X12 Standing Meeting, February 2012
Trip Report for PHDSC

At the most recent X12 standing meeting, representatives from PHDSC were involved with the review of the next version of the Healthcare Service Reporting Guide (6020), as well as meetings of the ASC X12 Special Appointed Committee for the Post-Adjudicated Claims Data Reporting Guides.

Revision of Healthcare Service Reporting Guide

X12 is steadily working on the implementation guides to support the 6020 version.

Most of the changes made to the Healthcare Service Reporting Guide were made to stay consistent with the institutional guide and the industry practices. For example, examples in the guides will now reflect the upcoming use of ICD-10 (instead of ICD-9) for diagnosis codes. A summary of the changes from 5010 to 6020 have been summarized in the appendix to this report, and were distributed to state data agencies through both the NAHDO list serv and the PHDSC member list serv.

However, it is worth restating here that there are some significant additions to the 6020 guides in terms of public health data, and opportunities for state public health reporting systems. During the last 18 months, Public Health Data Standards Consortium has worked steadily through the X12 Data Maintenance process to add codes related to the patient/member's occupation, industry and functioning/disability status. These three data elements are recognized for their potential value to better understand the conditions for health, particularly, the social determinants of health. Occupation, industry and functioning/disability (ICF), and their associated code sets[i] have been approved for addition to the standard and are proposed for inclusion in the implementation guides. We are hopeful that they will be received well in the public review and included in 6020 versions of the Reporting Guide for use by state public health reporting agencies.

During the January standing meeting, comments about the 6020 implementation guides, including the Healthcare Service Reporting Guide (used for state public health reporting purposes), were reviewed in preparation for the publication of the 6020 version of the guides. The process included review of comments received during the public comment period to date. The public comment period is open until March 7, 2012.

Since the meeting in Tampa in February, ASC X12 has announced that "After meeting with health care industry stakeholders and assessing the current and planned health care industry initiatives, ASC X12 will not recommend its 6020 Type 3 Technical Reports (TR3s) to the Designated Standards Maintenance Organizations (DSMO) for consideration of adoption under the Health Insurance Portability and Accountability Act (HIPAA)." The full announcement can be found here: http://www.x12.org/x12org/docs/2012_0206%20ASC%20X12%20006020%20Announcement%20Final.pdf

The input in the 6020 guides is still critical as it will form the basis for the next guides that will be adopted by HIPAA.

Post-Adjudicated Claims Data Reporting Guides

The Special Appointed Committee for the development of the Post-Adjudicated Claims Data Reporting Guides met several times during the week of the ASC X!2 meeting.

Background

On August 15, 2011, a joint press release from ASC X12 and APCD Council was published to announce a new initiative to develop a *Uniform Medical Claims Payer Reporting Standard;* see joint press release from X12 and APCD Council: http://www.disa.org/apps/pr/prdoc.cfm?Name=1218.

On October 5, 2011, ASC X12 and APCD Council hosted the kick-off meeting for Uniform Medical Claims Reporting Standard. Jo Porter from the APCD Council presented an overview of APCD, APCD Council, and standards work to date (slides can be found at www.apcdcouncil.org).

John Bock, of ASC X12N Regulatory Compliance, provided background in reporting needs not only for APCD Council but also for Medicaid and Medicare, and most recently outlined in the Notice of Proposed Rule Making. John highlighted some important dates for reporting requirements:

- Medicaid reporting begins as early as January 1, 2012
- Medicare requires reporting begin as early as January 1, 2013

Attendees of the *Uniform Medical Claims Payer Reporting Standard* meeting voted to adopt the initiative as an ASC X12 project. Three project proposals were drafted for reporting Post-adjudicated Claims Data Reporting for institutional claims, professional claims and dental claims. Each proposal is for a separate Post-Adjudicated Claims Data Reporting (PACDR) implementation guide.

After the kick-off meeting, the proposals were presented for voting in X12N, and approved by X12N.

Since then, ASC X12N has established an X12 Special Appointed Committee (SAC) for the drafting of the Post-Adjudicated Claims Data Reporting (PACDR) implementation guides. All X12N members are invited to participate in the SAC. Interested parties should send an email to info@disa.org, with the subject "PACDR".

APCD Council has confirmed that NAHDO state members may join X12 (and have access to "Central Desktop", the X12 virtual workspace, and participate in the workgroup discussions) under the organizational NAHDO membership.

The new PACDR implementation guides and SAC initiative are described in the joint press release: http://www.disa.org/apps/pr/prdoc.cfm?Name=1222.

PACDR Activity

During the January meeting, the PACDR SAC worked on the front matter for the Guides. The front matter includes definitions, purpose and scope and business. Each of these sections required careful deliberation about the appropriate terminology to describe each of the four known business needs for the implementation guides. The SAC also began discussion of next steps for development of Implementation Guides for Enrollment and Eligibility transaction data reporting. The PACDR SAC continues to meet on a weekly basis. Guides will be ready for public comment period by March 15.

Appendix. Changes to HCSDRG from 5010 to 6020

Description	Benefit
Source of Payment Typology	New Code list provides capability to code the payer category to greater specificity using a hierarchical structure.
Preferred Language Spoken	New Data Element provides capability of determine the language to be spoken when treating patients as a means to improving care.
Patient Secondary Identification	This segment deleted from this version of the institutional guide and initially also removed from the reporting guide, but this is an important data element for public health reporting systems. Consequently, this data element needs to be retained in the Health Care Service Data Reporting Guide.
Original Claim Creation Date	This is a new data element in the Institutional Claim Gudie in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide. Continuing to collect a data element no longer reported in the HIPAA Institutional Guide would be in this case an unnecessary burden on the provider community.
Payer Estimated Amount Due	This data element was removed from the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide.
Patient Estimated Amount Due	This is a new data element in the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide. Continuing to collect a data element no longer reported in the HIPAA Institutional Guide would be in this case an unnecessary burden on the provider community.
North American Industry Codes	This is a new data element in the Health Care Service: Data Reporting Guide. The business case for this data element is to enable research and care improvements for injuries and chronic illnesses related to a person's work location and industry.
Principal Diagnosis Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Admitting Diagnosis Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Other Diagnosis Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
External Cause of Injury	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Principal Procedure Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement

Description	Benefit
Other Procedure Code	ICD-10 Examples included to assist in the migration to that HIPAA Requirement
Standard Occupation Classification System Codes	This is a new data element in the Health Care Service: Data Reporting Guide. The business case for this data element is to enable research and care improvements for injuries and chronic illnesses related to a person's work location and industry.
International Classification of Functioning Disability and Health	This is a new data element in the Health Care Service: Data Reporting Guide. The business case for this data element is to enable research and care improvements for functional disabilities as categorized by the World Health Organization.
Procedure Modifiers	There was data maintenance to add additional procedure modifiers in the Institutional Claim Guide in this version. When appropriate, as in this case, the Health Care Service: Data Reporting Guide mirrors the Institutional guide. Continuing to collect a data element no longer reported in the HIPAA Institutional Guide would be in this case an unnecessary burden on the provider community.

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[i] Occupation code set is the Standardized Occupation Codes for Bureau of Labor Statistics. Industry code set is the North American Industry Classification System. ICF is International Classification of Functioning and Disability, a World Health Organization (WHO).