Brief History of Electronic Claims Attachment Standards Development:

For several years, two American National Standards Institute (ANSI) Accredited Standards Committees (ASCs), a.k.a. Standard Development Organizations (SDOs) have been collaborating to develop a standard electronic attachment transaction. ASC Health Level Seven (HL7) and ASC X12 Insurance Subcommittee (X12N) have been working together since 1997 to develop the transaction, as well as standardize the content of various health care claims attachment types. These standards were developed in response to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) for electronic health care transactions. To date, X12 has approved two of its transaction standards which can accommodate the request for and response to those requests for additional documentation, and HL7 has standardized six attachment types: Ambulance, Emergency Department, Rehabilitative Services, Laboratory results, Clinical notes, and Medications. To review the X12 and HL7 transactions, go to the Washington Publishing Company site: www.wpc-edi.com. For more information on the HL7 standards consult www.HL7.org and go to Special Interest Groups – Attachments.

The standards, X12N 277 Request For Additional Information, X12N 275 Additional Information to Support a Claim or Encounter, and HL7 Clinical Document Architecture (CDA) and associated Additional Information Specifications (AIS) have been submitted by the SDO’s to the Department of Health and Human Services (HHS) as candidates for recommendation under HIPAA.

Over the past two years, industry experience implementing the first set of HIPAA mandated transactions has demonstrated a significant need to test standards in actual production environments. Such testing, through pilots of the standards, could help lead to wider acceptance of those standards proposed, and ultimately adopted as standards under HIPAA.

Empire Medicare Services (EMS) has embraced the opportunity to pilot the SDO proposed transactions with their trading partners. Their goal is to demonstrate the values associated with conducting these standard electronic transactions. EMS has also been involved in both the HL7 and X12 organizations, contributing to the development of the standards forwarded to the Department of Health and Human Services (HHS) for consideration under HIPAA. Funds for the EMS pilot were awarded in July 2004.

As of October 2004, the Notice of Proposed Rulemaking (NPRM) for electronic health care claims attachments standards under HIPAA is estimated to be early 2005.

Project Scope:

The scope of the EMS pilot to test electronic health care claims attachments is as follows:

Empire Medicare Services (EMS) will be the designated health plan (payer) in this pilot. The providers represent the Medicare Part A and Medicare Part B lines of
business, and are located in New Jersey and New York. In addition, NextGen, a practice management software vendor, will be participating with one of the selected providers.

EMS will be exchanging the following transactions with both institutional and professional providers:

- The X12N 277 Request for Additional Information Implementation Guide, version 4050;
- The X12N 275 Additional Information to Support a Claim or Encounter Implementation Guide, version 4050 and HL7 Clinical Document Architecture (CDA) documents

Under the pilot, EMS will electronically request additional information from providers using the X12N 277 implementation guide. EMS will use LOINC codes to indicate what information is being requested. Providers will respond to the 277 request by generating the X12N 275 transaction with the embedded HL7 CDA and sending that, electronically, to EMS.

The payer and provider workflow processes associated with the review of both the electronic request and the response will be adapted to meet the pilot objectives. The Human Decision Variant (HDV) will be used by the participating providers (and or their vendors) when developing the HL7 CDA for inclusion in the X12 275 transaction. The HDV is one of two variants supported by the HL7 CDA recommendation for claims attachments. The other variant is the Computer Decision Variant (CDV) – both are described below:

- **Human-Decision Variant** - Recognizing that many providers carry their attachment data in paper based or imaged health records, the human-decision variant of the CDA allows the provider to transmit a captured/scanned image or human readable text within the CDA framework. An XSL style sheet (which will be included with each attachment Additional Information Specification -AIS) will allow the receiver of the data to “render” the human-readable text on an XML aware browser. It’s important to note that the stylesheets provided by HL7 are not required to be used by the receiver of the transaction and therefore would not have to be used under HIPAA. If payers choose to write their own stylesheets in order to render the human readable text they may do so. However, the HL7 stylesheets will be made available with the AIS documents.

- **Computer-Decision Variant** – This approach maintains the original intent for electronic claims attachments by using codified structured data, communicated with LOINC values. For those providers and payers who can support this type of data flow, it will allow for the auto-adjudication of claims resulting in a more efficient adjudication process.

EMS has initiated the pilot activities and the project is expected to conclude on or about July 2005. As with any initiative, all dates are subject to change.

Project participants and their specific roles are described later in this paper.
**Project Objectives:**

Because payers define today’s attachment requirements, they are often complex, locally defined, and often not well understood by providers. The electronic standard claims attachment pilot project will test the standards developed by the SDOs, as referenced on the first page.

The participants in this pilot will endeavor to meet the objectives as identified below:

- Validate standard transaction usage and appropriateness as follows:
  - The X12 277 (as identified above) is the appropriate transaction for health plans to request additional information (about a claim) from the provider
  - The X12 275 and the HL7 CDA are the appropriate transactions for providers to electronically convey the requested claims attachment data to the health plan.
  - The appropriate code set for use in these transactions for the purpose of requesting and responding to requests is LOINC (Logical Observation Identifier Names and Codes)

- Assess translator’s ability to accommodate the combined X12 / HL7 standard transactions (inbound and outbound)

- Assess and document challenges and successes for provider vendor systems (or provider Information Systems if in-house) to receive and interpret electronic requests, and to prepare electronic attachments

- Assess and document successes and challenges for payers to generate the 277 request, including mapping of internal/proprietary codes to LOINC as well as ability to receive and interpret the 275/CDA claims attachment

- Evaluate success of the project based on metrics that will be defined, and discussed with providers at the outset. Metrics might include for example, evaluation of time required to receive a paper request for additional information from EMS versus time required to receive the 277 electronic request. The metrics are being documented as they are developed.

The Attachment Pilot Project will encompass the development and testing of the attachment standard for the following uses:

1. For a health plan to request additional information and to adjudicate the claim based upon the response received.

2. For a provider to respond to a health plan’s request for additional information required to properly adjudicate a claim.

3. For a health plan to be able to adjudicate a claim based upon the information received in the 275 response.

**Project Deliverables:**

Prepared by the WEDI Claim Attachment Pilot Advisory Committee
The intended deliverables from this pilot project include, but may not be limited to:

- Interface file definitions
- Crosswalk definitions
- Implementation Guide edit documentation
- Companion Guides
- Evaluation Report.

**Project Participants and Their Roles**

The electronic claims attachment pilot project participants include Empire Medicare Services (EMS), health care providers (institutional and professional) who exchange data with Empire, vendors, and The Workgroup for Electronic Data Interchange (WEDI). We describe WEDI’s part first, as it plays a helpful role in the pilot and with the industry overall.

**WEDI will:**

- Act in a project support role for this pilot project. Responsibilities include, but may not be limited to:
  - Facilitator for team meetings and conference calls involving EMS, WEDI, and CMS
  - Preparation and/or distribution of any project related white papers/presentations/other informative materials
  - Monitor progress of the pilot activities to assist in resolving difficulties as needed to fulfill the pilot objectives.

**Empire Medicare Services and/or their vendor partners will:**

- Manage the entire project
- Request attachments (277) from providers as indicated
- Accept and process the attachment transaction (275/ CDA) and acknowledge that it was successfully received as a response to a request
- Interpret the content of the attachment, route it to the appropriate technology platform, and define interface processing system requirements.
- Establish manual processes and procedures to review and use the response.

**Providers and/or their vendor partners will:**

- Receive a request for an attachment (277)
- Interpret the request
- Locate the requested information
- Create the electronic attachment (275/CDA) and deliver to the health plan.
- Establish manual processes and procedures as required to review the request and generate the response.

**Participants in the electronic claims attachments pilot project are as follows:**
**Project Lead**  
Empire Medicare Services

**Project Support**  
WEDI

**Health Plan**  
Empire Medicare Services

**Providers**  
Memorial Sloan-Ketting Cancer Center  
Montefiore Medical Center  
Princeton Medical Group

**Vendors**  
NextGen

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**Proposed Project Schedule**

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For information regarding the Electronic Health Care Claims Attachment Pilot Project, please see [www.wedi.org](http://www.wedi.org), or contact Jim Schuping of WEDI, at 703-391-2716.