The Office of the National Coordinator for Health Information Technology

Meeting Notes

INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE (ICAD TF)

June 23, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Co-chairs **Alix Goss** and **Sheryl Turney** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Alix** summarized the agenda and the recent activities of the ICAD TF. **Lauren Riplinger, Alison Nicklas**, and **Chantal Worzala** presented overviews of the American Health Information Management Association (AHIMA) and Trinity Health and an overall operational picture. **April Todd,** Senior Vice President of CORE and Explorations, presented on the topic of improving PA and provided an update on the operating rule. Task force members discussed the presentations and submitted questions. **Sheryl Turney** presented the draft timeline and discussed the next steps. There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary and Action Plan
03:10 p.m.	AHIMA Presentation and Discussion
03:40 p.m.	CAQH CORE Presentation and Discussion
04:20 p.m.	Public Comment
04:25 p.m.	Next Steps
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the June 23, 2020, meeting of the ICAD to order at 3:02 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Steven Brown, United States Department of Veterans Affairs
Gus Geraci, Individual
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Anil K. Jain, IBM Watson Health
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Mary Greene, Centers for Medicare & Medicaid Services
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Thomas Mason, Office of the National Coordinator
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Jacki Monson, Sutter Health/NCVHS
Alex Mugge, Centers for Medicare & Medicaid Services
Abby Sears, OCHIN
Debra Strickland, Conduent/NCVHS
Andrew Truscott, Accenture

SUMMARY AND ACTION PLAN

Alix Goss, co-chair of the ICAD TF, welcomed members and reviewed the agenda for the current meeting. She provided a brief summary of the last meeting, at which X12 presented on the 278 prior authorization (PA) transaction, their standards work, and the interplay with the Council for Affordable Quality Healthcare's Committee on Operating Rules for Information Exchange (CAQH CORE) and the Da Vinci Project. ICAD TF members submitted questions and comments and engaged in a robust discussion with the X12 presenter. Also, at the previous meeting, **Alix** presented the new Privacy and Security Guiding Principles and Ideal State content. The ICAD TF reviewed the next steps and their updated timeline, which included several more informational presentations. **Alix** noted that the TF's draft recommendations would be ready by July and would be presented at the September 9, 2020, HITAC meeting.

Sheryl Turney, co-chair of the ICAD TF, welcomed members to the meeting.

AHIMA PRESENTATION AND DISCUSSION

Lauren Riplinger, Vice President of Policy and Government Affairs at AHIMA, **Alison Nicklas,** Regional Director of HIM Services at Trinity Health of New England, and **Chantal Worzala,** Principal at Alazro Consulting, presented overviews of the American Health Information Management Association (AHIMA) and Trinity Health and an operational picture to the ICAD TF.

AHIMA Background

Lauren Riplinger introduced herself and began by providing an overview of AHIMA, which is a global organization that represents health information and professionals that works with health data for over a billion patients a year. AHIMA's mission is to empower people to impact health, and its vision is of a world where trusted information transforms health and healthcare by connecting people, systems, and ideas. One of AHIMA's core tenets is that health Information is human information and that AHIMA-certified professionals hold an intimate relationship with health information. AHIMA sees the specific person connected to the data, though those patients often do not often see AHIMA. This connection to the patient ensures that the information stays human, and when information stays human, it stays relevant.

AHIMA is well-known for its role in coding and is one of the designated Cooperating Parties for ICD-10 Coding guidance, along with Centers for Medicare & Medicaid Services (CMS), National Center for Health Statistics (NCHS), and the American Hospital Association (AHA). AHIMA and its members participate in a variety of coding usage and standardization activities in the United States and internationally. AHIMA is the preeminent source of coding education and professional education, in addition to serving as the developer of the Standards of Ethical Coding.

Trinity Health Background

Alison Nicklas introduced herself and provided an overview of Trinity Health, one of the nation's largest multi-institutional Catholic health care delivery systems, including statistics on Trinity Health's 22-state diversified system. Trinity's core values are reverence, justice, stewardship, integrity, safety, and commitment to those who are poor. Trinity's vision, as a mission-driven innovative health organization, is to become the national leader in improving the health of communities and each person they serve.

Health models are changing in several ways. Consumers increasingly access, generate, and direct sharing of their data. In the industry, there has been a move from fee-for-service to value-based care to outcomes requires combining revenue cycle and quality data (eCQMs). There has also been an increased use of clinical decision support and machine learning.

Clinical Documentation Integrity

AHIMA is focused on clinical documentation integrity, which they believe is at the core of every patient encounter. Clinical documentation integrity must be accurate, timely, and reflect the scope of services provided. It involves an accurate and complete representation of a patient's clinical status. To ensure that

all parties involved are able to make the best decisions with regard to the services provided and the appropriate reimbursement for those services, the data are shared in both a tech tool and a coded format. The ICD-10 coding system allows providers and patients to communicate across the continuum, but the coded information must be accurate.

Alison described the three main trigger events for sharing clinical data with payers, which AHIMA calls them "swim lanes." They included:

- PA Swim Lane:
  - Eligibility and benefits checks
  - Clinical data demonstrating need for:
    - Outpatient medications, procedures
    - Inpatient authorization
    - Observation status
    - Discharge to post-acute care, rehab, behavioral health
    - Discharge with durable medical equipment (DME)
- Concurrent Review Swim Lane:
  - Utilization review
  - Case management
  - Patient acuity
  - Length of stay
- Post-discharge Processes Swim Lane:
  - Claim submission, resubmission(s), adjudication
  - Medical necessity reviews
  - Code assignment and DRG reviews
  - Recovery audit contractors
  - Bulk record requests in support of payer operations, such as Medicare

Alison explained the need for all involved parties to be aware of the ethical obligations that underlie all of the PA "swim lanes" that are involved in managing a patient's personal health information and discussed the privacy and security, accuracy, accessibility, integrity, and appropriate disclosure aspects of trigger events.

Data Sharing for Clinical Documentation

Alison discussed AHIMA's issues with how to best manage the sharing of the data for clinical documentation and its administrative purposes that rely on the information. Issues generally related to the content and format of the request include:

- Content is generally payer driven.
  - Information needed can vary by trigger event.
  - Lack of clarity about what documentation is needed.
  - May vary by plan, as well as payer.
  - Rules change over time, without notice.
- Formats used are wide-ranging and included paper/fax, sending a CD, uploading information to a portal, using an automated HIPAA transaction (revenue cycle), or providing direct electronic access to a subset of records.
  - May use multiple formats for a single patient stay/encounter may be used.
  - Electronic health records (EHRs) vary in presentation of the record.
  - Frequently involves multiple back-and-forth exchanges.
- Phone calls may be needed to check status and address questions.

- Bulk record requests to support payer operations are increasing in frequency and scope.
  - Inpatient and outpatient care
  - Full record requested
  - Same payer may request record for same patient multiple times.

Beyond Automation

Chantal Worzala introduced herself and noted that data flows supporting administrative transactions on only one piece of the picture. She explained that automating is only one aspect and described issues beyond automation, which included:

- Lack of standardization for business process
- Operational issues
- Technical issues
- Implications for workforce
- Alignment and accuracy of vocabulary standards themselves
- Mapping
- Data integrity
- Privacy
- Trust and representation

Chantal explained that involving all parties in the conversation ensures that operational and trust issues are addressed. The presenters concluded by thanking the ICAD TF for their time.

Discussion:

- **Alix Goss** thanked the presenters from AHIMA for the presentation and submitted one comment and two questions:
  - A small workgroup of the ICAD TF recently discussed similar issues related to the alignment and accuracy of vocabulary standards, including data capture and how it works.
  - Could the presenters share their thoughts on the topic of one single, national mapping of vocabularies?
  - How would the end-to-end process of data capture in EHRs in a national mapping project work, especially concerning clinicians' potential challenges connected to entering data into their EHR?
    - **Chantal Worzala** responded that challenges have occurred due to the differing standards that have applied to EHR systems and administrative systems as they have grown. She discussed the prominence of ICD-10 over SNOMED and issues related to getting the vocabularies to interact, knowing which codes to assign in a full medical record, mapping using automation, and knowing the fidelity of SNOMED codes in the EHR.
  - **Alix Goss** thanked **Chantal** for her responses and highlighted several topics, which included:
    - The importance of focusing on ICD-10, especially as ICD-11 will be released before the end of the next decade,
    - Work completed by NCVHS on scanning terminologies and vocabularies, and
    - How work that has been completed should impact the ICAD TF as work on the data classes and data categories continues.
- **Alix Goss** requested more information on the data aspects of the swim lanes discussed, including a common data set used for all lanes and any trigger events that could be relevant to the ICAD TF's future work on provider burden.

- **Alison Nicklas** responded that Trinity Health deals with this issue every day, and their staff has to consider the different rules and knowledge bases for each payer in the system as they touch on each point in the swim lane process. She described the ways in which different providers and payers interact with regard to the three swim lane processes and advocated for giving all payers all the records, so they can get all the information they need in one place, at one time during the process. The triggers beyond the three swim lanes discussed included the internal workings of both the provider and the payer, in terms of communicating information for services provided.
- **Alix Goss** commented that the ICAD TF would consider the intra-processes that have to go into play, and not only the interexchange of data, as the TF's work continues. The presentation will be added to the TF's compendium.

CAQH CORE PRESENTATION AND DISCUSSION

Sheryl Turney welcomed **April Todd,** Senior Vice President of CORE and Explorations, who presented on the topic of improving PA and provided an update on the operating rules.

April Todd thanked the ICAD TF for allowing her to present and reminded members to review the additional resources CORE provided in an appendix at the end of the presentation slides. **April** then provided an overview of CAQH CORE's background, including their mission, vision, designation, industry role, and board.

CAQH CORE Background & Operating Rules

Operating rules are the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted. CAQH CORE is the HHS-designated Operating Rule Author for all transactions covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Operating rules are connected to standards in healthcare, such as the ASC X12 v5010 270/271 Eligibility Request and Response, which is the transaction providers and health plans must use to exchange patient eligibility information, and related operating rules. Several examples of the interplay between standards and operating rules exist in the business/financial world with business rules that help to standardize the use of electronic systems. Operating rules are not designed to specify whether or how a payer or provider will structure a business process; for example, operating rules would not specify when or how a PA was used by a health plan. Examples of CORE's operating rules structured by business process included infrastructure, data content, connectivity, and an "other" category that covered payment/remittance, PA, and web portals.

2019 CAQH CORE Index Report

CAQH CORE does an index report every year, which surveys plans and providers to gauge the adoption of electronic transactions across the industry. One finding from the recently released 2019 index report was that the adoption of the electronic standard of PA has been very low, while the use of portals and manual submission has been higher. The 2019 report also uncovered several key barriers that have prevented full automation and auto-adjudication of PA, which include:

- A lack of consistency in use of data content across industry and electronic discovery of what information is required for an authorization request to be fully adjudicated.
- No federally mandated attachment standard to communicate clinical documentation.
- A lack of integration between clinical and administrative systems.
- Limited availability of vendor products that readily support the standard transaction.
- State requirements for manual intervention.
- A lack of understanding of the breadth of the information available in the 5010X217 278 Request and Response, and a lack of awareness that this standard PA transaction is federally-mandated – particularly among providers.

- Varying levels of maturity along the standards and technology adoption curve, making interoperability a challenge.

Closing Automation Gaps

April identified and discussed the five areas where CAQH CORE is working to close automation gaps through operating rules and accelerating PA automation to reduce burden. CAQH CORE proposed rules to NCVHS and identified future opportunities. These activities include:

- Enhancing data content to streamline review and adjudication.
  - Proposed to NCVHS: The CAQH CORE Prior Authorization (278) Data Content Rule targets one of the most significant problem areas in the PA process: requests for medical services that are pended due to missing or incomplete information, primarily medical necessity information. The rule reduces unnecessary back and forth between providers and health plans and enables shorter adjudication timeframes and less manual follow up. Key rule requirements were included in the presentation materials.
  - Future opportunities: operating rules can ensure consistent use of existing and emerging standards.
- Establishing consistent infrastructure and national turnaround timeframes.
  - Proposed to NCVHS: the CAQH CORE Prior Authorization (278) Infrastructure Rule specifies prior authorization requirements for system availability, acknowledgements, companion guides, and response timeframes. Rule requirements align with other federally mandated infrastructure rules. In 2019, CAQH CORE pilot participants updated the rule to include new turnaround time requirements, which were included in the presentation materials.
  - Future opportunities:
    - CAQH CORE infrastructure requirements that apply across transactions are updated over time to align with industry maturity and technology advancements (e.g., system availability).
    - Real time prior authorization is currently limited to requests that do not require additional documentation or complex backend adjudication processes. As standards and operating rules are identified to support the electronic exchange of attachments, new opportunities to expand real time capabilities will emerge.
- Providing for updated, consistent connectivity modes for data exchange.
  - Proposed to NCVHS: The CAQH CORE Connectivity Rule vC3.1.0 establishes a Safe Harbor connectivity method that drives industry alignment by converging on common transport, message envelope, security and authentication standards.
    - CAQH CORE proposed to NCVHS that the CAQH CORE Connectivity Rule vC3.1.0 replace current regulations mandating support for CAQH CORE Connectivity Rules vC1.1.0 and vC2.2.0 for the eligibility and benefits, claim status, and electronic remittance advice transactions in addition to prior authorization to promotes uniform interoperability requirements across administrative transactions.
  - Under development: The CAQH CORE Connectivity Work Group is currently updating the CAQH CORE Connectivity requirements to support administrative and clinical data exchange, including RESTful APIs to serve as a bridge between existing and emerging standards and protocols.
  - Future opportunities: Once a single Connectivity Rule is established across all CAQH CORE operating rule sets, CAQH CORE Participants will continue to update the rule to align with current interoperability, privacy and security standards.
- Enabling consistent electronic exchange of additional clinical information.

  - Under development: CAQH CORE is launching an Attachment Subgroup in July to draft operating rules to reduce administrative burden associated with the exchange of additional documentation/clinical information.
    - Rule requirements will align seamlessly with existing prior authorization data content and infrastructure operating rules.
    - Initial focus will be solicited attachments to support the complete adjudication of a prior authorization request either using the X12 275 or without the X12 275 (e.g., HL7 C-CDA).
    - Potential requirements were included in the presentation materials.
  - Future opportunities: the Attachments Subgroup will address claim attachment use cases after PA.
- Evaluating across pilots for impact and further gap identification.
  - Initiative Vision: Partner with industry organizations to measure the impact of existing and potentially new CAQH CORE prior authorization operating rules and corresponding standards on organizations' efficiency metrics.

April provided an overview of how operating rules improve automation of PA by describing a specific example of a workflow depicting a provider's experience with the PA process. She explained typical steps in the workflow process, highlighted how operating rules will help streamline the process, and shared CAQH CORE's PA Authorization Roadmap, which focuses on aligning clinical and administrative information exchanges in 2020.

Discussion:

- **Rich Landen** thanked **April** for the presentation and submitted several comments and a question:
  - The NCVHS Subcommittee on Standards is holding a hearing on August 25 and 26, 2020, and CAQH CORE and the industry will present on the value of making the PA and connectivity rules described in the presentation the national mandate through the CMS regulatory process under HIPAA and ACA. The notice of the hearing is published in the Federal Register.
  - Multiple, distinct versions of PA were discussed by the presenter, including the one that is under consideration by NCVHS for adoption as a national mandate and other further developments that are underway to create a future version.
  - Is CORE seeing any areas of PA that are either more conducive for automating or areas that are less conducive, at this point?
    - **April Todd** responded that CORE has learned that their pilot participants are particularly interested in imaging. CORE has decided to focus energy on items the participants are interested in doing, as these tasks could be completed more easily with a quick return on the investment. One challenge they have reviewed were the substantial amounts of clinical documentation that are not easily codified. This is driving interest in finding ways to create standardization for how information is communicated.
- **Jocelyn Keegan** stated her appreciation for the clarity of the presentation and submitted two questions:
  - Are the names of people participating in the pilots public?
  - Could CORE share feedback from participants that are mid-pilot, or are there interim findings that are available?
    - **April Todd** responded that they hope to make that information available to the ICAD TF in August.
- **Sheryl Turney** asked if CORE is also working with the Da Vinci Project on wrapping the 278 transaction.

- **April Todd** responded that CORE has been consulted by Da Vinci and X12 but is not heavily involved in the effort.
- **Sheryl Turney** thanked **April** for her presentation and noted that the diagrams were helpful for understanding the proposed rules.

Sheryl Turney noted that contact information for all presenters would be provided to task force members so that they could submit any further feedback or questions.

Lauren Richie opened the meeting for public comments.

PUBLIC COMMENT

There were no public comments via the phone.

Questions and Comments Received via Adobe Connect

Gus Geraci: Hi, all, driving… so in t ln more,. *[sic]*

Gus Geraci: listening

Katherine Campanale: Hi all, the meeting will begin shortly.

Jocelyn Keegan: Hi Folks, Jocelyn's here.

Lauren Richie: Hi Jocelyn

Jocelyn Keegan: Folks, I think these categories are really important to the work we are looking at

Jocelyn Keegan: Trigger events. . .

Richard Landen: Good heads up on ICD-11. Thanks.

Katherine Campanale: To all participants: If you wish to see this presentation with larger text, please click the 4 arrows small icon in the top righthand corner the presentation pod within this Adobe Connect meeting.

Alix Goss: NCVHS Hearing on CORE PA Operating Rules & Connectivity Rule: https://ncvhs.hhs.gov/meetings/standards-subcommittee-meeting-2/

Alix Goss: Public is encouraged to submit written testimony / remarks.

NEXT STEPS

Sheryl Turney thanked the presenters from AHIMA and CAQH CORE for their time and task force members for their feedback during the discussion periods. **Sheryl** provided an overview of next steps and the draft task force timeline and indicated that task force members and workgroups have continued working on the Google documents offline. Small workgroups will begin to present their recommendations over the next few meetings. The Process Mapping small workgroup will facilitate a discussion of BPM+ work and recommendations at the next meeting, scheduled for June 30, 2020. Further brainstorming on PA recommendations will also occur at that meeting, and the Integrated Federal Data Model will be presented. Other longer-term steps were listed in the meeting slides.

ADJOURN

Sheryl Turney and **Alix Goss** thanked everyone for their participation in the meeting.

The meeting was adjourned at 4:20 p.m. ET.