Claims Attachments and HIPAA

The Fifth National HIPAA Summit

Maria Ward
PricewaterhouseCoopers, LLP
Co Chair, HL7 ASIG
About your presenter...

Maria Ward

PricewaterhouseCoopers, LLP
Healthcare Consulting Practice
CoChair, HL7 Attachment SIG
Chair, DSMO Steering Committee
HL7 representative to the NUCC
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
• **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
• 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

11/01/02
Organizations and Documents

ASC X12 & Subcommittee X12N

Health Level Seven

HL7 Version 2.4

LOINC Consortium

LOINC Codes

LOINC Attachment Booklets

X12 Trans. Sets 277, 275

X12N Impl. Guides 277, 275

X12 277 Transaction

X12 275 Transaction

HL7 Claims Attachments Impl. Guide

LOINC Consortium

LOINC Codes

LOINC Attachment Booklets

X12 277 Transaction

X12 275 Transaction

HL7 ORU Msg
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.

A) Request for payment by ASC X12N 837 alone
   or
B) Original 837 is sent with 275/ HL7 ORU

If A)...Request for Additional information by ASC X12N 277

Additional information by ASC X12N 275 / HL7 ORU

If A or B...Payment advice sent by ASC X12N 835
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
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  Attachment Response
from the Payer       from the Provider

<table>
<thead>
<tr>
<th>ISA</th>
<th>Interchange Control Header</th>
<th>ISA</th>
<th>Interchange Control Header</th>
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<tbody>
<tr>
<td>GS</td>
<td>Functional Group Header</td>
<td>GS</td>
<td>Functional Group Header</td>
</tr>
<tr>
<td>ST 277</td>
<td>Transaction Set Header:</td>
<td>ST 275</td>
<td>Transaction Set Header:</td>
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<tr>
<td></td>
<td>Request</td>
<td></td>
<td>Response</td>
</tr>
<tr>
<td>...TRN</td>
<td>contains <em>payer’s control number</em></td>
<td>...TRN</td>
<td>contains <em>payer’s control number</em></td>
</tr>
<tr>
<td>STC</td>
<td><em>specific data requested</em></td>
<td>STC</td>
<td><em>specific data requested</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>...BIN</td>
<td><em>specific data response</em></td>
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<tr>
<td>SE</td>
<td>Transaction Set Trailer</td>
<td>SE</td>
<td>Transaction Set Trailer</td>
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<tr>
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<td>Interchange Control Trailer</td>
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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**

<table>
<thead>
<tr>
<th>Electronic Attachment</th>
<th>LOINC Code</th>
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</thead>
<tbody>
<tr>
<td><strong>Element</strong> LOINC Code</td>
<td>Answer Part LOINC Code</td>
</tr>
<tr>
<td>Answer Part</td>
<td>LOINC Code</td>
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<td>LOINC Code</td>
</tr>
<tr>
<td>Answer Part</td>
<td>LOINC Code</td>
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### Emergency Dept Attachment

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<tbody>
<tr>
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<td>11291-2</td>
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<tr>
<td><strong>Body Temp</strong></td>
<td>Body Temp (NM)</td>
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<td>11289-6</td>
<td>11289-6</td>
</tr>
<tr>
<td></td>
<td>Temp Reading Site (CE)</td>
</tr>
<tr>
<td></td>
<td>11290-4</td>
</tr>
<tr>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>
277 Questions & 275 Answers

• A 277 asks for
  – Attachments
  or
  – Elements

  Electronic Attachment

  Element
  Element
  Element

  – By sending LOINC

• A 275 sends
  – Elements
  consisting of
  – Answer parts

  Element
  Answer Part
  Element
  Answer Part

  – Identified by LOINC
Architecture--Providers, Prospective

Provider

Specialty Provider System that Includes Billing

Claim Data

Attachment Data

Mapping and Coordination

Clinical Data Systems (electronic and paper)

Network

Adjudication

Claim (837) + Attachments (275)

Payer

Clinical Information

Source: Gartner Research
Payer Architecture: Quick Benefits

Source: Gartner Research
Quick Payer Architecture #2

Provider

Claims and Attachment Processing

Attachments

Network

Adjudication System

Claim Data

Coordination

Attachment Data (XML)

Operational Data Store

Payer

Adjudication

Link

Browser

Source: Gartner Research
Payer Architecture: Best Benefits

Provider

- Claims and Attachment Processing

Network

- Auto Adjudication
- Attachments
- Coordination
- Image Management

Payer

- Medical Management
- Medical Review
- Data Warehouse

Source: Gartner Research
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:

Maria Ward
PricewaterhouseCoopers, LLP
Maria.T.Ward@us.pwcglobal.com
312–298-2586