

UHIN Standards Committee

June 11, 2008
8:30 – 10:30am
Minutes

Attending:

Chair David Craner – excused
Sandra Hansen – Acting Chair

Terri Airmet – PEHP

Jan Barnes – VMH

Doreen Espinoza – UHIN

Jim Gray – EMIA

Phillip Heimer – Dental Select

Mike Jolley- UHIN

Francesca Lanier – UDOH

James Lunceford – Intermountain

Vicky Pierce – Medicaid

Marie Ricks - PMG

Linda Thomas – Selecthealth

Joel Trujillo – Regence

Jim Whicker – Intermountain

Joshua Wyatt - UUHP

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

1. Approval of the Minutes from April – 2008

After providing some corrections to the minutes a motion was made, seconded and unanimously carried to approve the May minutes.

2. Discussion on UHIN Standards/Specifications and UHIN Issues

Voting Items

57_UB04 Standard

This Standard was originally brought forward to the Standards Committee in the fall of 2007 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 in May. Payers and providers were asked to review the Standard and be prepared to vote during the next Standards meeting. No comments were received for update. The motion was made seconded and unanimously carried to approve the Standard.

ACTION ITEM This Standard will be taken by the Standards Chair to the next Board of Directors meeting for final approval.

5_Trading Partner Number

This Standard was brought forward to the Standards Committee with revisions that removed all language pertaining to the UHIN Switch. The Switch was disabled when UHINet II was implemented in 2006. The committee had brief discussion on these updates. Part of the discussion is that the trading partner number may need to be re-evaluated in the future to make sure that it continues to meet the need it was originally created for and to determine the impact of this number with the Clinical exchanges. The motion was made seconded and unanimously carried to approve the Standard.

ACTION ITEM This Standard will be taken by the Standards Chair to the next Board of Directors meeting for final approval.

5010 Claim Acknowledgement

This Standard/Specification was brought forward during the March meeting. Providers and payers were asked to review the Claim Acknowledgement as a Specification. The Committee did not provide any changes nor was a vote conducted during the April meeting. New information was brought to the attention of the Standards team that would impact the adoption of this work.

Because the rule has already named the 277FE Version 4020 as the standard for reporting a claim acknowledgement it would be conflicting if the Standards Committee were to pass a UHIN Specification as an alternate to the Standard. The committee discussed this new conundrum and determined that the Standard could move forward with the language that recommends the implementation of the Standard will be with the 5010 Suite of transactions in HIPAA II. Other Standards have been passed this way the

community felt comfortable enough with this language change to vote on the Standard. A motion was made, seconded and unanimously carried to approve the Standard.

ACTION ITEM This Standard will be taken by the Standards Chair to the next Board of Directors meeting for final approval.

Discussion Items

Payer Availability Chart Updates - Doreen

Doreen presented the current chart to the community for possible update. No changes were recommended or requested.

Standard #10A Facility Common Edits – Doreen Espinoza

The Standards Team is working to update this document. It is not yet ready for vote. This Standard will be brought forward at the next Standards 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 during the last meeting. The UHIN File Buffer is a temporary storage areas on UHINet where files will be stored for a short period of time to allow smaller providers that do not have the technical resources to be continually logged into the system to have the ability to pick up files that have been sent by other providers or third party payers.

The question comes to the Standards to find out if they perceive a business need to have messages sent to the sender or receiver when a file is deleted if the storage timeframe has been met or exceeded and the file has been deleted. The overall response from payers and providers is that the need may be more critical for the clinician to know that their files have been removed.

Doreen drew a detailed picture of what currently happens to day in the administrative exchanges to provide the community a starting point from which to look at possible recommendations. In the X12 exchange there are several levels and formats for sending responses.

The most basic of these responses is the *Communication* message which is transmitted in an xml format. This response generally pertains to the receipt or reject of a transmission.

The next message pertains to the *syntax and semantics* of the transmission is the 997 that is a standard x12 format.

The next message in the claim cycle is the *acknowledgement* – this is the most basic set of business rules that must be met prior to the acceptance of the transaction by the payer.

The next sets of messages are the true *responses* such as the 835.

Based on this existent process the committee agreed that, like the 277, where there are standard formatted messages the receiver or gateway should use them. They also agreed that the communication messages should also be used. So when a provider's file is removed then the receiver will receive a message that confirms that the file they sent was deleted.

Another recommendation that the committee provided is for UHIN to begin looking at putting all images into a standard format, whether that is a CDA or an OBX inside an HL7 message. Having the image wrapped in a standard format will provide greater interoperability.

State Clinical Rule

Doreen updated the committee on the work that UHIN is involved with in assisting with the creation of the State rule for clinical exchanges. This work is moving forward and once completed UHIN will have Standards to recommend to the State for inclusion into the rule.

Options for working with Clinical Subcommittees

As the development of State Clinical rule comes to realization it becomes incumbent upon the Standards team to develop and recommend a clinical process to recommend the Clinical Standards to the Board of Directors. Currently Clinical Subcommittees have been creating the Specifications and these documents have been brought forward to the Standards Committee for review. There have been several members in the Standards committee that have expressed concern that they are not the right person to review or vote on the Specifications. Based on the concerns raised by the Standards Committee the Standards Team has developed three options for working with Clinical Committees while maintaining the integrity and stability of the one gateway (See appendix A). Doreen asked that each of the members of the Standards Committee review the proposal and determine which structure would work best for including Clinical initiatives and allowing maximum participation for all interested stakeholders.

ACTION ITEM: Standard representatives should review the options and provide feedback to the Standards team on how best to work with the Clinical Subcommittees and Initiatives.

Sun Setting of Standards 2A UB92 Locator Elements and 2B HCFA 1500 Box Elements

With the adoption of the CMS 1500 and the UB04 the paper standards for the HCFA 1500 and the UB92 are now obsolete. The Standards team is recommending to the Standards Committee that a date be set to sunset these Standards. The committee held a brief discussion and then a motion was made seconded and unanimously passed to sunset these two Standards by September 1, 2008.

ACTION ITEM This recommendation will be taken by the Standards Chair to the next Board of Directors meeting for final approval.

The committee had a brief discussion on the UB04 they would like to include updates to the UB04 in the goals for 2009.

Sun Setting other Specifications

Doreen reported that there were several Specifications that were developed years past to accommodate flat file uploads into ProClaim and AClaim. These applications have been combined and no longer need these flat files. Currently no providers have used or requested flat files from payers. It is the opinion of these Specifications and therefore they need to be sunset. After brief discussion a motion was made, seconded and unanimously approved to sunset these Specifications by September 1, 2008.

ACTION ITEM This recommendation will be taken by the Standards Chair to the next Board of Directors meeting for final approval.

Identity Management – Doreen Espinoza and Francesca Lanier

Doreen has been working with the Department of Health on a multi-state project that is trying to create benchmarks for Authentication and Audit interoperability across RHIOs. The lead for the State of Utah is Francesca Linares.

Francesca explained to the committee that the group of states looking at these issues includes; Connecticut, Arizona, Virginia, Maryland, Oklahoma, Nebraska, Washington State, Oregon, Colorado and Utah. This initiative is trying to understand the affinity domain of Provider

credentialing for possible use in authentication and to try and find common ground on which State RHIOs can feel comfortable exchanging patient data.

This work is important to UHIN as we begin defining the requirements of the cHIE in regard to Authentication and Audit. A list of questions was developed by the committee – Doreen will e-mail the questions out to the Standards members. Doreen is asking that UHIN Standards Representatives look into their companies and identify the individuals that would be able to help with this focus group. Any information that we develop will help with the requirements for the cHIE as well as in the national efforts that the Department of Health is involved in.

ACTION ITEM: Doreen will send out an e-mail for the next meeting – Standards Representatives are asked to find the correct person(s) in their organization to work on this issue.

3. Reports

- **Technical Subcommittee Report – Linda Thomas**

The committee has been busy working on reviewing the Clinical Health Information Exchange RFP during the month. The subcommittee will report their rating to the cHIE Task Force by June 24th. They will be involved with the demonstration of the vendors selected by the Task Force.

- **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 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. It has been noted that there are several payers that are paper based, all paper is at some point in time imaged. Some payers have an external process others take a digitized record, such as a fax, and store as an image. Dependent upon the level of resources needed to work the process will determine the impact of the image exchange with between the payer and provider. Thus far it appears that there will be more resources on the provider side, this makes fax appear better for the provider workflow.

- **Clinical Specification(s) Review**

Mike is working on reviewing all Clinical Specifications so that when the Clinical Rule is developed there will be something to present to the Department of Health for inclusion in the State Rule. The current review is the Laboratory Results document. All invited to attend.

- **5010 Reviews**

The 820 and 834 Transactions have been reviewed. The focus group is currently working on the 835. Next meeting will be on Thursday at 9:30am.

4. Other Business

X12 reports

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

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

835 WG3 Electronic Remittance Advice – Sandra Hansen

Sandra reported that the group focused their work on the Real Time Adjudication (RTA) issues faced by providers and payers exchanging claims and remitts. There is no RTA specifically for claims and so it is not clearly understood what is needed in the remittance. They completed most of the work that they set out to accomplish the reminder will be done in teleconference calls.

837 WG2 Health Care Claims – Doreen Espinoza

Doreen reported that the group worked on the Request for Interpretation issues that were outstanding. They also worked at marking up the 5040 guides for the 5050 Implementation Guide publication. Most of this work is being done in anticipation of the public comments that will be received when the NPRMs for the 5010 guides are released.

270 WG1 Eligibility Request and Response – Lon VonBaur

Lon reported that he was a new attendee to the X12 meeting. The work group focused on making more robust AAA codes and past and future date issues. Several items will be put a workgroup vote in September.

Enveloping Structure – Doreen, Sandra and Jan Barnes

Doreen, Jan and Sandra attended the X12 C Communication Controls Committee meeting. The topic of the meeting was a possible upgrade in the enveloping structure for all X12 Transactions. The meeting was very well attended but did not have enough representation from all X12 committees that might be impacted by this type of a change. The UHIN contingency brought up the fact that there did not appear to be a business need for a drastic change and that any change would need enough lead time for several industries to make system changes. This would take a minimum of 5 – 10 years. The committee chairs were concerned, but understood that this great of a change was significant and would require coordination from many different industries. The committee chairs asked UHIN if they would participate in the creation of a new envelope. Doreen will keep in touch with the Chairs Mike Rawlins.

Appendix A
Standards Configuration Options

The Standards team has had an opportunity to consider the implications of the Clinical Standard development responsibility that will be fulfilled with the UHIN cHIE initiative. Having reviewed the current structure and manner under which the Standards Committee currently operates and the new needs of the committee we have developed the three possible configuration changes to Standards Committee to meet these needs. The Standards team would like input from the Standards Committee on the preferred method.

Option 1:

Standards Committee would continue to include administrative and clinical participants but change the focus to a more high-level business discussion instead of the detail work which is done today in the meetings. All detailed work would be completed at the Subcommittees. Standards would mature to the next level of growth.

- a. Impact to the community includes but not limited to:
 - i. Standards meetings would remain as a monthly meeting but would include more clinical representatives.
 - ii. Provide the education to clinical representatives on the standards process and procedures and how this impacts organizational systems.
 - iii. All administrative and clinical technical and business work will be completed in subcommittee.
 - iv. This would allow the Administrative and the Clinical Representative from a given organization to have a face-to-face meeting with the community at large. A single meeting would ensure
 - Negative impacts would be minimized when Administrative or Clinical initiatives are taken in.
 - Foster the coordination of administrative and clinical participant communication, prioritization and resource allocation for UHIN community efforts within a single open community forum to support the single community network.
 - Lessen the burden of additional meetings for any administrative/clinical crossover community participants.
- b. Impact to the Standards Team includes but is not limited to:
 - i. No additional UHIN staff needed to a single on-going monthly Standards Committee meeting.
 - ii. Assist in keeping a single Standards Committee focused upon the same goals and priorities which may require similar organization resources (e.g. administrative and clinical).
 - iii. Standards Committee is the body that makes recommendation for approval of State Standards.

Option 2:

Host separate Administrative and Clinical Standards Committee meetings with the same level of detail focus as the existing Standards Committee, meeting monthly same day in a back-to-back timeframe.

- a. Impact to the Community includes but is not limited to:
 - i. Two Standards Committees (administrative and clinical) will have on-going monthly meetings.
 - ii. Separate meetings will necessitate the burden of additional meetings for any administrative/clinical crossover community participants.
 - iii. Communication, prioritization and resource conflicts regarding UHIN efforts (e.g. administrative and clinical) are a concern.
 - iv. Where administrative and clinical transactions/services overlap this could allow for a joint Standards meeting (e.g. 30 minute overlap for Administrative and Clinical Standards Committees to meet).
- b. UHIN Standards Team impact includes but not limited to:
 - i. May require additional UHIN staffing for two on-going monthly Standards Committee meetings (administrative and clinical).
 - ii. Will require additional coordination between two different Standards Committees focusing on different goals, priorities and potentially similar resources.
 - iii. Will require that the Standards team create specific education session for the Clinical Committee to understand the Standards process. The committee will need to go through the group formation process steps that will take time for the group to become as cohesive as the current Standards Committee.
 - iv. Standards Committee is the body that makes recommendation for approval of State Standards.

Option 3:

Host a separate Administrative and Clinical Standards Committee with the same level of detail focus as the existing Standards Committee, meet on alternating months.

- c. Impact to the Community includes but is not limited to:
 - i. Potential delay in UHIN administrative and clinical efforts (e.g. Standards/Specification) due to meeting every other month.
 - ii. May create communication, prioritization and resource conflicts regarding UHIN efforts (e.g. administrative and clinical) within the community in having two different open community forums.
 - iii. This separation has been tried before and has not proven to be successful at the Executive Committee level.
- d. Impact to UHIN Standards Team includes but not limited to:
 - i. May require additional UHIN staffing for two on-going monthly Standards Committee meetings (administrative and clinical).
 - ii. Will require additional coordination between two different Standards Committees focusing on different goals, priorities and potentially similar resources.
 - iii. Will require that the Standards team create specific education session for the Clinical Committee to understand the Standards process. The committee will need to go through the group formation process steps that will take time for the group to become as cohesive as the current Standards Committee.
 - iv. Standards Committee is the body that makes recommendation for approval of State 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