



The Office of the National Coordinator for  
Health Information Technology

# Meeting Notes

## **INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE (ICAD TF)**

June 16, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL



## EXECUTIVE SUMMARY

Co-chairs **Alix Goss** and **Sheryl Turney** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Sheryl Turney** summarized the agenda and the recent activities of the ICAD TF. **Cathy Sheppard**, the Executive Director of X12, presented an update to the ICAD TF, and TF members discussed the presentation and submitted questions. **Alix Goss** provided an update on new content added to the Ideal State and Guiding Principles document by the Privacy and Security small workgroup. ICAD TF members discussed the new content, and a robust discussion was held. **Sheryl Turney** presented the draft timeline and discussed the next steps.

There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

## AGENDA

03:00 p.m. Call to Order/Roll Call and Welcome  
03:05 p.m. Summary and Action Plan  
03:10 p.m. X12 Presentation and Discussion  
03:50 p.m. Privacy and Security Ideal State and Guiding Principles  
04:20 p.m. Public Comment  
04:25 p.m. Next Steps  
04:30 p.m. Adjourn

## CALL TO ORDER/ ROLL CALL AND WELCOME

**Lauren Richie**, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the June 16, 2020, meeting of the ICAD to order at 3:03 p.m. ET.

## ROLL CALL

**Alix Goss, Imprado/NCVHS, Co-Chair**

**Sheryl Turney, Anthem, Inc., Co-Chair**

Steven Brown, United States Department of Veterans Affairs

Gus Geraci, Individual

Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)

Anil K. Jain, IBM Watson Health

Jocelyn Keegan, Point-of-Care Partners

Rich Landen, Individual/NCVHS

Thomas Mason, Office of the National Coordinator

Jacki Monson, Sutter Health/NCVHS

Alexis Snyder, Individual/Patient Rep

Ram Sriram, National Institute of Standards and Technology

Debra Strickland, Conduent/NCVHS

Sasha TerMaat, Epic

Denise Webb, Individual

## MEMBERS NOT IN ATTENDANCE

Mary Greene, Centers for Medicare & Medicaid Services

Leslie Lenert, Medical University of South Carolina

Arien Malec, Change Healthcare

Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin

Alex Mugge, Centers for Medicare & Medicaid Services

Abby Sears, OCHIN

Andrew Truscott, Accenture





## SUMMARY AND ACTION PLAN

**Sheryl Turney**, co-chair of the ICAD TF, welcomed members and briefly reviewed the agenda for the current meeting. She provided a brief summary of the last meeting, at which America's Health Insurance Plans (AHIP) presented on the Fast PATH Initiative, their multi-pronged strategy on prior authorization (PA), and the AHIP PA landscape survey. **Sheryl** noted that Premier presented on the topic of automating PA and their experiences and lessons learned and added that the materials from the presentations would be included in the ICAD TF's compendium. Also, at the previous meeting, **Alix Goss** introduced an updated Guiding Principles and Ideal State Google document, including the new privacy and security content. The ICAD TF reviewed the next steps and their updated timeline, which emphasized that draft recommendations would be ready by July and would be presented at the September 9, 2020, full HITAC meeting.

## X12 PRESENTATION AND DISCUSSION

### X12 Overview

**Cathy Sheppard**, the Executive Director of X12, presented an update to the ICAD TF. She provided the following overview:

- X12 is a consensus-based, ANSI-accredited National Standards Developer (ASD) focusing on the development and ongoing use of cross-industry interoperable data interchange standards.
- X12's standards have supported organizations and industries for over 40 years.
- X12 maintains electronic messaging that supports finance, government, health care, insurance, supply chain, transportation, and other industries.
- X12 is comprised of a handful of staff, hundreds of members, and more than a thousand member representatives, which include corporations, associations, organizations, government entities, and individuals.
- X12 standards are the workhorse standards for business to business exchanges, and many partner-to-partner "standards" are developed based on X12's intellectual property.

### Data Model

**Cathy** next presented an overview of X12's data model. Data exchanged in X12 transactions is well-defined and has been use-tested in production systems over many years. X12 solutions drive business across the U.S. and internationally. Millions of entities around the world have an established, stable, and effective infrastructure that support X12 transactions, and this infrastructure represents a significant investment that adds substantial value to implementers on an ongoing basis. Billions of transactions based on X12 standards are utilized daily across various industries, including finance, government, health care, insurance, supply chain, transportation, and others. These transactions are conducted in many syntaxes, including the EDI Standard, JSON, XML, and APIs, and instructions for other syntaxes will be published over the coming months.

### Organizational Structure

**Cathy** discussed X12's organizational structure, including the Board of Directors, X12 Member Representatives, the Governance Panel, and two committees. The Accredited Standards Committee (ASC) develops and maintains the Electronic Data Interchange (EDI) Standard and related implementation guides, including those mandated under Health Insurance Portability and Accountability Act of 1996 (HIPAA). A lesser known committee – the Registered Standards Committee – (RSC) has an External Code List Oversight (ECO) subcommittee that develops and maintains X12's terminology/vocabulary and resources, except those defined within the EDI Standard.

### Product Library and EDI Standard

**Cathy** described X12's product library and the EDI Standard, which is comprised of hundreds of transactions and internal code lists. X12's product list includes:





- Technical reports, including implementation guides, describing various uses of the EDI Standard.
- External code lists, aka terminology or vocabulary resources.
- Schema based on the EDI Standard, and implementation guides.
- Other offerings designed to assist implementers.

X12 maintains an open-minded approach with respect to data exchange in both current and developing technologies. X12 is responsive to needs and requirements presented by other organizations, and they collaborate with other SDOs, industry groups, government, and business-focused entities. **Cathy** directed the ICAD TF to a partial list of X12's collaborators and offered to share lessons learned to smooth the path forward for implementers, particularly in health care.

### Financial Model

X12 maintains a financial model that ensures the financial health of the organization long-term by distributing costs among the entities that derive value from using the standards. X12 collaborates to drive solutions to current and future business needs not on revenue generation. Decades ago, X12 eliminated meeting fees for members and instituted a small fee to non-members to encourage participation by organizations of all sizes and individuals. An example of X12's responsiveness was the implementation of a simplified and faster maintenance process, known as the Annual Release Cycle (ARC)

### Prior Authorization

**Cathy** discussed X12's work on prior authorization (PA) and noted that many groups are focused on how to increase the use of electronic prior authorization (ePA), which provides more efficient processes. She explained that most of the issues raised are related to operationalizing the process consistently across the health care industry. Some payers view their PA policies as a competitive differentiator and do not want to expose them publicly or standardize them. The industry is often not aligned on the purpose or value of the PA process, regardless of syntax or other technical details. The industry needs to define a balance that works for the majority or all of the diverse groups of stakeholders, or they need to let one stakeholder group's interests prevail over the interests of the others. Too often, the statement X12 hears is, "The PA transaction does not work," when a more accurate statement might be, "The industry's current practices do not align to support effective PA data exchange." **Cathy** emphasized that if the problem is not correctly stated, a solution that addresses the issues will not be found.

**Cathy** described the current PA efforts X12 is undertaking, which include:

- Publishing updates to the PA implementation guides that address requested improvements; this work is currently in the final approval stage and will be available later in 2020.
- Working with the Da Vinci Project and Council for Affordable Quality Healthcare (CAQH) the Committee on Operating Rules for Information Exchange (CORE) to ensure the 278 transaction requirements reflect the industry's current PA needs and practices.
- Enhancing their code lists to address feedback that additional codified detail would improve clarity in PA transmissions.
- Working to increase the number of clinical data experts and users who participate in X12's code list maintenance processes.
- Exploring new options for connecting clinical systems to the administrative systems that support the 278 transaction.

Then, she defined X12's PA recommendations, which included:

- Ensure that the value of X12's mature administrative data information model is harnessed in the most effective manner as groups discuss the intersection of clinical and administrative data





- Separate issues related to clinical and administrative systems not facilitating smooth movement of data from issues related to non-aligned clinical and administrative data definitions, these are different problems
- Educate implementers to bring concerns related to the 278 transaction, the PA implementation guides, or X12 code sets directly to X12 in order to collaborate on solutions
- Remind collaboratives, associations, and others working to improve the exchange of prior authorization data to bring X12 into their efforts early. X12 wants to be a partner in those processes, not align with the findings after the analysis and recommendations are complete

## Conclusion

X12 has evolved to accommodate changing needs and opportunities. As X12 moves forward, it will be true to its organizational strengths and not lose focus on the needs of its implementation base.

## Discussion:

- **Jocelyn Keegan** thanked **Cathy Sheppard** for the presentation and discussed the challenges she has observed working with the Da Vinci Project and X12, noting that there is a disconnect between the balance of the power and flexibility of the 278 transaction – the lack of adoption of its use and specificity around domain problems and scale. **Jocelyn** asked for more information on X12's recent work on the 278 transaction and CAQH CORE, including details on how X12 has worked to implement the 278 across business barriers and diagnoses types.
  - **Cathy** confirmed the statement about the disconnect between the flexibility of X12 versus industry users wanting X12 to direct them. She described how X12 has been working with the Da Vinci Project and CAQH CORE to examine places in the industry and to determine where more consistency is needed. The two organizations test operating rules by running constrained situations through the operating process and then evaluating the results. Working with Da Vinci taught X12 that industry users prefer to use as few PA instruction sets as possible and also that X12 has learned that use case specific implementation guides are better and more useful than industry-wide guides. **Cathy** stated X12 is currently gathering feedback from the industry and would report back on their recent activities.
- **Alix Goss** noted that she has worked with X12 for nearly a decade and submitted several pieces of feedback and questions, which included:
  - An overview of the organizational history of X12.
  - A summary of past and future presentations the ICAD TF has received.
  - A request for more information on the work X12 has been doing with Da Vinci on the 278 transaction, clinical integration proof of concept, and mapping, including lessons learned about the 278 transaction.
  - **Cathy Sheppard** described Da Vinci and X12's history of working together, including their initial goals. Some of these goals included: ensuring information moves from one syntax to another correctly, clearly determining data element terminology, and mapping data elements. She provided an overview of X12 and Da Vinci's joint pilot data mapping project, which ensured that the FHIR portion equated to the correct element of the segment of the 278 transaction; and explained that the data maps were then maintained in both organizations' implementation guides.
  - **Jocelyn Keegan** described the working relationship between X12, Da Vinci, and members of the Fast Healthcare Interoperability Resources (FHIR) community. She explained their collaboration process and described the complicated data mapping process and thanked **Mary Kay McDaniel**, **Cathy Sheppard**, and the rest of their teams for their hard work.





- **Cathy Sheppard** noted that they started the data mapping process over many times to ensure clarity.
- **Alix Goss** described the data mapping process and the work done on the response messaging process, noting that granularity has been a challenge and described in detail her recent work with the two organizations. **Alix** submitted several more questions, which included:
  - Requesting **Cathy Sheppard** to share any further information about data mapping.
  - Asking if there is any aspect of X12's proof of concept related to the pending or determination response granularity level in the data mapping.
  - Inquiring if X12 has received any other feedback from the industry that has inspired new work.
- **Cathy Sheppard** responded to the questions by explaining the following points:
  - X12's data mapping exercise is ongoing and has a strong base but has been adjusted over time. They have enhanced their process by adding different codes and code lists and by adding input from different parties.
  - They have identified the codes and code lists for the next phase of work.
  - The Da Vinci Project has identified portions of the data content in the 278 transaction that they have deemed unnecessary and has shared some examples with X12. She noted that when the mapping work is finished, X12 anticipates that some of these items will not be necessary while others are determined to be useful to current healthcare functions.
  - Industry surveys and feedback will be combined with X12 and Da Vinci's past work to assess functions and then to reduce the complexity of the 278 transaction while maintaining consistency.
  - Current industry practices and demands of the 278 transaction will be validated by expanding on Da Vinci's work on use cases.
- **Alix Goss** submitted additional feedback and questions, which included:
  - Stating her appreciation for the collaboration and cross-learning taking place between the two organizations and their industry contacts.
  - Inquiring about the ARC cycle timing discussed earlier in the presentation and how it will reflect lessons learned in 2019 with regard to X12 Standard Version 5010 business function technical reports.
  - Asking how the elements discussed during the presentation will come together in the next six months to a year to reflect lessons learned, to streamline the 278, and to prepare it for the next promulgated version.
- **Cathy Sheppard** prefaced her response by noting that ICAD TF members could contact her for more information following the meeting. She discussed the following points:
  - The 7030 version of the 278 transaction set is where enhancement requested since Version 5010 will be applied for the first time, but the 7030 versions will not be completed under ARC. Work was too far downstream to change the maintenance process.
  - 7030 and 8010 will be identical, but then, going forward, a new version will be published once a year that incorporates incremental changes.
  - The process of updating the 278 to include an extra phone number in the PER segment, including the balloting process and timeline.





- **Alix Goss** thanked **Cathy Sheppard** for her succinct explanations and called for the other ICAD TF members and listeners to note that this is a monumental pivot for X12 and the way the cycles of business requests transform implementation guides. **Alix** stated that it is an example of how to quickly move towards smaller, more regular upgrades and have predictability in that process.
- **Cathy Sheppard** confirmed that the shift is large and has also been painful. However, X12 members are beginning to recognize the potential of the shift and the ability to move small changes forward quickly. She emphasized that X12 looks forward to responding to the suggestions that may come from the ICAD TF's or AHIP's work.
- **Alix Goss** noted her thanks for the presentation and reminded ICAD TF members that all of the information presented would be added to the TF's compendium.
- **Cathy Sheppard** thanked the ICAD TF for allowing her to present and asked TF members to contact her with any further questions.

## PRIVACY AND SECURITY IDEAL STATE AND GUIDING PRINCIPLES

**Alix Goss** provided an overview of the work that was done over the past several weeks, including pivoting from the workbook to a new Google document that serves as a singular repository for the ICAD TF's Ideal State and Guiding Principles and adding content from the Privacy and Security small workgroup. She described the Privacy and Security workgroup's membership and work process and invited other TF members to join in the offline work or to add comments directly into the Google document in between meetings.

Then, **Alix** shared the Google document and summarized the overarching categories for the Guiding Principles and Ideal State. The Guiding Principles were captured in the Google document, as were the dates when they were last updated. She explained the thought process behind each Guiding Principle and began to walk the TF through the new Privacy and Security content, beginning with the first and second Guiding Principles. Finally, she invited the Privacy and Security small workgroup members to contribute information and to answer questions from TF members.

### Discussion:

- **Jacki Monson** noted that, as a member of the small workgroup, she would be willing to answer questions on the Guiding Principles.
- **Rich Landen** commented that all of the examples listed in the new Guiding Principles are federal examples, and he noted that state examples should be added.
  - **Alix Goss** responded that she missed that point but also noted that it says, "...and state laws, as applicable." She inquired if that was good enough, or if he would like the point to be reworded.
  - **Rich Landen** responded that it is not a majority concern but that he thought it was written strangely. He noted the inconsistency between the wording around the federal level and federal regulations and the state level and state laws. He asked **Jacki Monson** to address the state regulations.
  - **Jacki Monson** responded that the inconsistency was not intentional and explained that the workgroup was trying to encapsulate the notable, and applicable federal regulations. The workgroup will clarify the difference between laws and regulations.
  - **Rich Landen** thanked her and asked her to use her discretion. **Alix Goss** and **Sheryl Turney** contributed wording suggestions, and **Alix Goss** noted that she would update the text.





**Alix Goss** discussed the third Guiding Principle, which referred to the concept of the minimum necessary. Then, she explained the fourth Guiding Principle, which discussed patient consent, and shared an example related to patients choosing to reverse previous self-pay restrictions in order to keep medical information confidential in the case of an HIV diagnosis. She asked ICAD TF members to comment on these Guiding Principles.

### Discussion:

- **Sheryl Turney** confirmed **Alix Goss'** description of the self-pay reversal example and emphasized the need to add wording to the statement regarding tracking or consistency of the patient's consent throughout the process of care. She described the issue in which patients lack access to a portal or other means of tracking the status of their PA requests and explained that the current methods of using letters or phone calls are inadequate.
- **Denise Webb** suggested rewording the fourth Guiding Principle by changing "empowering" to "empowers."
- **Alix Goss** invited **Alexis Snyder** to speak about her suggestion from the Adobe chat to carry through the process when requirements for PA could change.
  - **Alexis Snyder** noted that the concept of continuity is in other parts of the Guiding Principles/Ideal State document but suggested that it be added to the Privacy and Security section. Also, she questioned the word choice of "empowers" and suggested giving the patient a more concrete role.
  - **Denise Webb** explained the current wording choices and noted that "empowering" a patient gives them a role in the process and allows them to take proactive steps.
  - **Alexis Snyder** responded that the word choice is often used by engagement specialists and does not correctly apply to the situation. She suggested wording that implies the act of giving the patient a way to complete an action and not just "empowering" them.
  - **Denise Webb** suggested the wording "empowers the patient by giving them a role in the process."
  - **Alexis Snyder** responded that she would have to think more about the language but suggested "providing" as an alternative.
- **Alix Goss** explained the small workgroup's writing process for the section under discussion and noted that it was different than their processes for the other sections. She captured the various comments from ICAD TF members and noted that she would update the wording.

**Alix Goss** discussed the new work completed on the Ideal State section of the document by the Privacy and Security small workgroup. She directed them to review the six new Ideal State points and asked ICAD TF members to submit comments and questions.

### Discussion:

- **Alexis Snyder** suggested changing the wording in the third Ideal State to reflect the earlier discussion around the word "empowers." **Alix Goss** noted the suggestion.
- **Rich Landen** discussed two types of state law variances and requested clarifications on the term "variances" in the sixth Ideal State.
  - **Alix Goss** noted that she could not understand the issue with the wording in the sixth Ideal State and requested other ICAD members' feedback.
  - **Rich Landen** asked if the workgroup meant to refer to interstate variances or intrastate variances.







- **Sasha TerMaat** responded that the small workgroup meant to refer to both examples of variances and discussed how regulations, written at the state level, may have ambiguities. This causes issues for machine reading of data in systems. Additionally, health systems that operate in multiple locations across the entire country face challenges with different states' law. **Sasha** suggested that reducing ambiguities between states would lead to clearer policies being imported into software.
- **Rich Landen** stated that the wording in the Ideal State document seems to refer to legislation, but the explanations provided by small workgroup members indicate that they are thinking about software programming. He explained that software programming is done according to the regulations, which are within the scope of legislation. He suggested that the document wording should always read "legislation and regulation" when addressing legislation.
- **Alix Goss** noted that she captured the discussion and would update the wording throughout the document.
- **Rich Landen** discussed the interplay between regulations, legislation, and programming.
- **Alix Goss** summarized the discussion and finished capturing the suggestions.
- **Sheryl Turney** brought up the discussion around the word "empowers/empowering" and asked what the ICAD TF is trying to make available to the patient with regard to automation and patient consent that is not currently available.
  - **Alix Goss** explained the gap between citizens understanding how they are empowered and having an active role in their healthcare process. She noted that the ICAD TF has an opportunity to educate patients and to give them better capabilities for expressing consent.
  - **Sheryl Turney** inquired about the consent collection process and discussed the current process, which differs between systems. She emphasized the points made about increasing visibility and patient interaction in the process but questioned the clarity of the recommendation.
  - **Alexis Snyder** referred to her earlier comments and submitted several pieces of feedback, which included:
    - Describing the process by which patients give consent and arguing that patients often do not know specifically what they have consented to because they do not have the information in writing or broken apart by specificity.
    - Suggesting changing the fifth Ideal State from "simplified" to "streamlined," as a way to indicate a less burdensome process.
    - Noting that the sixth Ideal State does not address patients who reside in one state but receive care in another, where privacy laws may differ, and requesting privacy experts on the call to comment.

Due to time constraints, the ICAD TF paused their discussion, and **Lauren Richie** opened the meeting for public comments.

## PUBLIC COMMENT

There were no public comments via the phone.

### Questions and Comments Received via Adobe Connect

**Raj:** Thank you, great presentation. Can you share X12-FHIR roadmap for Prior Auth?

**Jocelyn Keegan:** I'd like to give Mary Kay McDaniel and others have been doing herculean work in this





area to support X12 and Da Vinci members providing in kind hours to do this work.

**Raj:** Awesome!

**Mary Kay McDaniel:** AHHH, Thanks Jocelyn and Cathy!

**Mary Kay McDaniel:** Rock on Alix, try building out that value set!!!

**Mary Kay McDaniel:** Case in point to Cathy's comments - Military Status

**Bob Bowman:** Thank you!

**Sheryl Turney:** Thank you for the info.

**Rachel Foerster:** Cathy - outstanding presentation and discussion.

**Sheryl Turney:** It was great to better understand the change process of X12.

**Alexis Snyder:** Thats *[sic]* ideal state/GP not Privacy?

**Lauren Richie:** Members of the public are welcomed to provide a public comment by dialing 1-877-407-7192. Once connected, press \*1 to speak

**Jill DeGraff:** Jill DeGraff here, from b.well. And a privacy/infosec/health IT lawyer. "legislation" often refers to lawmaking. "laws" and "regulations" implemented through formal rulemaking have the force of "law, so you might consider introducing "laws and regulations" near the top of the document and then define them collectively thereafter as "laws"

**Alix Goss:** thank you.

**Rich Landen:** Telemedicine might be another implication for "f. State law variances..."

**Alix Goss:** Rich - captured your thought in the google doc

**Alexis Snyder:** I agree with Rich

**Alexis Snyder:** Can you send out the link to the newer google doc

**Rich Landen:** good job by the workgroup. Well thought through.

### Discussion continued:

- Following the public comment period, **Alix Goss** asked the ICAD TF to resume their discussion. She summarized **Alexis Snyder's** earlier question regarding patients who receive care in a different state than their residence and how this impacts transparency around privacy laws. She then added that question to the Google document.
- **Denise Webb** noted her appreciation for **Alexis Snyder's** suggestion to use "streamlined" instead of "simplified." **Denise** discussed the concept of building the patient into the automated consent for the PA process and the example, mentioned earlier, of the patient with the HIV test results. She noted that the small workgroup intended to indicate that the patient is also an actor in the automated PA process and workflow, and the Ideal State would help facilitate their care.
- **Alix Goss** noted that the patient is not currently part of the automated PA process and workflow. She captured the TF members' comments.





## NEXT STEPS

**Sheryl Turney** thanked ICAD TF members for their feedback during the discussion periods and provided an overview of the next steps and the draft ICAD TF timeline. Members and workgroups will continue to share feedback on the TF's Google documents, while small workgroups will continue to meet offline to work on recommendations for presentation to the HITAC. The process model workgroup would also continue to meet offline.

At their next meeting the ICAD TF will hear presentations from the American Health Information Management Association (AHIMA) and CAQH CORE, which will occur on June 23, 2020. Other longer-term steps were listed in the meeting slides.

## ADJOURN

**Sheryl Turney** and **Alix Goss** thanked everyone for their participation in the meeting.

The meeting was adjourned at 4:29 p.m. ET.

