



**CMS**

*CENTERS for MEDICARE & MEDICAID SERVICES*

# Leveraging the NMEH for HIT/HIE and MITA

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2008 MMIS Conference  
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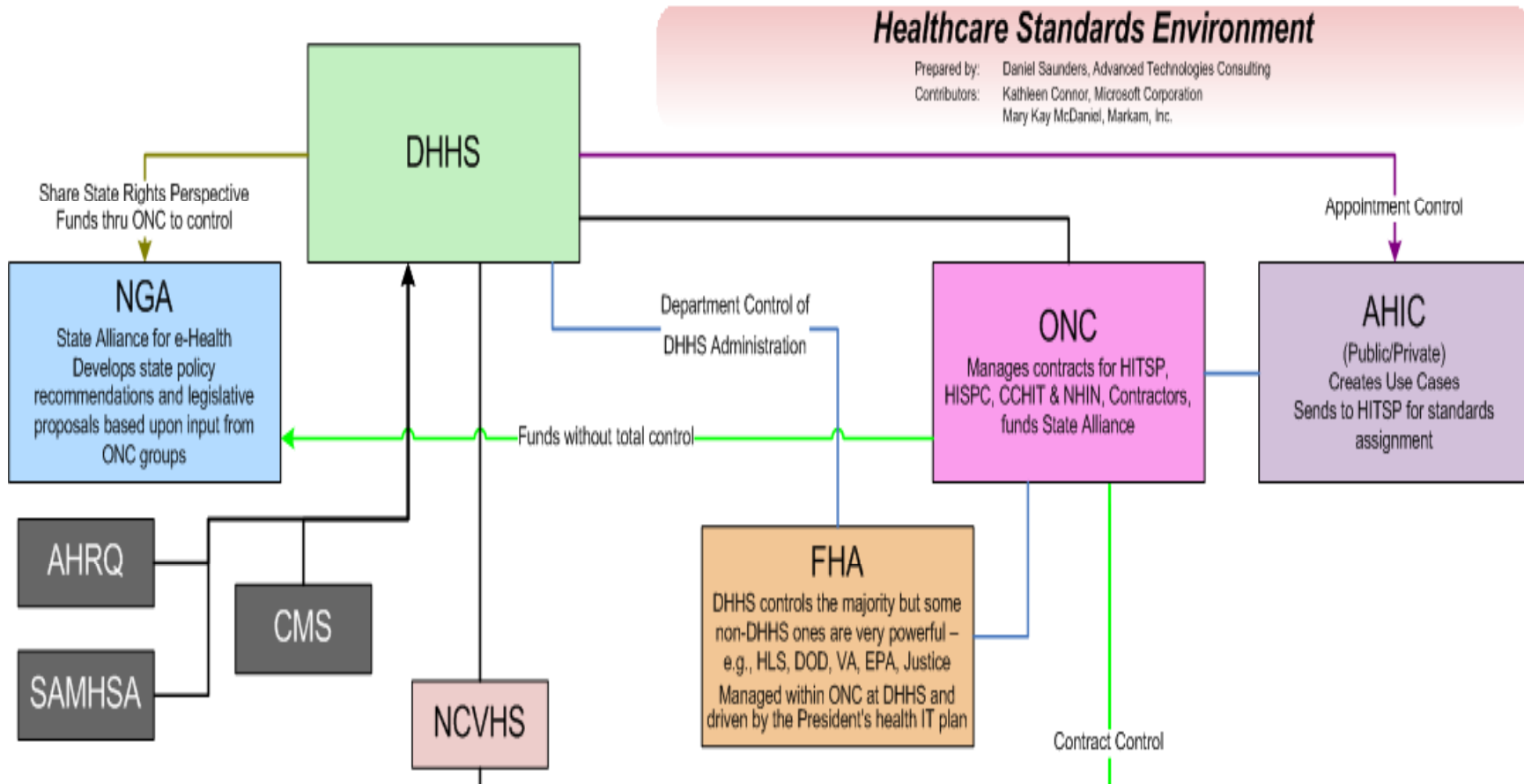


# Leveraging the NMEH for HIT/HIE and MITA

## Overview of the Healthcare Standards Landscape

- Organizations
- Data Content Committees
- Designated Standards Maintenance

# “Organizations”



# “Organizations”

- **DHHS** – Department of Health and Human Services
- **NGA** – National Governors Association
- **NCVHS** - National Committee on Vital and Health Statistics
- **ONC/ONCHIT** - Office of the National Coordinator /Office of the National Coordinator for Health Information Technology
- **FHA** – Federal Health Architecture
- **AHIC** - American Health Information Community



# Department of Health and Human Services Agencies

... within DHHS, of Interest to our topic, not inclusive

- **AHRQ** - Agency for Healthcare Research & Quality
- **SAMHSA** – Substance Abuse and Mental Health Services Agency
- **NIH** – National Institutes of Health
- **NLM** – National Library of Medicine

# Agency for Healthcare Research & Quality [AHRQ]

- Charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans
- Supports health services research that will improve the quality of health care and promote evidence-based decision making
- Goals:
  - **Safety and quality:** Reduce the risk of harm by promoting delivery of the best possible health care
  - **Effectiveness:** Improve health care outcomes by encouraging the use of evidence to make information health care decisions
  - **Efficiency:** Transform research into practice to facilitate wider access to effective health care services and reduce unnecessary costs
  - **Organizational excellence:** Use efficient and responsive business processes to maximize the agency's resources and the effectiveness of its programs

# AHRQ

- Funds health information technology research and development with \$166 million in grants and contracts. This money is awarded to programs across the country to support and stimulate investment in health IT, especially in rural and underserved areas.
- AHRQ also created the National Resource Center for Health Information Technology, which provides technical assistance and shares knowledge and findings that have the potential to transform every day clinical practice.

# Substance Abuse and Mental Health Services Administration [SAMHSA]

## Vision

- "A Life in the Community for Everyone."

This vision is based on the premise that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job/education, a home, and meaningful personal relationships with friends and family. SAMHSA works to achieve this vision through an action-oriented, measurable mission of "Building Resilience and Facilitating Recovery."

## Center for Mental Health Services

- CMHS provides national leadership to ensure the application of scientifically established findings and practice-based knowledge in the prevention and treatment of mental disorders; to improve access, reduce barriers, and promote high-quality effective programs and services for people with, or at risk for these disorders, as well as for their families and communities; and to promote an improved state of mental health within the Nation, as well as the rehabilitation of people with mental disorders.

# SAMHSA

## Center for Substance Abuse Prevention

- The mission of CSAP is to build resiliency and facilitate recovery. CSAP provides national leadership in the development of policies, programs and services to prevent the onset of illegal drug, underage alcohol, and tobacco use. CSAP disseminates effective substance abuse prevention practices and builds the capacity of States, communities and other organizations to apply prevention knowledge effectively. An integrated systems approach is used to coordinate these activities and collaborate with other federal, State, public and private organizations.

## Center for Substance Abuse Treatment

- The mission of CSAT is to bring effective alcohol and drug treatment to every community. CSAT provides national leadership to expand the availability of effective treatment and recovery services for alcohol and drug problems; to improve access, reduce barriers and promote high-quality effective treatment and recovery services for people with alcohol and drug problems, abuse, or addiction as well as for their families and communities.

# National Institutes of Health [NIH]

The **mission** of the National Institutes of Health is science in pursuit of knowledge to improve human health. This means pursuing science to expand fundamental knowledge about the nature and behavior of living systems; to apply that knowledge to extend the health of human lives; and to reduce the burdens resulting from disease and disability.

The National Institutes of Health seeks to accomplish its mission by:

- Fostering fundamental discoveries, innovative research, and their applications in order to advance the Nation's capacity to protect and improve health;
- Developing, maintaining, and renewing the human and physical resources that are vital to ensure the Nation's capability to prevent disease, improve health, and enhance quality of life;
- Expanding the knowledge base in biomedical, behavioral, and associated sciences order to enhance America's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplifying and promoting the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

# National Governors Association - NGA

- **Mission Statement**

The National Governors Association--the bipartisan organization of the nation's governors--promotes visionary state leadership, shares best practices and speaks with a unified voice on national policy.

- Provides governors and their senior staff members with services that range from representing states on Capitol Hill and before the Administration on key federal issues to developing policy reports on innovative state programs and hosting networking seminars for state government executive branch officials.

# National Committee on Vital and Health Statistics [NCVHS]

- October 14, 1998, Letter to the Secretary transmitting a concept paper, “Assuring A Health Dimension for the National Information Infrastructure”

“With the Health Insurance Portability and Accountability Act [HIPAA] of 1996, Congress essentially transformed the nearly fifty-year-old National Committee on Vital and Health Statistics [NCVHS] into the **nation's primary external advisory group for health information policy**. While in the past, NCVHS was responsible for making recommendations only to the government, the HIPAA legislation mandated a number of national health data standards to encompass both government and the private sector. The Committee has worked for two years on specific HIPAA policy mandates. It is now evident that the Department of Health and Human Services [HHS] needs to craft a comprehensive approach to health information policy to guide development of the nation's information capacities for optimal use **in improving the health status of all Americans**. NCVHS is committed to helping the Department address this important policy matter.”



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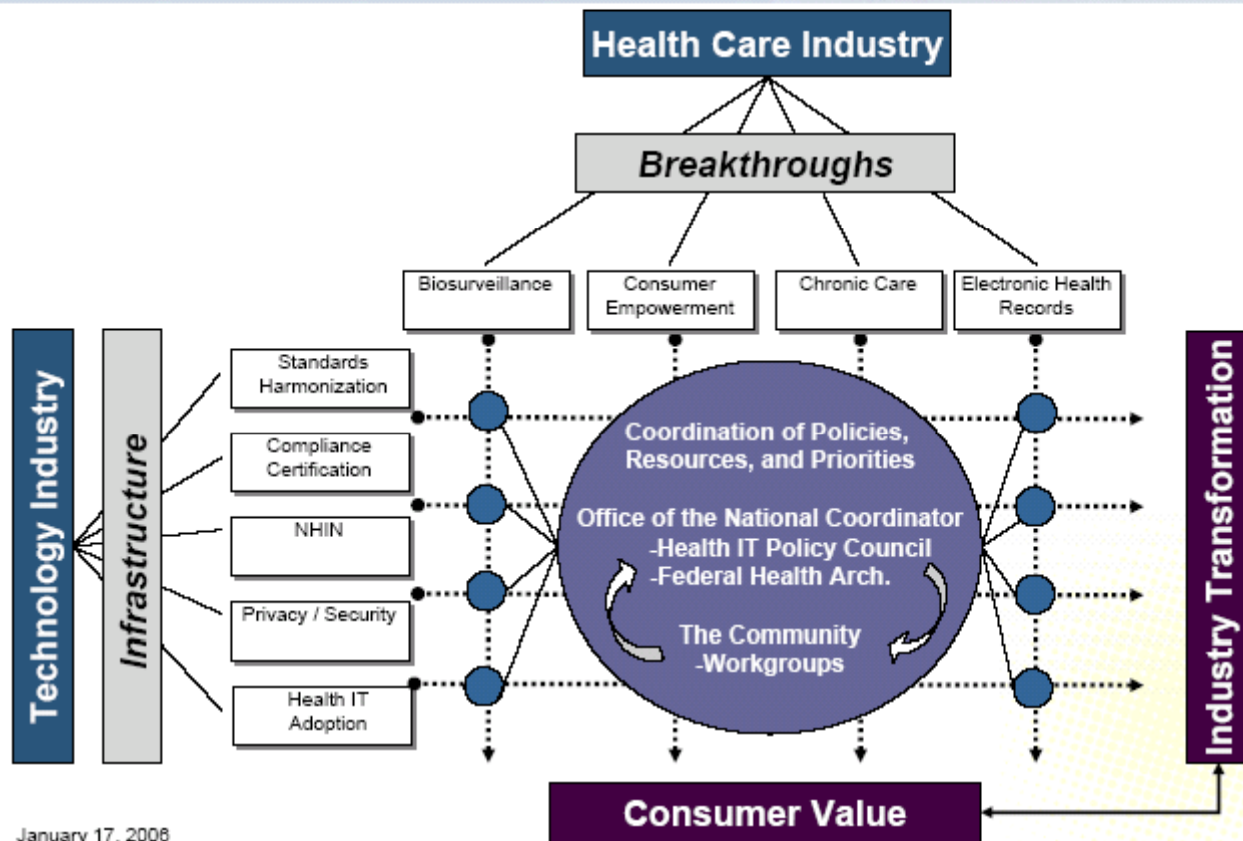
## Office of the National Coordinator /Office of the National Coordinator for Health Information Technology [ONC/ONCHIT]

### Purpose:

- Serves as DHHS's principal advisor on the development, application, and use of health information technology
- Coordinates the DHHS's health information technology policies and programs internally and with other relevant executive branch agencies
- Develops, maintains, and directs implementation of DHHS's strategic plan to guide the nationwide implementation of interoperable HIT in both the public and private health care sectors, to the extent permitted by law
- Provides comments and advice at the request of OMB regarding specific Federal HIT programs
- Provides management and logistical support for the American Health Information Community [AHIC]



# Office of the National Coordinator [ONC]



January 17, 2008

# Federal Health Architecture [FHA]

## Vision

A federal Health IT environment that is interoperable with the private sector and supports the President's health IT plan enabling better care, increased efficiency, and improved population health.

- The FHA is managed within the Office of the National Coordinator for Health IT (ONC) and is driven by the President's health IT plan, which calls for the widespread use of interoperable electronic health records (EHRs) by 2014.
- The FHA is responsible for:
  - Leveraging federal expertise in creating a federal framework that would be derived from a national health IT infrastructure.
  - Supporting federal activities in the development and adoption of health IT standards.
  - Ensuring that federal agencies can seamlessly exchange health data between and among themselves, with state, local and tribal governments, and with private sector healthcare organizations.



# American Health Information Community [AHIC]

The Community is a federally-chartered commission and will provide input and recommendations to HHS on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way.

- Advises the Secretary and recommends specific actions to achieve a common interoperability framework for health IT; and
  - Serve as a forum for participation from a broad range of stakeholders to provide input on achieving widespread adoption of interoperable health IT.
- Transitioning the AHIC to a public-private partnership based in the private sector by late fall 2008

<http://www.hhs.gov/healthit/community/background/>

<http://www.ahicsuccessor.org>

# AHIC Workgroups

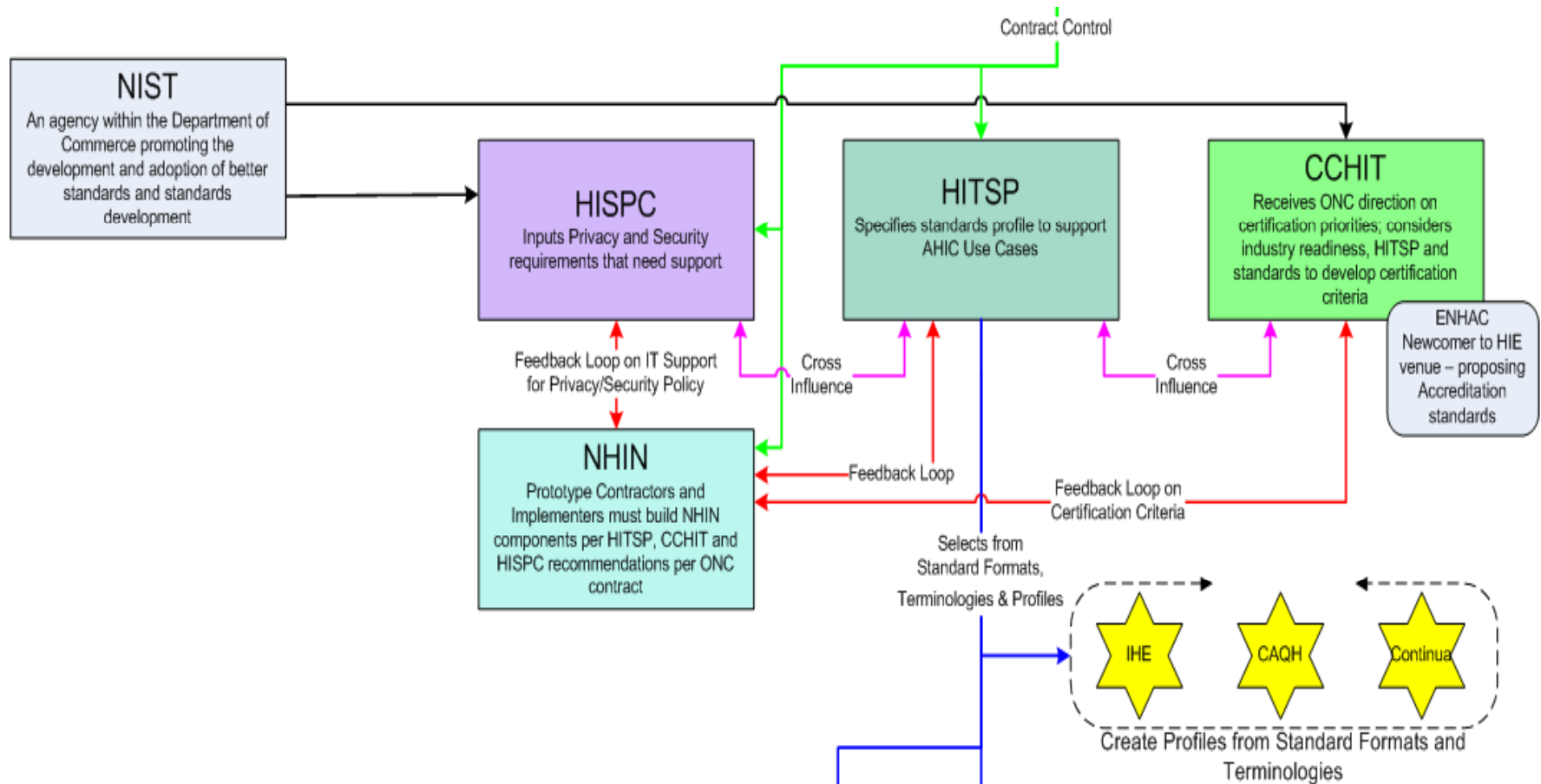
- **Chronic Care**
  - Recommend the widely available, secure technologies solutions for remote monitoring and assessment of patients and for communication between clinicians about patients
- **Confidentiality, Privacy & Security**
  - Addressing higher-level issues, guiding principles, general overarching issues
  - Recommend protections of personal health information in order to secure trust, and support appropriate interoperable electronic health information exchange
- **Consumer Empowerment**
  - Recommend ways to gain wide spread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-centered
- **Electronic Health Records**
  - Recommend ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers
- **Personalized Healthcare**
  - Develop and make recommendations on standards for interoperable integration of genomic test information into personal e-health records and electronic health records to support clinical decision-making for the clinician and consumer
- **Population Health and Clinical Care Connections, [Formerly known as Biosurveillance]**
  - Facilitate the flow of reliable health information among population health and clinical care systems necessary to protect and improve the public's health
  - Develop a plan to transmit certain data from providers to public health systems within one year, which is visible to the American public



# Workgroups

- **Public Health [Formerly known as Quality]**
  - Determine how IT can be used for the development of quality measures helpful to patients and others
  - Recommend to AHIC the data needed for the development of quality measures that are useful to patients and others
  - Automate the measurement and reporting of a comprehensive current and future set of quality measures
  - Accelerate the use of clinical decision support that can improve performance on those quality measures
  - Recommend how performance measures should align with the capabilities and limitations of health IT
  
- AHIC identifies areas of focus and creates use cases which are the basis for HITSP work.

# “Determinators”



# “Determinators”

- **NIST** – National Institute of Standards and Technology
- **HISPC** - Health Information Security & Privacy Collaboration
- **HITSP** - Health Information Technology Standards Panel
- **CCHIT** - Certification Commission for Health Information Technology
- **NHIN** – Nationwide Health Information Network

# National Institute of Standards and Technology [NIST]

- **NIST's mission:** To promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life.
- **NIST's vision:** NIST will be the world's leader in creating critical measurement solutions and promoting equitable standards. Our efforts stimulate innovation, foster industrial competitiveness, and improve the quality of life.
- **NIST's core competencies:**
  - Measurement science
  - Rigorous traceability
  - Development and use of standards

# Health Information Security & Privacy Collaborative [HISPC]

- Under its Privacy and Security Solutions for Interoperable Health Information Exchange contract with the Agency for Healthcare Research and Quality [AHRQ]
- The contract is co-managed with the Office of the National Coordinator for Health Information Technology [ONC].
- In collaboration with the National Governor's Association [NGA]
- Supported by RTI International

<http://www.rti.org/page.cfm?objectid=09E8D494-C491-42FC-BA13EAD1217245C0>

# HISPC

## Phase I. 34 Teams followed a defined process

- Assess variations in organizational-level business policies and state laws that affect health information exchange
- Identify and propose practical solutions, while preserving the privacy and security requirements in applicable federal and state laws
- Develop detailed plans to implement solutions

<http://privacysecurity.rti.org/>

## Phase II. 34 Teams followed a defined process

- 34 teams selected foundational component of their larger implementation plan to be completed in a 6-month time frame
- Additional participation was sought for multistate collaboration to foster the development of common, replicable solutions

## Phase III.

- 7 multistate collaborative privacy and security projects began in April/June 2008
- Each project designed to develop common, replicable solutions to reduce variation in and harmonize privacy and security practices, policies and laws.

# HISPC Phase II Workgroups

## Consent 1 – Data Elements

### Goals

- Establish a model for identifying and resolving patient consent and information disclosure requirements across states
- Develop a foundational reference guide that describes and compares the requirements mandated by state law and any known regional or local consent policies and practices in each participating state

### Collaborative

- Focus on mandated state law and regulations pertaining to consent and disclosure of health information needed in 3 high-priority treatment and/or public health scenarios
- Work to enable interstate eHIE

## Consent 2 – Policy Options

### Goals

- Identify the different consent approaches within and between states
- Propose policy approaches for consent that facilitate interstate electronic eHIE

### Collaborative

- Research the technological, public policy, and legal aspects of intrastate and interstate consent issues
- Produce tools for other states to use as they develop strategies for adopting consent policies
- Provide policy recommendations for nationwide consideration

# HISPC Phase III Workgroups

## Harmonizing Privacy Law

### Goal

- Advance the ability of states and territories to analyze and reform, if appropriate, their existing laws related to HIE

### Collaborative

- Develop a classification of laws based on subject matter categories to analyze existing laws (A common subject-matter taxonomy will provide a framework for comparison, analysis, and, where appropriate, reformation of state laws related to HIE.)
- Identify key areas that require revision of existing law or adoption of a new law

## Consumer Education and Engagement

### Goal

- Develop a series of coordinated, state-specific projects that focus on targeted population groups to describe the risks and benefits of HIE, educate consumers about privacy and security regarding HIE, and develop messaging to address consumer privacy and security concerns

### Collaborative products will

- Address the different needs of urban and rural populations, varying literacy levels, and people with special health concerns
- Provide a range of materials for states and territories to adapt to meet their own needs

# HISPC Phase III Workgroups

## Provider Education

### Goals

- Create a toolkit to introduce eHIE to providers
- Increase their awareness of the privacy and security benefits and challenges of eHIE

### Collaborative

- Work with professional medical associations, societies, and educational organizations that represent or serve providers
- Develop materials, tools, and techniques to better engage providers
- Raise their interest in eHIE
- Address providers' privacy and security concerns

## Adoption of Standard Policies

### Goals

- Develop a set of basic policy requirements for authentication and audit
- Define an implementation strategy to help states and territories adopt agreed-upon policies

### Collaborative

- Develop processes to help establish trust and bridge the policy differences between HIE models

# HISPC Phase II Workgroups

## Interorganizational Agreements

### Goals

- Develop a standardized core set of privacy and security components to include in interorganizational agreements
- Execute said agreements and exchange data through cross-state pilots, wherever possible

### Collaborative

- Identify and resolve by agreement between states and other entities, those privacy and security practices, procedures, and laws that pose challenges to the interstates exchange of health information

# Healthcare Information Technology Standards Panel [HITSP]

- HITSP works to:
  - Harmonize standards to use for specific priorities [i.e., use cases] advanced by the American Health Information Community (AHIC)
  - Work with standard development organizations (SDOs) to ensure that standards exist to meet health needs
  - Ensure specific guidance exists to unambiguously implement harmonized standards
  - Foster the availability and use of health information technology standards nationally
- HITSP accomplishes the harmonization of standards by:
  - Developing Interoperability Specifications (IS) that identify harmonized standards and provide detailed technical specifications for how those standards need to be used
  - Working with healthcare organizations and standards development organizations to ensure that standards are available for use nationally

# HITSP Technical Committees

- **Perspective Committees**
  - Provider
  - Population
  - Consumer
- **Domain Committees**
  - Security, Privacy and Infrastructure
  - Care Management and Health Records
  - Administrative and Financial

<http://www.hitsp.org/>

# Certification Commission for Healthcare Information Technology [CCHIT]

- CCHIT is a [recognized certification body \[RCB\]](#) for electronic health records and their networks, and an independent, voluntary, private-sector initiative.
- Their mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable product certification program.

# CCHIT Workgroups

- **Ambulatory EHR**
  - Develops criteria and test scripts for certifying EHR products used in physician offices – large and small – where most Americans get their care
- **Inpatient EHR**
  - Prioritizes and develops criteria and testing for inpatient EHRs
  - Monitors current needs for health IT technology used in acute, hospital-based care
- **Network**
  - Initiates the development of criteria and tests for these emerging HIEs
- **Interoperability**
  - Ensures that EHR products and networks can share data compatibly
  - Recommends criteria and testing that ensures data portability
- **Security**
  - Remains up-to-date on security standards and best practices to recommend criteria and testing for all EHRs and their networks
- **Behavioral Health**
  - Ensures EHR products and networks address the health IT requirements of caring for this special population
  - Develops criteria and test scripts to be added to other certification categories as an option for certification
- **Child Health**
  - Ensures that EHR products and networks address the health IT requirements of caring for children
  - Develops criteria and test scripts to be added to other certification categories as an option for certification



# CCHIT Workgroups

- **Cardiovascular Medicine**
  - Recommend optional criteria and testing scripts to address unique needs of office-based cardiovascular physicians and practices with the goal of improving health IT adoption in that specialty medicine group
- **Emergency Department**
  - Initiate development of criteria and test scripts to support treatment of Emergency Department patients
- **Personal Health Records**
  - Explores tools that will provide access for patients to access the information captured by providers and other entities
- **Privacy and Compliance**
  - Ensures patient confidentiality and regulatory concerns are addressed.
  - Recommend criteria and test scripts to all Work Groups
  
- **CCHIT Certification**
  - Vendors are encouraged to submit their electronic health record [EHR] products for CCHIT assessment against the HL7 developed standards. The goal is to provide industry assurances related to common or minimum functionality and features.

<http://www.cchit.org/>

# National Health Information Network [NHIN]

- The Nationwide Health Information Network [NHIN] is the critical portion of the health IT agenda intended to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare. The NHIN will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of healthcare information beyond direct patient care so as to improve health.
- The Office of the National Coordinator is advancing the NHIN as a ‘network of networks,’ built out of state and regional health information exchanges [HIEs] and other networks so as to support the exchange of health information by connecting these networks and the systems they, in turn, connect.

<http://www.hhs.gov/healthit/healthnetwork/background/>

# NHIN Goals

- Develop capabilities for standards-based, secure data exchange nationally
- Improve coordination of care information among hospitals, laboratories, physicians' offices, pharmacies, and other providers
- Ensure appropriate information is available at the time and place of care
- Give consumers new capabilities for managing and controlling their personal health records as well as providing access to their health information for EHRs and other sources
- Reduce risks from medical errors and support the delivery of appropriate, evidence-based medical care
- Lower healthcare costs resulting from inefficiencies, medical errors, and incomplete patient information
- Promote a more effective marketplace, greater competition, and increased choice through accessibility to accurate information on healthcare costs, quality, and outcomes



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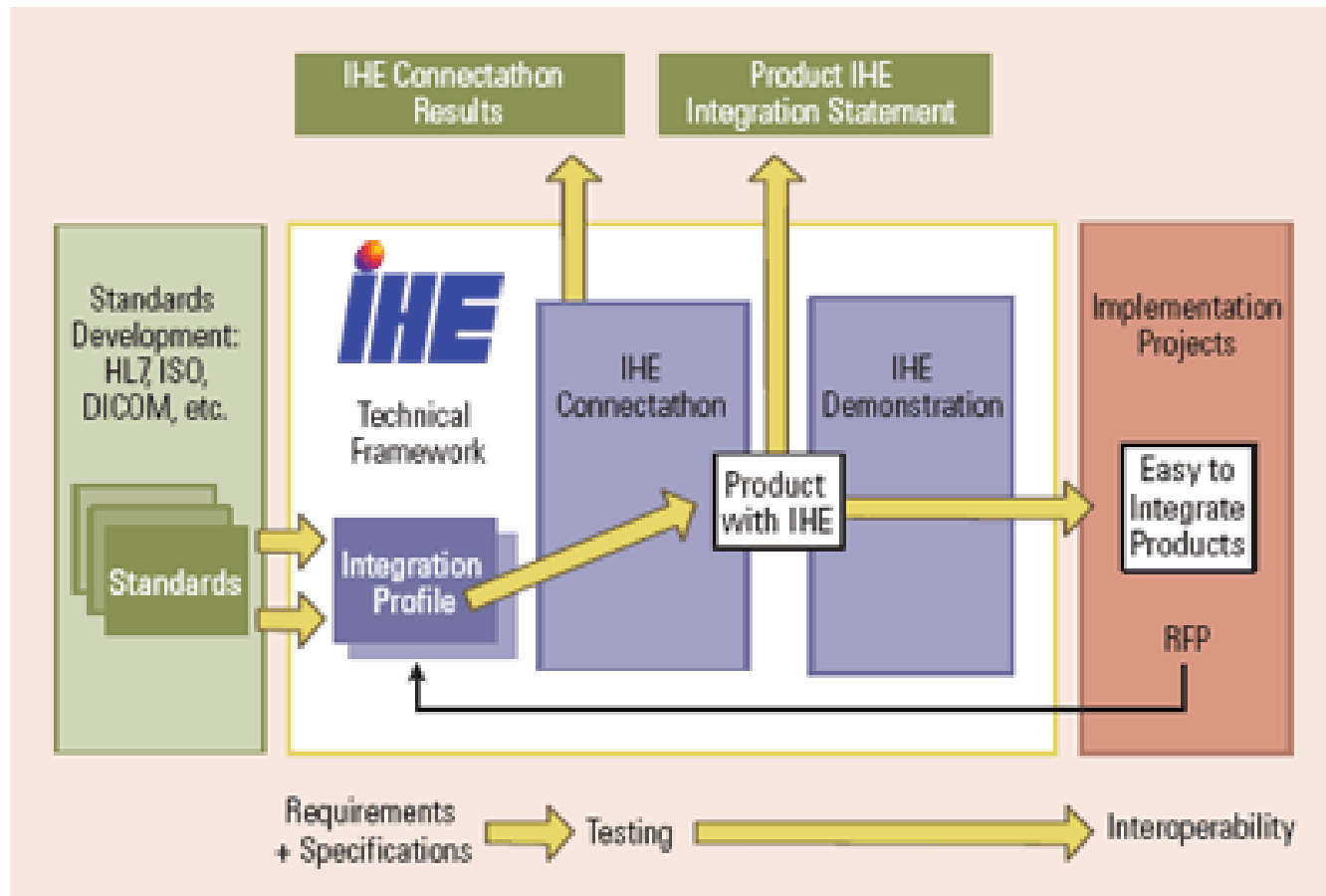
# Integrating the Healthcare Enterprise [IHE]

- Initiative by healthcare professionals and industry
- Improve the way computer systems in healthcare share information
- Promotes the coordinated use of established standards such as DICOM and HL7 to address specific clinical needs in support of optimal patient care
- Goal of IHE is that systems developed in accordance with IHE communicate with one another better, are easier to implement, and enable care providers to use information more effectively

<http://www.ihe.net/>



# Integrating the Healthcare Enterprise [IHE]



# IHE Technical Frameworks

- Define specific implementations of established standards to achieve effective systems integration, facilitate appropriate sharing of medical information and support optimal patient care
- Expanded annually, after a period of public review, and maintained regularly by the IHE Technical Committees through the identification and correction of errata

# Council on Affordable Quality Healthcare [CAQH]

- **Mission Statement**  
To be *the* catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers.
- **Vision**  
A healthcare system in which administrative processes are efficient, predictable, and easily understood by patients, caregivers and providers. In this system, administrative and clinical data are integrated to effectively support the delivery of care.

# CAQH's Main Initiatives

- **Universal Credentialing Datasource [UCD]**
  - Eliminating paperwork and redundancy for more than 400 health plans, hospitals and managed care organizations and nearly 600,000 providers.
  - Eliminated more than 2 million legacy credentialing applications and saves over \$85 million per year
- **Committee on Operating Rules for Information Exchange [CORE]**
  - 100 industry stakeholders developed an all-payer solution that enables consistent provider access to healthcare administrative information before or at the time of service using their choice of electronic system
  - Solution is significantly improving patient insurance verification and promoting health plan-provider interoperability

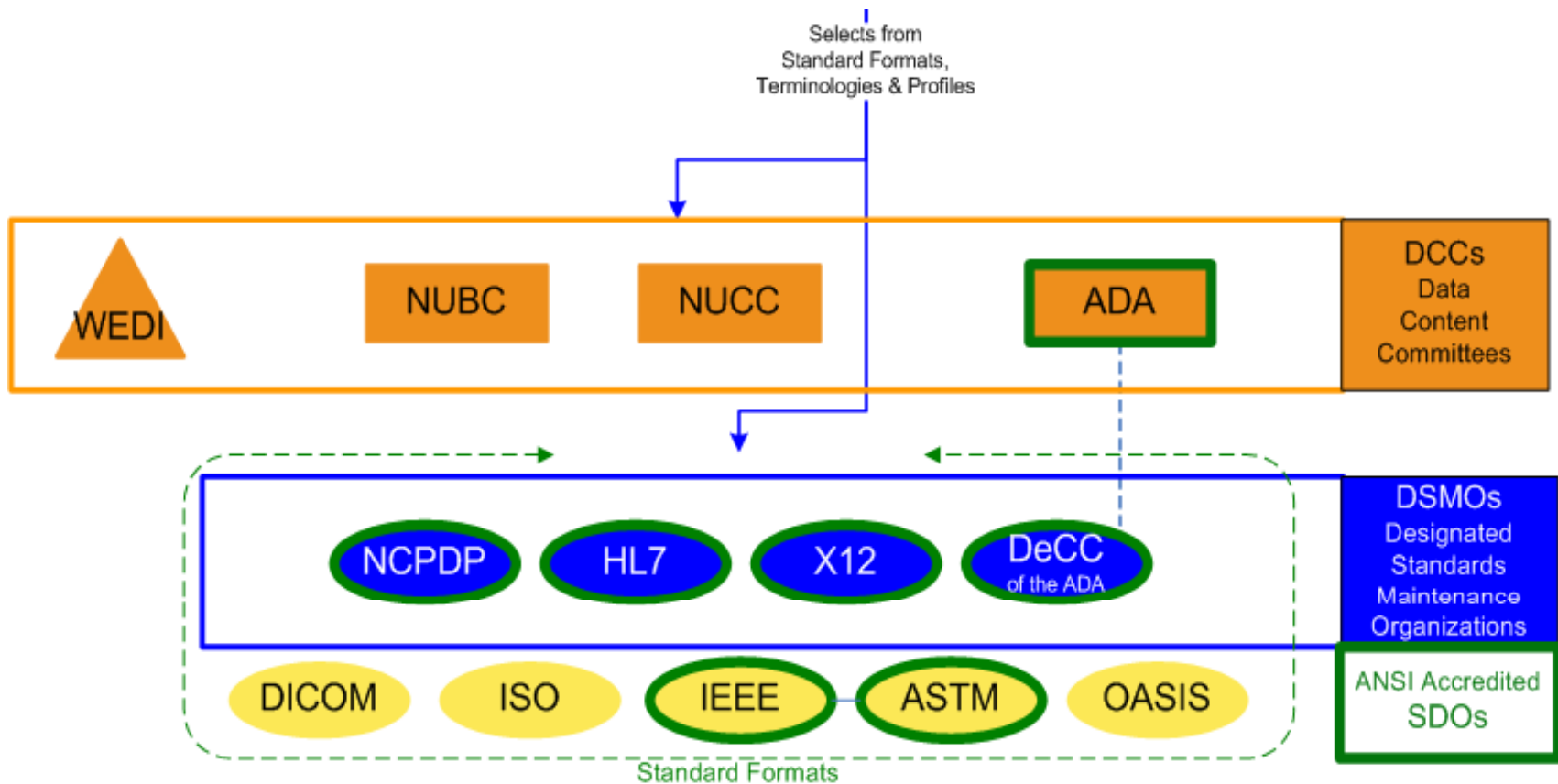
# CORE

- **Phase I (Chartered in 2005)**
  - Gain agreement on contracting model and writing operating rules that provide consistent exchange of information for the defined set of member eligibility and benefit inquiry and response processes
- **Phase II (Just approved)**
  - Build on the CORE Phase I rules, with additional rules for patient identifiers, patient accumulators, claims status and connectivity. The Phase II rules also require patient financial responsibility for an increased number of service codes. CAQH expects to announce Phase II certification testing beginning at the end of Q3 2008 and into 2009
- **Phase III**
  - Topics under consideration include detailed rules for authentication processes, content for claims status, eligibility network determination, prior authorization, and remittance advice
  - The new 5010 regulations will be a critical path of the Phase III rule writing process
  - The final scope of rules development will be determined by matching potential areas of focus against agreed-upon criteria including what can be implemented in 2009/2010, the affordability of feasible solutions, pervasiveness of the identified challenges and resource requirements, among others

# Continua

- The Continua Health Alliance, a nonprofit, open alliance of industry giants who hope to boost personal healthcare technology into the worldwide marketplace, says it could release its draft specifications and standards to the public by fall 2008.
- If the alliance can develop a set of standards and specifications to which its members adhere, it would put personal telehealth on the fast track to popularization

## Data Content Committees [DCC] & Designated Standards Maintenance Organizations [DSMOs]



# Data Content Committees [DCCs]

- **WEDI** – Workgroup for Electronic Data Interchange
- **NUBC** – National Uniform Billing Committee
- **NUCC** – National Uniform Committee
- **ADA** – American Dental Association

# Workgroup Electronic Data Interchange [WEDI]

- **CORE PURPOSE:** Improve the quality, affordability and availability of healthcare through effective and efficient information exchange and management.
- **MISSION:** To provide leadership and guidance to the healthcare industry on how to use and leverage the industry's collective knowledge, expertise and information resources to improve the quality, affordability and availability of healthcare.

# WEDI

- Opportunities
  - Listservs
  - Subworkgroup
  - Workgroup
  - Policy Advisory Groups [PAG]
  - Technical Advisory Groups [TAG]
- Meetings/Conferences
  - Held twice a year
    - April/May
    - November
  - WEDI 2008 Fall Conference
    - November 17-20, 2008
      - Renaissance Esmeralda Resort and Spa, Indian Wells, CA
  - Annual WEDI National Conference
    - April 20-23, 2009
      - Renaissance Waverly Hotel, Atlanta, GA



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# National Uniform Billing Committee [NUBC]

- Brought together by the American Hospital Association [AHA] in 1975
- Includes the participation of all the major national provider and payer organizations
- Formed to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims
- Maintains the Universal Billing Form (UB-04), Manual and Code Sets used with the form by institutional providers to bill third-party insurers and government programs

<http://nubc.org/>



# NUBC Meetings

- Meet once each quarter [alternate between Baltimore and Chicago]
  - February
  - May
  - August
  - November
- Conference calls between on-site meetings



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# National Uniform Code Committee [NUCC]

- Formed in 1995
- Created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers
- Chaired by the American Medical Association [AMA], with the Centers for Medicare and Medicaid [CMS] as a critical partner
- Includes representation from provider and payer organizations, designated standards maintenance organizations, public health organizations, vendor associations, state and federal regulators and the NUBC
- Maintains the CMS-1500 billing form used by physicians and durable medical equipment suppliers to bill third-party insurers and government programs and maintains the codes sets used on the form

<http://nucc.org/>

# NUCC Meetings

- Meet once each quarter [alternate between Baltimore and Chicago]
  - February
  - May
  - August
  - November
- Conference calls between on-site meetings



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# American Dental Association [ADA]

- Established in 1859 and is a professional association of dentists
- Create and maintain the Dental Claim Form and Code Sets used on the form

<http://ada.org/>



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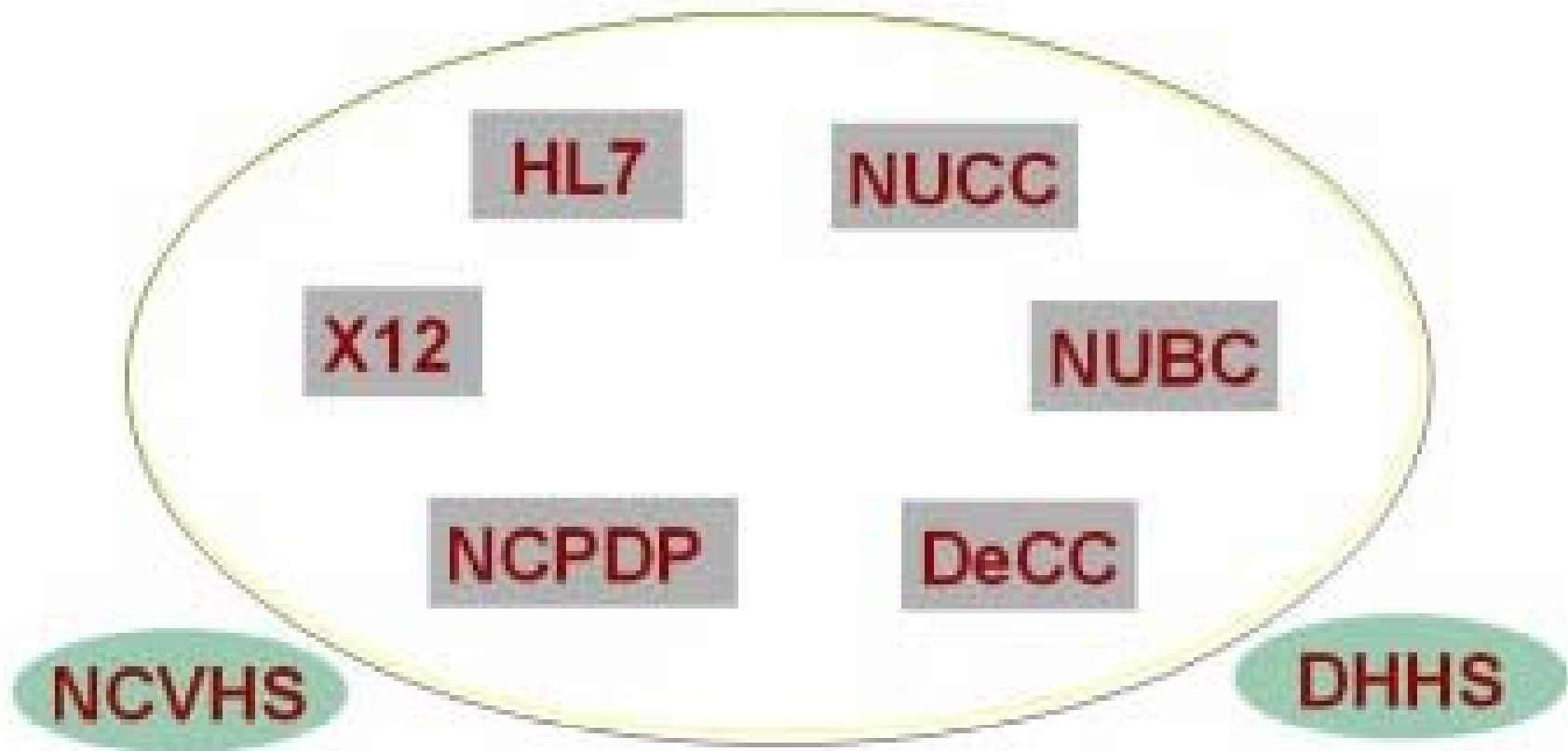
# Dental Content Committee [DeCC]

- Chaired by the ADA
- Established in accordance with the administrative simplification provisions of HIPAA
- Cooperate in the maintenance of standards adopted under HIPAA



# Designated Standards Maintenance Organizations [DSMOs]

Picture courtesy of: [www.hipaa-dsmo.org](http://www.hipaa-dsmo.org)



# DSMOs

- **NCPDP** - National Council on Prescription Drug Programs
- **HL7** - Health Level Seven
- **ASC X12** - Accredited Standards Committee X12
- **DeCC** - Dental Content Committee
- **NUBC** – National Uniform Billing Committee
- **NUCC** – National Uniform Code Committee

# NCPDP Mission

NCPDP creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry.

The organization provides a forum and support wherein our diverse membership can efficiently and effectively develop and maintain these standards through a consensus building process.

NCPDP also offers its members resources, including educational opportunities and database services, to better manage their businesses.

# NCPDP Meetings

- Joint Technical Work Group Meetings are 4 Times a year
  - March [with the annual conference in Phoenix]
  - May
  - August
  - November



# ASC X12 [X12]

In 1979, the American National Standards Institute [ANSI] chartered the Accredited Standards Committee [ASC] X12 to develop uniform standards for inter-industry electronic interchange of business transactions – Electronic Data Interchange [EDI].

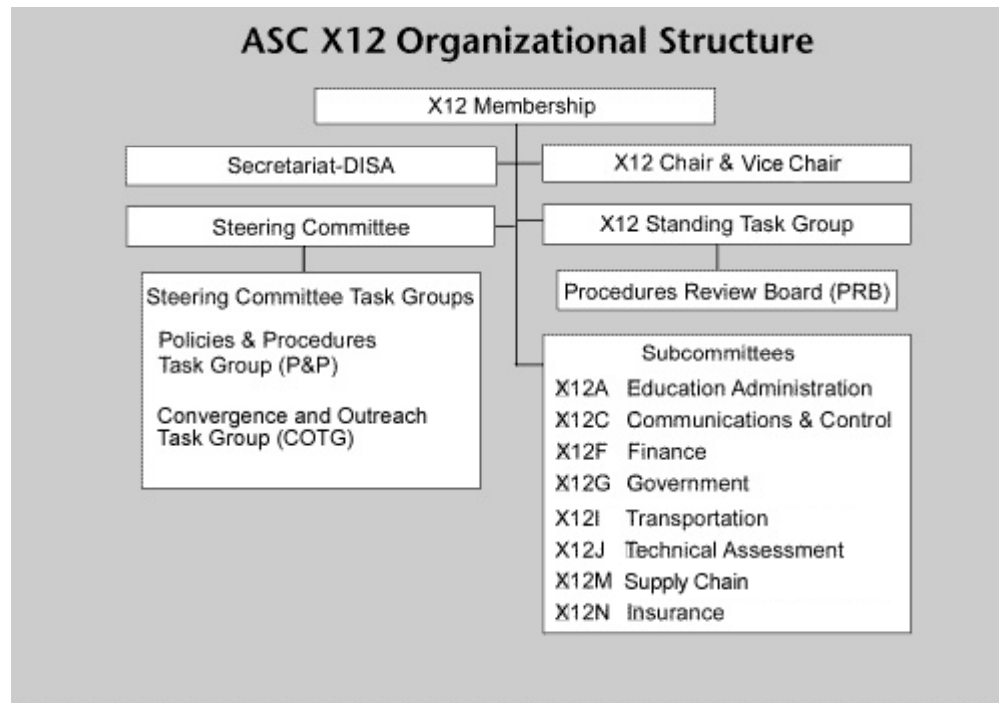
<http://X12.org/>

# X12 Mission

- ASC X12 develops, maintains, interprets, publishes, and promotes the proper use of American National Standards and UN/EDIFACT international standards for electronic data interchange [EDI].
- Standards activities undertaken by ASC X12 may encompass any subject area for which EDI standards can be developed.
- ASC X12 standards may allow data conforming to standards maintained by other standards organizations to be contained within an ASC X12 transaction set.
- ASC X12 will provide education to ensure proper use of its standards and will promote the expanded implementation of its standards.



# X12 Structure



# X12 Meetings

Face-to-Face Meetings every 4 months

- February
- June
- September or October [depending on who is in the baseball playoffs]

Industry meetings and training classes start the Saturday before the actual conference begins



# Health Level 7 [HL7]

- Mission

HL7 is an international community of healthcare subject matter experts and information scientists collaborating to create standards for the exchange, management and integration of electronic healthcare information. HL7 promotes the use of such standards within and among healthcare organizations to increase the effectiveness and efficiency of healthcare delivery for the benefit of all.

Health Level Seven's domain is clinical and administrative data.

[www.hl7.org](http://www.hl7.org)



# HL7 Workgroups of Interest

- Workgroups
  - Electronic Health Records
  - Financial Management
    - HL7 MITA Project
  - Service Oriented Architecture
  - Attachments
    - Claim Attachment Cochairs are X12 Cochairs for the Claim Attachment Transaction
- Administrative Committees
- Technical Steering Committee

# HL7 Meetings

## Face-to-Face Meetings every 4 months

- January 11-16, 2009
  - Hilton in the Walt Disney World Resort, Orlando, FL
- May 10-15, 2009
  - Kyoto International Conference Center, Kyoto, Japan
- September 20-25, 2009
  - Sheraton Atlanta Hotel, Atlanta, GA
- January 17-22, 2010
  - Pointe Hilton Squaw Peak Resort, Phoenix, AZ
- January 9-14, 2011
  - Hilton in the Walt Disney World Resort, Orlando, FL

# Other Standards

- **DICOM** - The Digital Imaging and Communications in Medicine standard for distributing and viewing any kind of medical image regardless of the origin.
- **ISO** – International Organization for Standardization is a network of national standards institutes of 157 countries.
- **IEEE** - A non-profit organization, IEEE is the world's leading professional association for the advancement of technology.
- **ASTM** - One of the largest voluntary standards development organizations in the world-a trusted source for technical standards for materials, products, systems, and services.
- **OASIS** - Organization for the Advancement of Structured Information Standards is a not-for-profit consortium that drives the development, convergence and adoption of open standards for the global information society. The consortium produces more Web services standards than any other organization along with standards for security, e-business, and standardization efforts in the public sector and for application-specific markets.

# NMEH

- National Medicaid EDI Healthcare Workgroup
- Created by CMS, NASMD, and the STAG as a vehicle for state collaboration in response to HIPAA
- More than 700 enrolled members
- CMS, State, and Vendor representatives
- Medicaid voice in standards organizations

# Value Proposition

- Multiply the resources available to each state including
  - Experience
  - Expertise
  - Knowledge
  - Risk identification
  - Mitigation strategies

# Active Subworkgroups

- **Dental** (Chris Farrell)
- **NMEH Codes** (Linda McCardel) Looking for a volunteer to co-chair
- **National Provider Identifier (formerly Taxonomy)** (Kristine Weinberger, Sue Thompson, Ellen Cannon and Rebecca Cowling)
- **COB/TPL** (Bob Pozniak)
- **HL7 Update** (Mary Kay McDaniel)
- **MITA Progress** (Andrea Danes/Susan McClacherty /Susan Ackley)
- **NCPDP** (Bill Wiczek/Brenda Bryant)
- **NUBC Update** (Bob Pozniak)
- **NUCC Update** (Bob Pozniak)
- **Remarks Code Committee Update** (Dora Lambert)
- **S-TAG Update** (Bob Pozniak)
- **X12 Issues/DSMO Update** (Jane Bryson)

# NMEH's Role in "HIPAA I"

- Transaction and business issues based Subworkgroups
  - 837D
  - 278
  - 270/271
  - NCPDP
  - COB\*
  - Local Codes\*

## For HIE and HIPAA II

- Providing the Medicaid perspective
- Seeking new NMEH participants
- Seeking additional *active* participation
- Seeking representatives from industry groups to report monthly

Let's talk about the survey!