HL7 & Claims Attachments Standards

Background

Maria Ward, Founding Member and past Co Chair, HL7 ASIG

Background

- HL7 Attachments SIG created in 1997 in order to develop standards for claims attachments
  - HIPAA mandate
  - Collaborate with ASC X12
- HL7 claims attachments standard versions went through several iterations, now at CDA Release 2
- Pilots proved very successful – participants went into production afterward
  - Clear ROI was demonstrated, participants were pleased
- Biggest challenge is raising awareness, competing priorities, and federal mandates that re-prioritize resources otherwise used for this project

Organizations & Documents

ASC X12 & Subcommittee X12N

X12 Trans. Sets 277, 275

TG2 Impl. Guides 277, 275

Health Level Seven

HL7 CDA R 1 (Proposed)

HL7 Claims Attachments Impl. Guide

LOINC Consortium

LOINC Codes

LOINC **Attachment** Booklets

X12 277 Transaction

12748-1

9832-1

X12 275 Transaction
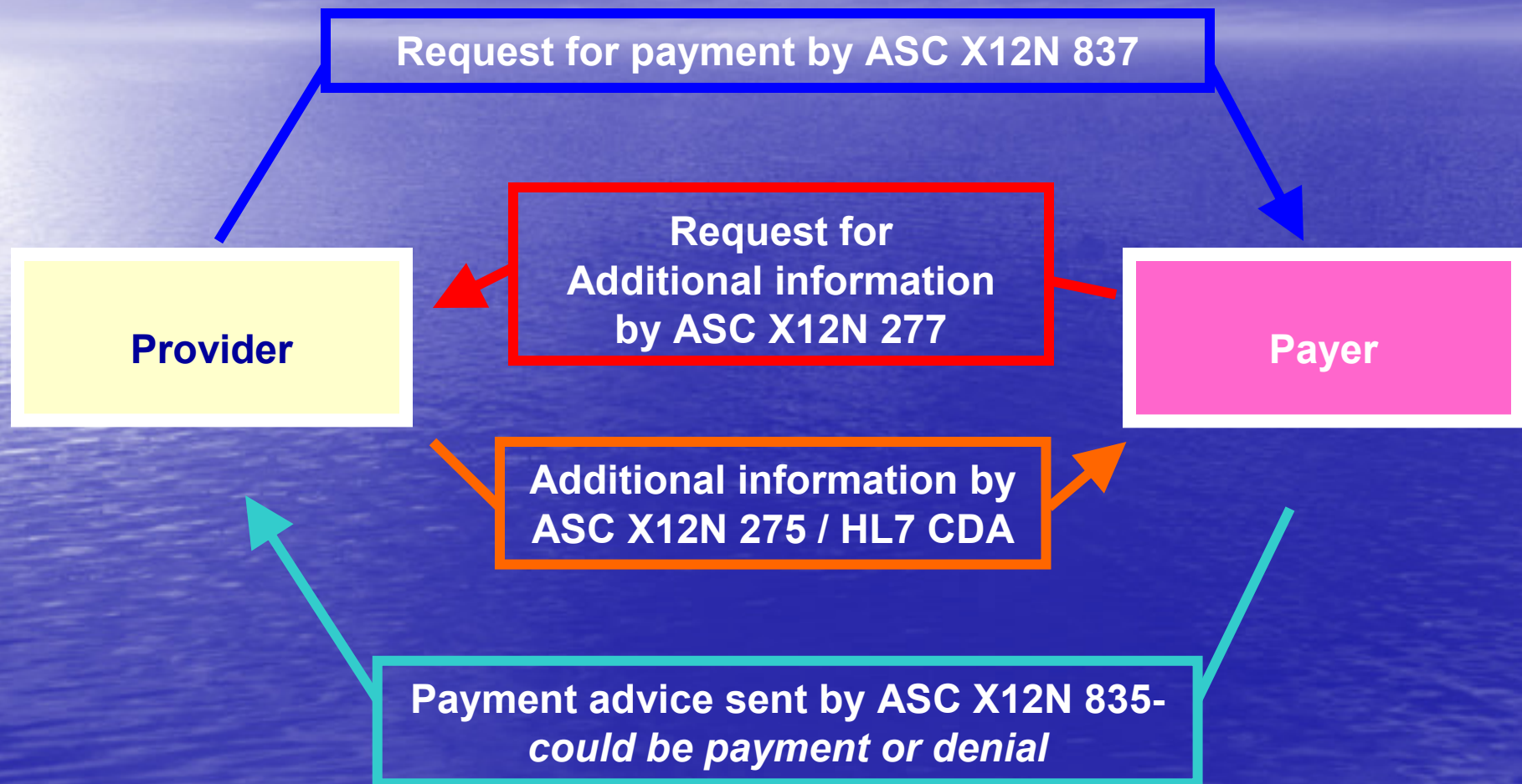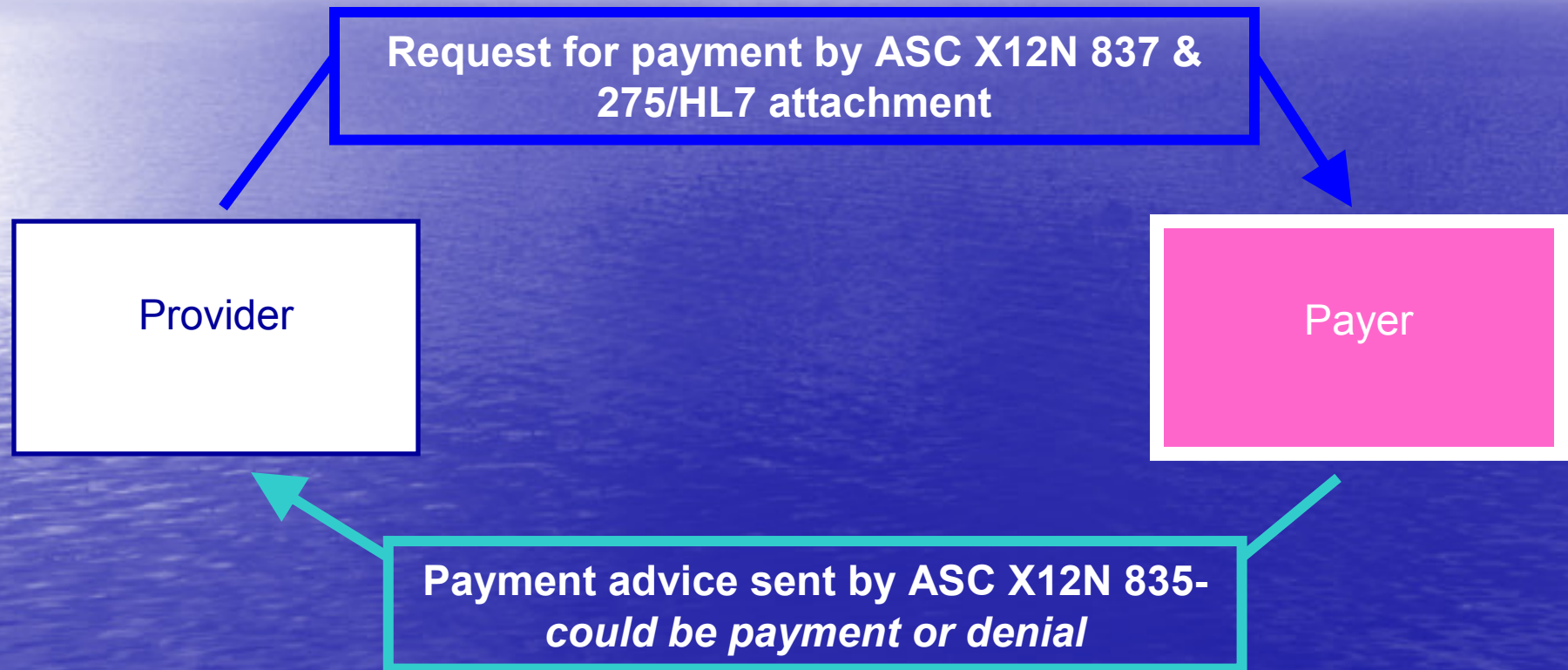
HL7 CDA R1

12748-1

15748-3

20118-5

7832-8

4332-7

9832-1

The concept moves information electronically between the provider & payer -<u>solicited request</u>

Request for payment by ASC X12N 837

Provider

Request for Additional information by ASC X12N 277

Payer

Additional information by ASC X12N 275 / HL7 CDA

Payment advice sent by ASC X12N 835- *could be payment or denial*

The concept moves information electronically between the provider & payer - <u>unsolicited</u>

Request for payment by ASC X12N 837 & 275/HL7 attachment

Provider

Payer

Payment advice sent by ASC X12N 835- *could be payment or denial*

5

Attachment Types Selected for HIPAA

- **Attachment types ultimately selected for development and HIPAA recommendation:**
  1. Ambulance
  2. Emergency Department***
  3. Rehabilitative Services
  4. Lab Results
  5. Medications
  6. Clinical Notes

Attachment Principles

- **Flexibility:**

  - Computer decision Variant

    Usable now, support smarter processing over time

    **Allows payers to move into auto-adjudication models

  - Human decision Variant

    Likely choice for early adoption

- ANSI accredited HL7 CDA *R1 is what was proposed in the NPRM*

- Implementation Guide stable for one year per HHS requirements

- Responsive to need for addition of new attachment forms

Structured Data:
Must We Sell the Future to Gain the Present?

- Present (*near future*)
  - Limited ability of providers to provide structured data
  - Limited ability of payers to use structured data
  - ROI available by saving People, Paper, and Postage

- Future
  - increasing levels of autoadjudication
  - better medical management
  - more extensive collection of quality data
  - requires structured data

There is a way to have both!

A few quick words about WPS

- Laurie Burckhardt will share a very good news story about how they partnered with their provider to use the standards I just described. You'll want to stick around to hear it all.

- I wanted to share that Laurie and her team have been committed to standards development for quite some time now. For many years, Laurie has sent staff to both HL7 and X12 so they have been a huge part of developing our solution, not just sitting idly by as many do.

- Additionally, Laurie has approved one of her staff to co chair our (ASIG's) sister committee in X12 that is working collaboratively with us on these standards. Personally, I'm grateful for all that WPS has done for us in the Claims Attachments committee and in the industry.

HIMSS 2009
HL7 Educational Theater
Successful implementation of Electronic Claim Attachments

WPS
Laurie Burckhardt – EDI Manager
April 2009

About WPS

Wisconsin Physician Services (WPS) main office in Madison, WI. WPS processes claims for Medicare Part B in the states of IL, MI, MN & WI as well as Part A & B for the states of NE, MO, KS & IA.

WPS also processes claims for Tricare which includes the West Region as well as the Tricare for Life program.

Recognized Industry Benefits

Providers

- Predictable content allows anticipatory transmission of information; reduced payment delays due to requests

- ROI available by saving people, paper and postage

- Reduced denials and rework for failure to provider additional documentation

Health Plans

- ROI available by saving people, paper and postage

- Reduced rework

- Fewer pended claims for documentation requests

Mayo's DRO Opportunities

- Medicare's development letters received =
  8-12 days after claim sent
- Mayo processing time = 2-3 days
- Mail delivery and processing time at WPS once response sent = 12-15 days

- Total Delay = 22-30 days
- Average volume of claim development letters: 500 – 700 /mo (in 2005)

Other Expenses Mayo Considered

- Additional Cost Savings Opportunities:
  - Mayo Post Office handling
  - PFS staff time to open and pre-read request
  - Time spent to review and obtain requested information
  - Copying and mailing process
  - Postage

WPS' Considerations

- Project was not going to be the "Field of Dreams"
- Project would be usable across all lines of business
- Staff saving time
  - Mail room staff on reviewing, imaging & matching to claim
  - Nursing staff

Collaboration: Project Concept was Discussed

- Early 2005 preliminary discussions on the concept of an electronic claim attachment project
- Determined <u>unsolicited</u> attachment type would be the ideal
- Collaborated on unsolicited attachment opportunities
  - Agreed to implement operative report attachments in situations where there was a 22 or 62 modifier present
  - The operative would be "electronically stapled" to the 837 claim using the 275 transaction
- Our mutual goal was to implement this into our production processes – this was not just a proof of concept pilot
- Both Mayo and WPS began their internal analysis & IT programming

WPS' Project Process & Challenges

- Educate management staff
- Trained WPS staff on claims attachment and what it could do for them.
- Met with Medicare staff to determine which provider and what claim types to go with first
- Discussed the benefits of unsolicited versus solicited.

The Concept Turned Into a Project - Mayo

- Created an edit in our claims scrubber software to flag for an operative report in those situations when there was a 22/62 modifier present on a surgical procedure code
  - Wanted to automate the request for operative reports (no human intervention)
- Needed to work with mapping software vendor to do enhancements to their mapping tool to allow us to populate the BIN segment with the data from our surgical reporting system
- Determined how to merge data from two systems (Surgical Reporting System and Claim Scrubber Software) into one document
- Needed expertise for programming the CDA R2 document structure. EDI staff from Mayo and WPS teamed with a HL7 CDA R2 expert.

Project Results

- Moved electronic operative report claim attachments into production on May 15, 2006
- Operative reports are sent the same day as the claim
- The claim attachment control number linked the claim and the attachment so programming done at WPS allowed the nurse reviewers to easily review the operative reports at the same time the claims is received
- WPS staff reported the claim was adjudicated within 1-2 days after the claim was sent
- Mayo received payment for these services 20-30 days sooner than the cumbersome development letter process

Unsolicited Attachment Opportunities Identified in 2005

Medicare Operative Reports with 22/62 Modifiers
- 288 monthly - $466,000
- 3456 yearly - $5,592,000

Medicare Radionuclide Invoices
- 80 monthly – $21,652
- 960 yearly - $259,824

Descriptions for Miscellaneous CPT Codes

Why Claims Attachment – why go early?

- Why not?
  - Experience
  - Identify issues while you have time the work on it.
  - Paper vs electronic
    - Information is required already & submitted on paper

What made this project successful?

- Communication
- Collaboration
- Cooperation
- HL7
- X12

Questions?