers/providers (would unfairly penalize providers with limited contractual power)

• Recommend a similar approach to EFT - require payers to use the CA standard if requested by provider

• Expedite the release of the rule (Interim Final preferably)

Thank you!

Robert Tennant
rtennant@mgma.org
Hospital Perspective - Attachment Transaction

Presented by George Arges
Senior Director
Health Data Management Group

About the AHA

AHA is a national association representing nearly 5,000 member hospitals, health systems and other organizations, as well as 43,000 individual members.
Attachments – Current Uses

- Provides additional information to supplement the initial claim
  - Unsolicited
  - Solicited
- Respond to a request from a health plan for additional information, such as:
  - Surgical notes
  - Other clinical information related to the encounter
- Additional uses include documentation pertaining to:
  - Eligibility
  - Referrals
  - Precertification

Inappropriate uses

- Do not use attachment to convey information already indicated on the claim
- Do not use attachment in lieu of information that can be transmitted as part of another HIPAA transaction standard.
- Do not use requests for attachment to arbitrarily delay processing of the claim.
  - Request for additional information needs to be reasonable and it should identify all the information needed rather than piece meal approach for additional information done over a longer span of time – this lengthens the finalization of a claim.
Attachment - Challenges

- Provide only the minimum necessary information – not the entire patient health record.
- Safeguard the information contained in the attachment standard
  - Non-covered entities should also maintain the high level of security and privacy associated with receipt of HIPAA transaction standards.
- Specificity of requests and response – LOINC vs Text
  - Flexible approaches
- Work to standardize requests according to clinical needs

AHA - Recommendations

- Release the attachment standard as a NPRM again rather than a final rule (considerable time has elapsed since the previous NPRM)
- Rather than multiple formats for the attachment, mandate the adoption of a single format for clinical information as well as a single enveloping format.
  - HHS mandate the C-CDA R2.1 as the single clinical information format with the electronic attachment standard (envelope x12 275).
- Caution against considering ONC to align the administrative requirements for claims attachment with those of the Electronic Health Record (EHR)
- Expeditiously release an NPRM that supports these concepts
Attachment as a HIPAA Standard

• Clarity around the methodology for exchanging clinical information
  – Market forces – vendor products and system ROI to support transaction
• Creates timely inquiry and response to improve patient care and satisfaction
• Improves administrative functions

Thank you

Questions
Standard Electronic Dental Attachments

Jean Narcisi
Director, Dental Informatics
ADA Practice Institute

The American Dental Association

- America’s oldest and largest national professional association of dentists
- Represents 161,000 dentist members
- The leading source of oral health related information for dentists and their patients
- The ADA has always been a patient-centered, science-based and ethically-driven association
The ADA’s Role In Standards Development

• **The ADA is accredited** as a Standards Development Organization (SDO) through the American National Standards Institute (ANSI)

• **ADA was named as a consultant** in the HIPAA law and provides testimony to NCVHS on administrative simplification standards

• **ADA is recognized** as a respected leader in standards activities, nationally and internationally.

ADA Standards Activities

• **ADA Standards Committee on Dental Informatics (SCDI)** - Develops Standards and Technical Reports for all aspects of electronic dental systems

• **ADA Standards Committee on Dental Products (SCDP)** - Develops standards for dental materials, oral hygiene products, infection control products, dental equipment and dental instruments

• **DICOM** - Secretariat for Dentistry - Standards for interoperability of radiographic and image files

• **ISO TC 106** - Secretariat for US Technical Advisory Group
ADA Liaisons with Other Standards Entities

- **Health Level 7 (HL7)**
  - Messaging and EHR structure
- **International Organization for Standardization (ISO) Technical Committee (TC) 215 - Health Informatics**
  - Global SDO focused on interoperability standards
- **International Organization for Standardization (ISO) Technical Committee (TC) 106 – U.S. Secretariat**
  - International dental standards for dental materials, oral hygiene products, dental equipment, dental instruments, dental implants
- **Accredited Standards Committee (ASC) X12**
  - HIPAA transactions (messages)
- **SNOMED International – ADA Chair of Dentistry Group**
  - ADA's SNODENT® is a Dentistry Subset of SNOMED CT

Dental Attachment Standard

- **ADA’s SCDI** – developed the *American National Standard/American Dental Association Standard No. 1079 for Standard Content of Electronic Attachments for Dental Claims* in 2015
- **Statement of Understanding (SOU) with HL7**
  - SOU assigns responsibility for standard dental content to the ADA
  - Assigns standard technical implementation requirements to HL7
- **ADA worked with HL7** to develop the HL7 Periodontal Attachment Implementation Guide (IG) for ADA Standard 1079’s content
  - Project began in May 2016
HL7 Periodontal Attachment

- **Department of Defense contributed funding** for a consultant to HL7 for development of dental attachment guide
- HL7 draft balloted in December 2016
- Ballot reconciliation finished in May 2017
- Guide completed in June 2017
- Publication is anticipated in summer of 2017
- Will likely be implemented by the DOD as part of reservist service members’ deployment dental record

HL7 Periodontal Attachment - Terminology

- The new HL7 IG includes content from SNODENT®, ADA’s standard dental clinical terminology [http://www.ada.org/snodent](http://www.ada.org/snodent)
  - SNODENT is a subset of SNOMED CT
  - Can be licensed free of charge from the ADA [http://www.ada.org/8466.aspx](http://www.ada.org/8466.aspx)
- The HL7 work also conforms to all other features of C-CDA 2.1 Implementation Guides, e.g., structure, use of LOINCs, OIDs, etc.
ADA Recommendations

Adoption by the Secretary at the earliest possible opportunity:

- ANSI-approved ADA Standard No.1079 integrated with the HL7 Implementation Guide for CDA® Release 2: Periodontal Attachment R1- US Realm
- X12 275 transaction as the vehicle for transportation, and
- SNODENT® clinical code set for dental attachments

Agenda

10:05 – 10:15 AM
Break

10:15 – 10:30 AM
Cooperative Exchange, National Clearinghouse Association
Sherry Wilson, Chair Cooperative Exchange, EVP/CCO Jopari Solutions

Executive / Board Members in Attendance: Debbi Meisner (Change Healthcare), Crystal Ewing (Zirmed), Doreen Espinoza (UHIN), Kathy Sites (Availity), Deb Strickland (Conduent), Tammy Banks (Optum)
Cooperative Exchange Overview

• National Clearinghouse Association
• 28 clearinghouse member companies representing over 90% of the industry.
• Process over 4 billion plus claims annually
• Representing $1.1 trillion, supporting over 750,000 provider organizations, through more than 7,000 payer connections and 1,000 plus HIT vendors.
• Process over 49 Million Attachments Annually across all lines of healthcare business
Industry Drivers – Attachment Adoption

• 2005 HIPAA proposed attachment rule published - not adopted
• 2008 Workers’ Compensation States adopted proposed attachment regulations to achieve:
  - Administrative Simplification – Reduce Cost $$$$ 
  - Improve Healthcare Deliver System to accommodate industry reforms, new delivery and payment models
  - Interoperability – convergence of administrative and clinical data to improve patient outcomes
• Since 2008, (over a 9 year period) …
  - Technology vendors provided flexible attachment technology solutions to accommodate stakeholder EDI readiness (low tech to high tech)

Industry Drivers – Attachment Adoption

• 2017 Underlying case/rationale for attachment regulations is still strong (and unchanged):
• Today electronic attachment applications have expanded across all lines of healthcare business beyond claims because it makes good business sense
• Per NCVHS Letter (July 5, 2016):

Benefits for using attachments beyond claim adjudication include improved care coordination, facilitation of transitions of care by moving clinical data across health care settings, support care management, enhance quality reporting and support of alternative health care payment models.
Today’s Attachment Application Use Cases

- Eligibility
- Claims Adjudication
- Post Adjudication
- Referral/Notification
- Prior Authorization
- Utilization Review /Case Management
- Itemized Invoices
- Emerging regulations
- Quality measures requests and responses
- Transitions of Care
- Gaps in Care
- MRS – Meaningful Use
- Others

Realized ROI

Infrastructure EDI Highway is Built
Cooperative Exchange members are processing 49 million electronic attachments annually
ROI Leveraging Existing EDI Health Network

Leveraging existing Stakeholder IT investment, resources and connectivity

- Providers do not need to know the technical solution (HL7 – X12) to participate in attachment adoption
- Clearinghouses along with IT Vendors (PMS/ EMR) today provide flexible solutions based on stakeholder EDI Attachment readiness (low – high tech)

Attachment Transaction 275 Example

- Providers can send an attachment in any format that is generated by their IT system (Image/PDF/Structured)
- Clearinghouse normalizes data to convert the transaction to payer specified format

Standard Attachment Regulations will significantly increase stakeholder adoption, ROI and reduce administrative cost

Implementation Challenges and Success

Survey Results *

*Cooperative Exchange NCVHS Feb 2015 Attachment Testimony
http://www.cooperativeexchange.org/
Electronic Attachment Survey Results*

1. Over 49 Million Electronic Attachments Processed Annually

2. Electronic Attachments by Healthcare Lines of Business
   - 55% Property and Casualty
   - 15% Dental
   - 15% Commercial
   - 15% Government

3. Electronic Attachment Utilization – Business Process
   - 83% Claims Adjudication (high% unsolicited)
   - 11% Post Adjudication (e.g., appeal/audit)
   - 3% Referral/Notification
   - 3% Prior Authorization

4. Electronic Attachment Format Type
   - 95% Unstructured (e.g., TIF, PDF)
   - 5% Structured (C-CDA)

6. Attachment Transport Methodology Variation
   - 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)

7. Utilization of Report Type Identification Codes (LOINC - X12 Report Type Codes)
   - LOINC codes are not widely used at this time
   - X12 Report Type codes most common way to identify an Attachment Type

*Cooperative Exchange NCVHS Feb 2016 Attachment Testimony
http://www.cooperativeexchange.org/
Lessons Learned – 6 Key Elements

1. Maximize ROI Across All Stakeholders
   Need standard attachment regulation - Leveraging existing technology solutions

2. Standardize Electronic Attachment to Support Healthcare Business Processes
   - Critical to widespread adoption by payers and providers
   - Facilitates an automated workflow and drives increased efficiencies and expedites patient care

3. Payer Proactively Publishing Required Attachment Business Requirements Upfront
   - Stakeholders reported increase by 75% first time clean claim submission resulting in decrease denial, appeals and administrative costs for both provider and payer

4. Unstructured Documents – Migration to Increase Structured Document Applications
   - Reason 95% Unstructured Attachments is due to lack of a national attachment standard
   - Lack of a standard is a barrier to attachment adoption
   - Development Resources will not be assigned to build a structured document platform unless a standard is adopted.

5. Identification of Documentation Type (LOINC)
   - Critical to know the document type to be able to proactively route the information to the right person, at the right time to take the appropriate action
   - Prevents manual intervention – expedites triage routing process

6. Electronic Acknowledgments
   - Impacts overall administrative costs and time (50% reduction)
   - Transparency - provider knows immediate status of the transaction
   - Eliminates phones calls and "black hole" (duplicate submissions)

Recommend Standards

Request for Additional Information
- ASC X12N 278 Services Review Request
- ASC X12N 277 RFAI Request for Additional Information

Envelope
- ASC X12N 275 Additional Information to Support a Health Care Claim
- ASC X12N 275 Additional Information to Support a Health Care Services Review

Clinical Content
- HL7 CDA R2.1 IG: Consolidated CDA Templates for Clinical Note
- HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents

LOINC Code Set
- limited to HIPAA Panel for the types of requests
- any document type code for the response

ASCX12 Healthcare Acknowledgement Reference Model (ARM)
Additional Recommendations

- **Ongoing industry education** is needed to improve workflow automation processes that will enhance clinical and administrative outcomes across all stakeholders.

- **Attachment standards** are a critical component to bring administrative simplification.

- Recognize the need to leverage the existing IT investment, connectivity and resources for multi-stakeholder exchange as appropriate for both administrative and clinical business needs; continue to expand connectivity where it does not exist.

- Adoption of attachment standards is the single shortest path to realizing hard ROI on tens of billions of dollars across all stakeholders engaged in HIT.

---

**Thank You**

Sherry Wilson, Chair, Cooperative Exchange  
EVP and Chief Compliance Officer  
Jopari Solutions  
sherry_wilson@jopari.com

Lisa Beard, Executive Director, Cooperative Exchange  
lisa@cooperativeexchange.org
HIT Vendors and P&C Industry Perspective

10:30 – 10:55 AM

- **Cerner Corporation**
  Morgan Pape, Sr. Director, Revenue Cycle Business Operations & Transaction Services

- **Epic**
  Geoff Palka, Development Lead

- **Property & Casualty**
  Don St Jacques, SVP, Jopari Solutions

The Division of National Standards, CMS
Industry Stakeholders Discussion
HIPAA and ACA Administrative Simplification Attachment Standards

Presented By: Morgan Pape
Senior Director, Cerner Corporation
Date: July 18, 2017
777.4 Million Revenue Cycle Transactions (X12 and non-X12)

Active Participation in Standards Initiatives

- CAQH
- Cooperative Exchange
- ASCX12
- Wedi
- EHNAC
Cerner Challenges/Recommendations

- Recommend pushing for use of standard Attachments as defined in CAQH Core operating standards and CE NCVHS Testimony at a minimum, they following use cases
  - Prior Authorization/Referral
  - Claim/Reimbursement
  - Audit
  - UR, Case Management, ToC

- Standards should
  - Define minimal acceptable transaction type with options (X12, FHIR…)
  - Define the clinical content format required (PDF, C-CDA…)

- Challenges to date
  - Cerner products have supported electronic Prior Authorization since 1999
  - low adoption (it is actually zero).
    - Providers see no value in an Electronic Prior Authorization, if the additional supporting information must be faxed or mailed to complete the prior authorization workflow.
    - Non standard connections cost 7x more than standard connections.
    - Costs passed through to providers either as $1x fees or higher per transaction fees
  - Automating attachments and defining the necessary data per scenario would solve this.
  - Mandating attachments (adoption under HIPAA) will justify the funding needed to implement this from both a Vendor and Provider standpoint.

Electronic Attachments

The Division of National Standards, CMS
Industry Stakeholders Discussion

Geoff Palka, Epic
July 18, 2017
Epic perspective

Integrated suite of practice management & clinical applications

Extensive & growing interoperability for care coordination
  - August '16: 34.7 million patient records across 1122 hospitals, 27877 clinics, 71 vendors

Work closely with hospital, clinic revenue cycles who stand to benefit

Support manual & automatic attachments via X12 275, .pdf, portal, fax, paper
  - Today the majority are manual and .pdf or paper/fax
  - Process is very work intensive & significantly delays payment

Standards matter

Uncertainty paralyzes vendors
  - We built our 275 thanks to our early adopting community
  - Easier to invest in standards with known use

Providers prefer not to invent the wheel
  - Eager to innovate, reduce cost
  - Hesitant to pilot prior to adoption

Approving a standard will significantly accelerate adoption
Now is the time

Interoperability is happening regardless
- ROI is too compelling to wait
- Key initiatives require aligning clinical & administrative

Inconsistent implementations are less valuable
- Groups are exploring many different approaches
- Partner/state-specific programs may not be reusable

Standards will let focus shift to meaningful innovation
- Workflows, business cases instead of technical variations

Recommendations

Adopt the NCVHS recommended standards
- X12 278, 277 requests & 275 enveloping
- HL7 CDA 2.1 content (leveraging established tools)

Outline an appropriate implementation timeline
- Vendors/providers need to develop, deploy, build & test
- Allow for early adoption to realize benefits sooner

Take a flexible, incremental approach to rolling out
- Structured vs unstructured, different contexts
Real work ahead

Standards are a framework for addressing challenges

Content & automation
  - LOINC is right, but broad
  - Understand & develop consistent business cases

Reconciling with minimum necessary is a major challenge
  - Need guidance around federal, state practices
  - Different requirements for ED care coordination vs claim payment

Takeaways

A standard transaction will focus & accelerate progress
  - Removes uncertainty & barriers
  - Frees innovation for workflow & business needs

The needs & tools for attachments are real today

Adopting the recommended standards is a critical starting point
  - Business practices & privacy will take meaningful work
  - Finalizing the transactions provides a framework to build on
Thank You

Geoff Palka
goff@epic.com

The Division of National Standards, CMS
Industry Stakeholder Discussion
HIPAA and ACA Administrative Simplification
Attachment Standards
Property & Casualty Perspective

Presented by:
Don St. Jacques
SVP- Business Development
July 18, 2017
Jopari Solutions, Inc.

- Jopari is a national corporation that provides technology solutions as well as connectivity services between medical providers and payers in the Property and Casualty (P&C) and Commercial marketplaces.
- Jopari has been processing attachments since 2007 and today is delivering over 4 million attachments a month.
- Jopari is actively engaged in the following Standard Setting and Professional Organizations, which includes but not limited to, Health Level Seven International (HL7), Healthcare Information and Management Systems Society (HIMSS), Attachment Collaboration Project (ACP), Cooperative Exchange (CE) National Clearinghouse Association, and holds leadership roles within: Accredited Standards Committee (ASCX12), Work Group for Electronic Data Interchange (WEDI), and the International Association of Industrial Accidents Boards and Commissions (IAIABC) which is the international Workers’ Compensation standards organization.

Background – Evolution of Attachment Standards in the Property & Casualty Industry

- P&C requires documentation to support the level of services billed for all claim types on a high percentage, with the exception of pharmacy billing.
- States mandate in their regulations and or fee schedule the types of services billed that always require an attachment for payment.
- These attachment requirements are part of “Complete Bill (Clean Claim)” rules.
- The identification of attachment types upfront to support a claim mitigates claim rejection on the back end and increases first time complete bill submission.
- Since 2007, the costly, manual paper claims and attachment processing has been a motivating factor for states to move to adopt HIPAA X12 EDI standards including the proposed 2005 Attachment Regulations.
- Many of the health care providers, solution vendors, and some payers that are engaged in P&C attachment processing also are the same entities submitting /processing X12 transaction sets today for Government and Commercial Carriers.
Background – Evolution of Attachment Standards in the Property & Casualty Industry

In 2008, the International Association of Industrial Accidents Boards and Commissions (IAIABC) established Workers’ Compensation Attachment Standards as part of the National Workers’ Compensation Electronic Medical Billing and Payment Companion Guide, referencing the 2005 HIPAA proposed attachment regulations. The intent was to encourage:

- Jurisdictions to adopt the same standards countrywide to make it easier for provider, payers, and vendors sending/receiving/processing claims across all states (national standard approach).
- Compliance with HIPAA Transactions and Code Set (TCS), as appropriate to allow the same process as group health market, which would increase and facilitate vendor capability to send/receive these transactions.
- Provider adoption as it would promote one workflow for all lines of business, payers, and systems.

IAIABC recognized that any standard attachment solution would need to be flexible to address the different states’ business requirements as well as accommodate low to high tech stakeholders.

Since 2008, states that have adopted the IAIABC Attachment Standards (which references the 2005 standards) including TX, CA, MN, NC, LA, IL, GA, OR, VA, TN, NJ and others states are expected to follow.

Examples of system solutions that have enabled their products to manage P&C electronic attachments today includes: Change Health, Availity, ZirMed, SSI, Optum, Passport Health, Athena Health, Practice Insight, eCW, eSolutions, and many more.
Property and Casualty Stakeholder Reported Attachment Return on Investment (ROI) Over the Past 9 Years

- Saves time and money, expedites claim adjudication process, and results in fewer claim denials
  - Electronic attachment processing with standards-based formatting has resulted in expedited claims adjudication and faster payment cycles
  - Identified Report Type (LOINC/PWK01) - has significantly expedited routing for Clinical as well as Administrative processing resulting improved coordination of care
  - Providers reporting reduced average payment cycles (paper vs electronic) - 60 plus days now 8-10 days
  - Payers and Providers are reporting that electronic attachment exchange over the prior paper process has led to expedited treatment authorization which improves patient care/outcomes

Property and Casualty Stakeholder Reported Attachment Return on Investment Over the Past 9 Years

- Many payers are reporting 15-30% administrative savings due to front end attachment edits (mitigates the cost of repeated claim adjudication and creating increased claim volume capacity without increasing overhead costs)
- Providers reporting average increase of 75% “First Time Clean Claim Submission” by sending electronic attachments using the application of front end edits, resulting in decreased denials, appeals, administrative costs, and faster payment decisions
- Providers reporting an average 30-50% administrative savings due to front end attachment edits that are deployed by their agents prior to payer submission to ensure “Clean Claim” processing, as well as the use of acknowledgements creating an audit trail confirmation
Implementation Challenges

• Initial Challenges
  – In the early years, only a handful of provider solutions could support attachment processing
  – Adoption was hampered by limited jurisdictional mandates making it a priority for payers and solution vendors to engage on a global basis
  – Except for a few early adopters, there was not enough critical mass to establish ROI
  – Lack of, or confusion as to what will be the standards has inhibited stakeholder development investment

Implementation Successes

• Successes
  – Acknowledged ROI by both providers and payers has created an “all state” approach, regardless of jurisdictional mandate, due to improved business metrics
  – Recognition that it is the same providers, same solutions, same attachments that are used across all lines of healthcare business
  – A growing number of system solutions across the spectrum are now enabled to manage attachments – able to leverage IT investment
  – There are exchanges across all lines of business today to meet the needs of stakeholders
Lessons learned

- The need for one EDI standard workflow for all stakeholders across all healthcare lines of business and IT solutions to ensure increased adoption by all parties to achieve;
  - Administrative Simplification
  - Enhance the effectiveness of the Healthcare Delivery System
  - Facilitate Interoperability across stakeholders
- EDI standard transactions must be viewed as a component of an end to end cycle, not in isolation
- Ongoing education and stakeholder collaboration imperative

Recommend Standards

- Request for Additional Information
  - ASC X12N 278 Services Review Request
  - ASC X12N 277 RFAI Request for Additional Information
- Envelope
  - ASC X12N 275 Additional Information to Support a Health Care Claim
  - ASC X12N 275 Additional Information to Support a Health Care Services Review
- Clinical Content
  - HL7 CDA R2.1 IG: Consolidated CDA Templates for Clinical Note
  - HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents
- LOINC Code Set
  - limited to HIPAA Panel for the types of requests
  - any document type code for the response
- ASCX12 Healthcare Acknowledgement Reference Model (ARM)
Additional Recommendations

- Need National Attachment Standards to maximize Stakeholder ROI
  - Proven business need and impact through voluntary implementation and adoption
  - Flexible Phased in Approach
  - Leveraging existing IT stakeholder investments, resources, and connectivity
  - Will have a nearly immediate impact on Administrative Simplification generating billions of dollars of ROI for all stakeholders, while improving care delivery models
  - Federal Attachment Standards need to supersede, as appropriate, state-level regulations to avoid stakeholders having to comply with two different rule sets

- ASCX12 Acknowledgement Reference Model (ARM) is a necessary component to properly document audit trail, reducing process “friction”

- Industry Collaborative Education and Outreach Across All Sectors of Industry

- Will facilitate the convergence of both clinical and administrative data management, since both areas rely on substantiating documentation

Thank You

Contact Information:
Don St. Jacques, SVP, Jopari Solutions
don_stjacques@jopari.com
www.jopari.com
630-235-9282
Payer Stakeholder Perspective
10:55 – 11:40 AM

- **NGS Medicare Fee for Service**
  David DeWolf, Manager, EDI Technical Services

- **Humana**
  Sid Hebert, Director Integrated Provider Process Solutions

- **UnitedHealthcare**
  Bryan Morgenthaler, Vice President IT, Operations Provider Services Administration

- **Blue Cross and Blue Shield of Alabama**
  Tony Benson, Senior Consultant, Healthcare Networks

- **Blues / Health Care Service Corporation**
  Durwin Day, Health Information Manager
  (Co-Chair X12, HL7 and WEDI Attachment Workgroups)
# About National Government Services

- National Government Services (NGS) is a Medicare Fee For Service contractor supporting the JK and J6 Jurisdictions
- Trusted Medicare contractor for more than 50 years
- NGSServices.com

## NGS Attachment Scope

- Use the X12 275 version 6020 (No issues sending a 275 v6020 in support of 837 v5010)
- The HL7 CDA R2 is embedded in the 275 transaction. Accept and process unstructured as XML text or unstructured non-XML body such as a PDF file.
- Implemented in February 2014
- Currently only support Part B, expect to expand to Part A
NGS Attachment Scope

• Implemented the unsolicited attachment model
• Currently supporting claims with surgical procedure codes with 22 or 62 modifiers, expect to expand to include other scenarios
• Generate the 999 acknowledgment for the 275
• Translated X12 275/HL7 files are ingested into our imaging system
• Implemented with a provider and a clearinghouse

Lessons Learned – Challenges

• Knowledge of the HL7 standard
  • Emphasizes need for increased education and training
• Identifying providers to partner with us
  • Challenging to obtain vendor commitment without a regulation
# Lessons Learned – Business Successes

- Providers are paid up to 30 days earlier
- The number of Appeals have decreased
- The number of mailed requests have decreased
- Provider satisfaction has increased
- Unsolicited attachment provides the most benefit to both payer and provider

# Lessons Learned – Technology Successes

- Successful use of the X12 275 V6020 and HL7 CDA R2 for electronic attachments (Same standard as recommended for regulation)
- Use of the X12 275 transaction allows both the claim and the corresponding attachment to be routed to the same EDI gateway
- The CDA/C-CDA is generated directly from the EHR system which offers additional automation opportunities
What’s Next

• Implement the solicited attachment model
• Expand to include additional claim scenarios
• Continue to add providers to current process
• NGS is working on C-CDA R2.1 that will include accepting the structured Op Note template and will create a human readable document for operations. Will also accept the unstructured template.
• Identify and track ROI metrics

Summary

• Technology versions in use are effective
• Provider satisfaction is improved
• Trading Partner uses a single gateway for all electronic transactions
• Greater automation opportunities with EHR systems
• Reduction in administrative burden
Recommendation

Our recommendation is for CMS to issue the attachments regulation with the use of the recommended standards.

Based on our experience, we recommend implementing the regulation in phases, such as by types of data; claim conditions; and solicited/unsolicited models.

Contact Information

Thank You

Mary Lynn Bushman, National Government Services, Mary.Bushman@anthem.com

Dave DeWolf, National Government Services, Dave.DeWolf@anthem.com
Electronic Attachments: A Payer Perspective

CMS Stakeholder Meeting
Baltimore, MD
July 18, 2017

Sid Hebert
Director Integrated Provider Process Solutions
Humana
502.476.9169

Attachments: The business use case

How Humana uses attachments
- Claims processing and adjudication
- Authorizations and referrals
- Case and medical management
- Risk adjustment, HEDIS/STARS
- Gaps in Care/Transitions in care

Current channels for sending
- Direct submission by paper or CD
- Uploaded via web portal
- Integration into EMRs (Transcend Insights)

Where the costs are

Initial provider notification
Extracting and preparing the record (provider)
Mailing or uploading the record
Receiving, scanning/ conversion
Storing and managing
Distributing internally for use cases

Humana
Current state:
Strong internal automation/distribution but lacking standardized input method

Implementation successes and benefits

**Successes**
- Humana’s MRM provides full automation:
  - From record request and intake through storage and distribution
- Launched 275/277 transactions via Availity portal in 2016
- Piloting Direct Protocol to support medical attachments
- Continue to build out the EMR connection model via Transcend Insights

**Benefits of standardization and automation**
- Reduced cost associated with manual processing: staff, paper, postage, image conversion
- Reduce the turnaround time for claims/referral and authorization processing
- Reduce/eliminate lost requests/responses
- Consistency of content and encoding for payload
- Reduce the administrative burden of all stakeholders
Recommendation

✓ Mandate attachment standards: an essential component to realizing administrative simplification.
✓ Adopt transmission and encoding standards for attachments to reduce the administrative burden of all stakeholders.
✓ Provide ongoing industry education to encourage adoption of attachment standards that will enhance clinical and administrative outcomes across all stakeholders.

Recommended standards

**Request for additional information**
ASC X12N 278 Services Review Request
ASC X12N 277 RFAI Request for Additional Information

**Envelope**
ASC X12N 275 Additional Information to Support a Health Care Claim
ASC X12N 275 Additional Information to Support a Health Care Services Review

**Clinical Content**
HL7 CDA R2.1 IG: Consolidated CDA Templates for Clinical Note
HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents

**LOINC Code Set**
Limited to HIPAA Panel for the types of requests
Any document type code for the response

**ASCX12 Healthcare Acknowledgement Reference Model (ARM)**
**DirectProtocol**
Meaningful Use 2 and 3 certified EMR are Direct Protocol enabled, apply similar encoding and transmission requirements for Direct payloads
Thank you!

Sidney Hebert
shebert@humana.com

THE DIVISION OF NATIONAL STANDARDS, CMS
INDUSTRY STAKEHOLDERS DISCUSSION
HIPAA AND ACA ADMINISTRATIVE SIMPLIFICATION
ATTACHMENT STANDARDS

Presented By:
Bryan Morgenthaler, Vice President, Provider Electronic Solutions, UnitedHealthcare
July 18, 2017
Cooperative Exchange and CMS Attachment Stakeholder Meeting
Attachment Business Use Case (s) - Driving Factors

Growing in volume, and pain
Estimated 1.3B - 2.4B attachments exchanged annually within the industry.
Commercial, Medicare, and Medicaid lines of business (extends to Dental, Vision). Benefits and Reduction of Rework for Payer and Provider

Benefits include:
- Removal of paper handling and postage cost;
- Reduction of provider time and onus to deliver, track and confirm payer action through transparent electronic claim and attachment coordination;
- Reduction of lost or misplaced attachments and resulting phone calls; and,
- Removal of manual scanning of documents and routing of documents that take time and create cost and errors in the system due to manual handling.

Provide ability to submit/request attachments and:
- Comply with pre-attachment rules;
- Known procedure/service requiring attachment;
- Comply with audit request: Consolidated Clinical Data Architecture (C-CDA) Logical Observation Identifiers Names and Codes (LOINC); and
- Stay within their workflow.

Current Attachment Exchange
- Single portal capability that allows providers to electronically attach documents to support the claims reconsideration/appeal process, pended/closed claim review, and prior authorization process.
  - Electronic attachments uploaded for claims reconsideration 292,973
  - Electronic attachments for pended claims 65,333
  - Electronic appeals/decisions completed 8,831
  - Electronic attachments uploaded to pended claims 99,348
  - Electronic appeals completed 3,025
  - Electronic attachments uploaded for previously processed claims 751,092
  - Electronic attachments added to existing cases 16,581 (Prior Authorization and Notification)
- Secure Healthcare email via Direct with EMR vendors and provider organizations established to obtain C-CDA’s for multiple purposes under HIPAA, Treatment, Payment and Operations (TPO).
- Successful pilot of providers’ ability to review and upload additional information in UHC Claims Reconsideration on Link, a portal application.
  - X12 277CA with Claim Category & Claim Status Code requested additional information through enhanced messaging.
  - Pilot participants and partner vendors requested in addition to standard coding, an Edit ID and human readable instructions.

Areas of Opportunity for Electronic Attachments: Administrative and Clinical Domains
- Claim Processing – pended/closed, requests/response for additional info
- Claim (Re)Processing – audits, appeals, reconsiderations
- Prior Authorizations – pre-service and concurrent reviews, determination outcome
- Referrals – Care Plan sharing, Health Assessments, consultation notes, etc.
- Eligibility Verification – medical/dental healthcare ID cards, benefit plan documents, PCP change forms, etc.
- Plan Network Enrollment/Credentialing – malpractice insurance cards, licenses, identification cards
- Quality Reporting – HEDIS, Stars, requests and compilation
- Other – emerging/innovative payment models, documentation requirements, etc.

Opportunity - Using established standards and operating rules

Opportunity: Attachments are able to be supported pre-service (prior authorization, provider data reconciliation), In Service (patient medical history exchange), and Post Service (claim submission, claim reconsideration/appeal).

<table>
<thead>
<tr>
<th>Plan Network Enrollment/Credentialing</th>
<th>Eligibility &amp; Prior Authorization</th>
<th>Referrals and Other Attachments</th>
<th>Claims Submission and Status</th>
<th>Procedures and Denial (Routing)</th>
<th>Payments and Reimbursement</th>
<th>Audits and Reconsiderations</th>
<th>Population Health and Quality Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. 50% - 60% of provider initiated caller calls</td>
<td>Eligibility Verification – medical/dental healthcare ID cards, benefit plan documents, PCP change forms, etc.</td>
<td>Prior Authorizations – pre-service and concurrent reviews, determination outcome</td>
<td>Electronic attachments added to existing cases 16,581</td>
<td>Electronic attachments added to initial submissions 378,503</td>
<td>Referrals – Care Plan sharing, Health Assessments, consultation notes, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Opportunity: Increasing specificity of enhanced edit messaging on the X12 277 transactions in partnership with the Claim Category and Claim Status Codes as a bridge strategy to future codification. (See Pilot ROI below)

<table>
<thead>
<tr>
<th>Total Claims Submitted</th>
<th>Total Claims Returned for Repair</th>
<th>Total Claims Profited (Opportunity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>54,250,002</td>
<td>1,688,818</td>
<td>3,164,124</td>
</tr>
</tbody>
</table>

Approximately a 6% of total claims triggered a front-end edit
- 17% Provider call reduction related to denied claims
- 31% Reduction in provider suspended/deleted claims – able to fix in front-end
- 21% Reduction in provider re-determination of a claims requests
Lessons Learned/ Recommendations

**DO**
1. Reduce/eliminate unsolicited attachments, by creating transparent payer attachment requirements for documentation prior to the submission of claims and prior authorizations.
2. Use of Logical Observation Identifiers Names and Codes (LOINC) to increase the specificity of the requested information and attachment response.
3. Provide attachment requirement transparency and enhanced edit instruction in partnership with the Claim Category and Claim Status Codes on the X12 277 CA standard transaction, which has proven successful today or the X12 277 RFAI.
4. Stakeholders need to have the ability to exchange clinical information in both unstructured and structured documents; and have the allow flexibility in transport methods to leverage existing methods and expand to new and evolving technology (i.e., X12 275, DIRECT, FHIR, upload in web portal, etc.).
5. While options are critical to engage providers, there needs to be a defined standard(s) so stakeholders can build connectivity solutions that simplify the exchange of this information.
6. Encourage complete C-CDA’s and electronic submission information to reduce payer and provider burden to collect information to satisfy NCQA and other Federal and State requirements.
7. Require same codification required for billing, (NPI CPT, LOINC, SNOMED, ICD-10 PC & CM) to collaborate billing across X12 and HL7 transactions.
8. Reduce adoption issues by encouraging Opt Out provider permissions to obtain CCDA’s (electronic medical records) through EMRs and other provider partner vendors for the purpose of HIPAA TPO.

**DON’T**
1. Promote unsolicited attachments.
2. Encourage automation of manual processes.
3. Silo administrative and clinical information exchange processes, information must be able to be exchanged across all borders (Provider, Payer and partner vendors, including Billing Service, Practice Management System, Electronic Medical Record, Clearinghouse, Health Information Exchange, Qualified Registry (QR), Quality Improvement Clinical Data Registry (CDR) etc.).
4. Expect one attachment solution will fit all.
5. Adopt the X12 277CA or RFAI without the ability to pass codified AND human readable request for additional information from providers.
6. Stifle innovation, claim attachment rule is a building block to standard exchange of information.

Recommendations

**DO**
1. Reduce/eliminate unsolicited attachments.
2. Use of Logical Observation Identifiers Names and Codes (LOINC) to increase the specificity of the requested information and attachment response.
3. Provide attachment requirement transparency and enhanced edit instruction in partnership with the Claim Category and Claim Status Codes on the X12 277 CA standard transaction, which has proven successful today or the X12 277 RFAI.
4. Stakeholders need to have the ability to exchange clinical information in both unstructured and structured documents; and have the allow flexibility in transport methods to leverage existing methods and expand to new and evolving technology (i.e., X12 275, DIRECT, FHIR, upload in web portal, etc.).
5. While options are critical to engage providers, there needs to be a defined standard(s) so stakeholders can build connectivity solutions that simplify the exchange of this information.
6. Encourage complete C-CDA’s and electronic submission information to reduce payer and provider burden to collect information to satisfy NCQA and other Federal and State requirements.
7. Require same codification required for billing, (NPI CPT, LOINC, SNOMED, ICD-10 PC & CM) to collaborate billing across X12 and HL7 transactions.
8. Reduce adoption issues by encouraging Opt Out provider permissions to obtain CCDA’s (electronic medical records) through EMRs and other provider partner vendors for the purpose of HIPAA TPO.

**DON’T**
1. Promote unsolicited attachments.
2. Encourage automation of manual processes.
3. Silo administrative and clinical information exchange processes, information must be able to be exchanged across all borders (Provider, Payer and partner vendors, including Billing Service, Practice Management System, Electronic Medical Record, Clearinghouse, Health Information Exchange, Qualified Registry (QR), Quality Improvement Clinical Data Registry (CDR) etc.).
4. Expect one attachment solution will fit all.
5. Adopt the X12 277CA or RFAI without the ability to pass codified AND human readable request for additional information from providers.
6. Stifle innovation, claim attachment rule is a building block to standard exchange of information.

**Manage**
- Mitigate unnecessary attachment volumes by establishing clear guidelines that include how providers can access the guidelines, content to include, format and frequency of publication for the exchange of health information among covered entities to meet Federal and State requirements, including the Center for Medicare and Medicaid Services (CMS), Star rating program, and even the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data as well as applicable accreditation/certification bodies.

**Adapt**
- Provide multiple ways to accept attachments to accommodate providers varying levels of technology readiness (X12 275, Direct, FHIR etc.)
- While options are critical to engage providers as we transition to the electronic exchange of medical records, there needs to be a defined standard(s) so stakeholders can build connectivity solutions that simplify the exchange of this information.

**Notify**
- Promote first time pass through rate.
- Adopt the 277CA or RFAI with the ability to pass codified AND enhanced front end messaging to providers on a voluntary basis as a bridge strategy to codification.
- Specific codification in partnership with specific up front clarifying notification/instruction messaging in human readable format within the provider’s workflow in the 277CA and Request for Additional Information has proven to increase provider compliance and reduce the need for costly phone calls, time intensive visits to web sites and costly proprietary exchange.

**Innovate**
- Electronic attachment regulation is one big step forward to build upon and increase information exchange.

**Simplify Authorizations**
- Encourage Opt Out agreements for information exchange purposes falling under HIPAA Treatment, Payment and Operations (TPO) to expedite the use of attachments and reduce the burden of required data collection through provider’s partner vendors.
- Ensure these standards are accepted by all and they can be pushed by all stakeholders (Providers, Payers, Partner Vendors, etc.).
- Extend the HIPAA TCS to business associates, such as Practice Management Systems and Electronic Medical Record Vendors similar to the Privacy regulation to encourage implementation across all stakeholders. Otherwise, change status to covered entity similar to billing services.
- The merging of clinical and administrative transactions will require incentive to partner across all partner vendors to provide streamlined solutions.
Administrative Simplification: Problem

Throughout the U.S. health system, constituents are developing or already executing cost containment strategies in part, to address growing financial and market pressures. Proliferation of business process outsourcing and administrative cost reduction initiatives are frequent components of the broader strategy.

Constituents are seeking proven solutions and alternatives to minimize costs

- Functions with high per transaction/unit costs, e.g. calls (eligibility, claims, services utilization, data maintenance)
- Paper / mail handling, IT-related expenses, other vendor costs

What challenges are preventing constituents from addressing the problem?

- Historical efforts to deliver new, or increase utilization of existing, electronic capabilities may not have yielded [planned] benefit/savings
- Gaps or shortage in knowledgeable [human] resources to develop and execute digital strategy
- Willingness to allocate, or availability of, financial resources for a project assumed to be a sizeable effort and requiring a long timespan
- Perceived risk of operational disruption, quality controls and / or organizational ability or capacity to support changes
- The assumed level of ‘chaos’ that comes with organizations using different platforms, systems, software vendors and versions
- Capital required is already earmarked for projects deemed of higher priority or relevance
- Implementation schedule conflicts between constituent and regulatory / oversight entity needs

How is the market currently addressing the basic need?

- Information exchanged by paper/mail, telephonic, facsimile, email, or other [unstructured] electronic methods
- Transactions can only be performed via web B2B application portals, e.g. referrals – outside the workflow
- Reverting to use of web or paper forms, often having between 100 – 500 different forms to support a single function
- Information published across web apps or applets, often in human readable format only
- Sporadic exchange of information – creating dangerous risk of constituent ‘notification fatigue’ and information overload
Example – Solicited Attachment

Example of the solicited attachment workflow:

1. The Provider sends an 837 Health Care Claim to the Payer

2. The Payer requests additional information through immediate feedback on the 277 Claim Acknowledgment or Request for Additional Information depending on type of request.
   • Unique identifier specific to attachment requested generated and provided to both payer and provider
   • Concern: Codified and Human Readable Solution needed on 277CA and 277RFAI – [6020 and 7030 277 standard transactions do not allow this capability.

3. The Provider sends an Additional Information (attachment) to the Payer, unique reference # included to ensure traceability of attachment to originating claim
   Submission of attachment could be through
   • Electronic standard transaction – more sophisticated user AND/OR
   • Web portal, specific third-party application, machine to machine (DIRECT messaging protocol), fax, mail, etc.

   [Diagram showing workflow between Provider and Payer/CMS]

The Division of National Standards, CMS
Industry Stakeholders Discussion
HIPAA and ACA Administrative Simplification Attachment Standards

Presented By:
Tony Benson, Senior Consultant, Blue Cross and Blue Shield of Alabama
July 18th, 2017
Who we are...

- We are the largest provider of healthcare benefits in Alabama.
- We are proud to provide coverage to over 3 million people.
- We pay billions of dollars in benefits each year.
- We employ over 3,600 people.
- Our corporate headquarters is located in Birmingham, Alabama.

Why Implement Attachments Now?

- 226,637 paper attachment (solicited) requests made in 2016
- 93 different request types (ex. Ambulance Report, Lab Reports, etc.)
- Based on CAQH Index estimates, well over $1,000,000 in potential savings.
Why Implement Attachments Now?

- Great interest among providers and vendors
- Strong interest internally
- Kick-off meeting in April
  - Close to completing development and beginning testing

Why Implement Attachments Now?

- Large practice management vendor has agreed to participate
- The University of Alabama at Birmingham Health System will also participate
  - Together they represent over 1,500 physicians and multiple hospitals
Why Implement Attachments Now?

- Attachment implementation will support post-adjudication medical review, prior authorization, professional reimbursement (pricing requests) and Network Integrity (fraud & abuse)

Technical Details

Using the X12 Version 6020

- X12 277: Request for Additional Information
- X12 275: Attachment Payload
- X12 999: Acknowledgment
Technical Details

- Using version 6020 because it is the most recent published version and more easily upgradeable to 7030 if adopted
  - Also provides additional data elements within the 275

- Quick development to build internally. Pilot vendors have also stated the same.
  - No additional monetary investment
  - Very little resource lift

- Using SFTP as the transport method

- Only accepting unstructured documents (PDF, TIFF, etc.)
  - Agree with NCVHS recommendation of an incremental, flexible implementation approach
Tools We Use

- Implementing solicited and unsolicited attachments
- Specific list of CPT and ICD codes being provided to vendor for unsolicited requests that always needs attachments

Benefits of Implementation

Provider Benefits
- Faster payments
- Less manual chart pulls
- Reduced denied claims
- Streamlined requests and tracking with acknowledgements
- Reduced routing problems within a health system
- No lost mail or faxes
Benefits of Implementation

Payer Benefits

- Better metadata than paper/fax to help index
- Mailroom intake decrease
- Faster claim processing
- Decreased chance for errors

Benefits of Implementation

Payer Benefits

- Will no longer need to pay for records by page
- Elimination of multiple requests
- No ROI yet as not in production but significant savings are expected
Questions?

Blue Cross and Blue Shield of Alabama is an Independent Licensee of the Blue Cross and Blue Shield Association.

The Division of National Standards, CMS
Industry Stakeholder Discussion

HIPAA and ACA Administrative Simplification
Attachment Standards
Payer Perspective

Durwin Day
Health Information Manager
Health Care Service Corporation
Who is HCSC

Who is HCSC

Exceptional financial stability
- Moody’s Investors Service = A1 (Good)
- Standard & Poor’s = AA- (Very Strong)
- A.M. Best Company = A+ (Superior)

14 million members
4th largest U.S. health insurer

Original Use Case – Support for Claim Payment

- Electronic request and collection of clinical documents to process claims and appeals
  - Utilize established EDI exchange between providers and payers
    - Collaboration between X12 and HL7
  - Use LOINC codes to identify clinical documents
    - Codify for easy storage and retrieval
  - Potential Benefits
    - Reduce pended, denied, reprocessed claims, provider appeals, and associated prompt pay penalties due to unmet documentation
    - Reduced phone calls, faxes, manual labor, errors, mailroom process, and amount of time/cost to process claims and appeals
    - Improved revenue cycle because claims paid faster
    - Interoperable exchange of clinical data
Recommended Standards

- **Request for additional information**
  - ASC X12N 278 Services Review Request
  - ASC X12N 277 RFAI Request for Additional Information
- **Envelope**
  - ASC X12N 275 Additional Information to Support a Health Care Claim
  - ASC X12N 275 Additional Information to Support a Health Care Services Review
- **Clinical Content**
  - HL7 CDA R2.1 IG: Consolidated CDA Templates for Clinical Note
  - HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents
- **LOINC Code Set**
  - limited to HIPAA Panel for the types of requests
  - any document type code for the response
- **ASCX12 Healthcare Acknowledgement Reference Model (ARM)**

Other use cases for Clinical Data Exchange

Access to clinical data via Consolidated CDA will support innovative interoperability solutions that:

1. Improve Member Clinical Outcome
2. Enhance Member Engagement

Below are some examples where the data interoperability and access to C-CDA are key:

- **Quality Measures**
  - Request and collect HEDIS/Stars/NCQA quality measure data from providers
- **Risk Adjustment**
  - Share care gaps with providers
  - Request and collect medical record data from providers not transmitted on claims
- **Healthcare Management**
  - Improve clinical analytics
  - Request and collect medical record data from providers to authorize or review care
- **Pharmacy**
  - Medication reconciliation
  - Avoid gaps in therapy or duplicate therapies
- **Monitor adherence**
  - Network Management
  - Supplement network and provider performance reporting
  - Providers can address care gaps and avoid duplicate therapies
  - Empower network contracting and align with APMs and MACRA
Perfect Timing…

July 13 Medicare Physician Fee Schedule Proposed Rule included a Request for Information:

“We would like to start a national conversation about improving the healthcare delivery system; how Medicare can contribute to making the delivery system less bureaucratic and complex; and how we can reduce burden for clinicians, providers, and patients in a way that increases quality of care and decreases costs, thereby making the healthcare system more effective, simple, and accessible while maintaining program integrity and preventing fraud.” –CMS Fact Sheet

- Few actions will achieve this laudable set of goals more than a rule establishing a national standard for electronic attachment

Summary

- As presented today, and from testimony provided to NCVHS, there is significant documented benefits and ROI with the adoption of attachment standards, the standards are mature, they have been successfully tested and are being adopted across all lines of healthcare business, and the industry is ready to transition and implement them
- Most critically, providers treating patients, health plans supporting the care delivery process, and vendors facilitating the movement of data have come together urging the agency to establish a standard for electronic attachment
- We thank CMS for convening the industry to discuss this critical issue and recommend expediting promulgation of a national standard for electronic attachments
Agenda

11:40 – 12:00 PM

• Additional Q & A - Adjourn