X12 MEETING NOTES, Dallas TG2/WG2

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General updates from X12N, DSMO process

- X12N provided testimony to NCVHS in April, and will provide additional testimony on June 17.
- X12N and HL7 have an MOU for the development of the Claims Attachments.
- HIR (Health Information Request) will now be called RFI (Request for Information). Process is the same.

Continued work on 6020

Most of the WG2 meetings included the review and voting on open and deferred "Change Requests" for 6020, including:

- A joint meeting with WG 20 to finalize HPID. Implementation of Health Plan ID includes:
    - HPID will go in NM108 segment
    - REF segment will be used to report alternate /proprietary number if HPID is not available.
    - Detail about implementation to follow, in the Guides.
- Decision was made to limit the number of and type of Examples in the back of the Guides, so that the Examples can be more easily maintained year over year. The format for the Examples will also change; formatting will follow the model of WG3 examples.
- A joint (WG2 and WG3) HIR related to additional CPT code modifiers was presented to the WG for approval for 5010 (there are enough CPT code modifiers in 6020, but not in 5010). This was tabled and will be discussed in a future WG2 call, after WG3 has provided their input. Many APCDs, including MN, may have interest in this discussion as code modifiers are captured in the core data submission.

Standard Occupation Codes (SOC)
North American Industry Classification System (NAICS)

At the January X12N meeting, the codes were approved for adoption by X12N, and the author of the Health Care Service Reporting Guide is now in the process of adding the instruction and examples to the Guide. Most of that work was done in collaboration with the workgroup co-chairs during the time of the Dallas meeting in June, through the online publishing tool, Only Connect.

Publication of Drafts of the Implementation Guides

The schedule for drafts and review process was announced:

- WG2 intends to publish drafts of the 6020 version of the Implementation Guides in **August**.
- TG2 reported that they intend to come out of the **October** X12N meeting with final drafts of the Guides.

APCD Update

WG21 co-chairs (John Bock and Gail Kocher) have agreed to host a Joint Meeting of WG2 and WG3 to host a meeting for:

Joint WG2 and WG3 All Payer Claims Database & Plan to Plan encounter reporting

Description: Currently, 14 states have enacted legislation to collect health insurance claim and/or remittance information from both private and public payers to support the development of state-based All-Payer Claims Databases (APCDs).   In addition to state reporting requirements, Medicare and Medicaid have defined business needs for similar claim/remittance data. The information included in this business process is very similar to the information reported by plans to Medicare and Medicaids for paid encounter reporting. There is a very real opportunity to align these processes.

In response to the state and federal reporting requirements, several business models have emerged. To date, business models for reporting medical claims data involve the use of different flavors of the claim, remittance, and coordination of benefits ANSI X12 transactions. For more information about each state's reporting requirements; for links to state legislation and administrative rules: http://apcdcouncil.org/state/map.

In order to offer standardized reporting requirements for the states that are collecting this data, and the payers that are required to submit, X12N has been engaged with APCD Council and NAHDO to consider the various business models in place today and determine the most efficient business model and develop the resulting work products (e.g. Implementation Guide).

The purpose of the X12N call on July 12 is to consider the various business models, and identify a single standardized "best practices" model to meet the various business needs for the reporting activity.