



# Healthcare Administrative Technology Association Industry Roadmap

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Engaging industry partners to promote  
interoperability and drive down healthcare costs

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**Healthcare Administrative Technology Association (HATA)**

A non-profit trade association that provides a forum for the Practice Management System industry and other affiliated stakeholders.

[www.hata-assn.org](http://www.hata-assn.org)

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## **HATA INDUSTRY ROADMAP**

### **Introduction**

The Healthcare Administrative Technology Association (HATA) is the national association representing practice management system (PMS) vendors. On behalf of the PMS vendors, HATA created the HATA Industry Roadmap to raise industry awareness of the PMS vendor need to bring solutions to their clients that promote interoperability and drive down costs. In addition, HATA developed this Roadmap to encourage the National Committee on Vital and Health Statistics (NCVHS) and Office of the National Coordinator for Health Information Technology (ONC) to include the following recommendations on their roadmaps.

HATA is strongly supportive of interoperable administrative and clinical information exchange utilizing standard transactions and code sets. HATA will actively promote its Certification in Healthcare Administrative Technology (CHAT) program which recognizes PMS vendors providing a standard level of privacy and security, software functionality and features that focus on both the electronic health record (EHR) and PMS revenue cycle management (RCM) workflow.

HATA looks forward to engaging with industry partners to determine the best strategic path toward enacting these recommendations and/or providing increased education in those areas where solutions already exist.

### **Background**

HATA engaged PMS vendors to establish a collective voice regarding both administrative and clinical data exchange needs for their clients. This initiative resulted in the HATA Industry Roadmap to position HATA in a leadership role on this topic across the industry.

After examining current PMS capabilities and client needs, HATA members developed this Industry Roadmap to meet the following key strategic objectives:

- Increase adoption of EDI across clients and the industry at large;
- Reduce unnecessary administrative costs of manual processes by increasing actionable messaging and compliant standard transactions;
- Reduce the cost of maintaining non-compliant transactions;

- Reduce the cost of EDI (i.e. banking transactions are significantly less than EDI); and,
- Reduce need to go to multiple portals and gain the ability to place information within the PMS workflow.

## **Contributors**

HATA recognizes not all PMS vendors are current members of HATA. While HATA anticipates more PMS vendors will become members of HATA and assist in operationalizing this roadmap, HATA reached out to several non-member PMS systems for feedback. These conversations confirmed the roadmap is on track across the majority of PMS vendors.

In addition to the HATA membership, the HATA Roadmap content was shared with AdvancedMD, Aprima, Allscripts, athenahealth, Azalea, Cerner, GE, and Meditech. In confirmation of the content, HATA was pleased to receive feedback that was incorporated within this document from Aprima, Allscripts, athenahealth and Cerner.

## **Significance of the PMS Vendor Voice**

It is important to note, that PMS vendors are business associates under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). While privacy and security requirements extend to business associate, HIPAA transactions and codes sets do not. Therefore, PMS vendors are the perfect partner in the interoperability conversation. Proven return on investment (ROI) is needed to encourage PMS vendors to invest capital in new or updated information exchange. ROI can only be realized when the majority of payers and majority of providers are willing to incorporate new/revised solutions and standard transactions within their workflows and adhere to standard transaction requirements.

Many PMS vendors work closely with EHR partners. This partnership drives the need for a deeper understanding of the exchange of both administrative and clinical data to meet client use cases. Additionally, PMS and EHR software solutions interoperability needs extend beyond a client's wall to external connections.

# **HATA Recommendations**

## **Summary for 2018 and Beyond**

HATA is dedicated to providing knowledge resources to assist its members spur innovation and automation while staying ahead of information exchange needs. PMS vendors promote:

- Streamlined, automated, meaningful information exchange through required standard transaction usage, including electronic data interchange (EDI) that includes:
  - Enrollment (Attribution);
  - Fee schedules;
  - Pre-determination;
  - Claim acknowledgment;

- Attachments, for use with claims, prior authorization and other relevant transactions;
- Prior authorization requirements, and;
- Online automated appeals.
- Information exchange that meets identified business needs of all stakeholders is required to realize administrative cost savings that includes:
  - Standard data dictionary and mapping;
  - Semantic compliance;
  - Proactive compliance audits;
  - Increased payer-specific transparency;
  - Companion guides with limited permitted usage and transparency requirements in a standard template;
  - Minimum floor allowance for required transactions; and
  - Reexamine role of non-covered entities in EDI exchange.
- Validation of the business needs that are addressed and the positive ROI prior to the recommendation of any new standard or operating rule that includes:
  - Pilot testing;
  - Specific business cases that will be met; and
  - Comparison of the implementation and ongoing costs (e.g. support, training of users) of stakeholders versus the expected value to the industry.
- Interoperability principles for meaningful information exchange including:
  - Expansion of ONC 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 implementation time; and
  - Data sharing requirements.
- Convergence of the administrative and clinical data to meet business use cases that includes:
  - Exploration of emerging administrative and clinical use cases; and
  - Enhanced matching of patient data
- Spur innovation and stay ahead of information exchange needs among stakeholders by the selection of a multi-stakeholder organization or collaborative of associations that will:
  - Guide HHS as it monitors emerging trends across the industry that requires the exchange of both administrative and clinical data and develop recommendations;
  - Provide a comprehensive annual report that would identify standard gaps in information exchange and standard implementation costs versus value; and
  - Include HATA and other appropriate association representation.

### **Streamlined, automated information exchange**

HATA vendor members are asked on an ongoing basis to provide increased communication between stakeholders. However, to provide this increased communication, payers and other information sources must share accurate and action oriented information that providers can act upon.

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.

HATA recommends mandating the following standard transactions, associated operating rules, compliance and other requirements to drive the major payers and partner vendors to implement standards, operating rules and other regulations timely and consistently. Healthcare stakeholders are used to waiting for a government mandate for standard transactions and operating rules before making the necessary capital investment. These government mandates are typically pushed back a few times, resulting in stakeholders delaying resource allocation to meet these mandates and often the result is also a delay in their readiness testing.

**HATA challenges the:**

- Industry-at-large to prioritize the use of standard transactions to provide timely, robust information exchange between payers and providers. These standards meet not only our clients' business needs, but also their patients' healthcare information needs.
- Healthcare stakeholders to increase price and claim payment policy transparency between payers, providers and consumers earlier within the revenue management cycle to reduce unnecessary burden and associated costs inherent with claim denials. Pricing transparency provided prior to the delivery of care permits patients to make informed decisions regarding their treatment plans. Providers to adopt relevant electronic standard transactions to ensure information can be passed within the revenue management cycle and encourage payers to provide the information needed to resolve business issues effectively.

**Recommendations:**

- Promulgation of final rules for the following standard transactions.
  - X12 Patient Information (275)<sup>1</sup> to send electronic attachments for use with claims, prior authorization, and other relevant transactions.
  - X12 Health Care Claim Acknowledgment (277)
  - X12 Provider Enrollment for EDI Services (838 for all mandated transactions between covered entities.
  - X12 Health Care Claim: Professional Format (837-P) 005010X291 & X12 Health Care Claim: Institutional Guide Format (837-I) 005010X291 005010X292 - Pre-determination standard transaction (real-time/near real-time estimation/adjudication by more payers to give clients financial information prior to or at time of care that can be easily integrated or information passed within the provider workflow).

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<sup>1</sup> The X12 TR3 that details the full requirements for this and other mentioned transaction along with the license for its use is available at <http://store.x12.org/store/>.

- Increased use of automated capabilities to exchange needed information between payers, providers, partner vendors and consumers.
  - Online and/or automated claims reconsiderations/appeals that can be easily integrated via PMS software into the provider workflow.
  - Online or downloadable payer prior authorization requirements that can be easily integrated via PMS software into the provider workflow.
- Payers to provide easily accessible fee schedules online or in a downloadable format that can be uploaded within the PMS. A standardized format (i.e., the X12 Health Care Fee Schedule (832) should be considered.

### **Information exchange that meets identified business needs of all stakeholders**

Information exchange is meaningless, if the sender and receiver do not understand the context of the data being exchange. Technology has advanced to allow data to be pulled out of systems to resolve various business needs. However, it is important to realize the context around the various fields that the data is being pulled from to ensure the data is applied appropriately by the receiver. A prime example of this is the use of an electronic prior authorization where the request for diagnosis and history information could be included in the transaction.

#### **HATA challenges:**

- Payers and their vendor partners to provide accurate information to the highest specificity on transactions early in the revenue management cycle and pass clear, actionable content that provides enough information for the provider to resolve or act on request to drive down the need for provider staff to leave their preferred workflow.
- Healthcare industry to examine specific information needs; move toward standard data dictionaries and semantic compliance to ensure business needs are met across all stakeholders and within the standard transactions exchanged.

#### **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.
- Move toward *semantic* instead of *syntactical* compliance.
- Work with HATA and other stakeholders to foster increased transparency allowing claim issues to be addressed at the front end of the provider revenue cycle. Seek to reduce noncompliance, including 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.
- 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, with limited permitted usage and transparency requirements.

- Promote the ability to use a future version of a HIPAA mandated transaction standard in a voluntary pilot. This will bring new capabilities to market faster and test use of a new transaction standard before it is considered for adoption.
- Require dedicated space within the standard transactions 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.
- Increase stakeholder education on the Centers for Medicare & Medicaid Services complaint process, encourage increased proactive compliance audits of payers, and move forward with appropriate enforcement action in an effort to drive compliant adoption of the standard transactions.
- Ensure Centers for Medicare & Medicaid Services complaint process is fully anonymous and not subject to Freedom of Information Act (FOIA).
- 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. It is important to note, that PMS vendors are business associates under HIPAA. Privacy and security requirements extend to business associates through The Health Information Technology for Economic and Clinical Health (HITECH) Act, HIPAA transactions and codes set requirements do not.
- Payers make available a detailed companion guide with limited permitted usage and transparency requirements in a standard template. The companion guide must 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 ROI prior to adoption of any standard or operating rule**

HATA realizes voluntary, consistent adoption of standards by the majority of stakeholders is needed to gain the ROI and/or cost savings obtained through the resulting efficiencies within the workflow. Consistent adoption is crucial to driving down the unnecessary cost of workarounds to accommodate noncompliant information exchange.

HATA provides the following recommendations to raise awareness of the gap in standard implementation from a vendor perspective. Understanding, specifically what business need(s) the revised or new standards resolve prior to adoption, would provide stakeholders with the business case for investing capital. This would begin moving the industry toward voluntary adoption because it makes good business sense.

HATA challenges the:

- Industry-at-large to establish the ROI, cost savings and/or patient engagement for each of the standard transaction and operating rules. This validation should include determination of when a standard makes business sense prior to implementation, when a business need can be met within an existing standard, or an alternative for a subset of an industry.
- Education forums to showcase stakeholder's experiences that have successfully implemented or are piloting standards and/or capabilities with consumers or clients and partner vendors.
- Stakeholders to confirm the business case that justifies requesting capital, prior to the mandate or voluntary adoption of a standard transaction, operating rule or other requirement.

#### 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. Better understanding of the 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.
- Require funds for a pilot to demonstrate that the new standard or operating rule addresses a specific business need that is not currently met and brings the intended efficiency or 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**

Information exchange occurs between systems, regardless what type of stakeholder. When there are different information exchange rules, principles, regulations for the exchange of data, whether it is administrative and/or clinical data, it causes confusion and added cost. For example, attachments and related patient data can be passed by EHRs and other software solutions, clearinghouses, health information exchanges and other partner vendors.

Payers and their trading partners must be compliant with all required standards (standard transactions, operating rules, and implementation guides), in order for the industry to reduce administrative burden and achieve optimum efficiency. These standards include HL7, NCPDP, X12 and other recognized standard transactions. The performance of work arounds to accommodate compliance with standards by numerous stakeholders is an unnecessary administrative burden on vendors and providers.

#### HATA challenges:

- ONC and HHS to collaborate on information exchange principles and requirements. All stakeholders to participate in open, information exchange to drive workflow efficiency.

#### Recommendations:

- 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.
- The ONC is encouraged to expand the application programming interface (API) transparency requirements for exchange of patient data from EHRs to PMSs for 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, such as prior authorization, quality measurement reporting etc.
- Stakeholders must ensure data is shared as outlined in the 21st Century Cures Act (Public Law 114-255) and specified in forthcoming regulation.

#### **Convergence of both Administrative and Clinical Data to meet use cases**

Healthcare is filled with silos and numerous niche solutions to fill gaps created from these silos. HATA members need the ability to exchange information between PMS and EHR systems. Then they need the ability to exchange information outside their clients' borders. Therefore, information exchange between these software solutions is not exclusive to just clinical or administrative data. Business needs include use cases that cross the administrative and clinical divide. Administrative and clinical data are needed to resolve many internal use cases and satisfy external payer and other partner requirements, including prior authorization, alternative payment methods/value based care, quality measurement reporting workflows.

The Healthcare Effectiveness Data and Information Set (HEDIS) created by the National Committee for Quality Assurance (NCQA) to assess the quality of healthcare and improve patient health and outcomes along with the Center for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System to rate Medicare advantage and other plans require the collection, compilation and reporting of measure data consisting of both administrative and clinical data. The HEDIS and CMS Five-Star Quality Rating System requirements place a burden on both payers and providers, instead of examining the administrative and clinical workflow and providing an automated solution to easily pull this data directly from the source systems. These measures require administrative and clinical data to be combined to compile numerous measures and external surveys to be completed. Payers that are the best at collecting this information often send staff to practices to manually pull and copy the applicable charts or send letters requiring

practice staff to spend an inordinate amount of time finding and copying the requested charts, or set up API's or other one to one connections to gather the data.

Alternative payment methods/value based care incorporates quality measures and benchmarks both requiring administrative and clinical data to benchmark, track and report to comply with contractual obligations. The time is here to examine how these use cases and others can be resolved through seamless exchange of both administrative and clinical data. Similar to patient identification, patient matching and other information exchange, these challenges apply to ALL methods of information exchange occurring within the provider PMS and EHR systems, as well as other stakeholder systems.

HATA challenges the:

- Industry-at-large to remove the administrative and clinical lens and replace it with information exchange best practices across all types of standards and stakeholder workflows.

#### Recommendation:

- Exchange of clinical information/attachments in support of administrative use cases, such as claims, prior authorization and quality measures across stakeholders should be facilitated. This exchange of symbiotic administrative and clinical data will become more critical as value based care and other emerging innovations and payment models become more prevalent.
- ONC and HHS partner with the private sector to reach a common approach for patient matching across the industry.

#### **Spur innovation and stay ahead of information exchange needs among stakeholders**

The current process to request updates to the standards is for individual stakeholders to bring forward business needs to the Designated Standard Maintenance Organization (DSMO) or the standard bodies for consideration. This process is burdensome and prohibits innovation due to the time and resources needed to bring forward individual business needs, but also the continued advocacy that is needed throughout the process that may require two or more years to implement a solution.

Many stakeholders, such as majority of PMS vendors, are not represented in these forums, not because the forums aren't all inclusive, but rather because many stakeholders do not have the resources to commit to the time and resource intensive process.

One example is value based care, a national priority, however the required information exchange needed to support value based care has not been operationalized nor best practices developed at a national level across all stakeholders.

#### HATA challenges the:

- Industry-at-large to examine how to operationalize innovative trends and ensure business need are addressed and best practices are proactively developed for information exchange across all stakeholders.
- Education forums to encourage innovation and showcase stakeholder's experiences that have successfully implemented or are piloting innovative trends. Remove the conversation from what barriers are prohibiting information exchange to what is needed to improve information exchange and drive down stakeholder costs.

#### Recommendation:

- The identification of a multi-stakeholder organization or association collaborative, which would include HATA and other appropriate associations, to guide the HHS as it monitors emerging trends and develops a comprehensive annual report, which is becoming increasingly important.
- 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 in support of emerging business needs.
  - And other recommendations for emerging business and communication needs across stakeholders.

#### **Conclusion**

Historically, the voice of the PMS vendor has been underrepresented in the industry administrative simplification and interoperability conversations. HATA members provide critical feedback from the end user experience, and therefore HATA should be included in all collaborative efforts. HATA supports promoting interoperability programs and is uniquely poised to guide the industry as we have members that have standalone PMS and hybrid PMS EHR system that can bridge both administrative and clinical use cases. HATA and its members look forward to working with all industry stakeholders and associations on enacting this roadmap along with further opportunities to share our recommendations. Along with its members, HATA promotes and facilitates a streamlined, automated, and interoperable workflow across stakeholders that exchanges meaningful administrative and clinical information to meet providers' needs while allowing the provider to maintain existing workflows for maximum efficiency.

For more information regarding the HATA Industry Roadmap or HATA, contact Tim McMullen, JD, CAE, Executive Director; [tim@hata-assn.org](mailto:tim@hata-assn.org); 844-440-4282

- [NCVHS Predictability Roadmap Recommendations](#)
- [ONC Interoperability Roadmap Recommendations](#)

### **Recognition in Development of HATA Industry Roadmap**

A special thanks to the following individuals who have contributed to the leadership of the development of this roadmap:

#### HATA Industry Roadmap Committee

Tammy Banks, Optum360, Co-Chair

Betty Gomez, Medinformatix, Co-Chair

Tim McMullen, HATA Executive Director

Additional recognition to the HATA Industry Roadmap Committee members and HATA management who attended numerous conference calls and are committed to engaging industry partners to promote interoperability and drive down healthcare costs. Thank you for your valued contributions.

### **About HATA**

The Healthcare Administrative Technology Association (HATA) is a non-profit trade association that provides a forum for the PMS industry and other affiliated stakeholders. The association serves as the representative voice to advocate and influence key stakeholders and government representatives on PMS Vendor issues. Its members: ALC Consulting, AllMeds, Alpha II, American Medical Association, AMBA, Availity, Cognizant, e-MDs, eProvider Solutions, EZClaim, GeBBS Healthcare, Greenway Health, HealthPac, InstaMed, Medinformatix, MGMA, NextGen Healthcare, Office Ally, Optum, PAHCOM, PaySpan, PracticeAdmin, PracticeInsight, WorkCompEDI and Zelis Payments represent more than 600,000 providers. To learn more about the Healthcare Administrative Technology Association, visit the website at [www.hata-assn.org](http://www.hata-assn.org) or contact Tim McMullen, JD, CAE, Executive Director, 844-440-HATA (4282) or [tim@hata-assn.org](mailto:tim@hata-assn.org)