

MQI-EDI Medical Reporting / Payers to Jurisdiction Meeting #1 – October 24, 2006

Introductions: Holly Mercer began the meeting by introducing the project team and John Shilts, WCD Administrator, and Jerry Managhan, WCD Deputy Administrator. She explained how the meeting would be conducted and that questions would be repeated to help everyone hear and participate. Phone participants were asked to email Gayle Parrish with the names of those who participated on the phone from each location.

Project Team Participants:

Hollis Mercer, Project Manager hollis.a.mercer@state.or.us
Gayle Parrish, EDI Coordinator gayle.m.parrish@state.or.us
Mary Peel, RDRSS mary.k.peel@state.or.us
Kim Duncan, MRU kimberley.r.duncan@state.or.us
Nathan Johnson, IMD nathan.johnson@state.or.us
Karen Snipes, IMD karen.d.snipes@state.or.us

Outside Participants:

Suzanne Barr, Liberty Northwest
Jenn Cook and Jay Martin, CorVel Corporation
John Jones, Oregon Health Systems

Teleconference Participants:

Mike Scheibal, Medical Services Company
Tara Baker, Broadspire
Sheri North and Shelly Odette, Fair Isaac Corporation
Kelly Hanson, CS Stars
Katy Larson, Gallagher Bassett Data Compliance
Cheryl Keyes, Red Oak E-Commerce Solutions
Patrick Trumbull, First Health/Coventry
Dina Thomson and Tamara Mejia, TMESys
Julie Western, CNA
Tara Gagner and Joan Henchey, Concentra
Sharon Marion, Claims Harbor
Danny Grullon, Healthsystems LLC
Vicki Booher, Claims Management, Inc.
Court Abbott, PMSI/TMEsys
Joan Kapowich and Kathy Loretz, SAIF
Trina Yurk and Elizabeth Walton, Bunch & Associates

Opening Remarks: John Shilts gave some history regarding EDI, saying that we can move fairly easily into the medical reporting area. It will help with better, more consistent medical data. Good data leads to better policy decisions. A lot of the data that we currently use is from our existing proprietary Bulletin 220 reporting. We use this data on a regular basis. We believe we can get better data and more data by going to the national standard EDI format. For stakeholders it would be easier to report and certainly for the national carriers and TPAs it would be more consistent with what they have to report in other states. These are some of the reasons we're looking to move to EDI.

Discussion Regarding Draft Documents:

Event Table:

This specifies what events are reportable to Oregon. Currently Bulletin 220 is a quarterly report. What we are expected to move to with the 837 is reporting within 90 days of payment as is currently done, but have reporting be either weekly or monthly depending upon bill volume. Those with a higher volume would report weekly so there is not such a huge file to be acknowledged.

Triggers and report timing for the original bill (required within 90 days of when it was paid), and reporting on either a weekly or monthly basis: No comments or questions.

Cancellations: If a bill is sent in error, we assume that it would be discovered and retracted within the first 90 days: No comments or questions.

Replacements: We would want to receive a replacement transaction if the provider type, claim administrator claim number, or facility type were different than originally reported. This is different from California's requirement for just the claim admin. claim number requiring a replacement transaction. Any problems or questions? No, it seems to be working OK, although the implementation just occurred (9/22), so there hasn't been enough time to verify. We will be monitoring California's implementation to determine if problems are arising, and welcome feedback from reporters on this issue. It was noted that it has been a challenge for reporters to program to meet California's cancellation and replacement requirements, so we will need to monitor this closely as California's implementation progresses. California's requirement for a cancellation transaction to precede a replacement is something that we are particularly interested in monitoring for issues.

These are the three events that we are planning to require. Currently, in Bulletin 220 we require reporting of original medical bills and if there is a cancellation, we get it a modified bill showing the changes as a zero payment amount.

There was a request for a brief outline of what California is doing. California has mandated 837 medical billing be reported electronically. We have based our events and element requirements as a subset of California's requirements. Because of the quantity of bills they will be processing, they should provide a good testing ground for subsequent states' implementations.

There was some discussion about the differences between the California and Texas implementations of medical bill reporting. One major difference for Texas was that they "turned off" their regular medical bill reporting more than a year before they started accepting the 837, so they are requiring reporters to submit historical files of more than a year's worth of data. This was seen as a very difficult task. We explained that we intend to maintain Bulletin 220 format until the reporter has successfully completed testing; then the Bulletin 220 format would be suspended for that reporter. There was general agreement that this was a better approach than requiring historical files.

Data Element Requirement Table:

There were no general comments or questions. We discussed our proposed use of the National Provider ID as our lone identifier. Because of the research we have done on the timetable for the NPI, we believe it will be in general use and available by the time we implement in 2008 or 2009. In addition, pharmacy providers will be developing a crosswalk from their identifier codes to the NPI. We asked participants to provide feedback if they become aware of any problems with that plan.

A question was raised about where the field would be on the HCFA form. We will double-check, but we believe it will be in field 23 on the new HCFA form.

There was another question about identifying whether a provider was part of a panel. Nathan responded that each provider will have an ID, as well each facility. By comparing the combination of the two numbers, we should be able to determine whether the provider was serving as part of a panel (and therefore reimbursed at a different rate.)

It was asked if there were any concerns regarding our proposed hierarchy for the employee ID number, such as the employee's SSN as first choice, followed by a hierarchy or other numbers, or a jurisdiction-assigned ID if no other identifier exists.

Gayle reported that it appears that California allowed reporters to submit all 9's for ID numbers. We are concerned about skewed data resulting from this method, so we are planning to assign an ID number to the insurer for claim reporting purposes if the injured worker has no other ID. It was reported that California does allow all 9s in the field, but requires an additional identifier if all 9s are used. Gayle stated that we recognize that some injured workers have no identifier, and hope to use the jurisdiction-assigned ID number to overcome that problem.

A question was raised about changing the HCFA numbers; are we going to be changing the rules that require that providers use the HCFA numbers? Nathan reported that we want to restrict reportable services to the HCPCS or CPT codes, or additional codes that could be added to the Oregon-specific code list, as adopted in the Division 009 Rules. It was noted that Division 009 currently allows use of the HCPCS codes, but does not require them. SAIF asked if they could continue to use the 99070 code. Nathan agreed, but said that he hoped we could adopt the HCPCS in lieu of this CPT "catch-all" code. This is being considered by the Department now. SAIF agreed that this would be a good idea.

SAIF also inquired about the rendering physician information. Our Rules don't currently require that the rendering physical information be reported on the CMS 1500; it comes in the chart notes, which requires manual work to capture and report. Holly asked if it would be helpful if this were clarified in the Rules, and SAIF agreed that it would be.

Oregon Health Systems stated that they will need more time to review this material, especially to study the data definitions and file structure. Gayle reiterated that this meeting is just the start of our implementation, and that feedback is welcome throughout the project. Of course, the earlier the feedback comes in, the better, but don't hesitate to send in comments. The documents we are reviewing are only a "first draft" and will be changing as we move along.

Gayle recommended that everyone who is not familiar with this file reporting standard download the data element dictionary from the IAIABC website (<http://www.iaiabc.org>).

Edit Matrix: No comments

Data elements acknowledgements:

We will be processing EDI medical as is done now in our EDI proof of coverage filing. Files will be acknowledged on a next-day basis, so if you report on Friday, you would receive your acknowledgement the following Monday. Again, we plan on offering weekly or monthly reporting, to be negotiated between WCD and the trading partner, because we don't want the acknowledgement file to become too large.

It was asked if this will be straight 837 reporting? Yes. The 997 functional acknowledgment will be sent right away (as soon as the file is checked), and then the 824 detailed acknowledgement will be sent giving the specifics for every transaction. We know how important it is to acknowledge files promptly and completely, and we plan to stay on top of the acknowledgements process.

It was also asked if there would be a limit on the file size. We do not plan to limit file size; we have no file size limitations in our current EDI coverage reporting. It was stated that Texas and California do limit the file size. Texas uses zip files. We will not be using zip files, but rather Secure FTP filing, as we do now for EDI coverage filings.

For those unfamiliar with the ANSI 837 format or data, Gayle recommended that they download the Implementation Guide from the IAIABC Web site. All reporters meeting current requirements of 100 or more disabling claims in the previous year should become familiar with this document in order to spotlight issues and questions for the group to discuss during the implementation planning phase.

Sequencing Plan:

Gayle went through the plan. We want to give as much notice as possible; 15 months between the Industry Notice and the start of testing for the first group. We want to make sure the rules are modified where necessary to streamline electronic reporting. Those reporters who are already filing EDI medical bills in Texas, Colorado and California would be the first to begin reporting to us. We want those with the experience to begin the process here. SAIF would be the second group to begin reporting. The third group will be all other reporters. Once a reporter has successfully completed their testing, we would then eliminate their Bulletin 220 reporting requirement and just receive the ANSI 837 format. Participants seemed to agree that this was sufficient time, unless unforeseen problems crop up between now and then.

A question was asked about whether Oregon would adopt California's approach with the header record, in allowing a Master FEIN to report multiple carriers' information in one file. We agreed that we plan to do that. We are not yet sure, however, whether we will need individual Trading Partner Agreements for each carrier, specifying an organization that is authorized to report for them. Participants cautioned that such a process is very labor-intensive to keep up with. Gayle stated that we would have to check with WCD Policy Section, and possibly Dept. of Justice to

see what our legal requirements will be. If there's a way that we can avoid individual Trading Partner Agreements, we're certainly willing to pursue that option.

A question was asked about our milestones between now and implementation. Gayle explained that the Project Team will be presenting its recommendations to WCD Exec. Team in early spring 2007, and once the "go-ahead" is given, we will be sending out notifications and regular updates via email, Web board notices, and Web site postings. Gayle encouraged participants to sign up for Web board notifications, if they haven't already done so.

Phone participants were encouraged to check-in by email to Gayle Parrish (gayle.m.parrish@state.or.us) and everyone was asked to let the committee know if they were already reporting to other states via ANSI 837 format.

Participants were reminded that they could give their feedback via email, phone call, in person or a letter.

Next Meetings:

November 6, 2006, 9:00 a.m. – Room C

November 30, 2006, 9:00 a.m. – Room C

Teleconference number and access code: Same as for this conference

1-712-432-2000 Access Code 362514