



Healthcare Attachments Proposed Rule

HIPAA National Listening Session

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Wednesday, February 8, 2023

2:00 to 2:45 p.m. ET



AGENDA



- Introduction*
- Background*
- Overview of Provisions*
- How to submit comments*

Introduction

- Section 1173(a)(2)(B) of the Act identified the “health care claim attachment” as one of the transactions for which electronic standards were to be adopted.
- Section 1173(e) of the Act identifies “electronic signatures” as a standard to be adopted with respect to the Administrative Simplification transactions.
- Section 1104(c)(3) of the ACA requires that the adopted standard for health claims attachments be “consistent with the X12 Version 5010 transaction standards.”

Introduction cont'd.

- These proposals, if finalized, would adopt standards for “health care attachments” transactions, which would support both health care claims and prior authorization transactions;
- standards for electronic signatures to be used in conjunction with health care attachments transactions; and
- modification to the transaction standard for the referral certification and authorization to move from the X12 278, Version 5010 to the X12 278, Version 6020.

Overview of Provisions

- We are proposing to adopt certain industry consensus standards that, when used together, provide the functionality necessary for the transmission of electronic health care attachment information.
- If finalized, the proposals would adopt requirements for: (1) X12 standards for requesting and transmitting attachment information; (2) HL7 standards for attachment information content; and (3) electronic signatures standards.

Overview of Provisions

Proposed Definition of Attachment Information

- We are proposing to define “attachment information” at § 162.103 as documentation that enables the health plan to make a decision about health care that is not included in either of the following:
 - A health care claims or equivalent encounter information transaction, as described in § 162.1101;
 - A referral certification and authorization transaction, as described in § 162.1301(a) and the portion of § 162.1301(c) that pertains to authorization.
- We use the term “attachment information” in our proposed definition of the health care attachments transaction at § 162.2001 to specify the information transmitted by a health care provider or requested by a health plan.

Overview of Provisions

Electronic Health Care Attachments

- (1) X12 275 – Additional Information to Support a Health Care Claim or Encounter (006020X314);
- (2) X12N 275 – Additional Information to Support a Health Care Services Review (006020X316);
- (3) X12N 277 – Health Care Claim Request for Additional Information (006020X313);
- (4) X12N 278 – Health Care Services Request for Review and Response Version (006020X315) standard for the referral certification and authorization transaction implementation guides.

Overview of Provisions

Electronic Health Care Attachments

- (1) HL7 CDA R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents, Release 1, March 2017;
- (2) HL7 Implementation Guide for CDA Release 2: Consolidated CDA Templates for Clinical Notes (US Realm) Draft Standard for Trial Use Release 2.1, Volume 1 — Introductory Material, June 2019 with Errata;
- (3) HL7 Implementation Guide for CDA Release 2: Consolidated CDA Templates for Clinical Notes (US Realm) Draft Standard for Trial Use Release 2.1, Volume 2 — Templates and Supporting Material, June 2019 with Errata.

Health Care Attachments

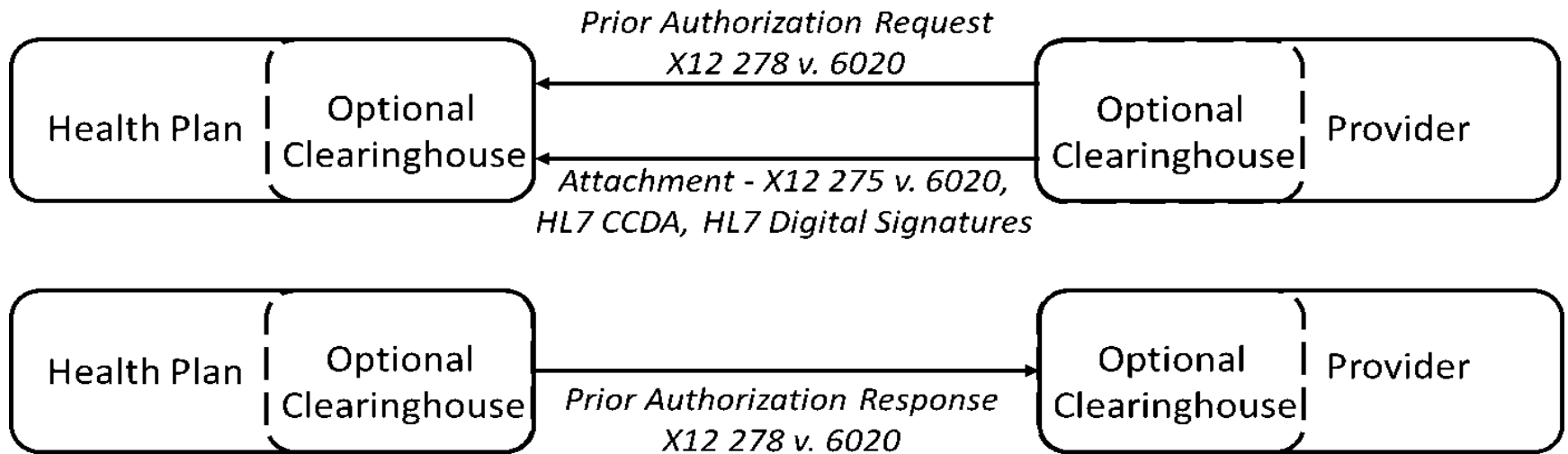
- Health plans frequently require a health care provider to submit additional information beyond the administrative data contained in a HIPAA transaction.
- Typically, this additional information is needed so a health plan may make an administrative decision about payment for a covered service, or a coverage decision about a service the provider intends to render.

Prior Authorization Use Cases

- In this case, a provider must obtain a health plan's approval for a service before it is rendered to the patient. The provider will send a request for approval along with supporting information to the health plan.
- The plan will then review the information, decide whether this service would be covered, and return a response to the provider indicating the coverage decision. Although there is currently an adopted HIPAA transaction for the prior authorization request and response, there is no way for a provider to submit documentation to support a prior authorization electronically using HIPAA standards.

Prior Authorization

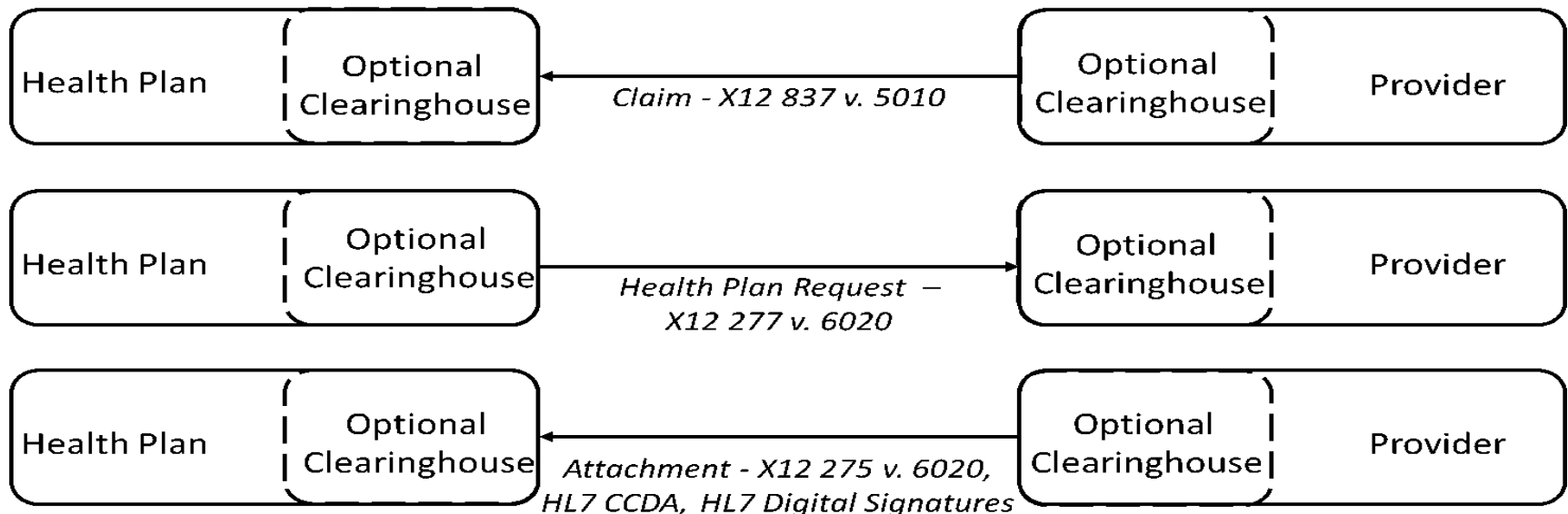
Prior Authorization



Solicited

Solicited Documents: In this use case, a provider has submitted a claim for a rendered service and the health plan decides that more information is required to make a payment determination. The health plan requests more information from the provider and the provider responds.

Solicited

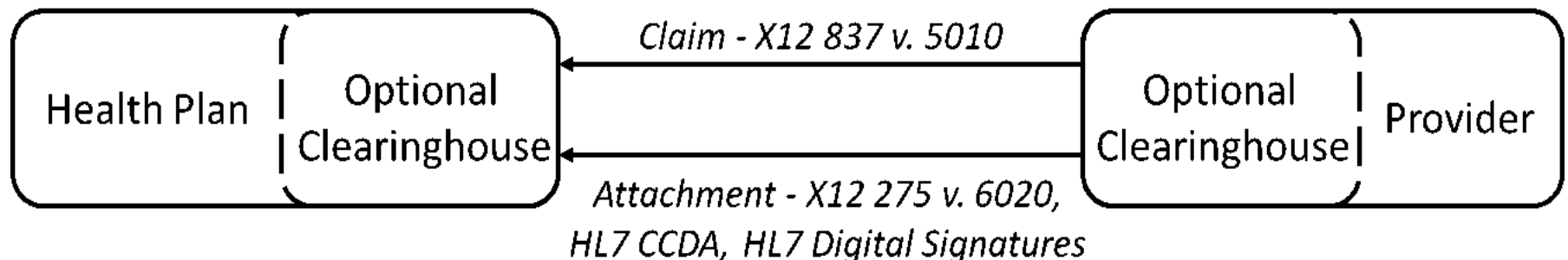


Unsolicited

Unsolicited Documents:

- In this use case, a health care provider submits a claims attachment along with their initial submission of a health care claim transaction for a service they have rendered. This usually occurs when a provider is in a full claims review program with the health plan or the health plan's payment policies require documents with each claim submission for service.

Unsolicited



Electronic and Digital Signatures

- A signature is often the only indicator available to health plans and health care providers that attachment information has been reviewed and approved by the service provider or other clinician with the appropriate authority to supervise care.
- Health care entities recognize numerous legal and compliance standards and best practices for clinician attestation of medical record documentation consistent with applicable federal and state laws, accreditation standards, payer requirements, and documentation requirements for clinical services offered.

Electronic and Digital Signatures cont'd

- Therefore, the proposed rule would define the term “electronic signature” as broadly as possible to ensure that it meets health care providers’ and health plans’ needs now and can also encompass future electronic signature technologies.
- By proposing to define electronic signatures in this way, the scope would be limited to attachment information transmitted electronically in electronic health care attachments transactions.

Electronic and Digital Signatures cont'd

- We are proposing to adopt an implementation guide called the HL7 Implementation Guide for CDA[®] Release 2: Digital Signatures and Delegation of Rights, Release 1 (Digital Signatures Guide).
- This guide ensures the implementation of the three necessary features by utilizing digital signature technology to implement identity management using digital certificates, encryption requirements to support message integrity, and multiple signed elements to support non-repudiation.

Electronic and Digital Signatures cont'd

- A digital signature is an electronic stamp that contains information about both the user creating the signature and the document that is being signed.
- Digital signatures are created using digital certificates to create a secure computer code that can be used later to authenticate the signer. At the same time, the certificate is used to create another computer code, usually referred to as a hash, which can be used by a computer to verify that the document has not been changed since it was originally signed; this is a mechanism to ensure the integrity of the signed document.

Electronic and Digital Signatures cont'd

- In both cases, the codes are encrypted so the receiver knows that the codes themselves have also not been altered, enabling the receiver to be confident that the signature was applied by the authenticated individual.

Overview of Provisions

Proposed Compliance Dates

- In accordance with section 1104(c)(3) of the ACA, which sets a two-year compliance date and makes no provision for an extended compliance time for small health plans.
- We are proposing that the compliance date for these standards would be 24 months after the final rule's effective date for all covered entities.

Overview of Provisions

Proposed Compliance Date for Modification

- We believe it is important to align the compliance dates for the proposed modification to the X12N 278 standard and the health care attachment standards.
- Therefore, the compliance date for the modification would be 24 months after the final rule's effective date for all covered entities.

Resources

- For more information about Administrative Simplification requirements, visit the [CMS website](#).
- For the latest news about Administrative Simplification, [sign up for Email Updates](#).
- NSG has created a special mailbox to receive questions, comments and feedback on Guidance Letters, Bulletins, FAQs, and any other related matters. The address for that mailbox is AdministrativeSimplification@cms.hhs.gov.

Thank You

Thank You!