



NCVHS PREDICTABILITY ROADMAP

Recommendations - On behalf of our clients (providers and billing services)

The Healthcare Administrative Technology Association (HATA) is the national association representing practice management system (PMS) vendors. On behalf of its members, HATA encourages the National Committee on Vital and Health Statistics (NCVHS) to consider the following recommendations on the NCVHS draft predictability roadmap. HATA is strongly supportive of interoperable administrative and clinical information exchange utilizing the HIPAA standard transactions and code sets. HATA is actively demonstrating its support by developing its Certification in Healthcare Administrative Technology (CHAT) program which recognizes PMS vendors providing a standard level of Privacy and Security, and Software Functionality and Features that focuses on both electronic health records (EHR) and revenue cycle management (RCM) workflows. HATA and its members look forward to working with NCVHS and the industry-at-large to determine the timing, prioritization and other factors that need to be considered with each of these recommendations moving forward.

RECOMMENDATION SUMMARY

HATA appreciates the opportunity to provide these recommendations intended to spur innovation and automation, stay ahead of information exchange needs, and promote:

- Streamlined, automated, meaningful information exchange through required standard transaction usage, including the mandating of electronic data interchange (EDI) attachments, claim acknowledgment, enrollment, pre-determination, uploadable fee schedules/prior authorization requirements, and online automated appeals.
- Information exchange that meets identified business needs of all stakeholders and realizes administrative cost savings.
- Use of a standard data dictionary and standardized mapping, semantic compliance, proactive compliance audits, increased payer-specific transparency, minimum floor allowance for required transactions.
- Interoperability principles for meaningful information exchange including ONC expansion of API transparency requirements to administrative use cases, release dates of new/revised standards at a set time each year with a minimum of 12 months prior to a mandated implementation date; and required data sharing.
- The determination of business need and a positive return on investment prior to NCVHS recommendation to the Secretary of any new standard or operating rule. These should be established through pilot testing, sharing specific compelling business cases, and comparing the implementation and ongoing costs, (e.g., support, training of users) incurred by stakeholders versus the expected value to the industry.
- Convergence of administrative and clinical data to meet verified use cases, interoperability principles, and the exploration of emerging administrative and clinical use cases.
- Innovation to stay ahead of information exchange needs among stakeholders by the selection of a multi-stakeholder organization or association collaborative to monitor emerging trends and develop recommendations to the Committee.

HATA RECOMMENDATIONS

Streamlined, automated information exchange

High prioritization of payer automated capabilities that provide timely, robust information exchange between payers and providers to meet not only our clients' business needs, but also their patients' (consumers') healthcare needs and requests for pricing transparency prior to the delivery of care so they can make informed decisions.

Recommendations:

- Mandate electronic attachments (HL7 CCD) for use with claims, prior authorization, and other relevant standard transactions.
- Mandate the X12 277 Claims Acknowledgment.
- Mandate an automatic EDI enrollment standard transaction (i.e., X12 838 Provider Enrollment for EDI Services) for all mandated standard transactions between covered entities.
- Mandate the most recent pre-determination standard transaction (e.g., X12 5010X291 Professional and 5010X292 Institutional Predetermination Guides) for real-time/near real-time estimation/adjudication by more payers to give clients and their patients financial information prior to or at time of care that can be easily integrated or information passed within the provider workflow).
- Require online and/or automated claims reconsiderations/appeals that can be easily integrated via practice management system software or other administrative software into the provider workflow.
- Require online or downloadable payer prior authorization requirements that can be easily integrated via practice management system software into the provider workflow.
- Require payers to provide easily accessible fee schedules online or in a downloadable format that can be uploaded within the practice management system. A standardized format (i.e., the X12 fee schedule standard) should be mandated.

Information exchange that meets identified business needs of all stakeholders

An increase in the accuracy of claim status and payment resolution information from payers will reduce the need for providers to go outside of their established workflow to obtain answers to basic questions to resolve claim issues. To be both effective and widely-used, information transmitted by the payer via a standard transaction must meet the business needs of the provider.

Recommendations:

- Create a standard data dictionary and standardized mapping across applicable standards and operating rules (X12, Health Level 7, National Council for Prescription Drug Programs (NCPDP, etc.). This will accelerate data harmonization and standardization.
- Mandate *semantic* instead of *syntactical* compliance.
- Work with HATA and other stakeholders to foster increased transparency allowing claim issues to be increasingly addressed at the front end of the provider revenue cycle. Seek to reduce the use of proprietary formats by increasing the ability of standards to enhance messaging to accommodate payer-specific information, above and beyond current external code sets within the provider workflow.
- Raise awareness of and increase enforcement of the required and situational usage requirements to meet business needs across X12 mandated standards transactions. Clarify and simplify instructions (companion guides) across standards and require consistent use.
- Allow the use of a future version of a transaction standard in a voluntary pilot by raising awareness of 45 CFR §162.940 Exceptions from standards to permit testing of proposed

modifications. This exception can bring new capabilities to market faster and allow stakeholders to test the use of a new version of a standard transaction before it is considered for adoption.

- Examine all standard transactions and require dedicated space within each standard transaction that could be used by willing trading partners to exchange additional information to meet emerging business needs that are not already addressed in the current version of the standard. However, this information should be sent at the discretion of the submitter and the receiver must have the option to disregard the information.
- Recommend the Centers for Medicare & Medicaid Services increase its engagement in proactive compliance audits of payers and partner vendors and move forward with appropriate enforcement action in an effort to drive adoption of the standard transactions.
- Reexamine current non-covered entities that utilize EDI to determine if they should be subject to HIPAA transactions and code sets, such as property and casualty insurance carriers, to eliminate state variation in requirements.
- Require payers to make available a detailed companion guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the X12 Technical Review Type 3 and NCPDP Implementation Guides for all mandated transactions. The companion guide must provide end users with a consistent format, structure, content, and be made available to trading partners by providing a direct URL to an online or downloadable “companion guide.” Extending the CAQH CORE Companion Guide Rule 152 for the eligibility and claim status transaction to all HIPAA standard transactions would streamline the time-intensive search and review of these documents by trading partners.

Validate business need and positive return on investment prior to adoption of a standard or operating rule

This validation should include determination of when a standard makes business sense to implement or when a business need can be met within an existing standard or an alternative for a subset of an industry.

Recommendations:

- Work with HATA and other industry stakeholders to identify implementation costs and benefits for existing transactions and operating rules. The time and cost for each stakeholder to implement and support a new or revised standard within its workflow, as well as the post-implementation benefits, should be established and reported within the proposed or final rule. Currently the proposed and final rules include costs to implement standards. However, HATA is strongly encouraging the inclusion of the support costs incurred. These costs include education of clients, such as raising awareness of the need for the implementation, impact/change to current workflow to support client adoption and education on how to use the new capabilities. Better understanding of the support costs and benefits associated with the standard transactions and operating rules will better inform potential adopters and drive allocation of required resources.
- Prior to moving to a new version of a standard, the industry should be provided with the specific-compelling business use cases being addressed in the proposed rule that cannot be met within the existing standards and operating rules. We encourage NCVHS to request HHS to require this information, in an easy to access and understandable format for healthcare stakeholders, from the standard development organization (SDO's) and other related organizations.
- Require a pilot to demonstrate that the new standard or operating rule addresses a specific business need(s) that is not currently met and brings the intended efficiency/value to the industry prior to a national mandate. The design of the pilot should be released for public comment, as should the results of the pilot.

Interoperability principles for meaningful information exchange

Payers and their trading partners must be compliant with all required standard transactions, implementation guides, and operating rules in order for the industry to reduce administrative burden and achieve optimum efficiency. The performance of workarounds to accommodate non-compliance with the standard and operating rules by numerous covered entities is an unnecessary administrative burden on vendors and providers.

Recommendations:

- The Office of the National Coordinator for Health Information Technology should be encouraged to expand the application programming interface (API) transparency requirements for electronic health records (EHRs) patient data to practice management systems (PMSs) administrative use cases. Explore administrative and clinical use cases for APIs that require both administrative and clinical data from both the EHR and PMS to solve business needs.
- Changes to the standard transactions and operating rules should be released to the industry at a set time every year. This release date should be a minimum of 12 months prior to a mandated implementation date that includes a defined testing period. The creation of a standardized release date would decrease industry uncertainty and permit PMS vendors to incorporate required changes into established product development lifecycles.
- Stakeholders must ensure data is shared and used as allowed by the 21st Century Cures Act (Public Law 114-255). This Act states, “In order for health information technology to be considered interoperable, such technology must satisfy the following criteria: secure transfer, complete access to health information, no information blocking. This will allow for integrated and useable workflows that lead to better patient care, better outcomes and a more efficient use of our resources. allows data to be integrated back into a workflow, where available.”

Convergence of Administrative and Clinical Data to Meet Use Cases

Recommendation:

- Exchange of clinical information/attachments in support of verified use cases, such as claims and prior authorization across stakeholders should be facilitated. This exchange of administrative data will become more critical as value based care and other emerging innovations and payment models become more prevalent.
- Explore opportunities to improve the coordination of patient care through implementation of enhanced matching of patient data.

Spur innovation and stay ahead of information exchange needs among stakeholders

Recommendation:

- We urge NCVHS to recommend the identification of a multi-stakeholder organization or association collaborative to monitor emerging trends and develop a comprehensive annual report.
- The annual report generated by this entity would identify:
 - Gaps in information exchange: Delineate current and emerging gaps in standards required to effectively exchange health information across impacted stakeholders. Draft comprehensive business needs to be resolved between and across standard and operating rule development organizations.
 - Implementation costs versus value: Review the viability and usability of future potential standard transactions, taking into consideration stakeholder implementation and support costs. Explore whether or not the business need can be accommodated within an existing standard, and investigate whether incremental changes such as an addition

of a loop must be prioritized over major redevelopment of an existing standard to meet the information exchange to support emerging business needs.

Conclusion

Historically, the voice of the PMS vendor is underrepresented at the Administrative Simplification table. HATA members provide critical feedback from the end user experience, and therefore HATA should be included in all collaborative efforts. HATA and its members look forward to working with NCVHS on the predictability roadmap along with further opportunities to share our recommendations for a streamlined, automated, and interoperable workflow that exchanges meaningful information to meet providers' needs while allowing the provider to maintain existing workflows for maximum efficiency.