

**UHIN Standards Committee**  
**August 13, 2008**  
**8:30 – 10:30am**  
**UHIN Board Room**  
Minutes

**Attending:**

Chair David Craner – Univeristy of Utah  
Sandra Hansen – PEHP  
Vonda Breese – SelectHealth  
Jan Barnes – VMH  
Doreen Espinoza – UHIN  
Jim Gray – EMIA  
Phillip Heimer – Dental Select  
Mike Jolley- UHIN  
James Lunceford – Intermountain  
Vicky Pierce – Medicaid  
Keith Papenfuss – EMIA  
Vicky Pierce – Medicaid  
Jon Humphrey – Regence

Marie Ricks - PMG  
Linda Thomas – Selecthealth  
Joel Trujillo – Regence  
James Nielsen – Coventry  
Joshua Wyatt - UUHP  
Paula McGuire – Medicaid  
Randy Black – University of Utah  
Lisa Varley – DMBA  
Marie Ricks – PMG  
Susan Daniels – SelectHealth  
Sandra Hansen – PEHP

**Next Meeting: September 10, 2008, 8:30 – 10:30am**

**1. Approval of the Minutes from June – 2008**

Many participants reported that they had not had a chance to read, or had not received, the minutes from June's Standards meeting. It was determined that a quorum could not be reached and that that minutes would be sent to Standards Committee participants for review. A vote for approval would be solicited at the next Standards Meeting in September.

**ACTION ITEM:**

UHIN to send out last months minutes to committee members for review and approval in preparation for vote of approval at September's Standards Committee meeting.

**2. Discussion on UHIN Standards/Specifications and UHIN Issues**

**Voting Items**

**5010 Claim Acknowledgement**

The current standard for claim acknowledgement is the use of the "277 Front End Acknowledgement". With the adoption of the 5010 updates to the HIPAA transaction set, the 277CA will replace this 277FE once the 5010 transactions are implemented. It is proposed that a comment for adopting this transaction nationally be created during the NPRM review. Currently, this is not included in the NPRM but is being promoted by WEDI and is recommended by the NCDA.

It is reported that much of this new acknowledgement message (277CA) remains the same as the 277FE. This new acknowledgement is defined in UHIN Standard #21.

**ACTION ITEM:**

UHIN staff to distribute Standard #21 to Technical Subcommittee for vote during the September meeting.

The committee reported that 5010 rollout for the 277CA would be dependant on the overall implementation of the 5010 version of the claim (837p and 837i). The committee agreed that there should be a rollout schedule for all transactions. Before a schedule can be adopted, the committee should vote on acceptance of Standard #21.

It was also mentioned that the clearinghouse Emdeon, who will be receiving claims via the UHIN network, should receive a copy of Standard #21 and be aware of the switchover when it occurs. Emdeon will be expected to adhere to the same standard.

**ACTION ITEM:**

Standard #21 to be distributed to Emdeon Corporation for review in preparation for adoption.

**3. Payer Availability Update**

Committee confirmed that there are currently no updates to the Payer Availability Chart.

**4. Standard 10A Edits for 837 Facility**

It was reported that because of some technical difficulties, this item will be held over until September's Standards Meeting.

**5. Response for Files that are Deleted from the UFB**

It was reported that because of the continued and significant efforts undertaken for the adoption and implementation of a new cHIE clinical exchange system and corresponding Request for Pricing being reviewed by UHIN staff, this item had been placed on hold until the next Standards Meeting to be held in September.

**6. Status of State Clinical Rule**

UHIN reported that the State Clinical Rule had been updated to reflect the removal of UHIN specific language in order to meet the broader requirements of state rules. Furthermore the revised State Clinical Rule utilized similar terminology as can be found in other state accepted standards in which the UHIN community had participated in defining.

Discussion was undertaken regarding the meaning of the term "Healthcare System" as used in this updated rule. This term was reported as having not been defined completely. Vern recommended that the definition could be used as it is defined in HIPAA. It was also mentioned that anyone who reports data is covered by the new rule.

UHIN reported that the date for adoption of this rule was scheduled for Jan. 9<sup>th</sup>, 2009. Prior to adoption, it will be available for public and community comment starting Nov. 15.

UHIN recommended that each Standards Member provide input to their board of directors so that comments and recommendations could be recorded before adoption of this rule. The first Standard to be adopted will be the Clinical Laboratory Results v2.0.

**7. Clinical Laboratory Results**

Mike Shipley, a member of the Laboratory Results Subcommittee, presented the results of the subcommittee's work on the Clinical Laboratory Results Standard. It was reported that the existing specification is being presented to be adopted as a Standard for inclusion into the new State Clinical rule.

The Laboratory Subcommittee was able to amend the specification in order to augment clarity and prepare it as a Standard. UHIN specific language was removed and was replaced by more general language as appropriate for state rules. It was confirmed that routing methods have not changed and that some items were added in order to bring the rule up to date and to accommodate the NPI number. It was reported that Appendix D of required LOINC codes for state reportable.

This standard will be presented along with the rule to the Board of Directors in October. Some concern was expressed by committee members, who are currently piloting and are using different HL7 versions might be difficult, or potentially costly for message translation. UHIN responded to these concerns by acknowledging that version 2.2 named in the Standard will be utilized and represents the "lowest common denominator". Usage of higher versions is not precluded and should not have an impact as

most translators will have the ability to translate lower version without concern.

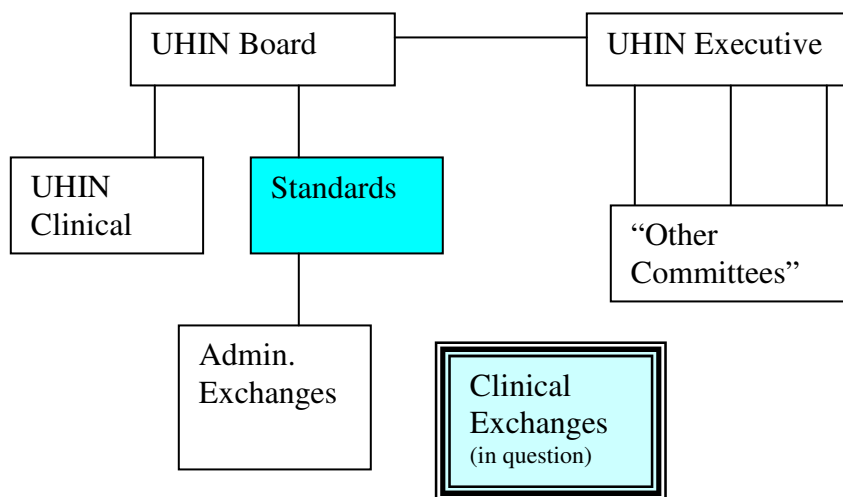
**ACTION ITEM:**

UHIN to distribute Standard #55 Laboratory Results Standard to Standards Committee members for e-vote on September 2<sup>nd</sup>.

**8. Options for Working with Clinical Subcommittees**

It was reported that because of long-time concerns expressed by the UHIN Board regarding how Clinical and Administrative Sub-committees were placed within the Standards organizational formulation and in order to define their governance, the Standards Committee should decide the best method for Clinical Exchange Committee member integration.

UHIN offered an explanation of current proposed Standards structure by presenting the following diagram:



Goals of each group were outlined and defined. Options for organizing and integrating the Clinical Exchange Sub-committee members were presented for vote. Those basic options (\*\*See Appendix A for complete description) included the following:

**OPTIONS:**

1. Maintain Status-quo which includes “Clinical Exchange” representation within the current administrative meetings.
2. Clinical representation to meet directly following Standards group with a potential overlap period which would allow both groups to coordinate goals.
3. Create a separate meeting for clinical and administrative participants on alternating months.

**\*\*See Appendix A**

The above options were put to a vote and OPTION #2 emerged as the preferred method for incorporating clinical exchange representation. Standards Committee members must identify correct individuals to participate in their organizations in the Clinic Standards meetings. Issues regarding expertise and the interest of additional participants who may not have technical or HL7 expertise expressed. Some committee members requested a copy of all options for additional review.

**ACTION ITEM:**

UHIN to send out clinical integration options to group for review and comment.

**Strengths, Weakness, Opportunities, Threats (SWOT)**

UHIN presented the previous years SWOT analysis results to begin the discussion for this years feedback. Because of time restraints item **1.2.1 – Develop a Comprehensive Planning Process** was the only item presented.

It was mentioned that item 1.2.1 was initially initiated in 2006. Several Standards members confirmed that this item was in response to difficulties that UHIN vendors were having in implementing requested tasks, updates, and changes as defined by the Standards committee and other UHIN management committees.

Please See SWOT Analysis Comments.

**9. Next Meeting**

Next Meeting to be held on September 10, 2008 in the UHIN Boardroom.

## **APPENIX A**

### **UHIN Standards Restructure 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 Executive 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.