

X12 October Meeting Summary

October 18-21, 2010

Cincinnati, Ohio

Submitted by Amy Costello

Work Request for ICF

Missy Jamison presented the Work Request to introduce the code set maintained by NCHS for the International Classification of Functioning, Disability and Health. The work request was approved by Health Care Claims (837) (WG2), Architecture, and Health Care (TG2), and X12N Insurance. Great success!

Implementation Guides

X12N indicated that informational forums will be announced in December 2010 for the February meeting, and there will potentially be virtual forms after the February meeting. This will give N a chance to finalize the TR3s and vote will occur for finalized guides at the October 2011 meeting.

X12N reminded the members that the timeline for the guides is 24 months; 6020 is on an extended timeline of 2 years and 3 months because of the time taken at the June meeting to review the situational rules.

For changes to implementation guides that affect other DSMO constituents, the Change Management Group (CMG) will engage the DSMO. If X12 recognizes a change request, it will grab it, and pull it down through the appropriate work group and/or task group to speed up the process before going to DSMO.

For this reason, the public comment period for X12 will become very important. X12N is still uncertain as to whether the guides will be in pdf or "only connect" for review.

X12N encouraged all authors to pay attention to the quality of the guides. Many errata were not as the result of changes in business needs but to address mistakes. We need to limit this.

Potential Reorganization of X12N

X12N co-chairs presented a potential model for reorganizing N which would move away from the structure of work groups and task groups to an organization with three offices: Program Management, Business Office and Technical Office.

Program Mgmt would accept all change requests and prioritize them; in addition, PM would manage all communication to external constituents.

The Business Office would manage the data and have the flavor of every work group – claims in every context.

The Technical Office would be responsible for translating the business need and preparing the DM if needed. All of the DMs would be done in the same office to maintain consistency.

N presented the example of a business need for “mother’s shoe size”. The request would be received by the PM office and the Business Office would decide that it is good to collect “mother’s shoe size” and determine how many bytes are required to do this, etc. The Tech office would then determine if there is a code list available and where to locate the “mother’s shoe size” element in the claim.

Issues Discussed by Work Group 2 that potentially affect the Reporting Guide

Task Group 8 is exploring the potential of requiring one claim per 837 transaction. Pros and cons were discussed in Work Group 2. If it was one claim per transaction instead of a batch, individual claims could be rejected without holding up a batch of claims. One of the WG2 co-chairs pointed out that right now there is flexibility in terms of sending batches or single claims per transaction and that many smaller offices depend on that flexibility. The cost for processing one claim per transaction may be greater than processing a batch.

Clarification is needed across the guides in terms of defining the different types of providers. There was discussion about the erosion of Billing Provider ID (professionals submit license information when required by state law. NPI and Tax ID will be available for all providers in the near future. Definition for rendering in Institutional is different than provider in 837 Professional.

Workgroup Purpose and Scope was updated (source X12 CD 11-12-10):

The Health Care Claims Workgroup (WG2) develops, manages and maintains the electronic data interchange standards and implementation guides related to the business of health care claims.

- I. WG2 supports health care claims that move between health care entities such as health plans, providers and clearinghouses.
- II. Work products include ASC X12 approved transaction standards.
- III. Data maintenance of the 837 Health Care Claim transaction is in the scope of this work group.
- IV. WG2 develops and maintains X12N Implementation Guides for the Health Care Claim standard, including the following:
 - Health Care Claim: Professional
 - Health Care Claim: Institutional
 - Health Care Claim: Dental
 - Health Care Service: Data Reporting
 - IHCLME (Interactive Health Care Claim and Encounter) in UN/EDIFACT

- V. WG2 collaborates with X12C to develop and maintain CICA (Context-Inspired Component Architecture) work products for Health Care Claims.
- VI. WG2 responds to HIPAA Implementation Guide Interpretation Requests and X12 Standard Interpretations that address the Health Care Claim transaction and Implementation Guides.
- VII. WG2 actively coordinates work products with the other work groups within the Health Care Task Group (N/TG2).