



## Beyond clinical messaging: Integrating HIPAA transactions in real time with HITSP T85

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## Barriers to Real-Time Data Exchange

The real-time exchange of clinical information between health care organizations is becoming increasingly important. In an effort to meet industry needs, many organizations are working to expand the capabilities of how that information is exchanged. Not only is real-time communication being used for HIPAA-mandated eligibility (270/271), claims status (276/277) and referral/authorization (278) transactions, but many other industry workgroups have discussed using it for other message types.

While the HIPAA regulations and ANSI X12 (X12) have defined format and syntax standards for the HIPAA-mandated real-time transactions, they didn't specify communication standards. This lack of specificity has slowed the adoption of real-time data exchange.

## Time for a Transformative Approach

The Center for Affordable and Quality Healthcare® (CAQH®) Committee on Operating Rules for Information Exchange® (CORE®) recognized these problems and is advocating tighter real-time communication standards.

In their Phase II Connectivity Rule, CAQH CORE has defined standards for real-time communication. They include: scope definition, rationale, policy guidelines, message envelope metadata and envelope standards, submitter authentication standards, schemas and examples of use, and error handling.

The Healthcare Information Technology Standards Panel (HITSP) has adopted this rule and defined the T85 Administrative Transport to Health Plan specification which enables the transport of data with real-time protocols such as Hypertext Transfer Protocol Secure (https) and Simple Object Access Protocol (SOAP) interfaces.

The global initiative, Integrating the Healthcare Enterprise (IHE®), has recognized the value of T85 real-time communication of eligibility (270/271) information by defining an IHE Profile around it. This scenario is "Patient Encounter with Eligibility Verification."

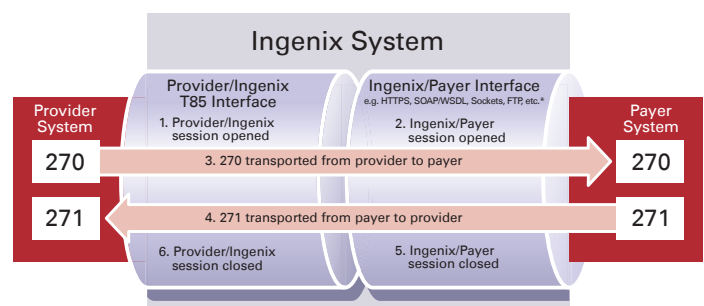
With the help of HITSP T85, CAQH CORE Phase II Connectivity Rule, and IHE Profile, health care vendors and health care organizations will be able to streamline the implementation of real-time communications with each other.

## Ingenix T85 Demonstration at the 2010 HIMSS Interoperability Showcase

Ingenix offers systems with T85 capabilities and will demonstrate those capabilities in the 2010 HIMSS Interoperability Showcase. While the T85 messaging standards are outlined specifically for the Health Insurance Portability and Accountability Act (HIPAA) eligibility (270/271), claims status (276/277), and referral/authorization (278) transactions, the communication model can be used for exchanging many other message types as well. One new use Ingenix hopes to demonstrate is the exchange of Quality Reporting Document Architecture (QRDA) messages.

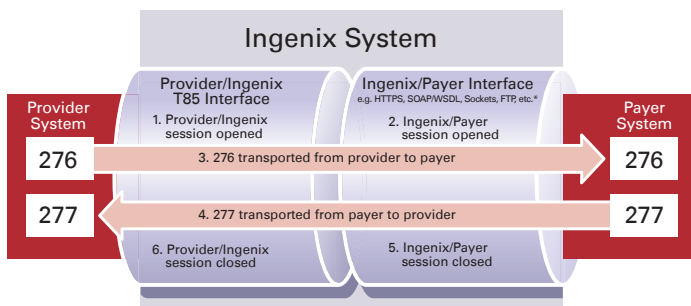
### 270/271 Health Care Eligibility Inquiry/Response

Information such as eligibility status, policy benefits, deductibles, and co-pays helps providers determine if a patient has insurance and, if so, which services are covered. The X12 270/271 eligibility inquiry/response transaction set allows physicians to verify a patient's insurance coverage prior to providing services and submitting claims. Ingenix uses the T85 messaging standard to generate open communication and a response in real-time. Electronic exchange of 270/271 accelerates communication and eliminates the amount of time administrative staff members spend gathering eligibility information by phone or through web portals. The use of T85 by all trading partners can significantly help reduce the manual labor associated with implementing 270/271 eligibility connections.



## 276/277 Health Care Claim Status Request and Response

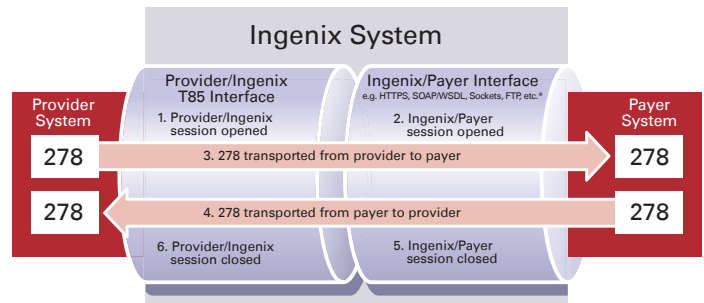
Once claims are submitted to payers, providers need to know the status of unpaid claims. The X12 276/277 claims status inquiry/response transaction enables the electronic exchange of claim status information. Ingenix uses the T85 messaging standard to generate open communication and a response in real time. Exchanging 276/277 claim status information electronically helps both providers and payers reduce the costs of tracking unpaid claims. The use of T85 by all trading partners can decrease the work associated with implementing 276/277 claim status connections.



## 278 Referral/Authorization

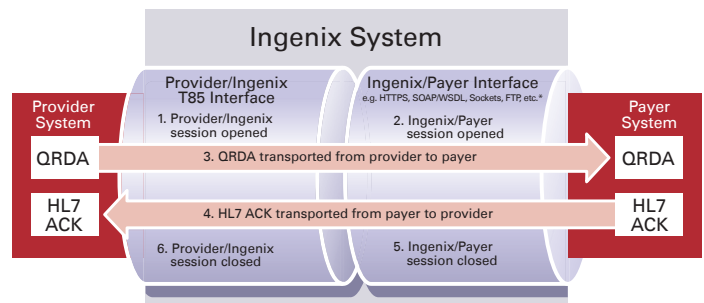
Before providers can refer a patient to another physician or specialist, they need to obtain prior authorization from an insurance company. This is a time-consuming process that requires phone calls and web portal requests. The X12 278 referral/authorization transaction enables the electronic request and receipt of a referral prior authorization. Additional applications for 278 include inpatient admission notification. Ingenix uses the T85 messaging standard to generate open communication and a response in real time. Exchanging 278 referral/authorization information electronically helps both

providers and payers reduce the costs of requesting and receiving authorization for referrals. The use of T85 by all trading partners can lessen the manual processes associated with implementing 278 referral/authorization connections.



## Quality Reporting Document Architecture (QRDA)

In addition to conventional applications of T85 to 270/271 eligibility, 276/277 claim status, and 278 referral/authorization, Ingenix can use T85 communication specifications to exchange other types of information, including QRDA messages which contain patient-level quality measurement data. Applying T85 would allow QRDA to be exchanged over the industry's existing EDI networks—potentially saving hundreds of millions and streamlining its implementation.



\*HTTPS: Hypertext Transfer Protocol Secure; SOAP: Simple Object Access Protocol; WSDL: Web Service Definition Language; FTP: File Transfer Protocol (an Internet standard)

## Conclusion

Ingenix is committed to facilitating health care information exchange. By implementing T85 in conventional and unconventional ways, we're helping the industry achieve interoperability. We help organizations comply with CORE Phase II, HITSP, and IHE guidelines, we enable organizations to send and receive transactions through standards-compliant interfaces, we enable real-time communication between payers and providers, and we eliminate administrative cost and waste by simplifying the exchange of information.

### INGENIX HEALTH INFORMATION NETWORKS SOLUTIONS PORTFOLIO

Ingenix Claredi® Classic

Ingenix Communed®

Ingenix Connectivity Director

Ingenix Faciledi®

Ingenix Network Director

Ingenix Payer Gateways & Portals

Ingenix Transaction Exchange: Clearinghouse Services

Ingenix Transaction Manager™

HIPAA Security Solutions

Professional and Consulting Services

## Ingenix Advances Standards and Interoperability

Ingenix supports and promotes health care standards and interoperability through its participation in and sponsorship of many organizations including X12, WEDI, HL7, CAQH CORE, HITSP, IHE, and others.

## Ingenix: Enabling Health Information Exchange

The future of health information exchange is among the most critical issues facing health care today and Ingenix is prepared to offer intelligent solutions to a variety of health information exchange challenges.

### Ingenix Health Information Networks solutions deliver:

- ← Administrative, clinical, and financial transaction connectivity
- ← More efficient interoperability and automation
- ← Greater ROI and measurable savings
- ← Enhanced quality of care

Ingenix is one of the largest health care information and research companies in the industry. Ingenix unites the brightest minds in the health care industry with an extensive health care information database to provide accurate, insightful business intelligence. Instead of simply doing Electronic Data Interchange (EDI) better, Ingenix is delivering innovations across the entire spectrum of health care information that will positively affect all stakeholders in the industry—payers, providers, hospitals, group practices, employers, clearinghouses, vendors, the public sector, and most importantly, consumers.

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