

UHIN Standards Committee

May 14, 2008
8:30 – 10:30am
Minutes

Attending:

Chair David Craner

Terri Airmet – PEHP

Jan Barnes – VMH

Susan Daniels - Selecthealth

Doreen Espinoza – UHIN

Jim Gray - EMIA

Sandra Hansen – PEHP

Phil Heimer – Dental Select

Mike Jolley- UHIN

James Lunceford - Intermountain

Paula McGuire – Medicaid

Vonda Preece – SelectHealth

Linda Thomas – Selecthealth

Joel Trujillo – Regence

Lisa Varley – DMBA

Joshua Wyatt - UUHP

Next Meeting: June 11, 2008, 8:30 – 10:30am

1. Approval of the Minutes from April – 2008

A motion was made, seconded and unanimously carried to approve the April minutes.

2. Discussion on UHIN Standards/Specifications and UHIN Issues

Voting Items

Payer Contingency Chart

This document was brought forward to the Committee for final review. Very few changes were made since the last meeting. Payers agreed to provide updates to the chart to keep the information pertaining to the NPI current. The Regence Blue Cross Blue Shield data was updated per Joel Trujillo based on new information received.

ACTION ITEM: This chart will be sent out by e-mail for payers to review and update.

5010 Claim Acknowledgement

This Standard/Specification was brought forward during the March meeting. Providers and payers were asked to review the document for changes. The Committee did not provide any changes nor was a vote conducted during the April meeting. The Standard/Specification was brought forward for a vote. The group determined that they needed additional time to review the proposed Standard/Specification so the vote for this document will be postponed to the next meeting.

ACTION ITEM: This document will be presented for vote at the next Standards meeting.

Discussion Items

57_UB04 Standard

This Standard was originally brought forward to the Standards Committee in the fall of last year with revisions that had been made to align the Utah Standard with the National Uniform Claim Committee documentation. The Standard was not voted on at that time and so it was once again presented for consideration. Payers and providers were asked to review the Standard and be prepared to vote during the next Standards meeting.

ACTION ITEM: Payers and providers are to review this document and be prepared to vote at the next Standards meeting.

Payer UHINet II Environment Usage

The document was presented to the committee for review. The chart was developed by the Technical Subcommittee per the request of the Finance and Audit Committee. The Finance Committee are reviewing the resources that UHIN is maintaining and they are interested in knowing the usage of the testing environments that UHIN has created for the community. The Technical Subcommittee filled out

the chart and are now looking to make the necessary changes to support those environments. The objective is to have payers and providers set up for testing in the specific environments so as not to jeopardize the stability of the production environment. Members were concerned that this would place a burden on the provider community that does not have experience with using multiple environments. The UHIN Staffs assured the membership that this would only impact the new providers and that a simple easy to use testing environment quick start instructions had been developed. Several payers were interested in obtaining the instructions so that all help desk employees can assist providers with testing.

ACTION ITEM: The provider Testing Setup instruction guide will be provided to the UHIN Standards Committee.

Standard #10A Facility Common Edits – Doreen Espinoza

The Standards Team is conducting a thorough review of all Standards and Specifications. During this review it was determined that the Facility Common Edits Standard should be considered for approval as a Specification rather than a Standard. This document needs to be cleaned up and revised to be brought up to date.

As a standard the document requires all vendors, payers, and providers implement the same edits for any program creating the 4010 Facility Claim. The original intent of the document was to provide guidance to the programmers of the UHIN base line products a clear and consistent way to identify errors to providers using the program. While the edits still pertain to the UHIN base line product UHINT, it would be impossible and out of scope for UHIN or the State Insurance Commissioner to enforce.

As a specification this document would pertain to the UHINT Software and UHIN staff could enforce the details with the UHIN strategic programmers. Doreen and Mike are recommending that this document be moved to a specification so the intent is in alignment with the type of document. A brief discussion was conducted regarding the needed updates. The committee agreed that the updates should be completed before the Standards Committee recommends the Standard to be approved as a specification. Work was not completed by the time of the May meeting and this is being postponed until the June or July meeting.

ACTION ITEM: The Standards team will continue to update the document and present it to the Standards Committee at the next meeting.

Response for files that are deleted from the UFB

This item was postponed to the next monthly meeting

Standard Goals

The Standards Team brought the goals list and the current status to the Committee for review. At least 50% of all goals have been or are in process of being completed. This chart shows the progress of the Standards Committee and Subcommittees.

3. Reports

- **Technical Subcommittee Report – Linda Thomas**

The committee has been busy working on reviewing the Clinical Health Information Exchange RFP during the month of May for recommendation of top vendors to the Clinical Health Exchange Committee Task Force. The subcommittee recently received the Proposals and they have developed a schedule for completing the review before the end of June.

- **Prenatal Subcommittee – Marie Aschliman**

The subcommittee is continuing their efforts with the national committees (IHE¹ and ACOG²) to create a standardized peri-natal message. The goal is to compile at least 5 separate forms into

¹ Integrating the Healthcare Enterprise (www.ihe.net)

one document for the exchange. The deliverable for this work will be a draft implementation guide for EMR vendors to use. Any one interested in participating should contact Mike Jolley to get on the distribution list for the national call schedule.

- **Operative Report – Vicky Pierce**

The Operative Report Subcommittee is working on the internal process flow for operative report exchange. The committee hopes to have a completed report for their investigative findings next month.

4. Other Business

- Report from Board - David Craner

The following Standards and Specifications were approved by the Board of Directors:

- Standard #1 Anesthesia v2.2
- Standard #6 Health Identification Card v1.0
- Standard #20 Claim/Encounter Acknowledgement v2.3
- Standard #31 Eligibility v2.4
- Specification #9 Professional Common Edits V2.1 (Spread Sheet) – From A Standard to a Specification.
- Specification #22 Hardware v2.2
- Specification #24 Network Requirements v2.2
- Directly Linked Trading Partner Connectivity Documents - Route Server (Payer) Router Client (Provider).

- Report from HL7 – Mike Jolley

HL7 is working on an HL7 Roadmap which involves doing a SWOT analysis. They are refining their processes to develop a more definitive documentation process. One example is requiring a project form to be completed on all new/existing projects. By implementing this and other processes the desired result is to help facilitate and coordinate the focus of participant resources.

The ELINCS³ laboratory result implementation guide (which the UHIN laboratory results was based upon) passed, this is a 2nd implementation guide for laboratory results.

It appears the Workers Compensation will be the first in the industry to require by (state) law claim attachments. Working through some issues relating to how the attachment control# is attached to a medical record#.

Still anticipating a final rule for Attachments to be published before the end of the year, fear if a final rule is not published before the change in the administration it may not happen for awhile.

International HL7 Interoperability Conference

http://www.hl7.org/gr/ihic2008/9o_congress/auspices.html is collecting information regarding CDA project/implementations from around the world (lessons learned).

² American College of Obstetricians and Gynecologists (www.acog.org)

³ EHR-Lab Interoperability and Connectivity Standards

- Schedule for the 5010 Implementation Guide Review is as follows;
 - 834 Enrollment
 - 820 Premium Payments
 - 835 Remittance Advice
 - 837 Professional Health Care Claim
 - 837 Institutional Health Care Claim
 - 270/271 Eligibility Inquiry and Response
 - 276/277 Claim Status Inquiry and Response
 - 837 Dental Health Care Claim
 - 278 Prior Authorization/Referral
- Announcing the ASC X12 C Teleconference on Thursday at 1:00pm for input and collaboration on a New/Combined Message/Transaction Envelope for data exchange.
- Next meeting August 13th