



**TESTIMONY**  
**Before the**  
**NATIONAL COMMITTEE ON VITAL AND**  
**HEALTH STATISTICS**  
**SUBCOMMITTEE ON STANDARDS**  
**ON**  
**PROPOSED HEALTH CLAIM ATTACHMENT STANDARD**

**Introduction**

Thank you, Mr. Chairman and members of the Subcommittee, for allowing me to testify today concerning the proposed health claim attachment standard.

We have also filed a more inclusive written testimony with the Subcommittee.

I am Christol Green, Senior Business Consultant, E-Solutions, at Anthem, Inc.

- I have been working on HIPAA Administrative Simplification and active in implementing and integrating healthcare electronic transactions for over 20 years.
- I am a current member of WEDI, X12, HL7, NPAG and other healthcare related industry organizations and I currently serve as chair person for the National Plan Automation Group.

With over 72 million people served by its affiliated companies, including more than 38 million enrolled in its family of health plans, Anthem is one of the nation's leading health benefits companies.

On behalf of Anthem Inc., an organizational member of America's Health Insurance Plans (AHIP) and the BlueCross and BlueShield Association (BCBSA), I would like to thank you for the opportunity to respond to subcommittee questions and provide our perspective on the proposed operating rules.

We hope that sharing our experience and recommendations with NCVHS will help improve efficiencies and usage of electronic healthcare transactions

### **Comments on Attachment Standards**

- The standard can support any types of services that require attachments including claim payments, prior authorization, referrals, notifications, post adjudicated claims, and care coordination.
- Background information on need for an attachment standard
  - Absence of regulation has left the industry to develop (mostly proprietary) processes which only address a very small percentage of attachments necessary for administrative and clinical purposes.
  - There are a variety of electronic transmission methodologies used today based on stakeholder EDI readiness.
  - There is a dependency on the flexibility of these various methods because they were developed and adapted by the needs of the various stakeholders.
- The potential impact and efficiencies are significant for all entities with the adoption of an attachment standard.
  - Automate end to end workflow processes across stakeholder to streamline administrative processes
  - Decrease administrative cost associated with paper processing
  - Health plans have piloted earlier versions of the attachment standards and use clinical data standards to exchange some clinical data today. Given that the return on investment was significant in these pilots, we would expect that the proposed standard has the potential for similar efficiency improvements.
  - Anthem has proprietary processes today (i.e. MEA/NEA, 837 claims PWK fax/mail) which achieved cost savings.
- However, I do want to emphasize that the industry needs sufficient lead time and flexibility in implementing this standard.
  - We recommend at least two years or more after the final attachment standard is announced in order to plan and align the resources necessary for implementation and compliance.
  - It is also important that industry is offered approaches for adoption that allow for flexibility for new and/or advancing technologies. For example, we see a need for flexibility in the standard that would allow mutually agreeing trading partners to use alternative methods to exchange healthcare attachments not to disrupt current processes.
  - Furthermore, there may be risk in citing future standards that are still in “Draft Standard for Trial Use” (DSTU) or “development”, where the DSTU could still undergo extensive changes. This could pose a risk to the healthcare providers, EHR vendors and payers as they take action to any changes in the standard.

- Anthem supports the adoption of the proposed standard including the following recommendations:
  - ASCX12 275 Envelop
  - ASC X12N 277 Request for Additional Information
  - HL7 Consolidated CDA R2.1 - Similar to a TR3
  - Unstructured document
  - Structured document Types
  - HL7 Supplemental Guide –C-CDA R2.1 for Attachments
  - HL7 Clinical Documents for Payers Set 1 (CDP1) – Optional
  - Logical Observation Identifiers Names and Codes (LOINC). Codes to identify/request attachment types and data content.
  
- Electronic attachments are a high priority for administrative simplification from a health plan perspective.
  - The industry will benefit with specific standards named within the Attachments rule.
  - We encourage you to offer approaches to adoption that allows the flexibility for advancing technologies.

Thank you again for this opportunity today. I would be happy to take any questions at the end of this session.



## **ADDENDUM**

### **NCVHS Standards Subcommittee Hearings on Health Care Claims Attachment Standard**

#### **Statement for the Record America's Health Insurance Plans February 16, 2016**

On behalf of America's Health Insurance Plans (AHIP) we are writing to submit this statement for the record in response to the NCVHS Standards Subcommittee's hearing on Health Care Claims Attachment Standard. AHIP is the national association representing health insurance plans that provide coverage to 200 million Americans. We support the testimony submitted on behalf of AHIP by our member company, Anthem, and agree with the themes and recommendations presented in that testimony. We are submitting this statement for the record to provide additional insight into the broader industry perspective on this topic for the Subcommittee's consideration.

#### Health Care Claim Attachment Standard

Adoption of electronic attachments is a key component to achieving administrative simplification and is increasingly a priority for payers. Moving from paper to electronic attachments will improve the exchange of clinical and administrative data by reducing reliance on paper attachments. Moving away from manual processing will not only reduce administrative costs but result in more timely processing. Implementation of the attachment standard should also address its eventual adoption to support prior authorization, referrals, notifications, post adjudicated claims, and care coordination to support automated end-to-end workflows for those processes too.

AHIP supports adoption of electronic attachments with sufficient time to support implementation. Adoption of electronic attachments will be a major undertaking for payers, providers, and vendors, requiring significant system changes. We recommend a two year timeline for implementation following approval of the final standard so that stakeholders have enough time to allocate the necessary resources and for planning, IT development, testing, and outreach and coordination with trading partners.

We thank the Subcommittee for the opportunity to submit written testimony for the record on this topic.