Transaction, Code Sets and Identifier Update

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Status of Standards Today

- Transactions and Code Sets
  - First set of standards still in effect
    - X12N 4010A1
    - NCPDP Telecommunications 5.1 (Does anyone use the batch standard?

  - However, significant changes in industry since 2003
    - Medicare Part D
    - Consumer Directed Health Care
    - Increased Use of Internet Portals

Status of Standards Today

- Standards Bodies Have Moved On
  - X12N Publishing TR3 guides for Version 5010
  - NCPDP on Version C.x

- CAQH CORE efforts on business rules

- DHHS Standardization Efforts
  - AHIC
  - HITSP

Status of Standards

- Congressional Interest in Updating Health IT Standards

  - HR4157
    - ICD-10, X12 and NCPDP version upgrades
    - Streamlined HIPAA Update Process

HHS Actions for Transactions

- Claims Attachment Standard
  - Proposed Rule Published Sept 2005
  - Comments received and analyzed
    - Technical comments to X12 and HL7

    Policy comments for CMS
  - Comments reflected range of opinions on issues such as compliance date, use of unsolicited attachments, privacy issues, content of AIS guides, types of attachments, and relation to other HIT initiatives.

HHS Actions for Transactions

- Claims Attachments
  - Final rule being prepared
  - Expect publication late 2007-early 2008
  - Compliance date to be determined in final rule

HHS Actions for Transactions

- Streamlining
  - Looking at legal options for streamlining the standards update process
  - Working with DSMOs to look at possible process improvements
  - Bound by legislative language, as this is the Secretary's responsibility to adopt standards, not the SDOs.
  - May need regulatory or legislative changes

HHS Actions for Transactions

- Next Version of Adopted Standards
    - Several TR3s for X12N 5010 versions have been submitted to DSMOs for approval
    - If these are approved by DSMOs and NCVHS, we will consider NPRM publication to adopt as HIPAA standards.
    - Issues of timing of implementation, cost/benefit, pilot testing, "dual use" period need to be considered.

HHS Actions for Transactions

- Transaction Policy Issues
  - Several outstanding
    - DDE issues (more important with Web portals)
    - Definition of drug claim (NCPDP vs X12 transaction)

- ICD-10
  - Departmental consideration of regulatory action
  - Concern with timing and costs

Status of Standards Today

- Security
  - Compliance Date April 2005 (2006 for small health plans)
  - Most surveys indicate partial compliance by most covered entities
  - Some policy questions still remain, FAQs are being used to communicate clarifications
  - Security incidents still occur and can cause serious problems for patients, plans, and providers.

HHS Actions on Security

- Consideration for further detailed guidance based on preponderance of security incidents
- CMS concentrating on contractors and partners (Part C and Part D). May be some further contract language
- Entities should be especially vigilant with their business associates and agents.

Status of Standards - Identifiers

- National Provider Identifier
  - Compliance Date May 23, 2007 (2008 for small health plans)
  - NPIs have been available to providers since May of this year
  - Over 1,000,000 NPIs have been assigned by NPI enumerator via paper, Web site, and bulk enumeration
  - Not clear what percentage of providers this is, due to subparting and uncertain population.

Status of Standards - Identifiers

- Implementation Status
  - Plans using "dual identifier" strategy to test processing and build crosswalks
  - Medicare expects to be ready May 23, 2007
  - Recent industry surveys show plans may not be ready May 23
    - Subpart confusion
    - Lack of data from NPI system

NPI Issues

- Subparts
  - Subpart – would be a covered entity (delivers service and bills for itself) but is not a separate legal entitiy (e.g., emergency room)
  - Regulation allows provider to choose subparts based on their business needs
  - Plans cannot require providers to subpart or get additional subparts
  - Issue – how can different plans adjust to an individual provider's subparting?

Subparting

- Possible solutions
  - Use other information on bill to identify provider (address, procedure codes, etc.)
  - Use dual identifier strategy to build crosswalk
  - Get information directly from provider and build into your system
  - Await CMS Data Dissemination

Data Dissemination Policy

- CMS Data Dissemination FR Notice
  - Will describe what data is available
  - Will determine who can get it and under what circumstances
  - Will provide information on how to get the data
  - Expected in October

Enforcement

- As always, is complaint based and corrective action focused – turn complaint into compliant
- As opposed to privacy, fairly limited number of complaints

Complaints

- Security
  - 127 received, 53 resolved
  - Top reason
    - Administrative safeguard violation
  - One referral to DOJ for criminal violation

Complaint Status

- Transactions and Code Sets
  - 467 received, 344 resolved
  - Top reasons for complaints
    - Compliant Transaction Rejected
    - Trading Partner Agreement
    - Code Sets Violation
  - Top target
    - Health plans