Healthcare Industry Update – August 2019

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PNC HEALTHCARE

Changes on the horizon?

MBI?

FHIR?

Information Blocking?

7030?

Patient Access?

Attachments?

Interoperability?

Winds of Change

- CMS / ONC:
  - Joint NPRM outlining requirements for sharing patient information and information blocking. Comments being reviewed (several thousand submitted).

- Attachments
  - Attachments reg will outline what transactions must be used to exchange attachments and compliance timeframes. Expectation is that this will include the 275 and HL7 CDAR2.
  - Expected to include a requirement for acknowledgments for HIPAA transactions (999, 277CA)
  - May include requirements for use of FHIR, especially for prior authorization
  - **What assistance do you need with attachments? Transport? Online viewing? Creation of transactions?**

- SSNRI / MBI – all systems that store or exchange information that contains Medicare IDs are impacted. **MBI required starting January 2020.** Are you evaluating your systems / vendors to understand the impact?
  - New cards have been delivered to beneficiaries – **is your registration team capturing the new number?**
  - CMS now accepting MBI on claims – **are you billing with the new number? This is required starting January 2020.**
  - MBI being returned in the 835 starting in Oct **– is your system capturing this information?**

- 7030 – Major changes to all HIPAA transactions, currently in public comment. **PDFs now available for review.** Will you be making comments? (Do you know how?) **Are your vendors engaged in the process?**
  - 837s will have second public comment period, TBD. 835 preparing for publication.

PNC's Industry Involvement and Leadership

- Leadership in industry organizations
  - Co-chair of ASC X12 Healthcare Claim Payment (835) workgroup
  - WEDI Board Member
  - Co-Chair of WEDI Workgroup Leadership Committee and Data Exchange workgroup
  - Co-chair of WEDI Remittance Advice and Payment sub-workgroup
  - Board Member for The Cooperative Exchange
  - Education Committee chair and X12 Liaison for The Cooperative Exchange

- Participation in industry organizations
  - ASC X12 – creates the HIPAA transactions used for healthcare
  - WEDI – defines business strategies and education for implementing healthcare requirements
  - The Cooperative Exchange – The Leading Association for Healthcare Transaction Clearinghouses
  - CAQH CORE – defines Operating Rules used by healthcare entities
  - NACHA – defines Operating Rules used by financial entities
  - ADA – participating in a multi-stakeholder initiative lead by the ADA to increase adoption of electronic transactions in the dental industry

Questions?

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Appendix

Medicare Beneficiary ID (MBI)

- Medicare is replacing their identifier (currently a HICN, 11 bytes including the SSN and 1-2 digits). Will be 11 bytes, with characters 2,5,8, and 9 alpha. No intelligence built into the numbers. Dashes are not included, they will just be shown on the new cards for display purposes.
- New numbers issued starting April 1, 2018. Both numbers can be used through Dec 31, 2019. Any new Medicare recipients will only have an MBI.
- During the transition period, CMS will return what was submitted on the claim. If the HICN was sent on the claim, then the MBI will be returned in the 835 in the NM1 Corrected Patient/Insured NM109.
- In the 271, an MSG segment will be returned indicating that the person has had their new card mailed (when that occurs). It will also have an MSG for RR people, because the number will no longer indicate RR, so the providers will have to track that themselves.
- There is a lookup tool (web based) available. It will only be a web portal, there will not be data feeds available from it. It will require provider credentials to log in and do the lookup.
- Medicare appeals and reports will continue to use the HICN.
- PMS systems will have to crosswalk the HICN to the MBI.
- Mailing of cards to beneficiaries is complete.
- The Medicare card and MBI are separate and distinct from the Medicare Advantage card. The MBI will be needed to enroll in a Medicare Advantage plan, but then the identifier assigned by the MA plan is the one that is used. The MA card does not change. (those numbers are assigned by the MA plan, not Medicare).
- Translation services are needed at CMS to map the MBI to identifiers needed for other services like VHA, HIS, etc.
- There will not be testing with CMS. The 21 month transition period serves as the testing period.
- If the HICN is sent after the cutoff date, the claim will be rejected.

7030 Public Comment Schedule

First Round

- 277RFIx340, 275x341,x343 – 9/1/19, 60 days
- 824x321 – 12/16/19, 60 days
- 274x207 - TBD

Second Round

- 276/277x329, 277CAx330 – 11/1/19, 45-60 days
- 837x323,x324,x325,x326 – 10/1/19, 45 days
- 278x327,x328,x342 – 11/18/19, 30 days
- 270/271x332 and TR2 – Feb 2020
  - Info Forum 9/16/19
- 999x335 12/16/19, 30 days

Third Round

- 820x334 – 10/1/19, 15 days, will be BPR and 8300 loop only

Publication

- 834, 834 HIX – approved, waiting on common content
- 820 HIXx345 preparing to move to publication
- 838 preparing to move to publication
  - May need a third public review
- 277Pendingx331 preparing to move to publication
- 835 preparing to move to publication

How to File a HIPAA Complaint

Virtual Cards / EFT Fees:

Do you have examples of mis-use with Virtual Cards, or fees for EFT? Submit email feedback to CMS:

CMS Administrative Simplification <AdministrativeSimplification@cms.hhs.gov>

Complaints: https://asett.cms.gov/

Now Available: New and improved Administrative Simplification Enforcement and Testing Tool (ASETT).

To help you get started, a User Guide available on the ASETT website provides instructions for filing a complaint and testing a transaction. During the coming weeks we will be posting additional information for using the new tool.

How to File a Complaint

To file your HIPAA transactions, code sets, unique identifiers (employer and provider Identifiers) or operating rules complaint electronically, go to the Administrative Simplification Enforcement Testing Tool (ASETT).

Prior to entering ASETT, each potential user must complete the one-time registration process to gain access to the system. This registration process is set up to protect the security of users' information and collect the needed information to process a complaint. ASETT is fully integrated with CMS' Enterprise Identity Management (EIDM) system and the CMS Enterprise Portal. Collectively, these tools provide ASETT users an additional level of security for filing complaints, and attaching supporting documentation and transactions, through Multi-Factor Authentication (MFA) and Remote Identity Proofing.

Activities Requiring Attachments

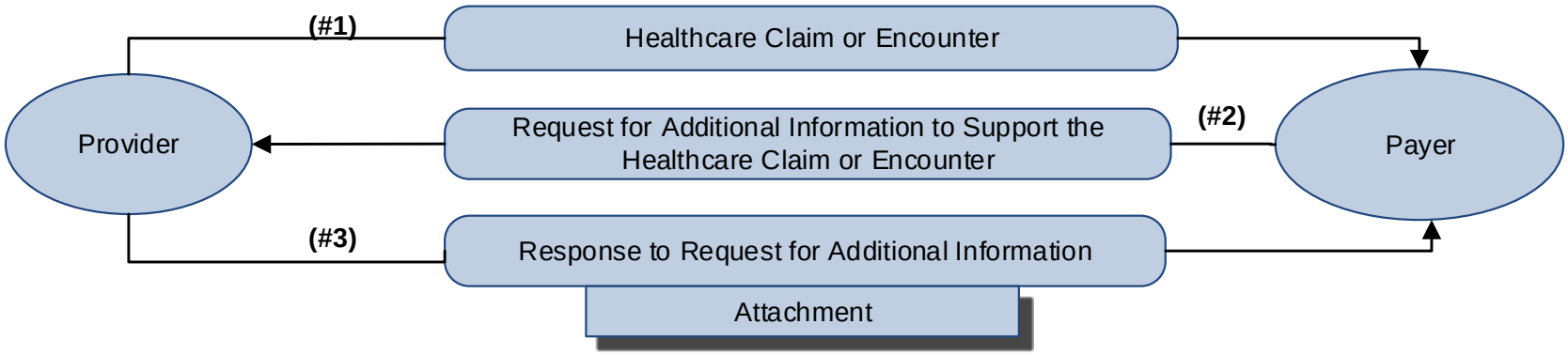
Claims

- Claim Submission
  - ✓ Professional
  - ✓ Institutional
  - ✓ Dental
- Post Payment Audits

Prior Authorizations

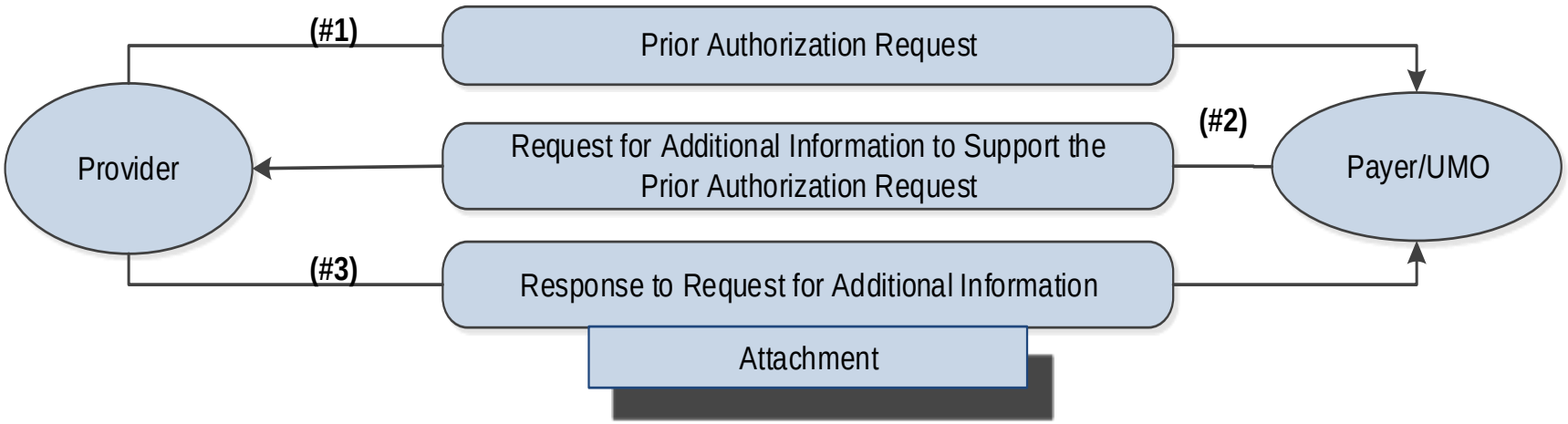
- Request for Authorization
- Referrals
- Notifications

Solicited Claim Attachment Flow



1. The claim submitted by provider to a payer is the triggering event.
2. The request for additional information by payer to provider using X12N 277 Health Care Claim Request for Additional Information.
3. The provider responses with an Attachment using X12N 275 Additional Information to Support a Health Care Claim or Encounter.

Prior Authorization Solicited Attachment Flow



1. The Prior Authorization Request by a provider using the X12N 278 Health Care Services Review - Request for Review and Response as the triggering event for requesting an attachment.
2. A Request for Additional Information in support of a Prior Authorization requested by payer to the provider using X12N 278 Health Care Services Review - Request for Review and Response.
3. The provider's response with an Attachment using ASC X12N 275 Additional Information to Support a Health Care Services Review.

CMS / ONC NPRM

What is the proposed rule designed to do?

Increase innovation and competition
by giving patients and their healthcare providers safe and secure access to health information and to new tools, allowing for more choice in care and treatment;

Identify exceptions to the definition of information blocking
that the HHS Office of the Inspector General (OIG) would consider in their enforcement of the information blocking provisions in the 21st Century Cures Act (Cures Act); and

Adopt standardized application programming interfaces (APIs) in the healthcare industry
which would help allow individuals to securely and easily access structured EHI using smartphone applications;

Place a strong focus on a patient's ability to access their health information
through a provision requiring that patients can electronically access all of their electronic health information (structured and/or unstructured) at no cost.

CMS / ONC NPRM

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What actions are being proposed?

- **The proposed rule would update the existing 2015 Edition certification criteria** to ensure certified health IT systems can
  (1) send and receive EHI in a structured format,
  (2) make that EHI available without special effort through the use of APIs, and
  (3) export a single patient's or multiple patients' EHI from the health IT system to a location designated by the patient.

- **The proposed rule would implement the information blocking provisions of the Cures Act** by outlining seven proposed exceptions to the definition of information blocking under the law.
- **The proposed rule includes a request for information** on the parameters and implications of including price information within the scope of EHI and if that information would help the public see the prices they are paying for their healthcare.

CMS / ONC NPRM

What are the proposed exceptions to information blocking?

Under the proposed rule, actions of a healthcare provider, health IT developer of certified health IT, health information network, or health information exchange that interfere with the access, exchange, or use of EHI — subject to certain conditions — would **not** be considered information blocking if the entity is:

- Engaging in practices to prevent **patient harm**
- Engaging in consistent, non-discriminatory practices **to protect the privacy of electronic health information**
- Implementing practices **to promote the security of electronic health information**
- **Performing maintenance or improvements to health IT performance** with the agreement of the user
- **Recovering reasonable costs** to allow for the access, exchange, and use of electronic health information
- Receiving a **request** to provide access, exchange, or use of electronic health information that is infeasible **because the request would impose a substantial burden** that is unreasonable under the circumstances
- Allowing for the **licensing of technical artifacts to support the interoperability of EHI on reasonable and non-discriminatory terms**

Where to get more information

- CMS NPRM – https://www.cms.gov/newsroom/fact-sheets/cms-advances-interoperability-patient-access-health-data-through-new-proposals
- ONC NPRM – https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health
- HHS Press Release - https://www.hhs.gov/about/news/2019/02/11/hhs-proposes-new-rules-improve-interoperability-electronic-health-information.html