

May 8, 2014

ASC X12 Members and Health Care Industry Stakeholders,

In March 2014, ASC X12N received a change request (CR#1408) specific to the exchange of information between providers and issuers for individuals enrolled through the Health Insurance Marketplace or in qualified health plans under the Affordable Care Act. The change request seeks development of a new ASC X12 Implementation Guide (aka TR3) to address issuer notification requirements to providers, regarding the status of enrollees who are in a Grace Period for not having paid their premiums (under the Affordable Care Act).

ASC X12 leadership has received a significant amount of feedback already indicating that many stakeholders who are new to the ASC X12N process plan to participate in the discussion and requirements gathering related to this CR. With that in mind, ASC X12N would like to clearly articulate the process steps so that all stakeholders have the same understanding. The high-level process steps are shown below. Consensus voting occurs as part of steps 3, 4, and 5. Activity moves between these steps until consensus is achieved.

1. Any industry stakeholder may submit a change request.
2. The change request is reviewed by the Change Request Management Work Group and assignment is made to the appropriate business work group(s).
3. One or more ASC X12N business work groups and interested stakeholders discuss the change request to refine the submitter's business case and requirements and ensure that the needs of all industry stakeholders are met. This process often results in significant revisions to the original business case and requirements statement. At the end of this process the business work groups may determine that the change request should be implemented via a technical solution, that it may need to be reconsidered at a later time or that it should be rejected. If a technical solution is not to be implemented, a full justification will be included explaining the decision. If a technical solution is to be implemented, the business work group may recommend a solution to the technical solution group. Technical options can include, but aren't limited to, modifications to an existing TR3, development of a new TR3, modifications to an existing code list, or development of a new code list.
4. Following hand-off from the business work groups, the technical solution work group and interested stakeholders build a technical solution which satisfies the approved business requirements.
5. The business work groups review the technical solution to ensure it meets the approved business requirements and when satisfied approve the technical solution.
6. The technical solution work group implements the technical solution by creating or modifying one or more ASC X12 work products.

The ASC X12N HIX SAC will begin discussion on CR1408 at the June Standing Meeting in New Orleans, step 3 of the process shown above. In order to ensure that an effective solution is developed, ASC X12 needs to gather information from a variety of industry stakeholders about current and suggested practices, barriers to communication, regulatory requirements, State-based Marketplace issues, and any other pertinent information. Solutions will not be discussed until other background information is compiled.

Issuers, providers, State-based Marketplace representatives, health care cooperatives and other industry stakeholders should bring information about their organization's current practices to the session, as well as any barriers or issues related to the topic (e.g. timing due to other marketplace issues; priority; other technical solutions, etc.).

Those not able to attend the June 2nd – 5th ASC X12N meeting in person can participate via webinar. To participate via webinar, you will need to register for the ASC X12 meeting, and then for this meeting, which is the HIX Standards SAC. Go to the website www.x12.org, or <http://www.x12.org/x12org/meetings/x12trimt/index.cfm> and select "Register Now." If you aren't an ASC X12 member and you want to attend this meeting in person, please contact info@disa.org.

The agenda is attached so that all participants can schedule their time accordingly.

We look forward to working with many valued ASC X12 members and other partners and to forging new partnerships as ASC X12 continues to provide collaboration and innovation to ensure the emerging requirements of health care industry are met.

Sincerely,

Margaret Weiker, ASC X12N Chair
Laurie Burckhardt, ASC X12N HIX Standards SAC Co-chair

ASC X12N HIX Special Appointed Committee (SAC) Agenda
re: CR#1408 –HIX Premium Payment Grace Period Notification
June 2014 Standing Meeting

Monday, June 2 (9:30 to 12)

Level setting

1. Introductions (40 minutes)
 - a. Review the request (not the submitted business requirements) and discuss any questions/concerns.
2. CMS CCIIO Representative Update (20 minutes)
invitation extended, not yet confirmed
 - a. Review the regulatory policy
3. Review current methodologies issuers are using to notify providers (30 minutes)
 - a. ASC X12 270/271 Eligibility transaction
 - b. Letter
 - c. Others
4. Review how providers are using information provided by issuers (20 minutes)
5. Review HIR #1859 & #1806 (40 minutes)

Tuesday, June 3 (8 to 11)

1. Continue discussion from Monday (if needed)
2. Provider input
 - a. What information is needed?
 - b. How often is information needed?
 - c. When is information needed?
 - d. What are the pain points in today's process?
3. Issuer input
 - a. What information is available?
 - b. How often is information available?
 - c. When is information available?
 - d. Methods of communicating grace period
 - e. Challenges and opportunities

Thursday, June 5 (8 to 11:30)

1. Continue discussion from Tuesday (if needed)
2. Plan next steps
3. Begin next steps (time permitting)