Attachment Standard: The Physician Perspective

NCVHS Subcommittee on Standards
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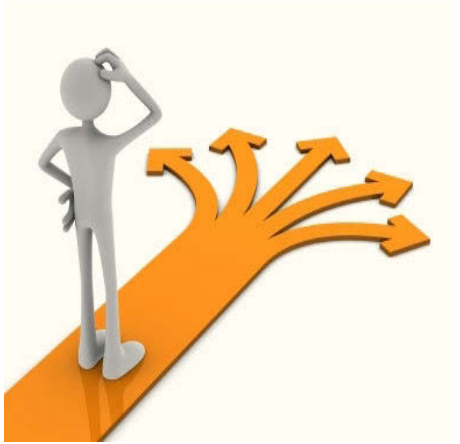
AMA
AMERICAN MEDICAL ASSOCIATION

Our World of Cost Containment

- Health plans' cost containment and utilization management programs have rapidly grown over recent years, from prior authorization to fraud detection
- These programs almost always require submission of supporting clinical documentation, with obvious implications for use of attachments
- The AMA strongly opposes health plans' broad-based utilization management and cost control programs due to the associated delays in care and payment, as well as the increased practice administrative burdens
  - The AMA believes that these programs, if used, should only be applied to true utilization outliers

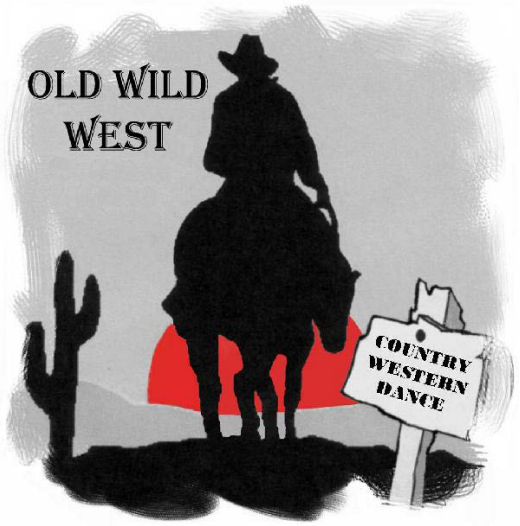
Current Attachment Ecosystem

- Given the reality that utilization review and cost control programs will be used for the foreseeable future, the AMA urges the industry to implement an **automated, uniform, efficient** process for clinical documentation submission
  - Elimination of current manual systems (fax, mail) offer significant cost savings opportunities for the industry
- In the absence of an attachment standard, the industry has developed a myriad of diverse methods for electronically exchanging clinical data:
  - ASC X12 275 transaction
  - Secure email
  - Health plan portals



Standardization

- In order to promote efficiency, the industry needs a standard, defined way of transmitting clinical information between health plans and physicians
  - Current “wild-west” environment creates significant provider hardship
  - Providers today must accommodate all of the different methods of clinical data exchange used by health plans
- Congress enacted HIPAA standard transactions in order to enable providers “to submit the same transaction to any health plan in the United States” when conducting it electronically[1]
  - Standard = **One uniform method** of information exchange
  - **Increasing consistency** and **reducing ambiguity** should be our goals



1) https://aspe.hhs.gov/report/frequently-asked-questions-about-electronic-transaction-standards-adopted-under-hipaa

Attachment Standard

- To meet the HIPAA regulatory intent of uniformity in electronic communications, each element of clinical data exchange for both claims and prior authorization attachments should be standardized
- The AMA supports attachment standardization using:
  - **Request for additional information**
    - ASC X12 278 Services Review Response (prior authorization)
    - ASC X12 277 Request for Additional Information (claim)
  - **Envelope**
    - ASC X12 275 Additional Information to Support a Health Care Claim (claim)
    - ASC X12 275 Additional Information to Support a Health Care Services Review (prior authorization)
  - **Clinical Content**
    - HL7 C-CDA R2 Consolidated Clinical Document Architecture Release 2

Standardization of Clinical Content

- A physician's encounter documentation should be sufficient to meet the needs of **both** other providers **and** health plans
- In order to properly fulfill the intent of the HIPAA legislation, the attachment standard should create **one way** to exchange clinical information via an attachment
- The AMA does not support including both the Clinical Document for Payers 1 (CDP1) and the C-CDA R2 in the attachment standard because:
  - Physicians would have to create 2 different forms (one for sending to future clinicians for transition of care and another for payer functions) per encounter
  - This would increase provider administrative burdens and reduce time available for direct patient care

C-CDA R2 vs CDP1

- The AMA supports the C-CDA R2 as the standard for attachment clinical content
- CDP1 requires completion of significantly more templates than the C-CDA R2, with use of “null flavors” to reflect uncollected data or information that the provider does not wish to exchange
- Null flavors raise concerns with:
  - Increased provider burden in selection of null flavor descriptors
  - Exchange of clinical data beyond what is needed (i.e., violation of HIPAA “minimum necessary” principle)

Attachment Clinical Content: Remaining Issues

- Valid concerns have been raised during the industry discussion of the HL7 C-CDA R2 and CDP1
- The CDP1 includes additional sections and templates beyond what is included in the C-CDA R2
  - CDP1 has not been tested or used
  - The industry should closely examine these additional templates and determine if they would be valuable additions to clinical documentation and data exchange
  - If so, these new capabilities should be considered for the next release of the HL7 C-CDA
  - **Any enhancements to clinical documentation must be captured within that single standard**
- There is concern that vendors will not develop the C-CDA R2's optional sections and templates
  - Current testing methods do not evaluate vendors' support for optional capabilities
  - **Vendors must fully support all elements—both required and optional—in their implementation of the C-CDA R2 so that providers can capture and report these data, when appropriate**
  - The AMA urges the Subcommittee to recommend changes in vendor testing that will allow for evaluation of vendors' support of all optional functionalities in the C-CDA R2 standard

Attachment Standard Recommendations

- The AMA recommends adoption of the previously indicated standards to support the various elements related to clinical information exchange (information request, envelope, clinical content)
- AMA urges judicious use of attachments
  - Clinical documentation requests should **not** be routine
  - Clinical data exchange increases administrative burdens and costs for **physicians and health plans**
- Industry should aim for uniformity in **when** attachments are required so physicians can send proactively and unsolicited
- Health plans should be prohibited from requesting the same clinical data multiple times from providers

Urgent Need for Attachment Standard

- 20 years have passed since the original HIPAA legislation that listed attachments as a transaction requiring standardization—**standard is long overdue!**
- June 2014 NCVHS vendor testimony on attachments indicated that the **"uncertainty in the area has had a paralyzing effect"** and serves as a disincentive for vendors to allocate resources to attachment development
- Without a mandated standard to serve as "marching orders," the industry will continue on the current course of fragmented, hodgepodge, and workaround methods of transmitting clinical information
- Vendors, providers, and health plans all need clear direction **now** so that industry can begin development and implementation plans

Conclusion

- Standardized electronic exchange of clinical data has the potential to reduce administrative burdens and costs across stakeholders
- Other benefits include minimization of patient care delays (prior authorization) and faster payment (claims)
- An electronic attachment standard is urgently needed so that the health care industry can achieve administrative simplification in this area

Questions

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