

UHIN Standards Committee
September 17, 2008
8:30 – 10:30am
UHIN Board Room
Minutes

Attending:

Chair David Craner – Chair

Sandra Hansen – PEHP

Jan Barnes – VMH

Doreen Espinoza – UHIN

Phillip Heimer – Dental Select

Mike Jolley- UHIN

Vicky Pierce – Medicaid

Linda Thomas – Selecthealth

Joel Trujillo – Regence

James Nielsen – Coventry

Joshua Wyatt - UUHP

Lisa Varley – DMBA

Susan Daniels – SelectHealth

Next Meeting: October 8, 2008, 8:30 – 10:30am
UHIN Boardroom

1. Approval of the Minutes from June and August – 2008

A motion to approve minutes from both June and August was made, seconded and unanimously approved.

2. Discussion on UHIN Standards/Specifications and UHIN Issues

Voting Items

5010 (277CA) Claim Acknowledgement

Standard # 21 277CA 5010 Claim Acknowledgement was updated as requested by the Standards Committee. The changes were presented to the committee at the last committee meeting for vote during the September meeting. A motion was made, seconded and unanimously approved by the Standards Committee to recommend to the UHIN Board for final approval.

Discussion Items

No. 50_COB Standard

Intermountain Healthcare reported that there may need to be additional changes made to the COB Standard. The goals of this Standard were outlined. It was reported that the secondary or tertiary claims were only as good as the information received in the Remittance Advice.

Concern was raised that if the primary payer had not finalized the claim there would be difficulty for the secondary payer in adjudicating the claim. It was for this reason that new CARC codes had been requested in order to allow the secondary/tertiary payer recipient to respond appropriately to a claim that has been denied, for lack of compliance by either the physician or subscriber, by the primary payer. It was suggested that the provider submitting the claim be recommended to work with the primary payer before submitting to a secondary payer. The result of failing to finalize the outstanding claim with the primary would result in a de facto rejection from the secondary payer through the use of the new CARC codes (if approved). These new codes will also aide the secondary payer in knowing what had been done with the claim at the initial payer(s).

It was mentioned that many secondary payers are simply paying claims received despite the fact that these claims have not been “finalized” at the primary payer. It was also reported that many patients, after a claim is delayed, or even rejected, at the primary payer, simply ask the provider to submit this same claim to their secondary payer. There should be a method for dealing with these types of

situations. Currently the Remark Codes that would be necessary to address these situations are not available.

The new Remark Codes being requested from the Industry Codes Committee are scheduled to be discussed on Sunday at the X-12 conference. The timeline defining the adoption and implementation of these codes is as follows:

1. September: New Codes Requested at the ASC X12 Codes Committee meeting
2. October: Codes request outcome presented to Standards
3. November: New CARC Codes Published
4. December: Payers Updated their 835s to Reflect New Codes
5. 1st Quarter of 2009: Payers update systems to accept COB
6. 2nd Quarter of 2009: Alpha Testing (Timeline was included in Standard)
7. 3rd Quarter of 2009: All Payers able to exchange with new COB

It was reported that the WEDI organization was working on a COB White Paper. It was suggested that this White Paper made the recommendation that codes also be used with the paper Remittance Advice. This was reported to be a positive development because it would encourage the use of electronic submissions. It was reported that several payers would be including the HIPAA code set on their paper Remittance Advice by next year.

Provider Fairs

It was suggested that UHIN identify the top (20) providers by volume and provide COB usage training to these providers in order to aide in the successful adoption of electronic COB's. UHIN reported that it did have trainings planned in both September and October of this year. The use of electronic COB was one of the training sessions being offered. The Standards Committee recommended that this training definitely be included in the next round of UHIN Provider Fairs.

ACTION ITEM:

UHIN to inform Standards Committee Members of date for upcoming "Provider Fairs" as soon as dates become available and have been finalized.

3. Board Meeting Update

Standard Committee Chair, David Craner, reported that Standard No. 55: The Laboratory Results Clinical Standard was accepted and approved by the UHIN board. It was passed and is now an official "Standard". This is the first Clinical Standard that will be adopted by the Utah Department of Health in the new Clinical Rule.

4. Change Management Update

The chair of the Change Management Committee, Joel Trujillo of Regence, reported that a substantial list of Change Management items had been addressed at the bi-annual Change Management meeting by the Change Management Committee. It was reported that quite a few items related to UHINet II and its basic functionality. There were additional items for which the Change Management Committee asked for clarification. The Change Management Committee requested that these clarifications be provided by the UHIN staff before the Change Management in October.

ACTION ITEM:

UHIN staff to retrieve clarifications regarding unaddressed Change Management items labeled with "Need Further Clarification".

5. UHIN Standards Goals

The UHIN Standards Committee reviewed draft 2009 goals (provided on a spreadsheet) for next years standards development work. The group was to report on:

- Prenatal Reports
- Laboratory Orders (new)
- Laboratory Results (completed)

David Craner, Standards Chair, suggested that the list of defined goals be distributed to the Standards Committee members for augmentation and for any additional comments. One (1) week before Standards is to meet in October; any suggested Standards' goals should be gathered and later presented at the Committee meeting. These will aide the Standards Committee in being proactive in addressing upcoming issues.

Q. DMBA, "Do 5010 transactions require web-services connections?" If so, can this be added to the list of goals?

A. UHIN, "Web-Services concerns will likely be directed toward the "Technical Subcommittee". They will provide us direction on how to proceed.

6. New Standards Meeting Format

It was reported that starting at next month's Standards Meeting (October 8th), a new format for the meeting will be followed. The Standards Committee will be structured to focus on Administrative transactions and **Clinical** transactions. The Administrative agenda items will be addressed with a short break immediately following the break the Clinical agenda items will be discussed.

7. Paper Claim Standardization

Property and Casualty Claims (P&C)

The Utah Insurance Commissioner of Utah has requested that the UHIN Standards Organization aide them in creating a "Standard Form" for property and casualty claims submissions.

It was reported that there are (4) major payers within Utah who process Property and Casualty (P & C) claims. Further clarification would be required before this task could be further defined.

ACTION ITEM:

UHIN staff will work with the Utah Department of Property and Casualty and major P&C payers in the state to identify a strategy to address this request.

Dental Paper Claim Standardization

Gratitude was expressed to the Dental Claim Sub-committee who have been working very hard in order to standardized a paper claim submission method. Those participating in the committee invited all who wish, to participate in upcoming meetings. All are invited to attend!

8. Request for Assistance in "Notifiable Condition Case Reporting"

Kathryn Staes, a representative from the Utah State Health Department, was in attendance and made an official request from the Standards Committee for assistance in developing and reviewing a standard for a pilot action that it is pursuing with Intermountain Healthcare and, potentially, the University of Utah. This pilot is designed to gather information regarding "Identifiable Conditions".

Q. Intermountain Healthcare, "How is this information going to be transmitted: across UHINet?"

A. **Utah State Health Department**, “This would simply be a standard creation for those submitting this information electronically.”

It was reported that this request would be included in the goals for standards development for 2009.

9. Other Standards Tasks/Projects

- **834/820 adoption**

It was reported that the 834/820 development had been completed. It was now the responsibility of the UHIN CPMC group to ensure adoption and use of these transactions.

- **HIPAA II Transactions**

It was reported that when HIPAA II came into effect, there would be a requirement to review all of the basic HIPAA transactions. Currently, these include a total of (9) transactions including (3) separate claim types.

- **ICD10 implementation**

It was reported that the ICD10 requirements that are forthcoming will have a sweeping effect on things like groupers, pharmacy, practice management systems, payments, and billing offices. The ICD10 requirement is expected to be implemented by 2011. Definition of the ICD10 and its effect needs to be addressed.

- **WEDI Update**

UHIN informed the group that un-refined notes from the latest WEDI meeting were available upon request.

10. Clinical Exchange

The clinical document exchange through the **CHIE** was reported to have almost reached its starting point through the selection of a Vendor to provide the infrastructure and technical support for these exchanges. It was reported that it may be only a few weeks before there was an announcement of the vendor selected.

Site visits had, over the last week (Sept. 1-6th), been conducted to potential **CHIE** vendors, and a clear frontrunner had emerged. The final selection of the vendor will be based on a two part vote which will determine the following: **1) will the project proceed?, and 2) with which vendor?** Once a decision has been made by the Board of Directors Standards will be notified.

11. SWOT Analysis

Standards group agreed to review all SWOT items for no more than 5 minutes each in order to address all items before the conclusion of the meeting.

- a. **CPMC Committee Goals:**

This was discussed to some degree at the last Standards Meeting. It was reported that UHIN projects were not being fulfilled and that there was a significant disconnect between standard creation and the implementation of these standards. It was reported that the CPMC was explicitly created in order to address the need to get internal, to UHIN, projects up and moving. The CPMC Committee was also to act to hold UHIN contracted vendors accountable for accomplishing assigned tasks. Additionally, the CPMC group was supposed to provide goals, benchmarks, and progress reports. To date, none of this had been accomplished.

- b. **Expansion of UHIN to National Payers:**

UHIN was given the charge of expanding the number of national payers that any given provider would be able to access via the UHIN network. It was suggested that a metric of some kind be

created in order to determine exactly how many national payers were available currently on the UHINet network. It was suggested that a "To-Do" list be created in order to refine what further needed to be accomplished in order to make available additional national payers.

UHIN reported that there were currently two clearinghouse options for submitting to many national payers via the UHIN network. These were Medavant and Emdeon (formerly, WebMD).

It was suggested that a complete list of available national payers be made available to Standards Committee in order to determine which payers needed to be additionally added. For any payers that still have not been added, an implementation plan should be created by UHIN in order to have these payers tested, certified, and validated with UHIN standardized transactions.

ACTION ITEM:

UHIN to distribute a list of national payers (probably at next Standards Meeting) to Standards committee members for review.

ACTION ITEM:

UHIN to create an implementation plan for making any payer currently not available through UHINet II accessible from the UHIN network.

c. *Transaction Checks at the UHIN Gateway for Compliance.*

It was reported that this item was currently in conflict with the current design and management of UHIN. In order to accommodate this request, Board approval would be required. This item to be removed for future SWOT analysis.

d. *Alternate Vendor Options for UHIN Product and Tool Creation and Maintenance.*

This was still seen as a serious weakness in the UHIN model. It was recommended that other options be explored and that the continued need for alternate vendor options be followed closely over the remainder of the year.

It was suggested that a clear timeline be setup with specific goals and milestones in order to rate the progress of current projects handled by the current vendor/strategic partner: HTP/RelayHealth. One potential area of improvement that could be monitored might be the refinement of the UHIN/User-controlled UHINt tool and its permission/security requirements. It was suggested that a timeline be provided for updating and refining this tool, a list of issues be created that should be addressed, and then by the end of the year (2009), if these issues had not been addressed, UHIN should look for a new vendor.

e. *Diversify the Standards and Technical Sub-Committees with Additional Individuals with Technical Expertise.*

It was agreed that this still needed to be pursued and that there still was a great need for additional expertise.

ACTION ITEM:

UHIN Staffs to work on diversification of the Standards and Technical Subcommittee for addressing the new challenges that the CHIE and other initiatives will require.

f. *Increase UHIN's Exposure Nationally*

This should be accomplished by additional representation at national conferences like WEDI, X12, and others. It was reported that any goals that may lead to additional national exposure would require board approval. Committee members were encouraged to speak with their board representatives in order to garnish additional support for this initiative.

g. *Pace of Technical Fixes*

It was reported that any technical fixes required on any of UHIN's tools or network are very slow to be completed. It was reported that this has improved markedly in the last year. However, UHIN should diligently track any technical fixes and make sure they would be completed in a reasonable amount of time.

h. *Project Planning Process*

It was reported that portion of the project planning process which remained in question was the fulfillment of projects. This may change with the inclusion of the CPMC who has been assigned project implementation. It was agreed that a "Wait and See" approach would be taken.

i. *UHIN Staffing*

It was reported that UHIN staffing had probably improved with the inclusion of (5) additional employees since the last SWOT analysis. However, the Standards Committee would still like to have better definition of who is responsible for what—including a short description of job responsibilities. It was suggested that there were still issues with getting through to the right person and that the change of some job responsibilities had necessitated the change of phone numbers which made it difficult to contact the correct person when needed.

ACTION ITEM:

UHIN to provide access or distribute a list outlining UHIN staff positions and responsibilities.

12. Next Meeting

The next meeting is scheduled for October 8th from 8:30 – 11:00am in the UHIN Boardroom. This meeting will be the initial meeting of Clinical and Administrative Representatives.