

**Statement To
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS
SUBCOMMITTEE ON STANDARDS**

February 16, 2016
Presented By: Laurie Darst
Mayo Clinic
Revenue Cycle Regulatory Advisor

Members of the Subcommittee, I am Laurie Darst, Revenue Cycle Regulatory Advisor at Mayo Clinic. I would like to thank you for the opportunity to present testimony today regarding our electronic claim attachment project.

Claim Attachment Project - Mayo Clinic & WPS (2005-2013)

In 2005, Mayo Clinic and Wisconsin Physician Services (WPS), Minnesota's Part B Medicare carrier, began discussions on the possibility of implementing electronic claims attachments. The goal was to look at cost reduction and savings opportunities. Our intent was to go beyond 'proof of concept' and implement electronic claim attachments long term. In addition, we wanted to develop a process that could be replicated to other payers.

The following cost reduction and savings opportunities were identified:

- Mail room staff time
- Pre-reading staff time sorting the request letters and routing to the appropriate area
- Billing staff time reviewing the paper request and copying the necessary data
- Savings in postage.
- The existing paper attachment request process created a 25-30 day delay in receiving payment. The opportunity to reduce this delay in payment was a key factor in moving forward with this project.

We reviewed the incoming Additional Document Request (ADR) letters from WPS and identified a high volume and high cost request. An operative report was consistently requested in situations where a surgical procedure was performed and complications occurred or additional surgeons were required. When this situation occurred, the coding department would attach a modifier(22/62) to the surgical CPT code to reflect that additional costs were associated with the surgery charge. WPS needed to review the operative report in order to pay the additional cost appropriately. Mayo Clinic and WPS discussed the opportunities associated with this type of scenario and determined Mayo Clinic would send the operative report "unsolicited". Instead of waiting for the ADR request, we proposed to send this operative report "electronically stapled" to the claim. A claim attachment control number would link the claim and the attachment, allowing the WPS nurse reviewer to view the operative report at the same time the claim was received.

We worked with our internal EDI staff to develop edits in our claim scrubber to flag these scenarios and to automatically retrieve the required operative report from our EHR. The operative report would be linked to the claim by creating a claim control number which was then included in the X12 TR3 transactions (837 and 275). Mayo Clinic and WPS EDI staff worked together, along with a CDA R2 expert, to determine how to correctly populate the HL7 CDA R2 component.

Mayo Clinic sends the operative report using the HL7 CDA R2 data as a text message, not as a scanned image. Since Mayo Clinic's implementation included an automated operative report retrieval, we eliminated billing staff intervention. This is unlike most other attachment processes currently implemented in the industry where billing staff must access the EHR system, copy the medical record to a PDF, and then upload it into a portal.

Attachment Project Results: Mayo Clinic discovered payment for these types of services were received 25-30 days sooner than the previous development letter process. We also experienced reduced staff time associated with automation and the elimination of the paper processes.

Mayo Clinic successfully transmitted electronic operative reports to WPS from 2006 to 2013, at which time NGS became the Medicare Part B contractor for Minnesota.

Second Claim Attachment Project - Mayo Clinic & NGS (2013 to Present)

In August 2013, Mayo Clinic began working with NGS staff to replicate the operative report attachment project previously implemented with WPS. Since the internal implementation process remained the same, we only had to make modifications to the X12 275 version (5010 to 6020) and complete testing to ensure production readiness.

Mayo Clinic continues to realize cost savings and payment delay reductions. The electronic attachment process we created for operative reports in 2005 was relatively easy to replicate with our new Medicare carrier in 2013. Mayo Clinic has been successfully submitting "unsolicited" electronic operative reports to Medicare for over the past 10 years.

Considerations and Recommendations:

We did identify a few challenges while working on this project, specifically related to the HL7 CDA R2. EDI staff (both payers and providers) that support administrative transactions have limited, to no expertise in coding the HL7 standards. HL7 standards education is essential to ensure a smooth implementation.

This will be the first time the industry will implement two different standards (X12 275 and HL7 C-CDA) created by two different standard development organizations (X12 and HL7) for a single process. There needs to be a single source for the industry to download the required documents necessary to implement attachments. In addition, education on how these two standards work together is important.

We support the use of the X12 275 transaction, along with the HL7 Consolidated CDA (C-CDA). The use of the X12 275 allows the provider to send both the claim and the associated attachment through the same EDI gateway. The C-CDA supports a single standard that could be used for both transition of care and the administrative transactions. In addition, most certified EHR vendors support the C-CDA for transition of care today.

We also strongly support the unsolicited attachment as a highly effective tool to communicate additional information in an efficient way. In situations where it is known that an attachment is *always* required, it is burdensome and expensive to have the claim either pended for more information or reject due to lack of information. Sending the attachment with the claim reduces payment delays and costs. However, it's important for payers and providers to collaborate on scenarios that are appropriate for unsolicited attachments.

Summary

In summary, our unsolicited operative report attachment projects were very successful. We strongly support the claim attachment transaction and see opportunities for automation, administrative simplification and cost savings.

I'd like to thank you again for the opportunity to testify today.