HIPAA RECOMMENDATIONS PROOF OF CONCEPT AND PILOT

July 25, 2024

© 2024 X12

DISCLAIMER

- This presentation is for informational purposes only
- This presentation is not intended to represent legal advice
- The content is point-in-time information and is subject to revision
- If you have questions regarding specific information, please send them to info@x12.org
- Visit www.x12.org for additional details about X12

© 2024 X12

GROUND RULES

→ NDA coverage through existing Membership and Licensing Agreements

→ Anti-trust in effect

- *Bylaws (CAP01), section 18.4*
  x12.org/resources/policies-and-procedures

→ IP usage policy compliance
x12.org/products/ip-use

→ Audio & Video Recordings, Photography, and Screen Capture Policies

- *Meetings (CAP06), section 10*
  x12.org/resources/policies-and-procedures

© 2024 X12

AGENDA

- Initial objectives
- Recap of where we are
- Findings, insight, and guidance

© 2024 X12

INITIAL OBJECTIVES

→ The group's initial objectives were

- *Evaluating the viability of executing a meaningful proof of concept program*
- *Defining the initial scope, milestones, and resource constraints*

© 2024 X12

TECHNICAL OBJECTIVES

→ Once the initial objectives were met, the group defined technical objectives:

- *Verifying the transactions work as expected and don't break something that worked in 005010*
- *Defining the initial scope, milestones, and resource constraints*
- *Validating the expected business benefits are realized*
- *Identifying unexpected obstacles and potential solutions or mitigation options*
- *Estimating implementation/transition costs*
- *Documenting and disseminating results*

X12

© 2024 X12

TESTING APPROACH

→ Six Levels of testing

- *X12 Standard Validation*
- *Implementation Guide Validation*
- *Balancing*
- *Code Set Validation*
- *Same Version Compatibility*
- *Cross-version Compatibility*

© 2024 X12

RECAP OF WHERE WE ARE

→ Working on the first two and sixth testing categories

- *X12 Standard validation*
- *Implementation Guide validation*
- *Cross-version Compatibility*

→ Results

- *Expected test results have been achieved consistently; a couple of clarifications may be useful*
- *Cross-version compatibility challenges identified between related data element lengths*
- *The new version doesn't break anything that works effectively in 005010*

© 2024 X12

SUMMARY OF KEY BENEFITS WITH THE NEW VERSION

- → Standardized forward balance and overpayment recovery process
- → Ability to re-associate recovery amount to a specific claim to reduce manual processes
- → More granular source of payment codes - more transparency in how claims were adjudicated
- → Enhanced CoB reporting of adjustments for claims involving government programs
- → Ability to report industry remark codes not supported by existing RARCs
- → Ability to identify atypical providers who lack NPIs
- → Added ability to report tooth information for dental claims

© 2024 X12

SUMMARY OF KEY BENEFITS WITH THE NEW VERSION

- Support for Device Identifiers
- Support the association of Adjustment Reason Codes and Remark Codes and better synchronization with the Claim Payment/Advice.
- Added Health Care Remark Codes to support remark codes not associated with a claim or line adjustment reason code
- Added support for CoB Allowed amounts
- Added support for Factoring Agents

© 2024 X12

FINDINGS, INSIGHT, AND GUIDANCE

- Cross-version compatibility for related transaction sets
- Data Element length changes, for example:
  - *008020 Patient Control Number in an 837 Claim can have up to 35 characters*
  - *005010 Patient Control Number in a 277 Claim Acknowledgment can only have up to 20 characters*
- Recommend working with your trading partner to accommodate

© 2024 X12

FINDINGS, INSIGHT, AND GUIDANCE

- Transitioning from current to new version
- Qualifier changes, for example:
  - *In the 837 Professional, 2330F REF02:*

    In the 005010 version, there could be 4 qualifiers: 0B, 1G, G2, LU

    In the 008020 version, there's only 1 allowable qualifier: A6
- Segment repeat changes, also
- A detailed analysis between the two versions is required to make the appropriate business decisions

© 2024 X12

FINDINGS, INSIGHT, AND GUIDANCE

→ Important changes to be aware of

→ External rather than internal code lists, for example:

- *In the 835 Remittance Advice, Provider Level Adjustment Reason Codes*

  005010 Adjustment codes were in the PLB Segment, internal to the guide

  008020 Adjustment codes are an external code list, managed external to the guide

→ Structural changes exist, especially in the 835 guide, with significant benefit to the industry

X12

© 2024 X12

CONCLUSION, TO DATE

- The Appendix in X12 letter sent to the NCVHS included a summary list of enhancements by guide
- Based on PoC activities to date
  - *The differences summaries provided by X12 are extremely valuable*
  - *Estimates provided by X12 for solution providers implementing the changes are valid*
  - *The new version doesn't break anything that works effectively in 005010*

© 2024 X12

ADDITIONAL REFERENCE

→ See Spring 2024 Unified Agenda for HHS/CMS

- *Version 8020 (CMS-0061); Proposed Rule Stage*
- *Regulatory number: 0938-AV43*

"This proposed rule seeks to adopt the updated versions of the standards…this rule would propose to replace the X12 Technical Reports Type 3, Version 5010 with the X12 Technical Reports Type 3, Version 8020 for health care claims or equivalent encounter information transactions (Institutional, Professional, and Dental) and electronic remittance advice transactions."

X12

© 2024 X12

FEEDBACK.
IDEAS.
QUESTIONS?

WE WANT TO HEAR IT ALL,

TELL US AT

X12.ORG/FEEDBACK

X12

© 2024 X12

STAY CONNECTED

- Learn more about X12 at X12.org
- Stay informed by following X12