



HIPAA Electronic Standards Fact Sheet

TRICARE Management Activity (TMA) Information Management (IM) Division

Proposed Health Claims Attachments

Background:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Section 1173(a)(2)(B)) identified electronic Health Claims Attachments as a transaction for which a standard was to be adopted. A proposed rule was published in 2005, but a final rule was never published due to questions about the maturity of the standards being recommended for adoption and concerns regarding the ability of potential users to implement the standards. In 2010, Section 1104 of the Patient Protection and Affordable Care Act (the ACA) directed the Secretary of Health and Human Services (HHS) to publish final regulations adopting national standards, implementation specifications and operating rules for Health Care Claims Attachments no later than January 1, 2014, with a compliance date no later than January 1, 2016.

What is a health claims attachment?

In this context, the term “attachment” refers to supplemental health documentation needed to support a specific event. The Health Claims Attachments are expected to include a specifically defined set of extracts from the medical record such as an x-ray, lab result, operative report, etc., needed to support the processing of a claim. Health Claims Attachments can be solicited or unsolicited. The extract may be designed to respond to a particular request from a payer (a solicited attachment) or proactively fulfill a documentation requirement that has historically been requested by the payer (unsolicited attachment). The Health Claims Attachments should be limited to clinical or medical administrative information about the patient to whom the service was rendered, including the dates of service and orders that produced the clinical data.

A solicited claims attachment would be based on a request submitted by the health plan/payer to the provider, while an unsolicited claims attachment would be submitted by the provider along with the claim based on a common agreement between trading partners. It is expected that most claims attachments will be done in a solicited manner.

What are some of the expected benefits of the Health Claims Attachments standard?

The goal of a standard for Health Claims Attachments is to make the process of submitting and adjudicating health care claims more efficient by providing structured, standardized electronic data to payers. By doing so, a receiver will have the data necessary to increase the rate of automated adjudication, and thus reduce the administrative overhead necessary to process their transactions (i.e. claims, prior authorizations, etc.). Providers are expected to benefit by faster claims adjudication and payment.

As the rate of automated adjudication increases and human intervention decreases, senders will be able to better predict the successful adjudication and processing of their transactions. When providers are aware in advance of the need to provide additional information to support a health care transaction, they may, at their discretion, submit the attachments with their initial transaction.

This will result in a much shorter and more predictable turnaround, and will reduce the amount of time and effort necessary to respond when requests for additional information are made. A second significant benefit is the reduction of a very manual, paper driven process that exists today. If this data can be gathered and submitted electronically, senders will no longer have to manually retrieve and copy records and prepare paper (sometimes many pages of paper) attachments for the receiver. With electronic exchanges of claim attachments an expectation is for a return on investment in the utilization of people resources, paper and postage.

Who will be required to use the Health Care Claims standard?

The 2005 Health Care Claims Attachments Notice of Proposed Rule Making (NPRM) imposed requirements on all private sector health plans, government health plans (including Medicare, State Medicaid programs, the Military Health System for active duty and civilian personnel, the Veterans Health Administration, and Indian Health Service programs), all health care clearinghouses, and all health care providers that choose to submit or receive health transactions electronically.

What standards might possibly be adopted in a Health Care Claims Attachments Final Rule?

Industry stakeholders, including standards development organizations and federal health advisory groups are collaborating to make recommendations to HHS on which standards should be adopted in a Final Rule.

The 2005 Health Care Claims Attachments NPRM proposed to adopt version 4010 of the American National Standards Institute (ANSI) X12N 277 (Health Care Claim Request for Additional Information) as the transaction to request additional information and the X12N 275 (Additional Information to Support a Health Care Claim or Encounter) as the transaction to respond to the request. These transactions are considered to be the envelope that would carry the clinical content or attachment. Recently, the Accredited Standards Committee (ASC X12), chartered by ANSI and author of the X12 Implementation Guides, endorsed version 6020 X12N 277 and X12N 275 for use as the HIPAA standards for claims attachments.

Additionally, the 2005 NPRM had proposed that Health Level 7 (HL7) develop specifications for the content and format of communicating the additional information that would be transmitted within the X12 envelope. HL7 is expected to recommend the Clinical Document Architecture (CDA) as the additional information specification standard for attachments.

What does the data flow model for solicited and unsolicited claims attachments look like?

The following diagram depicts what has previously been envisioned as the data flow models for solicited and unsolicited health care claim attachments using the X12N 277/275 transactions:

