UHIN Standards Committee
November 14, 2007
8:30 – 10:30 am
Minutes

Attending:

Chair Sandra Hansen
- Jan Barnes – VMH
- Sue Barnes - VMH
- Brenda Bryant – DOH
- Vern Cornelison – UTAH DOH
- Doreen Espinoza – UHIN
- Mike Jolley- UHIN
- Ramsey Major - UUHP
- Tammy Neeley – Regence
- James Nielsen – Altius/Coventry
- Rich Oakey – DMBA
- Vicky Pierce - Medicaid
- Vonda Preece - SelectHealth
- Marie Ricks – PMG
- Jared Stiff - PEHP
- Linda Thomas – IHC
- Joel Trujillo – Regence
- Jim Turner – Caregiver Support Network
- Forrest Ussery - Regence
- Lisa Varley - DMBA

Next Meeting: December 12, 2007, 8:30 – 10:30

1. **Approval of the Minutes from September/October – 2007**
   A motion was made, seconded and unanimously carried to approve the September minutes. The October minutes were postponed until next month.

2. **Discussion on UHIN Standards/Specifications and UHIN Issues**
   <u>**Voting Items**</u>
   Specification #47 Change Management – David Craner
   The Change Management Specification was updated to clarify specific pieces of the Specification during the last meeting based on changes proposed by the Change Management Subcommittee. The Specification was originally presented in September, but due to the lack of a quorum of voting members at the October meeting the specification vote was postponed to this meeting. There were no comments or question received during the review period. Several of the members that worked on the Specification pointed out that a significant addition to the Specification was the formalized process for testing new release of UHIN applications.

   A motion was made, seconded and unanimously carried to recommend the Specification to the UHIN Board of Directors at their next meeting. (See Appendix A for the Specification)

   <u>**Discussion Items**</u>
   SWOT Analysis for the 2008 Strategic Plan
   The UHIN Standards Committee along with the Technical Subcommittee has been asked to review the previous Strengths, Weakness, Opportunities and Threats that were developed in 2007 and determine if the same issues/concerns still exist and need to be addressed in the 2008 Strategic Plan.

   The combined committee reviewed in detail each point and provided feedback on what items were still concerns and what had been addressed to their satisfaction and could be closed out. The 2007 concerns are in red the new/updated review is in blue.

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS REVIEW

1.2 UHIN USERS

The UHIN Standards and Technical Committee contributed their feedback to this section of the Strategic Plan during two meetings held in August and October 2006.

1.2.1 Develop a Comprehensive Project Planning Process

UHIN projects should be formally evaluated and prioritized by member organizations. Resources should be allocated accordingly. There should be better communication

between the UHIN Board member and the member's Standards and Technical representatives.

Projects not well planned – the Board should prioritize UHIN initiatives and give the priorities to those that work the projects.

The creating of the PMO committee is disturbing - this just adds another committee. Primary concern is with the overlapping and redundancy in having more committees. Change Management and PMO are trying to accomplish the same thing. This is an unnecessary tap on community resources. There will be changes and growth in the UHIN work flow and we need to find out what the Project life cycle really is. New activities will be worked in some process as yet to be defined. Change Management Committee should integrate with the PMO.

1.2.2 Be Able to Connect to More Payers through UHIN

Providers want UHIN to expand its connection to national payers.

Providers want availability to national payers through the UHIN network. UHIN should work with these payers to get them set up.

This remains as an important issue. Contracts that have been made need to be disseminating. New payers should be encouraged to connect directly. Contracts need to be all inclusive for all HIPAA transactions. Thanks to UHIN staff for including the 277 CA as a part of the contracts.

1.2.3 Check Transactions at the Gateway for Compliance

UHIN does not edit transaction for compliance with HIPAA or UHIN message standards. Users want the gateway to check transaction for compliance to standards.
Responses from the network are nebulous – Quality of Data is poor there is no upfront editing.

This would be adding another layer. Providers would like to have this to be able to understand where they are going wrong in the data files. This is would help the providers on the front end. This type of the tool might not be implemented on the level that everyone expects. Would this be Tier 1, 2, 3 or 4? Would this happen on anything – this might not be able to be done in an independent payload environment. The payers do not always send a well constructed transaction (835) this needs to be identified. This might better be addressed in a report to the payers and providers on who is sending what. What would this create and how would folks use this. Some payers do not see value with this additional layer of editing. How is this funded? If the payers don't need this then will the providers pay for this? We need a stated business need that this is addressing. <u>Needs more analysis – metrics for what we are trying to solve and how much?</u>

1.2.4 Evaluate Hiring another Vendor besides HTP

Members are bearing the pioneering costs developing custom products with current vendors. UHIN has a strong relationship with HTP. This one vendor could ~~take out~~ bring down UHIN. This situation maybe the cause of many problems. This is both a threat and a weakness. ~ Costs could include the amount of time that a vendor goes over deadlines. Today time frames are too lengthily. This impacts the amount of resources to the community to get a vendors product working. Sometimes the cheapest is not really the least expensive when resources and time are taken into account. UHIN should put rules into place that would enforce dollar estimate and hold vendors to the costs. Bidding process is flawed ~ Bidding should be deeper - the process should be taken through the Technical Subcommittee for a technical estimate and evaluation. The members of the

Executive Committee don't necessarily have the technical understanding to evaluate bids. ~ There is a cost to the community when development is delayed. Are we really saving dollars when the projects go over the deadlines?

These comments are still valid and these concerns remain the same this situation puts UHIN in a vulnerable position. The source code needs to be put in escrow as a fall back position. HTP controls so much of what happens already – other projects should have other vendors or "best of breed" contractors should be selected for new work.

1.2.5 Diversify Standards and Technical Participation

It was noted that individuals that participate on the UHIN Standards and Technical Committee may not have the expertise to evaluate/manage the new products. Members need to re-evaluate their participations.
People in Standards vote on items that they have no knowledge. Clinical Items are not understood.

Organizations are renewing their commitment in sending the right folks and are working internally to understand all the activities that are going on with UHIN. Standards folks need to continue to meet with their internal organizations to be able to vote on items for administrative and clinical issues. This takes a serious commitment by board member.

1.2.6 Have a Technical Person on UHIN Staff

Users want UHIN to hire a technical person to assist them with technical issues.
Maybe there needs to be an onsite technical person at UHIN – CLOSED - REMOVE

1.2.7 Increase UHIN's National Influence

Implement clinical exchanges; implement attachment exchanges; become a national model; extend UHIN's geographic coverage to a wider area.
~~Lack~~ Continue to increase our global presence.

This should be kept on the plan. Our members understand and appreciate the work that has been put into the administrative effort we need to take this success and move it into the clinical arena as we move forward.

1.2.8 Clarify What is Expected from Members

UHIN members are responsible for designing technical standards, implementing, testing and maintaining them. Members requested that staff work to communicate more clearly about member expectations and coordinate times for testing schedules. However, the key to resolving this issue may be better communication and planning within member organizations themselves.
What is expected from members – resources are an issue - change occurs slowly – Same resources are involved with the same resources all the time – contradiction for what technical is asked to do and what they are setup to do. ~~There~~ It appears that there is ~~to be~~ a disconnect between Technical, Standards and UHIN Board Representatives.

This item blends in with Change Management 1.2.1 and 1.2.5.

1.2.9 Improve the Pace of Resolving Technical Issues

One of the issues that feed the perception that UHIN may be understaffed is the (at times) slow pace of resolving technical issues. While UHIN is working to develop better communication with key members about the timely resolution of technical issues it could be improved.

UHIN's community product development process usually entails a lengthy time period. As a result, UHIN has missed at least one prime window of opportunity (CAQH) to offer a product ahead of its competitors. E-prescribing will probably also follow this course. Technical Issues seem to linger a long time

This could be 1.2.4 vendor issue. This is a weakness that remains. The Technical subcommittee believes this is more of project management issue. Technical works on and develops recommendations and then it takes a long time to get them put into place. Project management improvements will help this issue. 1.2.1

3.3 WEAKNESSES

It is extremely important for our company to be honest about its weaknesses. If an organization is not willing to recognize where it is weak, it places itself in a position to fail. The weaknesses identified here are a candid attempt on the part of UHIN to recognize its weaknesses.

3.3.1 UHIN Relationships with Member Executives Are Not Strong Enough

Strategic, senior executives with UHIN stakeholders must be improved. Key executives no longer understand UHIN's key mission, particularly as it concerns new developments outside of the HIPAA transactions. UHIN is operating on momentum from a decision made in 1993. That momentum must be re-generated in 2007.

Two key questions in this issue are (1) Do stakeholders perceive equity in UHIN? (2) Is there a perceived balance of equity among stakeholders?

Responded to by UHIN Staffs.

3.3.2 Poor Communication about UHIN Projects within Member Organizations

Since its inception, UHIN has struggled with poor communication within member organizations. Board members must communicate purposefully both with individuals who participate at the Standards/Technical Committee level and with top level management within their organization.
There appears to be a disconnect between Technical Standards and UHIN Board Representatives.

Same as 1.2.1

3.3.3 Project Planning Process – Project Management (PM)

The UHIN community lacks a comprehensive method for establishing priorities of projects both within UHIN and how UHIN projects are adopted and implemented within key member organizations. UHIN needs to determine better ways to identify real member benefits for new projects. Members must work to realistically estimate their internal costs for development, implementation and support. UHIN must have a more specific plan for adoption and financing models before projects are promoted. UHIN should establish a UHIN community project management process that meets these needs.

The PM process must include a method to prioritize critical projects that may emerge unexpectedly during the year (e.g., Noridian). The Project Management Process must include a method to evaluate the importance of emerging critical issues and the consequences of taking action on those issues to the overall prioritization of resources for other projects.
Prioritization of Projects – Projects are not well planned – Projects seem to have pre-set deadlines - Deadlines are not always communicated – Mature projects should be

designed before they are presented to the Technical Subcommittee – Bidding process is flawed ~ Bidding should be deeper - the process should be taken through the Technical Subcommittee for a technical estimate and evaluation. The members of the Executive Committee don't necessarily have the technical understanding to evaluate bids. ~ There is a cost to the community when development is delayed. Are we really saving dollars when the projects go over the deadlines?

Provider buy-in needs to be determined before the projects go forward. This has not happened and projects have failed. Payers are putting resources and providers are not participating in the meetings. Analysis needs to be done up front before things happen. Sometimes we get an idea and we put it out there and then we need to determine whether or not we need move things into production. A cost and resource analysis needs to be done before we begin developing or implementing a standard or project.

3.3.4 Limited Revenue Sources

Seventy five percent of UHIN's revenue comes from three entities. UHIN must diversify its revenue sources to ensure future stability.

3.3.5 Governance should be Re-evaluated

The health care market continues to consolidate and change and UHIN is moving into new products and exchanges. Is the current governance structure and representation appropriate? Should there be more commercial payer, hospital, provider, and consumer or employer representation in all the committees and the Board?
Loss of focus – UHIN is doing so much bleeding edge – UHIN is involved in too many things – UHIN Has lost sight in maintaining stability.

Creating an additional committee for a PMO committee shows a lack of focus. There is logic behind the activities and a Project Management but not creating a new committee. A standing committee does not work.

3.3.6 Small Number of Staff – Loss/Burnout of Key Staff

UHIN's most important asset is its employees. UHIN has done tremendous work with a small number of dedicated staff. However, having a small staff also presents a weakness. Many staff perform multiple functions (the Project Manager also manages contracts; the Standards Manager is also the UHIN accountant, a customer service representative also functions as the office manager and travel agent, etc.) . Several key staffs have worked long hours for many years. Most key staff persons have been with the company for upwards of 10 years.
Resource Issue at UHIN – Slow responses to questions – A lot of repetitive communications in some instances – UHIN is too short staffed to cover all commitments.

More staff has confused the members we need to clarify the responsibilities and contact information for the UHIN Staff. Put information on the web possibly an org chart for whom to contact for what type of an issue.

3.3.7 No Succession Plan for Key Leaders

UHIN has operated with a stable leadership since its inception. Michael Stapley has been the sole Chairman of the Board. His retirement could constitute a significant challenge to UHIN.

3.3.8 Better Educate Members about UHIN's Model

Some members have commented that the cost of implementing UHIN solutions is higher than the cost of utilizing a clearinghouse because of demands to participate in

development and in testing. There is also feedback that UHIN's implementation process is too slow.
Inability to conduct good testing a new testing environment is needed.

See issues 1.2.1 and 1.2.5 and 3.3.6

3.3.10 Business Resumption Plan

UHIN has an effective disaster recovery plan. UHIN does not have a business resumption plan wherein it has been detailed how UHIN and key members will resume business after a disaster.

3.3.11 Steep Learning Curve on New Technologies (HL7, etc)

As UHIN begins to expand its product line, members are being pushed into new technical areas including web services, HL7, XML and others. Members are not equally competent to deal with new technologies. It has been suggested that UHIN should hire a technical person to assist members with technical issues.
Clinical Items are not understood
On going process working with new UHIN Technical Person

3.3.12 UHIN Needs a Public Relation Effort

Traditionally UHIN has avoided public discussion about the company outside of trade journals. However, with the national discussion about RHIOs and the re-emergence of discussions regarding the creation of centralized data bases of patient health information a decision was made to begin a low-key media education program to 'inoculate' local media.
Does this include the legislature and those entities that can have an impact on UHIN?

3.3.13 Written Documentation

In 2004, UHIN made significant improvements in documentation. However, the quality of UHIN's documentation, particularly documentation that is utilized by members, must be improved. Tremendous strides have been made.

3.3.14 Relations to Software Vendors (EMR, PMV)

Traditionally UHIN has not had direct relations with software vendors. It may be time to re-examine that premise and look for ways to partner with selected vendors.
This needs to be ongoing.

3.3.15 Limited Input from Community

UHIN's community input has become somewhat limited, particularly from the perspective of getting input from health care professionals outside of office staff. UHIN should work to expand the input it receives from the health care community.

Standards Goals for 2008
Due to time spent on the SWOT review; the committee had time to do a very brief overview of the Goals for 2008. The committee was asked to review the goals in their shops and assign priority based on their internal goals and resources. All were asked to return their comments/responses to Doreen by the 26th of November. During the December meeting the goals will be finalized and considered for a vote in January for presentation to the Board in February

Standards Subcommittees for 2007:

		Meeting Status	Targeted for 2008	Targeted 2009
On Going				
	Standards Committee			
	Technical Subcommittee			
	Change Management – Bi-Annual meeting February and August			
Current				
	Patient Identification Card – Meeting once a month	In Process		
	National Provider Identifier – As needed basis	On Hold	2nd quarter	
	Paper Claim Form – part of the NPI	Completed		
	Dental Claim form	New		
	Contingency Plan for NPI	Completed		
	Remarks Codes – currently in process in payer shops full implementation by July	Required Codes Completed		
	Laboratory Results Subcommittee	Completed		
	Laboratory Orders	New		
	Attachments Subcommittee - Claims (PDF)	Op Reports this is not a status		
	Attachments - 275 Subcommittee	New		
	Operative Report Subcommittee (HL)	New		
	CDA Subcommittee	New		
	Claim Acknowledgment 5010 version - Payer, Provider and UHINT	In process		
	Eligibilty Subcommittee	In Process		
	Payer/Provider Web Services Implementation	New		
	HIPAA 5010			
	837 Professional Claims	New		
	837 Institutional Claims	New		
	837 Dental Claims	New		
	835 Electronic Remittance Adice	New		
	Clinical Messages			
	Prenatal Subcommittee – Mainly Physicians and Hospitals	In process		
	Pilot # 1 Attachments, Lab Results and other HL messages	Completed		
	Pilot #2 Medication History Subcommittee	Completed		

Counting Transactions on UHINet II
In UHINet today the system counts billable transactions. In the recent past there have been several requests for different metrics on transactions that are being sent through the system. The task is therefore presented to the Standards Committee to create the criteria for counting transactions. These counts should be able to be used for billing as well as gathering quantitative results for reporting. The committee reviewed a straw man that was developed by UHIN Staff. The committee made the necessary changes to the document. The document will be forwarded to HTP for programming.

Counting X12 Transactions

All counts must be able to be associated to sending and receiving trading partner numbers.

Trxn	How to ID Transaction	Segment/Element to Count	What is being counted
All		**Bytes should be counted for all payloads.**	This is intended to count the data that is being sent.
270	GS08 = 004010X092	**2000C TRN01** (any value) AND **2000D TRN01** (any value) Each TRN01 = one count.	The 270 will have TWO counts: 1. This is intended to count the number of inquires on a per person basis. This is the PERSON INQUIRY/RESONSE Count.
270	GS08 = 004010X092	**Loop ID 2110C EQ01 or EQ02-1** (any value, do not count both in any one iteration of the segment). AND **Loop ID 2110D EQ01 or EQ02-1** (any value, do not count both in any one iteration of the segment). Each EQ01 or EQ02 = one count	2. This is intended to count the number of inquires. This is the INQUIRY/RESONSE Count. It is possible that there will be many EQ values at both loops in any one ST-SE transaction. The billing module should be counting each time an EQ segment is used.
271	GS08 = 004010X092	**2000C TRN01** (any value) AND **2000D TRN01** (any value) Each TRN01 = one count.	The 271 will have TWO counts: 1. This is intended to count the number of inquires on a per person basis. This is the PERSON INQUIRY/RESONSE Count.
271	GS08 = 004010X092	**Loop ID 2110C EB01** (any value). AND **Loop ID 2110D EB01** (any value). Each EB01 = one count.	2. This is intended to count the number of inquires. This is the INQUIRY/RESONSE Count. It is possible that there will be many EB values at both loops in any one ST-SE transaction. The billing module should be counting each time an EQ segment is used.
276	GS08 =	**2200D TRN01** (any value)	Claim Status Inquiries can be

Trxn	How to ID Transaction	Segment/Element to Count	What is being counted
	004010X093	AND **2200E TRN01** (any value) Each TRN01 = one count.	made at both the subscriber and patient level. If both TRN Segments are used then both would be counted.
277	GS08 = 004010X093	**2200D TRN01** (any value) AND **2200E TRN01** (any value) Each TRN01 = one count.	Claim Status Responses can be made at both the subscriber and patient level. If both TRN Segments are used then both would be counted.
835	GS08 = 004010X091	**2100 CLP01** (any value); If no CLP01 then count **PLB01** (any value). Each CLP01 = one count. Each PLB01 = one count.	This is intended to count each claim remit (response).
835	GS08 = 004010X091	**BPR Segment**	This is intended to count the number of payments sent in the transaction.
837	GS08 = **004010X096** OR GS08 = **004010X097** OR GS08 = **004010X098**	**2300 CLM01** (any value) Each CLM01 = one count.	This is intended to count each claim sent in the file.
277FE	GS08 = 004020X070	**2000B HL03 =** 21 (see Rule 1) OR **2000C HL03 =** 19 (see Rule 2) OR **2000D HL03 =** PT (see Rule 3) Rule 1: If only **HL03 =** 21 is present within ST-SE then count that as one count. If other HLs are present do not count. Rule 2: If only **2000B HL03 =** 21 AND **2000C HL03 =** 19 are present within ST-SE loop then count that as one count. Rule 3: If **2000B HL03 =** 21 AND **2000C HL03 =** 19 AND **2000D HL03 =** PT, then count only the **HL03 =** PT. Each **HL03 =** PT = one count.	This is intended to count the claim acknowledgements responses sent at the most granular level.
834	GS08 = 004010X095	**2000 INS01** (any value)	This is intended to count each enrollee.

Trxn	How to ID Transaction	Segment/Element to Count	What is being counted
		Each INS01 = one count.	
864	GS08 = 004010	Loop MIT MIT01 = one count	This will count each report sent in the file.
278	GS08 = 004010X094	**2000C HL03=22** OR **2000C HL03=23** If HL03=23 is present, then do not count the HL03=22 of parent subscriber loop Each HL03 = one count.	Count per patient Differentiate the referral from the Prior
997	Look for AK1 segment	**AK101** = any value Each AK101 = one count.	Will count only number of 997 transactions returned.
TA1	Look for TA1 segment	**TA101** = any value Each TA101 = one count.	Will count only number of TA1 transactions returned.
Chief Complaint	Look for EVN-4 CCE	When EVN-4 = CCE	This is intended to count each chief complaint separately.
Laboratory Result	Look for MSH-9 ORU^R01	When MSH-9 = ORU^R01	This is intended to count each laboratory result.
Discharge Summary	Look for TXA-2 DS	When TXA-2 = DS	This is intended to count each Discharge Summary
History & Physical	Look For TXA-2 HP	When TXA-2 = HP	This is intended to count each History & Physical

3. Reports

- Technical Subcommittee Report – Next meeting December 4th
- Prenatal Subcommittee – Next meeting November 19th at 4:s0
- ID Card Subcommittee – The Completed Specification should be ready for January Standards meeting. There will be some payer/provider surveys that will be sent out mid December.
- Operative Subcommittee – the committee is currently working on work flow identification.
- Eligibility Subcommittee – Next meeting December 11th

4. Other Business

- Next meeting December 12th.