

Claims Attachments and HIPAA

The Fifth National HIPAA Summit

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About your presenter...

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Today's Agenda

- ❖ Attachments – How we got here
- ❖ X12 + HL7 = Claims Attachment
- ❖ HL7 Brief Technical Overview
- ❖ Architectures for Compliance

NPRM Process

- **Testimony at NCVHS - 1998**

- ✓ NCVHS recommendation(s) to HHS

- **Draft NPRM**

- ✓ Industry input:

NCVHS, WEDI, NUCC, NUBC, ADA

- ✓ **Internal Clearance process**

- ✓ CMS & HHS

NPRM process

- **NPRM for Claims Attachments Con't**
 - ✓ Anticipated date in Federal Register is ...
 - ✓ Public Comment period – need to read all materials included
 - ✓ HHS response to all comments
 - ✓ Modifications to implementation guide and other documents based on comments
 - ✓ Issuance of Final Rule

NPRM Status

- **NPRM for Claims Attachments**

- ✓ CMS clearance completed
- ✓ In HHS Department Clearance
- ✓ Then to OMB – up to 90 days to approve
- ✓ NPRM published
- ✓ Public comment period – 60 days?

Attachments - Past

- WEDI Attachment Workgroup Report, 1994
- Recommendations:
 - ✓ Standardize attachment data elements
 - ✓ Coordinate affected entities to develop guidelines
 - ✓ Work with Medicaid to standardize/eliminate attachments
 - ✓ Develop 274/275 as primary vehicle
 - ✓ Create standard way to link data across transaction sets

Attachments - Past

NUCC: National Uniform Claim Committee (NUCC) Survey, 1996

- ✓ Survey to Blues & Medicare contractors asking what attachments are utilized?
- ✓ COB, SNF, Therapies, DME, Surgery
- ✓ 54 responses - no follow-up conducted as NUCC need to focus on 1500 dataset

HCFA Surveys to Medicare Carriers and Intermediaries, 1996 / 1997

- ✓ Results led to funding 275 POC



Attachments - Past

- **Proof of Concept (POC) Team**

- ✓ 5 Medicare contractors funded by HCFA to develop Electronic Request for Information
- ✓ 1997 began considering options for Claims Attachments as response to request - April 1997 approached HL7
- ✓ August 1997 POC Team joined HL7 and helped to form ASIG
- ✓ ASIG solicited industry input before moving forward



Attachments - Past

Recommendations from industry outreach

- ✓ Determine most frequently used Attachments
- ✓ Consider Attachments where HL7 messages already exist / in development
- ✓ Need to “Standardize” the questions payers ask
- industry consensus required
- ✓ Form “Attachment workgroups” by soliciting help from all sectors of industry (e.g. payers, providers, National Associations)
- ✓ **Use LOINC codes**



Attachments - Past

- **HL7 proposed for use in Attachment transaction**
 - ✓ Only ANSI accredited standard focusing on clinical processes
 - ✓ X12 275 transaction has BIN segment allowing for inclusion of other standards
 - ✓ HL7 already had much of the work done (i.e relevant segments, codes, fields already existed)
 - ✓ LOINC supported by HL7



Attachments - Past

- **LOINC vs. Claim Status reason Codes**
 - ✓ POC pilot in 1996 revealed that Claim Status Reason Codes were not effective in requesting information from providers
 - ✓ LOINC already had many codes needed for Claims Attachments
 - ✓ LOINC codes provide necessary granularity
 - ✓ LOINC consortium was very accommodating regarding special code requests
 - ✓ Free mapping tool for LOINC database

Attachments - Past

- Attachment types ultimately selected for development and HIPAA recommendation:
 1. Ambulance
 2. Emergency Department
 3. Rehabilitative Services
 4. Lab Results
 5. Medications
 6. Clinical Notes

Attachments - Present

- Development of next Claims Attachments:
 - ✓ Home Health
 - Workgroup underway, much progress made
 - ✓ Durable Medical Equipment (DME)
 - ✓ Several Medicaid driven attachments
- ASIG expanded to develop attachments for X12N 278 transaction (pre-cert / pre-auth)
- ASIG membership continues to grow



History of HL7

- Founded 1987
- Membership: near 2000
- Goal: Exchange of clinical and clinical-administrative information
- US ANSI Accreditation 1995
- 18 Affiliate chapters in 30 + Countries
- US Market penetration:
 - Hospitals > 90%
 - Other care delivery organizations: no competing standard

X12 + HL7 = Claims Attachment

- **X12 (SDO)**
 - X12N Insurance
 - TG2 Healthcare
 - WG 9
- **Transaction Sets**
 - 275
 - segments
 - fields
- **HL7 (SDO)**
 - (HL7)
 - Orders TC
 - ASIG
- **Messages**
 - ORU
 - segments
 - fields



Organizations and Documents

**ASC X12 &
Subcommittee
X12N**

**X12
Trans.
Sets
277, 275**

**X12N Impl.
Guides
277, 275**

**Health Level
Seven**

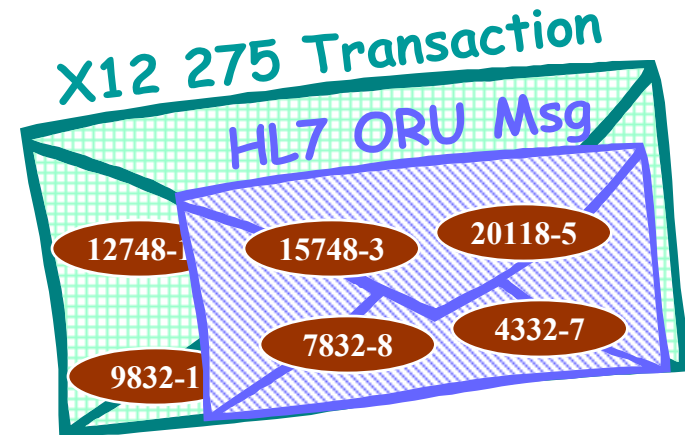
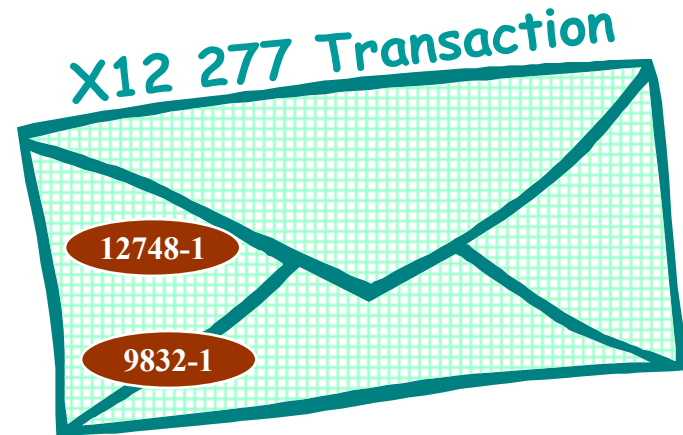
**HL7
Version
2.4**

**HL7
Claims
Attachments
Impl.
Guide**

**LOINC
Consortium**

**LOINC
Codes**

**LOINC
Attachment
Booklets**



Full Documentation Suite

- **X12 Implementation Guides**

- ▶ **ASC X12N Implementation Guide for Use of the 275 Transaction (004020) Additional Information to Support a Health Care Claim or Encounter**
- ▶ **ASC X12N Implementation Guide for Use of the 277 Transaction (004020) Health Care Claim, Request for Additional Information**

- **HL7 Implementation Guide**

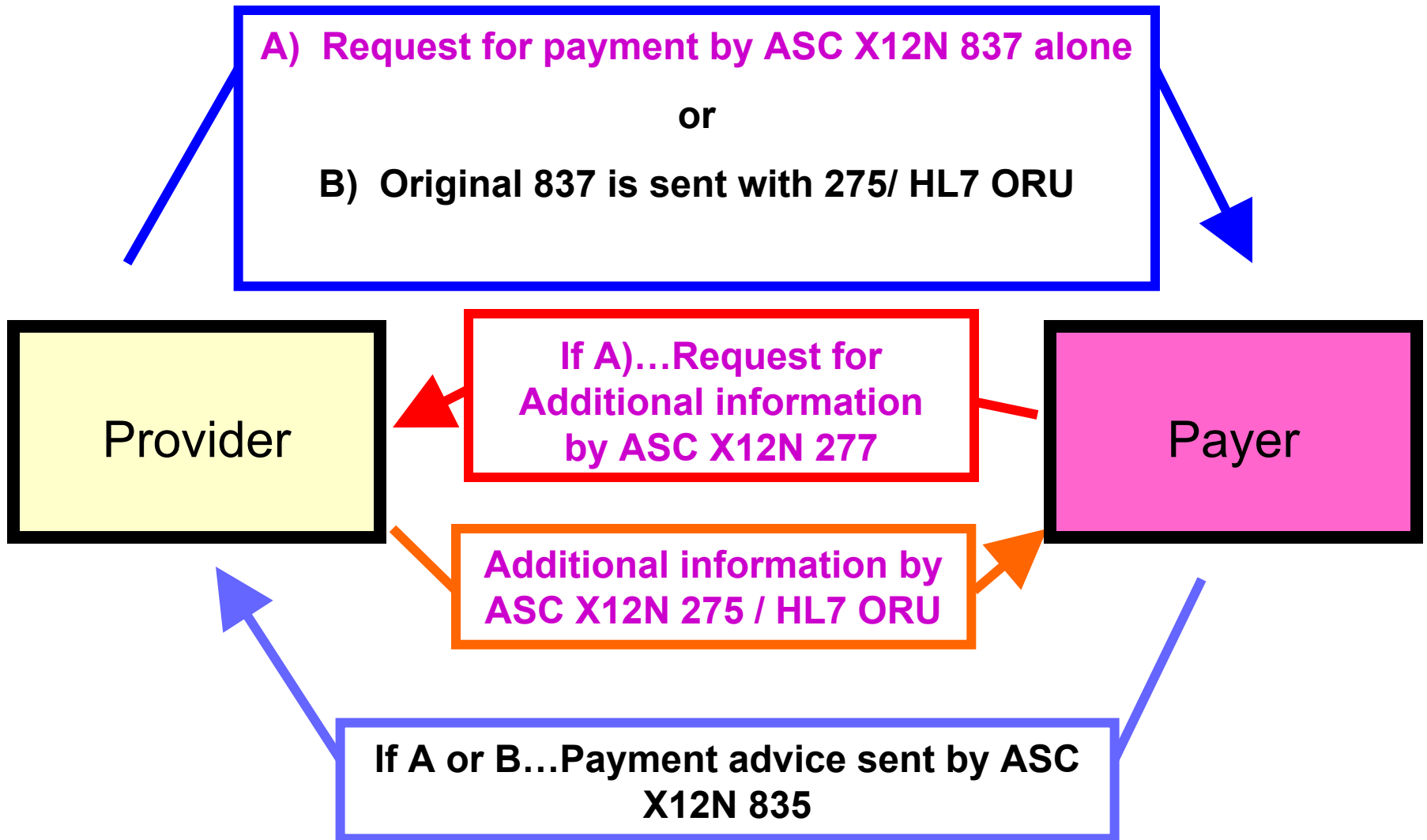
- **HL7 LOINC Code Booklets**

- **Other**

- ▶ **Modifier Codes in the ASC X12N Implementation Guide for the 277 Requests for Additional Information Transaction**
- ▶ **LOINC Codes for the HL7 and X12 Additional Information to Support a Healthcare Claim or Encounter Transactions: Summary Listing**



The concept moves information electronically between the provider and the payer



Claim Attachment

Transaction usage requirements

- Provider has choice to:
 - ✓ Request 277 from payer
 - ✓ Respond to request via 275/HL7
- Payer has responsibility to:
 - ✓ Create a 277 when provider elects to receive
 - ✓ Receive & process a 275 / HL7 when provider elects to send it
- Payer & provider mutually agree to use 997

Linking the Transactions same transmission

Attachment submitted with Claim (837 + 275)

ISA Interchange Control Header

GS Functional Group Header

ST 837 Transaction Set Header: Claim

...PWK contains *provider's control number*

SE Transaction Set Trailer

GE Functional Group Trailer

GS Functional Group Header

ST 275 Transaction Set Header: Add'l Info

...TRN contains *provider's control number*

SE Transaction Set Trailer

GE Functional Group Trailer

IEA Interchange Control Trailer



Linking the Transactions

separate transmissions must be paired

Attachment Request

from the Payer

ISA	Interchange Control Header
GS	Functional Group Header
ST 277	Transaction Set Header: Request
...TRN	contains <i>payer's control number</i>
STC	<i>specific data requested</i>
SE	Transaction Set Trailer
GE	Functional Group Trailer
IEA	Interchange Control Trailer

Attachment Response

from the Provider

ISA	Interchange Control Header
GS	Functional Group Header
ST 275	Transaction Set Header: Response
...TRN	contains <i>payer's control number</i>
STC	<i>specific data requested</i>
...BIN	<i>specific data response</i>
SE	Transaction Set Trailer
GE	Functional Group Trailer
IEA	Interchange Control Trailer

Attachment Principles

- Structured Data
 - ✓ Usable now, support the smarter processing over time
- HL7 authority
 - ✓ not to specify *what* data is sent
 - ✓ to specify *how* it is encoded in HL7
- Fully specified
- ANSI accredited HL7 V2.4
- Implementation Guide stable for one year per HHS requirements
- Responsive to need for addition of new attachment forms

LOINC Codes

- **What is LOINC?**
 - ✓ Logical Observation Identifier Names and Codes
- **Why LOINC and not Health Care Claim Reason Codes as in the Claims Status Notification (277)?**
 - ✓ Specificity & Flexibility
 - ✓ Supported by HL7
 - ✓ Comprehensive database structure to support & free mapping tool

LOINC Codes

- **Universal names and ID codes for identifying**
 - ✓ laboratory and clinical test results
 - ✓ All other information meaningful in claims attachments
- **Freeware**
- **Owned by**
 - ✓ Regenstrief Institute
 - ✓ Logical Observation Identifier Names and Codes (LOINC) Consortium

Key components of the transaction

If the request is for Rehab treatment, progress notes, and goals, and the **LOINC** set is used, it is expressed

STC*R4:18658-5::LOI~

Key components of the transaction

With Reason Codes, must use 3 STCs

STC*R4:310:3F~	310=6 months prior
STC*R4:436:3F~	436=short term goals
STC*R4:437:3F~	437=long term goals

Conceptual Approach

Electronic Attachment *LOINC Code*

Element
LOINC Code Answer Part *LOINC Code*

Answer Part *LOINC Code*

Element
LOINC Code Answer Part *LOINC Code*

Element
LOINC Code Answer Part *LOINC Code*

Answer Part *LOINC Code*

Answer Part *LOINC Code*

Emergency Dept Attachment

Emergency Dept

30053-0

Respiratory Rate

11291-2

Respiratory Rate (NM)

11291-2

Body Temp

11289-6

Body Temp (NM)

11289-6

Temp Reading Site (CE)

11290-4

...

...

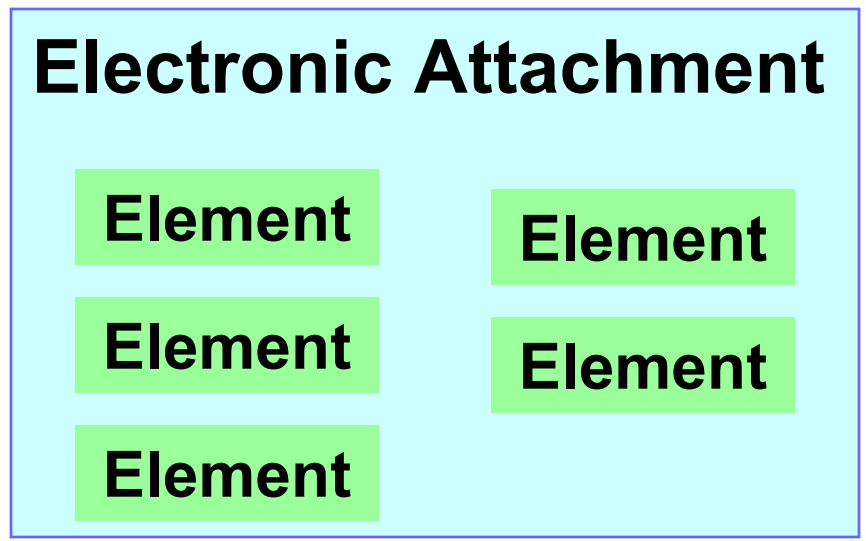
277 Questions & 275 Answers

- **A 277 asks for**

- Attachments

or

- Elements



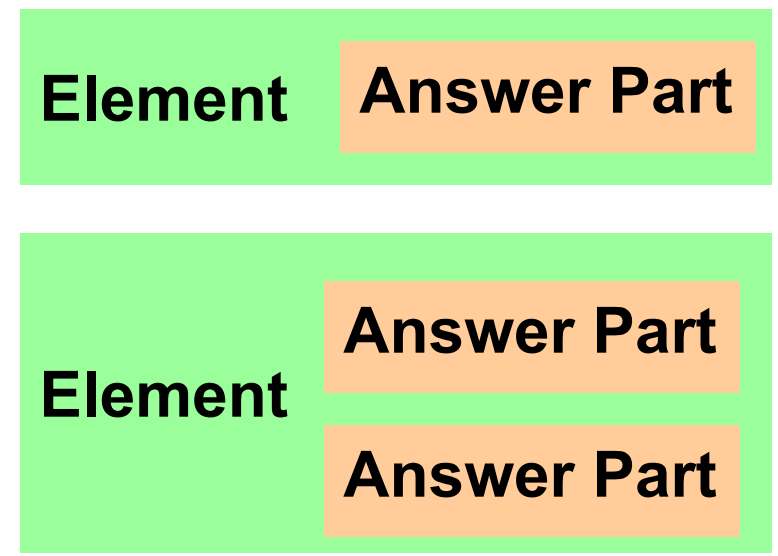
- By sending **LOINC**

- **A 275 sends**

- Elements

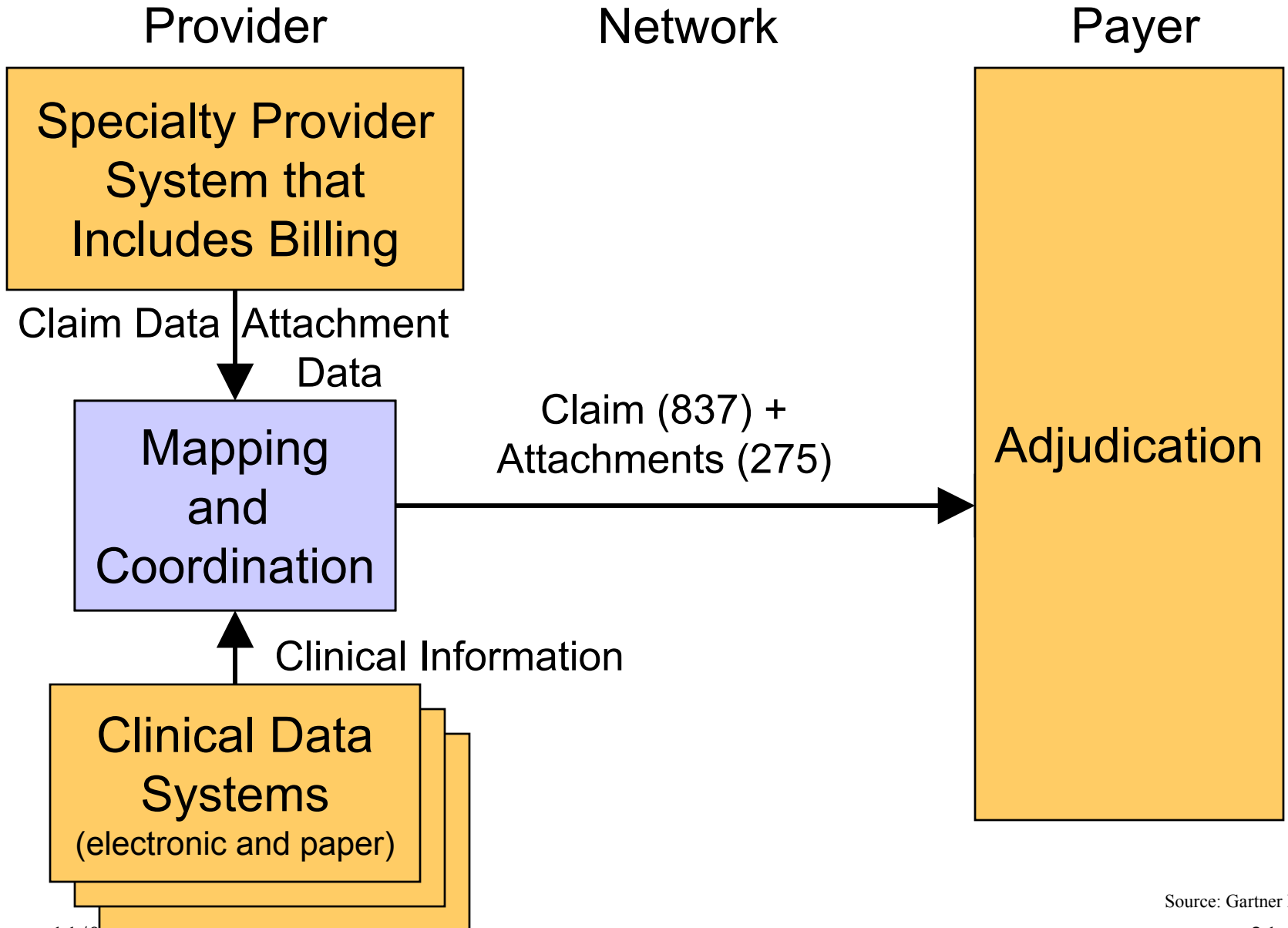
consisting of

- Answer parts



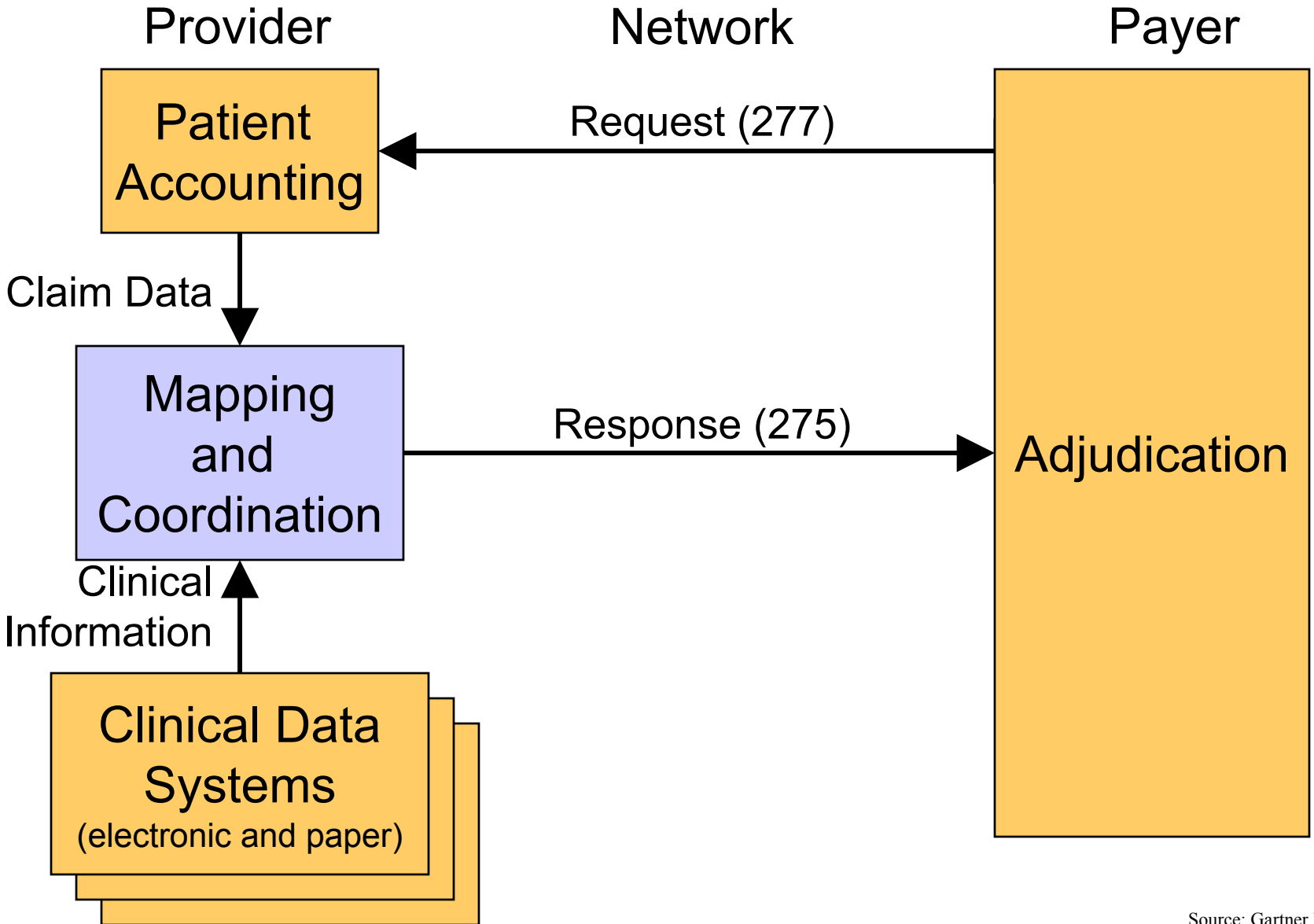
- Identified by **LOINC**

Architecture--Providers, Prospective



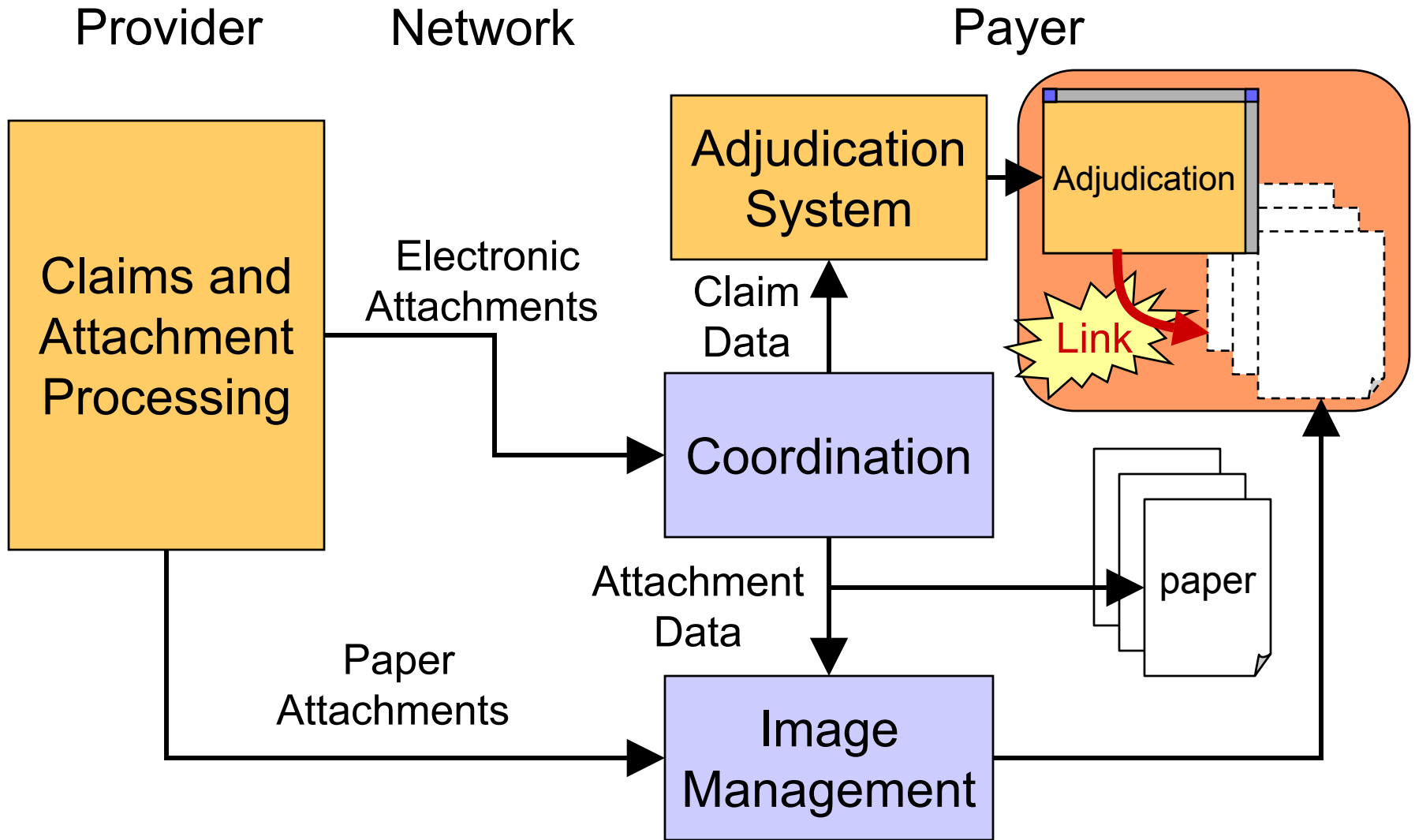
Source: Gartner Research

Architecture--Providers, Ad Hoc

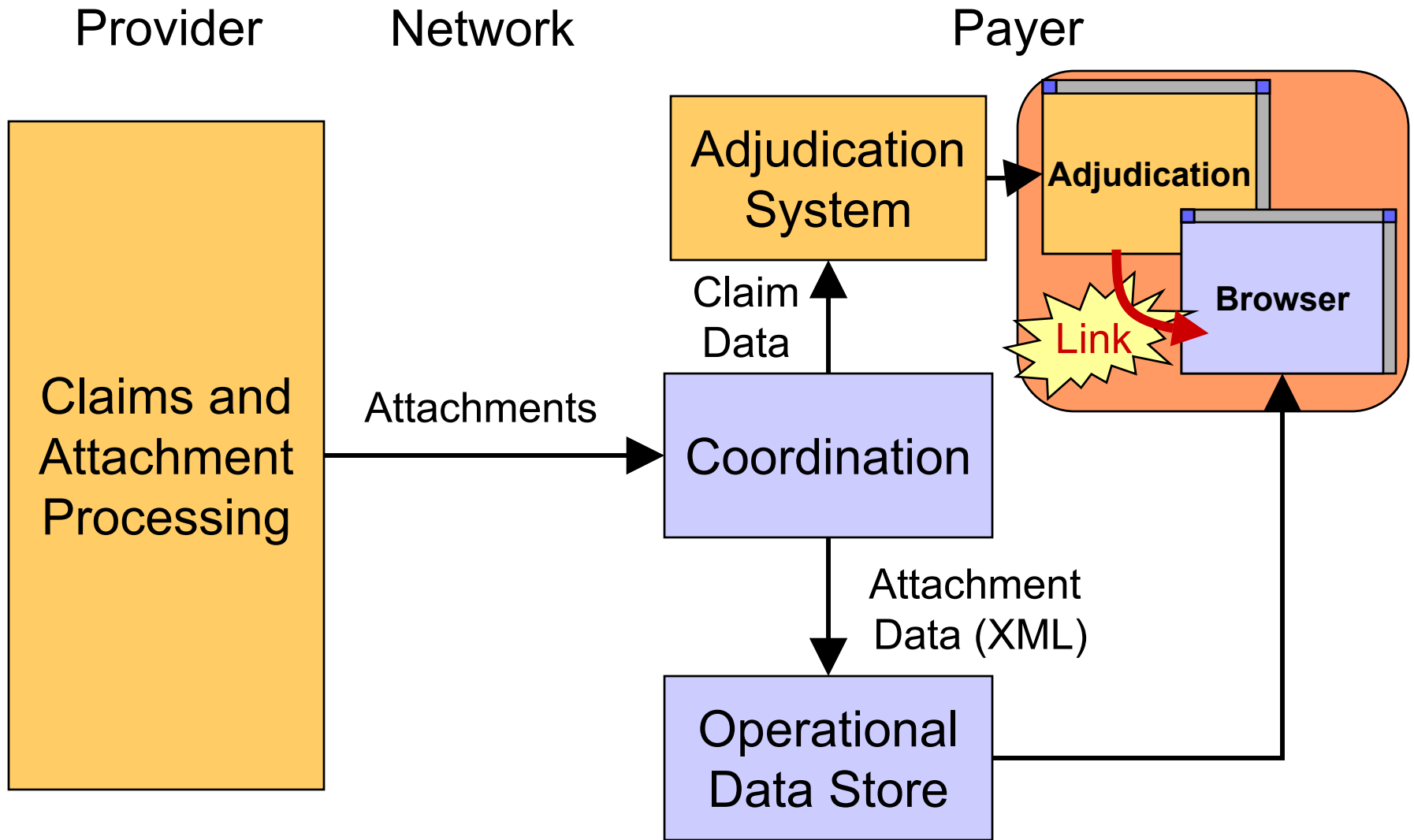


Source: Gartner Research

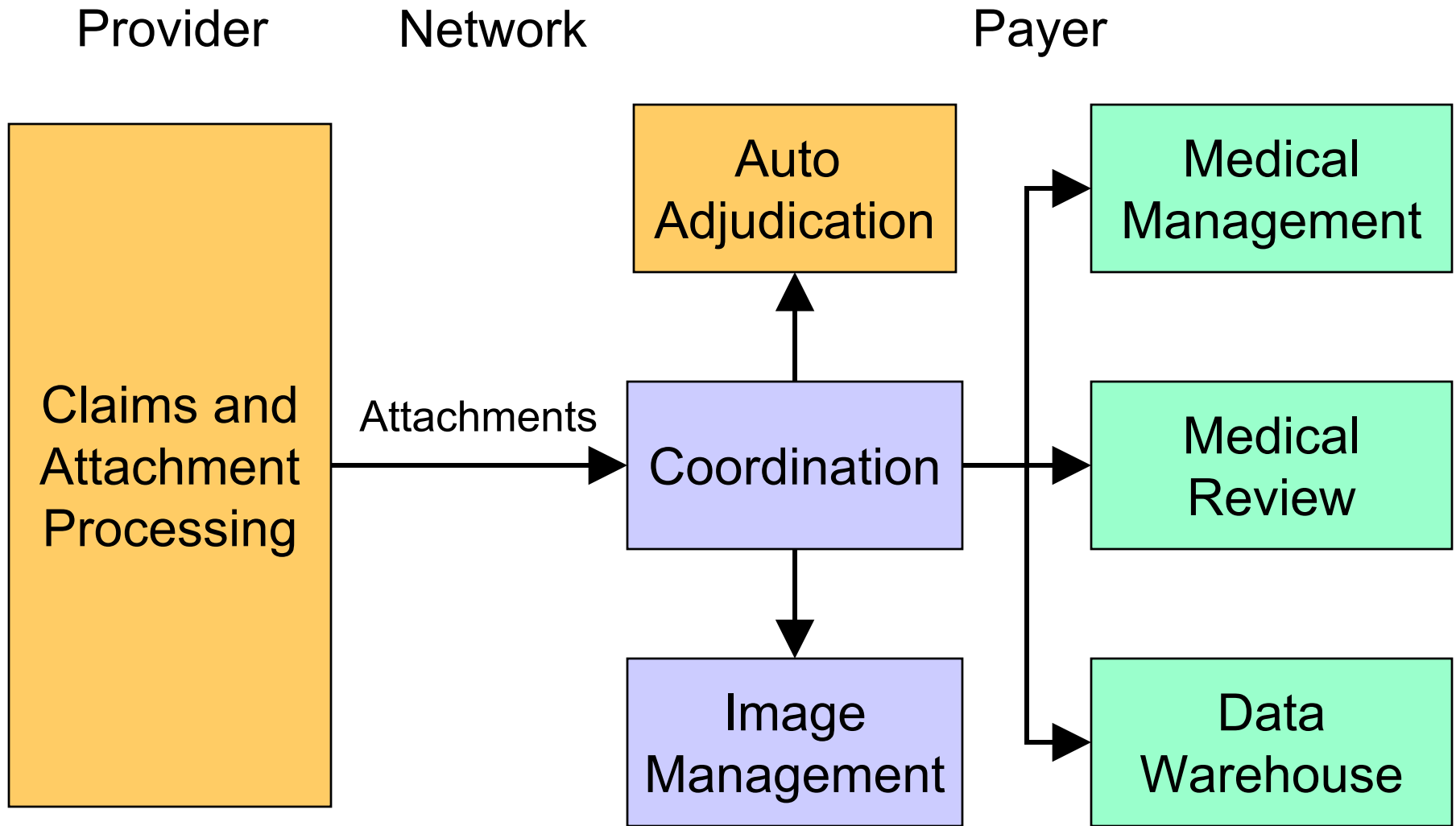
Payer Architecture: Quick Benefits



Quick Payer Architecture #2



Payer Architecture: Best Benefits



Conclusions for Providers

- **Standardized claims attachments and the LOINC code structure and enable automatic and semi-automatic assembly of attachments**
- **Providers opt into electronic claims attachments initially to take advantage of standardized payer questions, to expedite payment of pended claims, and to save people, paper, and postage costs**
- **Provider savings grow dramatically with the use of a CPR -- indeed, attachments may help to justify the cost of a CPR**
- **The TRICK is getting short term benefits without jeopardizing the long term**



Conclusions for Payers

- **Payers wishing to minimize entry costs can adopt claims attachments with few changes to existing systems**
- **Initial payer process savings can be achieved with limited investment through minimal integration with document image management systems**
- **Payer savings grow dramatically with sophisticated use of structured data and standardize claim to improve adjudication and downstream processes**
- **The TRICK is getting short term benefits without jeopardizing the long term**

More Information

- **HL7 official Web site**
 - general information/link to ASIG
 - <http://www.hl7.org>
- **Washington Publishing Company (HIPAA Implementation Guides) – includes *all* materials related to Claims Attachments**
 - <http://www.wpc-edi.com>

Questions... or to participate:

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