

UHIN

UHIN Standards

Presented by:
Boyd Kreeck



COLLABORATION INTEROPERABILITY EFFICIENCY

The UHIN Standards Organization is a nonprofit, broad-based coalition of Utah healthcare insurers, providers, and others, including local government entities. The purpose of the Standards Committee is to develop administrative, technical, and billing standards and specifications based on existing federal and state regulation.

Standards created by the committee and approved by the UHIN Board are provide to the Utah State Department of Insurance, Utah Health and Human Services and published in State Rules, and made available to the public at UHIN.org.

In addition to developing Utah Standards, UHIN Standards Committee participates the development of National Standards and guidance.



UTAH STANDARDS PROCESS

Since 1993, Utah law has required the Utah Insurance Department (UID) to adopt health information exchange and billing standards by administrative rule for the Utah health care community.

The Utah Department of Health and Human Services (UHHS) created a similar rule in 2011 for the exchange of clinical documents. Both UID and DOH have selected the UHIN Standards Committee to act on their behalf to convene healthcare community stakeholders (payers, providers and government) for the specific purpose of developing the standards that are placed into their respective rules.

Utah standards are created to address the data/billing needs of healthcare community stakeholders. These standards are based on national standards such as the ASC X12 Claim and Eligibility transaction standards. UHIN develops standards at the state level, but is also an active member of the national standards organization and participates with the development of the national exchange standards.

UHIN's involvement allows Utah's community stakeholders to have a voice at both the local and national levels.

The process for creating a Utah standard begins with a community need, or in response to a mandate from the State or Federal governments. The need or issue can be brought to the UHIN Standards Committee for discussion at the monthly meeting, or it can be reported via phone and email to UHIN's Customer Service (877-693-3071 or customerservice@uhin.org), where the item will be placed on the agenda for discussion.



MEMBERS

This meeting is an open forum meeting for any interested stakeholder to attend and provide input into the agenda items.

The Standards Committee shall nominate a candidate for Standards Chair for Board appointment, who shall represent the Committee's interests on the Board. The Chair's term of office is two (2) years. At term, the chair's organization alternates from payer to provider organizations.

Each voting committee member will be a representative of a Board member in good standing. Voting members are assigned to the committee by the organization's UHIN Board Member. The vote for this committee belongs to the individual, not the organization. Votes may be transferred to proxies with prior notice to the UHIN Standards Coordinator.



PARTNERS

Alta Medical Management

Consulmed

Intermountain Healthcare

Med USA

University of Utah Health

Utah Behavioral Service

Valley Behavioral Health

Valley OBGYN

DMBA Health

EMI Health

Molina

United Healthcare (Optum)

PEHP Health

Regence BlueCross

BlueShield

SelectHealth

Tall Tree Insurance

Cigna

CVS/Aetna



COMMITTEES

Full Standards Committee

Transparency Task Force

Intermountain Healthcare

Clinical

Technical

Payer Workgroup

Office Managers

Master Patient Index (MPI)

Office Managers

Lab Orders

P & C

Privacy and Security

Telehealth

Immunizations



UWIN STANDARDS COMMITTEE CHARTER

PURPOSE

The purpose of the Standards Committee is to develop administrative, technical and billing standards and specifications based on existing federal and state regulation with input from the Clinician Committee and other Stakeholders as appropriate.



AUTHORITY

The Standards Committee has authority to conduct business within its scope of responsibility. The committee is empowered to:

- Create local Standards and Specifications for electronic exchange of healthcare data
- Standardize process for streamlining business workflow for electronic exchange
- Respond to National Proposed Rule Making (NPRM) and Operating Rules (OR)
- Review and make comments on proposed National standards



VOTING

A quorum of voting committee members must be present before a vote can be held. A list of voting members is maintained by the UHIN Standards Coordinator.

Standards Committee votes seek consensus. If any voting member votes against the motion, the motion should return for further discussion. In any vote for a motion where there are abstentions, the "for" votes must meet the minimum quorum for the motion to pass.

MEETINGS

The Committee meets quarterly, with authority to convene additional meetings or subcommittees, as circumstances require. All committee members are expected to attend each Standards meeting, in person or remotely. Meeting agendas will be prepared and provided in advance to members, along with appropriate briefing materials. Minutes will also be prepared and distributed.



RESPONSIBILITIES

The UWIN Standards Committee will:

- Create/Recommend Standards and Specifications via a consensus process to the UWIN Board of Directors
- Participate and provide input into Notice of Proposed Rule Making initiatives and Operating Rules
- Recommend solutions to community exchange and processing issues for administrative exchanges
- Support and implement all Standards and applicable Specifications
- Create yearly goals which coincide with the participating organizations strategic initiatives and UWIN's mission statement



REPORTING RESPONSIBILITIES

Regularly report to the Board of Directors about Committee Standards and Specification recommendations for final approval. UWIN will submit all Board Approved Standards to the Utah Insurance Department and the Utah Department of Health for inclusion into state rules R590-164 and R380-070.



* OTHER RESPONSIBILITIES:

- Perform other activities as requested by the Board of Directors
- Review and assess the adequacy of the Committee charter and objectives

STATE RULE

Visit: <https://rules.utah.gov/>

State of Utah
Administrative Rule Analysis
Revised June 2022

NOTICE OF PROPOSED RULE

TYPE OF RULE: New ___; Amendment ; Repeal ___; Repeal and Reenact ___

Title No. - Rule No. - Section No.

Rule or Section Number:

R590-164

Filing ID: Office Use Only

Agency Information

1. Department:	Insurance	
Agency:	Administration	
Room number:	Suite 2300	
Building:	Taylorsville State Office Building	
Street address:	4315 S. 2700 W.	
City, state and zip:	Taylorsville, UT 84129	
Mailing address:	PO Box 146901	
City, state and zip:	Salt Lake City, UT 84114-6901	
Contact persons:		
Name:	Phone:	Email:
Steve Gooch	801-957-9322	sgooch@utah.gov
Please address questions regarding information on this notice to the agency.		

General Information

2. Rule or section catchline:
R590-164. Uniform Health Billing Rule
3. Purpose of the new rule or reason for the change (Why is the agency submitting this filing?):
The rule is being changed in compliance with Executive Order 2021-12. During the review of this rule, the department discovered a number of minor issues that needed to be amended.
4. Summary of the new rule or change (What does this filing do? If this is a repeal and reenact, explain the substantive differences between the repealed rule and the reenacted rule):
The majority of the changes are being done to fix style issues to bring the rule text more in line with current rulewriting standards. Other changes make the language of the rule more clear, and update the Severability section to use the department's current language. The changes do not add, remove, or change any regulations or requirements.

UHIN STANDARDS WEBSITE

Visit: <https://support.uhin.org/s/>

Standards & Specifications

View standards created by UHIN to simplify and standardize electronic data exchange

Standards



Specifications



Top Articles

Standards

[999 Implementation Acknowledgment for Heal...](#)

[Utah Standards Process](#)

[5010 Eligibility Inquiry and Response Standard](#)

Specifications

[Electronic Funds Transfer \(EFT\) and Automate...](#)

[Sender and Receiver Identification in the ISA an...](#)

[Transaction Testing and Certification Specificati...](#)

EXAMPLE

Approved

UHIN STANDARDS COMMITTEE
Version 3.2
5010 Health Care Claim/Encounter Standard

UHIN Health Care Claim/Encounter Standard is compatible with all HIPAA requirements.

Purpose: The purpose of this Standard is to detail the Standard transactions for the transmission of health care claims and encounters and associated transactions in the state of Utah.

Applicability: This Standard applies to professional, institutional, and dental electronic claims in the state of Utah after March 16, 2009. The Standard may be adopted voluntarily prior to that date.

Detail:

1. Standard Claim Transactions:

The UHIN Standard for electronic claims/encounters is the

- HIPAA ASC X12 837 005010X222A1 Professional Implementation Guide for professional claims/encounters
- HIPAA ASC X12 837 005010X223A2 Institutional Implementation Guide for institutional claims,
- HIPAA ASC X12 837 005010X224A2 Dental Implementation Guide for dental claims/encounters.

See the Washington Publishing Company web site (<http://www.wpc-edi.com>) to download a copy of the implementation guides in Adobe Acrobat.

2. Claim Acknowledgement Transactions:

All trading partners will utilize the ASC X12 999 Functional Acknowledgement to acknowledge receipt of batch transactions and to report any syntactical errors. All trading partners must be able to both send and accept 999 transactions. See UHIN Functional Acknowledgement Standard for details on the use of the 999.

Payers will utilize the ASC X12 277 Claim Acknowledgement 005010x212 Implementation Guide Claim Acknowledgement report on a batch-for-batch basis (837 batch to 277). See UHIN Claim Acknowledgement Standard for details on the use of the 277CA.

3. Provider-Assigned Claim Control Number:

The Patient Control Number (provider-assigned claim control number, CLM01) is used for matching claim to payment. This number must be unique to the provider in order to associate payment data.



NATIONAL COLLABORATION

X12

WEDI

HL7

CAQH CORE

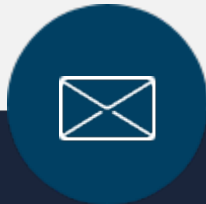
NCVHS

COOPERATIVE EXCHANGE



THANK YOU FOR YOUR TIME

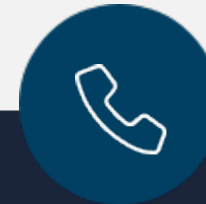
Do You Have Any Questions?



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WWW.UHIN.ORG



385-800-2535

