AHCCCS 5010 275 Consortium Electronic Claims Attachments

February 11, 2010
3:00 PM to 4:30 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Documents: Agenda
Attachments Overview (.ppt presentation)
Glossary

Attendees: Teleconference attendees are shown with an *

Abrazo Health	Cheesman, Christine*
Abrazo Health	Jayapal, Shanthi*
Abrazo Health	Liska, Liz*
Accenture	Moreland, Debra*
ADHS	Caisse, Kayla
ADHS	Gibson, Kevin
ADHS	Gopal, Madan
ADHS	MacLaren, Thara
ADHS	Rendfeld, Paula
ADHS	Speaks, Terri
ADHS	Thomas, Melissa
AETNA	Hill, Maurice
AHCCCS	Acer, Gina
AHCCCS	Stackfleth, Elizabeth
AHCCCS	Petre, Lori
AHCCCS	McDaniel, Mary Kay
Americhoice	Saelens, Karen
Care 1st	Costal, Steffanie
Care 1st	Reyes, Margarita
Care 1st	Thurman, Kathy
Iasis Healthcare	Perikly, Jaime
Pima County	Summers, Steve*
Pima County	Imperio, Robert*
Pinal County	Davis, Cheryl
Pinal County	Schwarz, Jennifer
Scan Health Plan	Graham, Tina*
Scan Health Plan	Hawn, Sharon*
Scan Health Plan	Jefferson, Joseph*
Scan Health Plan	Nibbe, Will*
Scan Health Plan	Reynolds, Anita*
Scan Health Plan	Wright, Vicki*
UHC	Alix, Debra
UHC	Bronski, Helen
UHC	Gruenert, Robert*
UHC	Samford, Natalie*
UPH	Steiner, Kathy*
Yavapai County	Ducharme, Becky*

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Welcome — Lori Petre

The meeting objective was stated as twofold: to explore the facets of the 275 and to propose options for electronic attachments.

Electronic Attachments (275) are not required under the 5010 but are required under AHCCCS contract. The 275 is an X12 transaction envelope with an HL7 'payload' encased within a data element. AHCCCS Executive Management originally proposed a January 2011 implementation for the 275 for Health Plans/Program Contractors, but has agreed to set a firm date once the parameters related to Electronic Attachments are adequately shared with the Health Plans.

AHCCCS initiated electronic attachments with their FFS line of business in September of 2009. This action has prompted provider interest in whether the Health Plans will follow. The goal is not to change Health Plan requirements for medical documentation but to facilitate the receipt of these documents electronically.

The PowerPoint presentation examined the 275 from a high-level overview, including information sources. Lessons learned from the AHCCCS implementation process will be shared as well. A list of the FFS providers has been requested so that the HPs can target the same providers in their pilot.

The 278 transaction also uses electronic attachments.

Attachment Overview (PowerPoint Presentation) — Mary Kay McDaniel

92 pages of PowerPoint slides were presented. Some of the highlights follow:

A brief outline of the presentation and glossary was given, with emphasis that the technical aspects of the transactions are particularly challenging. It is necessary to understand clinical data architecture to create the 275 transaction. The structure includes two standards: an HL7 standard in the middle of the X12 standard.

Two HIPAA transactions originating from 1996 legislation that are not yet mandated are First Report of Injury and Claim Attachments. The original pilot for Attachments was not successful in the numbers of attachments sent, but proved it could be done.

There are two types of attachment requests: solicited and unsolicited. A solicited attachment is one that was requested, original documentation for either a claim or PA requires information beyond what was submitted. An unsolicited attachment is one in which the provider knows the payor wants/requires additional information and is sent at the same time or close to the same time as the associated transaction. An unsolicited attachment requires the submitter link the two transactions using a Transaction Identifier.

Q. How many times can a payer request additional information [solicited attachment] for the same claim?
A. The original NPRM had no limits, but the responses and subsequent pilot suggest only once. If the provider doesn't send enough information and/or the payer doesn't know enough to ask for specific information to complete the initiating transaction [claim/PA], then the chance that an unlimited number of exchanges would only complicate the issue.

Today, AHCCCS provides a list of required documents and letters from the claims system to the providers. The providers cannot yet accept a 277 request for additional information. If the information is not received within the stated timeline the claim is denied with an 835 indicating the missing information.

The 278 was never implemented by AHCCCS for the 4010. The 5010 version is much more robust and is in the initial design states.

The 837 is sent with the unsolicited 275. The 837 and 275 could be in the same interchange but this was not successful in the pilot. The provider/vendors are not able to send a 275 to AHCCCS.

Current pilots are using a web-based upload process, whereby AHCCCS creates the 275 and CDA to go thru validation and then imaging. The provider enters the 275 required data elements and then uploads a file. There is no savings to time but there is to the amount of paper and claim turnaround.

Patient Information Unspecified Content is an "other" attachment type that covers required forms that are not yet HL7 documents, such as sterilization forms.

Types of data include Computer Decision Variant and Human Decision Variant, which is human readable. The use of both provides flexibility and allows greater electronic participation.

LOINC means logical identifiers names and codes. The codes were initiated as a naming convention for lab reporting. They are used in technical pieces of attachments. LOINC has modifiers to constrain what is looked for.

For any attachment that is unsolicited, the entire attachment must be sent and be based on the rules of cardinality. For any response to a request for additional information, only the specific components requested must be returned. HL7 IG identifies rules for compliance.

The X12 275 contains a BIN segment which contains the HL7 CDA. The first position of the [BIN] segment is byte count for the CDA. Unfortunately, that count can change as the transaction crosses over between systems.

All documents for CDA were written in release 1, which was not RIM based. It is necessary to understand how CDA 1 and CDA 2 are different in order to create the attachment. Reasons for using CDA are predictable content, low impact, and .html based. It is being used by HIE. Structurally, there is a header containing patient, event, attachment control number, administrative data, and confidential pieces.

There are problems with the style sheet in downloads of attachment information from HL7. The data types need to be changed in the file contained within the sheet.

HL7 provides a choice of values if an answer cannot be sent, i.e., if "no information."

Since AHCCCS implemented claims attachments in September, 2009, Provider usage has grown considerably. Feedback has been very positive regarding efficiency and cost savings.

Successive Approximation is a term chosen to describe the gradual increase in scope toward full implementation. Integrating an HL7 XML payload in the middle of an X12 was a particular challenge. Though both HL7 and X12 use the same validation and translation software, the combined operation required building separate workflows and portions of infrastructure. Evolution not revolution was the motto to support the implementation by small steps.

AHCCCS is ready to receive the 275 transaction. The problem with sending 275s is on the provider side. Providers cannot get the data out to send it to the software application. Their administrative system, which can build X12, is separate from their clinical system, which can build HL7. To date, they cannot integrate the two systems easily.

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Internally, AHCCCS redesigned the attachment flow work process and automated matching the attachment to the claim. Providers currently use a web portal to upload information. AHCCCS creates the 275 that and enters our front-end process [275 workflow]. AHCCCS has also created a companion document and user documentation. End-user training is in process.

Changes to Validation Process include uploads from TI Portal DE to the 275 creator to Main Instream Validation. At the back-end, output from the 275 is taken from the Kofax XML Creator and combined with the XML needed for Kofax and deposited to Imaging.

Cute PDF is free application software that allows conversion to a .pdf and has been a supportive tool for the hospitals.

The biggest internal issue at AHCCCS is that the EDI staff is not the XML staff. This resulted in conflict of understanding among many issues: kinds of services needed, payloads, batch XML, schematrons, etc.

Other technical issues for the Health Plans to consider include:

1. A "unique attachment number" means it has to be truly unique across board and not just to a specific claim.
2. A decision must be made whether an attachment should be adjunctive versus embedded versus secured in a website location.
    a. Adjunctive denotes side-by-side travel. Files are separate from 275 versus piece in the middle.
    b. Embedded means actually embedded. This causes problems with the MIME and BIN numbers.
    c. Secure website allows direct viewing of attachment.

Close Lori Petre

The slides contained a daunting volume of information. Anyone who has questions or wants periodic updates of new providers as they join this effort, contact Lori.Petre@azahcccs.gov.

The suggested implementation date is January 1, 2011. Compliance officers will be consulted for input.

Remember to recognize small successes. The goal is successive approximation. Perfection is not doable today.