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Ms. Alix Goss, Co-Chair
Mr. W. Ob Soonthornsima, Co-Chair
Subcommittee on Standards – NCVHS

RE: Statement of the American Dental Association on Attachments to the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards

Dear Ms. Goss and Mr. Soonthornsima:

The American Dental Association (ADA) is the world's oldest and largest professional dental association with over 158,000 members. As a longstanding member of the standards development community, the ADA appreciates the opportunity to comment on Section 1104 of the Patient Protection and Affordable Care Act (ACA).

Dentists manage both direct consumer payments and insurance payments. They also deal with multiple insurance companies and the challenges of determining what each plan will pay and what attachments are required. In addition, dentists' patients want to know exactly what they need to pay out of pocket, very often while still on the premises.

General Comments: The ADA supports proposals to make the ASC X12 version 5010 - 275 transaction the standard vehicle for transporting attachment content to dental claims. This approach is simple, widely understood, and flexible enough that its promulgation and adoption should be relatively easy.

With regard to attachment content standards, we urge the Committee to recommend adoption of the HL7 Consolidated Clinical Document Architecture Release 2 (CCDA R2) templates only, as these are already in use in many health care provider facilities, and are supported in certified Electronic Health Records (EHR) systems used by the 8-9% of dental practices participating in the CMS Meaningful Use EHR incentives program. We do not believe that the HL7 Clinical Documents for Payers (CDP) templates will help achieve Administrative Simplification, but instead create burdens for health care providers and their technology vendors, who must support two standards instead of one, and in many cases with already-insufficient resources. In addition, providers will be further burdened by being required to manage many payers' different requirements for attachments. The Secretary should adopt only one standard for attachment content if this is to be avoided.

In addition, the ADA believes that electronic claim attachments, such as radiographs, intra-oral photographs, and periodontal charts, should be sent only when the information provided on the claim is insufficient to adjudicate the claim, and that only information required to adjudicate the claim should be sent via an attachment. This is also in keeping with the "Minimum Necessary" standard required under the HIPAA Privacy Rule at 45 CFR 164.502(b) and 164.514(d).

The ADA and its members believe that significant numbers of dental claim attachments are unnecessary. These attachments are requested by third-party payers as a means to verify the

diagnosis and/or completion of treatment as attested to by the treating dentist. As such, they are often redundant and contribute to the cost of claims processing for both providers and payers.

Properly prepared and submitted claims contain adequate information about the patient, the treatment plan, and the provider to determine eligibility and applicable plan benefits. Attachments for dental claims should cease to be routine in general.

The ADA is an American National Standards Institute (ANSI) Accredited Standards Developer (ASD). The ADA is a leader in standards development for information technology used in dentistry with a relatively long involvement in such activities. In 1992, the ADA's interest in the standardization of clinical information systems for the dental environment prompted the Association to expand its involvement in this standards arena. After evaluating current informatics activities, a Task Group of the ANSI Accredited Standards Committee MD 156 (ASC MD156) was created by the ADA to initiate the development of technical reports, guidelines, and standards on information technologies used in dental practice. The ASC MD156 Task Group later evolved into the ADA Standards Committee on Dental Informatics (SCDI). Under the ADA's ANSI accreditation, the ADA SCDI is the consensus body that currently reviews and approves dental informatics American National Standards and technical reports. The ADA SCDI-developed standards and technical reports promote patient care and oral health through the application of information technology and other software and hardware products to dentistry's clinical and administrative operations. The standards are developed by volunteers through Working Groups of the ADA SCDI. The Working Groups, organized under three SCDI Subcommittees, address specific topics and provide an opportunity for stakeholders to participate while ensuring they have their say in the development of voluntary consensus standards.

Pursuant to ANSI and ADA procedures, the ADA Standards Committees follow the requirements for voluntary consensus and a balance of interests. They are comprised of volunteer technical experts who serve as representatives of organizations affiliated with the profession, dental industry, technology vendors, academia, and the government. The ADA SCDI serves as the consensus body that makes recommendations on proposed standards, which then move through an internal ADA approval process, and finally, to ANSI for review and approval as American National Standards.

As part of its ongoing work in dental informatics standards, the ADA SCDI published ANSI/ADA Standard No. 1047 for *Standard Content of a Periodontal Attachment* in June of 2006 and further revised it in January 2010. The ADA and the SCDI have recently finished a major re-write of ADA Standard No. 1047, adding standard content for orthodontic claims and other electronic attachments.

ADA Standard No. 1047 has been revised and re-designated as **ADA Standard No. 1079** ***Standard Content of Electronic Attachments for Electronic Dental Claims***. The content in this new, revised standards work product is intended to be normative for the foreseeable future and has cancelled and replaced ADA Standard No. 1047. ADA Standard No. 1079 obtained official recognition as an American National Standard by ANSI in December of 2015. ADA Standard No. 1079 is attached with this letter.

The SCDI continues to promote and uphold the ADA's position as a global leader in the development of dental content for health informatics standards and the development of standards for electronic technologies in healthcare. As such, the ADA SCDI also works in cooperation with other standards development organizations including ASC X12, Health Level Seven (HL7), Dental Imaging and Communication in Medicine (DICOM), Integrating the Healthcare Enterprise (IHE), and ASTM International (originally known as the American Society for Testing and Materials).

In 2009, the ADA SCDI entered into an Associate Charter Agreement with HL7 that recognized the ADA's role in leading the development of dental content for inclusion in future HL7 standards.

This ongoing cooperation between the ADA and HL7 is now expressed as a Statement of Understanding, dated June 15, 2015, which specifies that development of the dental content of standards still rests with ADA, while HL7 provides the technical elements of the standard. The ADA will continue to work with HL7 to prepare dental content for use with HL7's electronic attachment transactions. **We strongly recommend that the new ANSI-approved ADA Standard No.1079 content integrated with the HL7 CCDA Release 2 templates attachment standard along with the use of the X12 275 transaction as the vehicle for transportation be adopted by the Secretary at the earliest possible opportunity**.

We also wish to reiterate the point that attachments should be a relative rarity and required only when the information on the claim is insufficient to adjudicate it.

Wherever attachments are necessary, standards defining attachment content should apply. The ADA fully supports efforts to create standards that introduce uniformity and consistency in attachment transport and content. Furthermore, development of the dental content for electronic attachments should be designated to the ADA, while HL7 should provide the electronic format for the standard message transfer of the content within the X12 275 transaction as the vehicle.

Proposed Standard for Attachments – Questions for Industry

- **In addition to the use of the proposed standards and code sets in health care claims transaction (Claim Attachments), what other transactions can the standard support (for example, eligibility, prior authorization, post-paid claim audits)?**

  The ADA believes that the standard should support eligibility and prior authorizations, as this will help reduce implementation costs as well as administrative costs.

  The ADA has no comment on the standard's usefulness for post-paid claim audits.

  We would also urge the inclusion of **ADA Standard No. 1079** ***Standard Content of Electronic Attachments for Electronic Dental Claims*** in the attachment standard adopted by the Secretary.

- **Do the proposed standard and code sets support the intended business function/intended use?**

  The ADA believes that only one electronic attachment document standard is necessary, and permitting two standards would be unwise. The ADA believes this standard should be the HL7 CCDA Release 2 templates **with ADA Standard No. 1079** dental attachment content and the X12 275 transaction as the vehicle for transportation. Requiring providers to support both the CCDA and CDP templates would create unnecessary burdens on providers and risks introducing a standard that is no standard at all. For example, requiring both CCDA and CDP templates may force providers to manage a unique set of attachment requirements for

every payer and thus fails to deliver Administrative Simplification. The complexity of the two combined content standards and some of their technical aspects would require significant additional practice management system interface redesigns and upgrades to accommodate them. That burden can be somewhat alleviated by adopting only one of the proposed content standards (HL7 CCDA).

Regarding the transport mechanism for attachments, the ADA supports use of the X12 275 transaction as the vehicle for transportation of attachment content, in either its EDI batch or XML versions. We also urge that the 5010 version of the 275 transaction be adopted in favor of other versions, which are used only between trading partners who have mutually agreed to use them.

- **Does it provide a complete set of information needed to achieve the purpose of the transaction?**

  No, a significant piece for standard dental attachment content is missing from the HL7 CCDA R2 and CDP proposed standards. This is because of the concurrent development timelines for both of these proposed standards and ADA Standard No.1079. The ADA Standard No. 1079 has now been submitted to the HL7 Attachments Workgroup for integration into CCDA templates and should be promulgated as standard content for periodontal, orthodontic, and other dental attachments via the appropriate process.

- **Does the standard achieve the transaction in the fastest, simplest, and most cost – effective manner?**

  The ASC X12 v5010 275 transaction standard should achieve the transaction in the fastest, simplest, and most cost-effective manner.

- **What is the potential impact of the proposed standard and code sets to various health care entities (providers, payers, etc.) on the daily workflow/transaction process; administrative costs, required capabilities and agility to implement the standard changes?**

  Overall, dental practice workflows may improve and reduced administrative costs may follow, provided the transport method for the attachments is low cost and facilitates easy implementation. Dental practices do not possess the resources for significant system upgrades and will not be able to make the most of their use unless the financial and technical obstacles are reduced or removed.

  We do reiterate our concern about having two electronic attachment standards, and express our preference for the HL7 CCDA Release 2 as the single standard for use throughout the industry. Requiring health care providers to maintain two attachment standards is not Administrative Simplification.

- **Does the proposed standard provide efficiency improvement opportunities for administrative and/or clinical processes in health care?**

Yes, provided a single standard for attachment content is adopted and standard dental content can be adopted and promulgated via the operating rules or other appropriate process.

- **Has the potential for decrease in cost and improved efficiency been demonstrated by using the proposed standard?**

  The ADA is aware of successful pilot programs but cannot comment on them.

- **Are there potential emerging or evolving clinical, technical and/or business advances the proposed standard intends to address or facilitate.**

  The ADA was not involved in testing and implementation and cannot comment.

- **How will the proposed standard provide consistency or limit the degree of variability to achieve optimal intended results?**

  As noted above, the proposed standard's recommendation of two HL7 content standards is contrary to the spirit of Administrative Simplification, so we would suggest adoption of only one standard, preferably one that is already in use with health care providers. The ADA believes this should be the HL7 CCDA R2 templates and not the CDP R1.

- **How does the new set of proposed standard relate to, or affect the implementation of the standards already adopted?**

  The new rules align with ONC certification criteria for Meaningful Use and HIPAA transactions, except for, as stated earlier, the HL7 CDP templates, which would impose burdens on health care providers.

- **Are there any consistency issues between the two versions?**

  The ADA has not tested the document templates, but believes there is significant potential for consistency issues by virtue of the existence of two sets of templates and the potential for inconsistency in payers' attachment requirements.

- **What are the benefits or concerns with implementing the two versions concurrently?**

  We reiterate our concern about two electronic attachment standards, and express our preference for the HL7 CCDA Release 2 as the single standard for use throughout the industry. Requiring health care providers to maintain two attachment standards is not Administrative Simplification.

- **Will system changes be required by the industry to implement the proposed standard and code sets?**

  Yes. Since approximately 90% of dentists did not participate in the Medicare and Medicaid EHR Incentive Program, many dental practice management systems may lack the capability to generate HL7 documents. These dentists may need to either upgrade existing systems or

find alternative methods such as a clearinghouse or payer portals. There may be some very significant hardware and software upgrade costs for dental practices who have not needed to update their systems. Even those who have systems that can use HL7 documents may still face some significant initial costs, but there is hope that uniformity and consistency in attachment requirements will eventually offset these costs.

- **Has the proposed standard and code set demonstrated ease in adoption and use? What amount of time is needed for the industry to implement the proposed standard?**

  The ADA cannot comment on whether the proposed standard has demonstrated ease in adoption and use.

  At least six to 12 months' testing time would be necessary to ensure successful implementation at all levels of the industry. To expedite implementation, the ADA recommends adoption of a well-understood, simple vehicle for transport of standards content, the X12 version 5010 - 275 transaction as the initial standard.

- **Do the proposed standard and code sets provide potential impact and/or improvement to health care related data and/or data infrastructure?**

  The ADA believes there is a possibility for significant improvement to the quantity and quality of health care related data, provided there is sufficient uniformity and consistency in the adopted content standard.

- **Does the proposed standard incorporate privacy, security and confidentiality?**

  This is mostly outside the scope of the standard, as privacy, security, and confidentiality are already addressed in other published regulations. Additionally, concerns about data being intercepted while "in motion" by hackers and other threats can be at least partially mitigated by adherence to existing guidance issued by the U.S. Department of Health and Human Services.

  The proposed standard should include all the usual warnings that minimum necessary standards apply under the HIPAA Privacy Rule, so attachments and their content must be limited to only information necessary to adjudicate claims that cannot be adjudicated with information supplied on the initial claim.

- **How will the attachment standard support interoperability and efficiencies in a health care system?**

  The HL7 CCDA proposed standard may well support interoperability and greater efficiency by enabling information sharing between providers using standard document templates and Electronic Health Records Systems capable of generating and reading them, since it is already being used in connection with the Meaningful Use program.

- **Can the proposed standard be enforced? How?**

  In the absence of an adequately funded audit program, complaints will have to drive enforcement efforts. It is a concern that some health plans may risk fines rather than upgrade their systems to meet operating rules specifications, so repeat offenders may need to be discouraged more harshly than first-time offenders. We would urge that NCVHS convey our concerns about enforcement to the Secretary, and request sufficient resources for enforcement so that this rule has the intended positive and lasting effects.

- **Should NCVHS recommend the adoption of the proposed standard? Please explain.**

  NCVHS should recommend the adoption of the proposed standard with some modifications. The proposed CDP content standard should not be included, as it is neither widely implemented nor capable of delivering Administrative Simplification if adopted.

  Most importantly for dentistry, ADA Standard No.1079 dental attachment content should be integrated with the standard. The ADA is well positioned with this ANSI-approved standard already completed, working relationships with both X12 and HL7, and the clout of 158,000 dentists behind it.

Thank you for the opportunity to share information relative to dentistry's position on proposed attachment standards. If you should have any questions, please feel free to contact Ms. Jean Narcisi, director, Department of Dental Informatics at the American Dental Association at (312) 440-2750 or narcisij@ada.org.

Sincerely,

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