WEDI X12 Electronic Transactions Survey

Joint Meeting of the NCVHS Subcommittee on Privacy, Confidentiality and Security and the Subcommittee on Standards
Sept. 20, 2024

Presented by:
Ed Hafner, WEDI Chair
Merri-Lee Stine, WEDI Chair-Elect

Agenda

- About WEDI

- NCVHS Response to X12 Proposal

- WEDI Summer Forum: Survey Release and CMS Listening Session

- WEDI Survey-Results

- Questions

ABOUT WEDI

- Formed in 1991 by then-Secretary of the U.S. Department of Health and Human Service (HHS), Dr. Louis Sullivan

- Named in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation as an advisor to the HHS Secretary

- We have productive working relationships with ASTP/ONC, CMS, and OCR

- Multi stakeholder membership: health plans, providers, vendors, SDOs, state/federal govt, and patient advocacy organizations

- 18 HIT-focused workgroups/sub workgroups/task groups

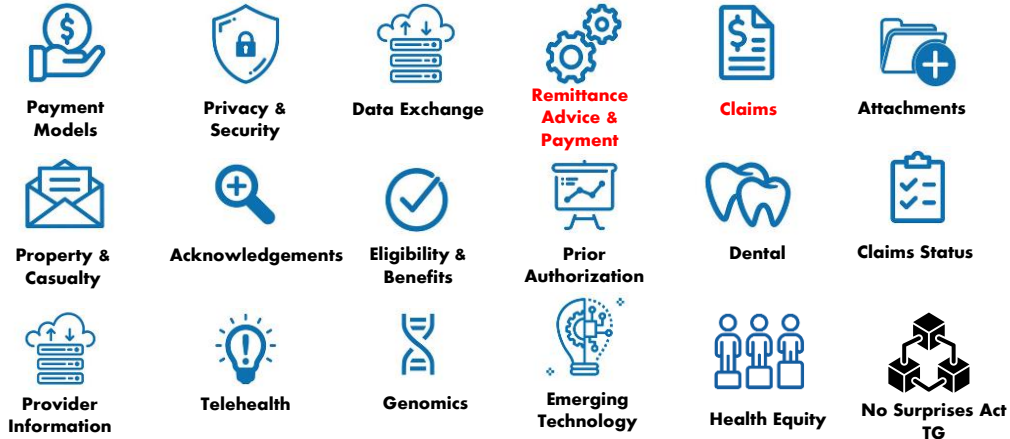- Our roles: convene, collaborate, educate

wedi™ → Advisor → Secretary of HHS

WEDI VOLUNTEER GROUPS

WEDI workgroups, sub-workgroups and task groups provide thoughtful leadership and common-sense approaches that enhance the exchange of clinical and administrative healthcare information. They collect input, exchange ideas, and make recommendations that inspire impactful and far-reaching change in our industry. Visit our Workgroup Community Homepage to learn more and sign up!

WEDI WORKGROUPS, SUBWORKGROUPS AND TASKGROUPS

Payment Models	Privacy & Security	Data Exchange	Remittance Advice & Payment	Claims	Attachments
Property & Casualty	Acknowledgements	Eligibility & Benefits	Prior Authorization	Dental	Claims Status
Provider Information	Telehealth	Genomics	Emerging Technology	Health Equity	No Surprises Act TG

**NCVHS Response to
June 2022 X12 Proposals**

NCVHS Response to X12 Proposals

- In its June 2023 letter to HHS, NCVHS recommended that HHS not adopt the version 008020 to the 4 specified transactions: 837 (Institutional, Professional and Dental) and 835 "at this time." NCVHS cited several reasons not to adopt, including: *"NCVHS relies on industry input to provide sufficient cost and value data, and written comments and oral testimony was inadequate for NCVHS to make a determination."*
  - We believe there is a lack of industry knowledge/education on the updated transaction versions
  - With our new survey, WEDI has expanded on our Jan. 2023 NCVHS Standards Subcommittee testimony to better measure industry support for 008020
  - WEDI continues to support NCVHS as it evaluates new and updated standards and operating rules

About the Survey

- WEDI conducted the survey to determine the impact recommended updates to the X12 835 and 837(s) would have on the health care system.

- The survey asked respondents to rate business value of individual updates to the transactions (rather than overall benefit) and comment on the effort required to implement the changes.

- Survey was conducted late May through early July 2024. It was broadly distributed to WEDI multi-stakeholder distribution lists and open to all.

- 204 total respondents (on average, between 80-110 responded to each question).

- This presentation represents a consolidation of the full WEDI survey (both questions and respondent comments).

- Results reported/discussed at the WEDI Summer Forum (8.7.24) in Chicago.

- Aug. 7: Public release of the WEDI survey results

- Aug. 8: CMS listening session

- Led by **Michael Cimmino**, Director, CMS NSG, **Kathleen McGinty, JD**, Senior Advisor, OBRHI, and **Lorraine Doo**, Senior Policy Advisor, OBRHI

- CMS discussed the survey and solicited additional feedback from Forum participants on the potential advantages and disadvantages to payers and providers moving to the 8020 835/837s

WEDI Survey

Special Thanks to our Sub Workgroups

- The Co-Chairs and members of the WEDI Claims Sub Workgroup and Remittance Advice and Payments Sub Workgroup developed the survey and PowerPoint presentation.

  - Claims SWG Co-Chairs: **Beth Davis** (Veradigm PayerPath), **Stanley Nachimson** (Nachimson Advisors), **Chuck Veverka** (Kunz, Leigh, and Associates)

  - RA & P SWG Co-Chairs: **Pam Grosze** (PNC Bank) **Pat Wijtyk** (Cognizant)

Respondent Stakeholder Types

Answer Choices	Percentage
Payer	47.6%
Provider	18.1%
Clearinghouse	11.3%
Vendor	23.0%
TOTAL	100%

Survey Responses

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Feature (results rounded up, abstain not included)	Highly / Moderately Beneficial	Somewhat / Slightly Beneficial	Not Beneficial	Need more Information
External Code Sets	61%	12%	7%	16%
Predetermination added to 837	63%	12%	12%	7%
Instructions for Real Time Adjudication in 837 and 835	53%	31%	8%	8%
Updates to Allowed Amount in the 837 and 835	72%	13%	6%	4%
New RAS segment in the 837 and 835	68%	12%	9%	5%
Updated NDC and prescription information on the 837	51%	25%	6%	8%
More diagnosis codes on the 837	56%	22%	9%	4%

Survey Responses

Feature	Highly / Moderately Beneficial	Somewhat / Slightly Beneficial	Not Beneficial	Need more Information
Updates to field lengths, element or segment repeats	54%	20%	7%	12%
Segment and element usage changes	66%	18%	4%	9%
LQ Segment for Remark Codes in 837 and 835	64%	16%	10%	5%
New Remark Code List	61%	19%	7%	8%
Ability to send UDI	54%	20%	8%	6%
Ability to report VCC payments in the 835	42%	32%	11%	7%
Report invalid procedure codes in the 835	62%	17%	4%	12%

Survey Responses

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Feature	Highly / Moderately Beneficial	Somewhat / Slightly Beneficial	Not Beneficial	Need more Information
New requirements for patient liability in the 835	63%	20%	2%	9%
New Source of Payment Typology Code in the 835	49%	22%	14%	8%
More DRG Types in the 835	62%	14%	4%	9%
Ability to report multiple Corrected Priority Payers in 835	44%	19%	7%	19%
Updated Reversal and Correction process in the 835	61%	20%	5%	11%
Updated Overpayment Recovery process in the 835	70%	12%	4%	7%

Summary of Survey Comments

- Concern about cost of code sets and TR3s

- Support for updates to ensure meeting the evolving needs of the industry

- Stakeholders will not move to a new version without a federal mandate, and in fact will not spend time evaluating the changes

- Updates will provide more detailed information to payers to adjudicate the claim, and to providers about how the claim was adjudicated

- Changes will be expensive to implement (based on experience, not specific cost analysis)

- Changes will allow submission of information without NTE segments, supplemental files, or other workarounds; and will increase automation

Impact

Step (Results are Rounded Up)	Lower Cost / Higher Value	Medium Cost / Moderate Value	Higher Cost / Lower Value
Planning and Analysis	24%	36%	40%
Development	20%	32%	48%
Testing	24%	35%	42%
Outreach and User Education	32%	32%	37%
Deployment	27%	39%	35%
Funding	25%	31%	45%
Additional Staffing	16%	40%	44%
Lost Opportunity Costs	26%	21%	53%

Summary of Survey Comments

- Many responses for High or Medium Cost, but High Value

- Vendors may not be prepared to handle changes

- Costs and staffing depend on implementation timeframe allowed (shorter timeframe = higher cost)

- High concern about lost opportunity costs

Summary of Survey Final Comments

- Version update is long overdue

- Implementing these updated transaction standards set the stage for a regular cadence of transaction updates that would be beneficial to the industry on an ongoing basis but be much less disruptive. The updates would become a process rather than an event, and would be smaller in nature, easier to adopt, and allow more flexibility to respond to changing needs of the industry.

- Moving to a newer version will keep payer costs lower, results in more affordability for members because payer costs are reduced, and general administrative simplification.

- The cost and effort of upgrading to a new X12 version outweighs the benefits of the upgrades. This will probably always be true unless X12 standards can be upgraded incrementally, instead of entire transaction versions.

Observations About Survey Responses

- The majority of the survey respondents felt that the changes outlined were moderately to highly beneficial.

- Responses clearly indicate a need for additional education on what is being proposed, and the specific updates

- Regarding implementation time, the majority responded for 2 yrs or less, but there were significant responses for 1 yr or less, and for more than 2 yrs.

- Vendor dependency was called out as an impact to implementation time.

- A strong majority favored having interim milestones during implementation rather than a single implementation deadline.

- Overall comments reflect support of the updates to get to a point of regular smaller updates to prevent costly workarounds and meet evolving industry needs in a more timely manner.

Questions / Discussion