

**Summary of X12 Meeting in Seattle, Washington
January 28, 2008 through February 1, 2008
Reported by Bob Davis**

Claims Work Group Issues

- In response to legislation in several states that would mandate Workers Compensation systems to do business electronically, the work group agreed upon several temporary “work arounds” to use the current HIPAA version (4010A1)
 - Texas, Minnesota, and California are the current states mandating electronic health care solutions including workers compensation. It is important to note that workers compensation systems were exempt from electronic mandates in the original HIPAA final rules.
 - There was discussion on how to implement using 837 to be able to automate workers compensation claims.
 - There was consensus that the best interim solution to fill the data gaps for workers compensation systems was to use the K3 segment. The other option discussed but not approved was to use existing data fields in multiple ways.
 - It was agreed that HCPC J codes should be used for reporting the workers compensation medication requirements.
 - Issue – need for the standard to change to accommodate new business needs, which is a problem with HIPAA transactions but not reporting guide.

Public Health Note:

The work being done to accommodate the workers compensation state mandates highlights one of the issues with the HIPAA transaction set mandates. The current HIPAA final rules mandate an October 1997 (4010A1) version of the standard. When new regulations, especially state specific, mandate new requirements it is often very difficult to accommodate the necessary additional data elements. In this regard it is an advantage that the Health Care Service Data Reporting Guide is not named in the HIPAA final rule. It is for this reason that new versions of the Health Care Service Data Reporting Guide are developed on a regular basis.

It should be noted that new versions of the claims implementation guides are also developed on a regular basis, but cannot be implemented because of HIPAA constraints.

- Data Maintenance to align the X12 standards for reporting the Present on Admission Indicator with the National Uniform Billing Committee guidelines. It should be noted that at the X12 meeting last October there was a request to add the necessary additional code for Exempt from POA reporting to the existing X12 value set. This requested change was not approved by the Technical Assessment

Subcommittee (TAS). The suggested alternative is to reference an external code list maintained by the National Uniform Billing Committee with all the necessary Present on Admission concepts.

- The proposed solution would still occupy the same position in the Health Information (HI) composite, but would reference a new data element that now references the Present on Admission Indicator external code list.
- The Present on Admission Indicator value set will be published in the UB-04 data specifications manual.
- It is hoped that this change will be fully approved for inclusion in the X12 standards by October 2008, which would be the 5060 or 6010 version of the standard.

Public Health Note:

The Present on Admission data element was first added with great resistance to the X12 standards to support a public health reporting need in the late 1990's. When the Medicare program changed its requirements to include the reporting of this data element, there were versions of the standard that were ready. This has often been the case with public reporting systems being the first to identify future data needs. This continues to highlight the need for public health to actively participate in the standards development process.

It is important to note in the 15 years that I have been actively participating in the standards development process, there has been a noticeable positive attitude shift in the acceptance of the public health folks to the standards table.

- October 2007 (5050) version changes
 - The claims work group is now actively working on a new version of implementation guides. These guides would include all changes made to the base X12 standards by October 2007.
 - By the June 2008 meeting it is important to review the 5010 implementation guides for necessary “clean up” as well as identification of any new requirements.

Public Health Note:

Listed below are the planned enhancements to the Health Care Service Data Reporting guide. Any additional changes not listed should be forwarded to your friendly public health X12 representative.

- ***For reporting guide slated to change***
 - ***Add primary language***
 - ***Add reference to Source of Payment Typology***
 - ***Add reference to NUBC external code list for Present on Admission indicator. Note: this will now have to wait until a version after 5050 because the previous Code Maintenance***

Request was not approved and the subsequent Data Maintenance is still in progress.

- *Those items changing in 5050 version of the institutional guide that are common with the reporting guide. Note: Stay tuned for more details on these changes over the next few months.*

Other Issues

- The Data Determination Coordination Project is a joint HL7 and X12 initiative to determine whether data elements should reside within the HL7 or X12 standards. In particular this applies to clinical content that might be reported via a claims attachment or the claim.

Public Health Note:

This project will increasingly become more important to public health reporting systems as the needs for adding clinical content evolve. There are several states that now have legislation and supporting regulations that require clinical content be included by the state data collection system. That would include the selective collection of vital signs in New York State as well as additional infection information in Pennsylvania. It is important to note that at the present time there is no “gold standard” on how best to accomplish the addition of this clinical content to the messaging and content standards. Since this is a growth area for public reporting systems, there is a vested interest in being part of the deliberations to develop that “gold standard”.

The Data Determination Coordination Project is one initiative that is directly addressing the question of how best to capture and report clinical content along with other administrative data.

- Real Time Adjudication
 - There is a great deal of discussion about the advantages of real time adjudication systems. As part of that dialog there is also discussion on whether existing standards can support RTA and what changes to those standards might be necessary.

Public Health Note:

The issue for public health is whether they too have a need to develop standards that can support real time processing. If so, then it would be important to participate in the RTA discussion. Please contact your friendly public health X12 representatives if there is a need to develop these real time systems in the future. Remember the building blocks for the future are manufactured today.

- HIPAA Information - There were two reports on testimony by X12 to the National Committee on Vital and Health Statistics, which serves as an advisor to the Secretary of Health and Human Services.
 - Don Bechtel Report on NCVHS testimony
 - Data Standards Maintenance Organization (DSMO) brought forward recommendations to either correct or proposed new implementation guides for next approved X12 version (5010), which is hoped to be adopted as the next HIPAA version.
 - As part of the presentation it was noted that X12 no longer approves addenda to their standards, which was the case in the 4010 to create the first HIPAA version. There are now two types of errata for changing approved X12 implementation guides.
 - Type 1 Errata - A significant change that modifies the transmitted data, such as changing constraints of a data element.
 - Type 2 Errata – A change that does not modify the transmitted data. (i.e. typographic errors in front matter of an approved implementation guide)
 - Alix Goss report on testimony to NCVHS
 - Reported along representatives of HL7 and WEDI
 - HL7 highlights
 - There are signs of leadership fatigue with the slowness of getting the standards implemented.
 - Call for streamlining of that NPRM process
 - Need for roadmap for HL7
 - Need for an Architecture Review Board
 - Need to revitalize HIPAA
 - Need to have standards at a reasonable rate of change
 - WEDI Highlights
 - Activities in 2008
 - Standards process for upgrades
 - NPI education outreach
 - Real Time Adjudication – need government buy in with the Medicare and Medicaid programs
 - Need to move the claim attachment forward
 - Healthcare ID card standard needed.
 - It is noted that all the same people doing all the work (issue of industry burn out)
 - X12 Highlights
 - Most of the concerns raised by HL7 and WEDI are echoed by X12
 - Roadmap needed
 - Standards that are more responsive to address evolving business needs
 - Burn out issues

- Goal to achieve interoperability.

Public Health Note:

There is increasing solidarity amongst the Standards Development Organizations (including HL7 & X12) and industry oversight organizations (including WEDI) that the time it takes to implement new versions of the HIPAA standards is very problematic. Standards that are updated at a reasonable rate are necessary to keep pace with the evolving changes in the health care industry. The SDO's have continued to change its standards to meet business needs, but the HIPAA process is currently too cumbersome to react to those business needs.

Though the public health community is constrained by the HIPAA process, it too is often slow to react to changes in order to preserve legacy systems. A goal of all systems is to achieve the balance between necessary and burdensome change.

I anticipate that the next real need for public health reporting systems will be the integration of clinical data elements into existing standards. There are many possible solutions being explored, but as of yet no one solution has percolated to the top. When that "best" solution does emerge it will be important the public health reporting systems be nimble enough to be able to implement that industry standard.

Next Meetings

- June 1 – June 6, 2008 New Orleans, Louisiana
- Sept 21 – Sept 26, 2008 Pittsburgh, Pennsylvania
- Jan 25 – Jan 30, 2009 Portland, Oregon