



## **ASC X12's Commitment to Collaboration Expedites Consensus on Patient Eligibility Look-up Parameters**

**Falls Church, VA, August 14, 2007** – In the spirit of collaboration for which it is known, the Accredited Standards Committee (ASC) X12 achieved rapid consensus with numerous stakeholders on difficult issues related to Required Alternate Search Options in the newest Health Care Eligibility/Benefit Inquiry and Information Response (270/271) Technical Report Type 3 (TR3). The stakeholders involved in this successful consensus process represented The Centers for Medicare & Medicaid Services (CMS), the Provider Caucus, the ASC X12 Insurance Subcommittee (X12N) Health Care Eligibility Work Group, other health plans, and key health care providers.

This newest TR3, version 005010, will significantly reduce efforts to identify patients and their providers and is being proposed as a replacement standard for adoption under Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, so achieving broad consensus is critical for its future use in the health care industry.

“The accomplished resolution is a tribute to our constituents’ care and dedication,” said X12N Chair Alexandra Goss of Payformance Corporation. “X12 remains committed to effectively executing our proven consensus-driven environment that solicits input from the widest possible pool of industry stakeholders.”

Key to the resolution of these issues was X12N’s Provider Caucus, formed to strengthen providers’ voice in the development of X12 insurance-related standards, and co-chaired by Betsy Clore of Wake Forest University Health Sciences and Karyn White of BJC HealthCare. The Provider Caucus represents a wide range of health care providers, including physicians, dental practices, hospitals, labs, and many others. Provider Caucus representatives from numerous entities – including BJC HealthCare, Laboratory Corporation of America Holdings, Mayo Foundation, Montefiore Medical Center, and Wake Forest University Health Sciences – worked with CMS’ Medicare Fee for Service and supporting offices to reconcile diverse business needs and achieve consensus in barely six weeks.

“We give special thanks to CMS for making individuals available on short notice from its Beneficiary Security, Provider Communications and EDI Components, and the quick approval of CMS upper management on the achieved consensus solution,” said Clore. “The provider voice is strong at X12, and the resolution of this issue showcases X12’s core values of collaboration and cooperation with diverse stakeholders to ultimately streamline and reduce the cost of doing EDI.”

“We commend X12’s willingness to listen to diverse business needs from multiple health care stakeholders and to foster an environment of collaboration, which enabled quick resolution of the issue,” said Tony Culotta, Director of Medicare Enrollment and Appeals Group at CMS. “Despite starting at opposite points of the compass, everyone kept an open mind enabling us to work toward a common solution that met everyone’s needs. We wish to recognize the essential role of X12 in the success of this effort.”



“This collective agreement advances the new 005010 TR3 as a replacement standard, which features numerous enhancements and additional search options,” said Stuart Beaton, Co-Chair of X12N/TG2/WG1 – Health Care Eligibility Work Group. “The new TR3 now includes requirements that health plans return much more detailed 271 *[eligibility, coverage or benefit information]* responses including Plan and Benefit Begin dates, Plan Name, Primary Care Physician (if applicable), other Health Plans (if known), 10 high level benefits, as well as all demographic information needed to identify the individual on all other subsequent EDI transactions.”

This new 005010 TR3 is presently available for public review and comment through September 7 at [www.wpc-edi.com/products/publications/x279](http://www.wpc-edi.com/products/publications/x279) or [www.wpc-edi.com/conferences/tg2/implementationguides](http://www.wpc-edi.com/conferences/tg2/implementationguides), respectively. Following that, an ASC X12 Informational Forum to discuss all comments received and any changes made as a consequence will be held September 25 at the next ASC X12 Meeting, taking place September 23-28 at the Wilshire Grand Hotel in Los Angeles. Visit [www.X12.org](http://www.X12.org) for additional meeting information.

#### **About ASC X12**

The Accredited Standards Committee (ASC) X12, chartered by the American National Standards Institute (ANSI) in 1979, develops electronic data interchange (EDI) standards and related documents for national and global markets. With more than 315 X12 EDI standards and a growing collection of X12 XML schemas, ASC X12 enhances business processes, reduces costs and expands organizational reach. ASC X12’s diverse member base includes 3,000+ standards experts representing over 350 companies from multiple business domains. To learn more about ASC X12 and how to participate in its vital standards-setting role for health care, insurance, transportation, finance, government and many other industries, visit [www.X12.org](http://www.X12.org) or call 703-970-4480.

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For additional information, contact: Julia O’Brien, [jobrien@disa.org](mailto:jobrien@disa.org) or 606-356-2999.