

WEDI SNIP 835 Subworkgroup Charter

WG/SWG Topic(s):	Electronic Remittance Advice 835 Sub-workgroup This sub-workgroup (SWG) was introduced to deal with business issues related to the 835. This sub-workgroup was originally split into several parts: business; financial and technical. It was then recombined as it was discovered that all of the issues had a significant amount of interdependency. The participants from each of the teams were all critical to create the final white paper. This group has participants from Provider, Payers, Vendors, and Clearinghouses.
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Primary List Serv Address	WEDI-835@lists.WEDI.org
WG/SWG Scope of Work	
What is in scope? Provide the topic and definition of the topic.	The purpose of this sub-workgroup is to create an environment where collaboration and critical thinking can resolve issues related to the inconsistent use of the 835 transaction. This group is made up of Payers, Providers, Vendors, and Clearinghouses who share their opinions so the group can explore the best possible solutions.
Identify any assumptions	Technical issues are to be directed to the ASC X12 standards body for consideration. Adherences to all ASC X12 Standards IP rules.
What is out of scope?	Transactions that do not have an impact on the data that is carried within the 835.
WG/SWG Purpose	
What is the primary goal?	The goal of this sub-workgroup is to create whitepapers that will help the industry move to a more consistent use of the 835 transaction.
What business problem will be minimized or resolved by this workgroup?	The business problem that will be minimized is the provider's inability to automatically post 835 transactions with minimal programming from payer to payer. Inconsistency in coding legacy denial codes using CARCs and RARCs requires providers to alter posting programs for each payer's 835 file. Non-standard crosswalks of legacy codes to CARC and RARC codes invoke phone calls to the payers driving up resource costs and wasting provider and payer staff time..
Stakeholders	All partners exchanging 835's.
Describe the central problem this project will attempt to resolve. What are some of the symptoms of this problem? Are there any corollary problems?	Inconsistent use of the 835 transaction. <ul style="list-style-type: none"> o Lack of consistent use of the codes within the 835 transaction. o Balancing issues occurring within the transaction. o Reversal and correction – overpayment recoveries and all related topics o Use of the qualifier codes and reference numbers within the PLB segment. These are some of the major issues that are occurring within the industry that this sub-workgroup will concentrate on addressing.
Are there other regulatory or contractual obligations that might affect how this project is implemented?	This transaction was named in the HIPAA final rule. As such there is a regulatory requirement that this transaction follow the rules of the ASC X12 Implementation guides / TR3's. The major issues revolve around areas where payers are misinterpreting the instructions within the guides. These whitepapers are sometimes used to resolve issues between the payers and the providers.
Objectives / Measures of Success / Deliverables <i>(template allows for 3 projects for a specific WG/SWG)</i>	

Project #1 Title:	A Practical Guide for the Mapping and Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes.
What outcomes do you expect to achieve? Will there be a phased in approach?	<p>The sub-workgroup hopes that this whitepaper will motivate payers to create a more robust mapping from their proprietary codes. We hope that the existence of this tool will encourage payers to more frequently map remark codes. Having mapping suggestions readily available to them may motivate them to provide this very important level of detail.</p> <p>The mapping spreadsheet and narrative will be released once completed and approved by WEDI leadership. The continued maintenance of this document would need to be assumed by another entity.</p>
What is the ideal outcome?	<p>The ideal outcome would be that this list be absorbed by the codes committee owned by Blue Cross Blue Shield Association that meets the Sunday before the X12 trimester meetings.</p> <p>That this list would become a part of that process and be kept up to date based upon the work of this committee. Since this committee approves adds/deletions/modifications to the list of Claim Adjustment Reason Codes this list would also need to be modified. This list should reside along with the other code lists and it should be a recommended mapping tool.</p> <p>This list would also need to be updated with modifications from the CMS RARC Committee.</p> <p>Finally, the ultimate outcome would be for this list to be adopted as the authoritative document for the use of these codes.</p>
What is an acceptable outcome?	That this list resides with the current code lists and can be used by the industry at large.
How would you define success for this workgroup?	<p>This work product would be a success if this list is absorbed by the codes committee owned by Blue Cross Blue Shield Association that meets the Sunday before the X12 trimester meetings.</p> <p>That this list would become a part of that process and be kept up to date based upon the work of that committee.</p> <p>This list would be kept up to date based on the work from the CMS RARC group.</p>
What are the potential business impacts if the solution(s) is not implemented?	If this list is not stored in a common place where everyone accesses the current lists it may only be used by a small number of entities therefore rendering it useless

What are the current deliverables or outcomes that are expected and the completion dates for each deliverable?	<p>The sub-workgroup is currently mapping group codes to the master list. The timeframe to complete this activity is variable depending on how many we get through each meeting.</p> <p>We then have to validate the codes as this list was started a long time ago and many updates have been done since that time. We have reviewed and updated this spreadsheet several times but should do it one more time.</p> <ul style="list-style-type: none"> o One of the co-chairs just completed an extensive mapping effort that will also be merged with these results. o We have also been notified by the Medical Banking project that they have a mapping they would like this group to review, validate and compare to our work. <p>We hope to have this mapping tool and the document completed by the end of 2009.</p> <p>White paper : <u>A Practical Guide for the Mapping and Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes.</u></p>
How much time or resources need to be committed to complete deliverables?	<p>Bi-weekly meetings through the end of the year.</p> <p>We may get through this quicker than the end of the year if we do not find many discrepancies around the final mapping comparison and medical banking map.</p>
Project #2 Title:	5010 Business Issues
What outcomes do you expect to achieve? Will there be a phased in approach?	Placeholder for whitepaper that deals with issues from the 5010 835 implementation.
What is the ideal outcome?	TBD
What is an acceptable outcome?	TBD
How would you define success for this workgroup?	TBD
What are the potential business impacts if the solution(s) is not implemented?	TBD
What are the current deliverables or outcomes that are expected and the completion dates for each deliverable?	TBD
How much time or resources need to be committed to complete deliverables?	TBD
Project #3 Title:	An Exploratory review of the issues related to Reversals/Overpayment recoveries/ PLB usage
What outcomes do you expect to achieve? Will there be a phased in approach?	This whitepaper will focus on specific issues collected during the writing of the first white paper and any additional issues submitted. This whitepaper will be written to supplement information already available and to explore the negative impacts of not performing these functions in a consistent manner.
What is the ideal outcome?	To provide guidance to the industry around these topics and promote a consistent approach.
What is an acceptable outcome?	Publishing of the whitepaper and industry use of the information to create modifications to their systems.

How would you define success for this workgroup?	A published whitepaper that was helpful to the industry.
What are the potential business impacts if the solution(s) is not implemented?	These subjects are required under both 4010A1 and 5010 HIPAA regulations. As such, these things should be completed and implemented within the boundaries of the guidance in the standards adopted by the industry.
What are the current deliverables or outcomes that are expected and the completion dates for each deliverable?	A whitepaper document that is published by the WEDI organization.
How much time or resources need to be committed to complete deliverables?	The sub-workgroup meets every two weeks. The anticipated duration is 6 months to 1 year to finalize this paper. Dependencies include the number of additional topic or problem areas that are added to the whitepaper scope.
Environmental Factors / Support Needs	
Are there other individuals/entities/work groups that need to provide input?	Not at this time.
What tools does the workgroup need to acquire to ensure this project is successful?	Continued participation by payers and providers.
Do you need additional administrative support?	Not at this time.
Do you need additional project management support?	Not at this time.
Do you need additional communication support?	Not at this time.
Additional Comments or Concerns	