NCVHS Standards Subcommittee
Electronic Attachments Testimony for the Record

Statement of Jeanette Thornton
Vice President, Health IT Strategies
America's Health Insurance Plans
February 27, 2013

The Administrative Simplification provisions of the Affordable Care Act (ACA) mandated the adoption of longstanding requirements in the Health Insurance Portability and Accountability Act (HIPAA), including the Health Plan Identifier and the adoption of standards and operating rules for electronic health care claims attachments. Under the ACA, HHS is required to adopt standards and operating rules for electronic attachments by January 2014 with a compliance date of January 2016. Given the other industry-wide initiatives currently underway including health care reform implementation, health insurance Exchanges as well as the implementation of other operating rules and ICD-10, these are quickly approaching deadlines.

We share the view of the Standards Subcommittee that the concept of an attachment has evolved significantly since it was first included as a standard transaction in the HIPAA legislation more than a decade ago. Since that time the adoption of electronic health records (EHRs) and other practice-based technology has expanded considerably, spurred by government incentive programs for e-Prescribing and EHRs and by the recognition that there is a better solution for practicing medicine than keeping critical data locked within paper medical charts. While initially constrained to an attachment to a medical claim sent from a provider to a health plan, we believe the role of the electronic attachment has expanded significantly with the growing prevalence of EHRs and other provider software. The use of an electronic attachment, if thoughtfully implemented, has the potential to begin the integration of the long stove-piped clinical information and administrative data to provide for the exchange of additional clinical content between providers and health plans to support administrative processes, including validating that a claim should be paid, medical management, prior authorization, which is often used to trigger care management processes, review of appeals and grievances, and a host of other health plan functions.

Given the changing landscape surrounding electronic attachments we encourage NCVHS to examine the following prior to making recommendations for the electronic attachments standard and operating rules:

1. Examine the Business Case for Electronic Attachments
We strongly urge the Subcommittee to focus its analysis not only on the appropriate standard(s) for the attachment, but to also hold additional hearings on the specific business cases for electronic

attachments. We are pleased to see the hearing questions address both the technology and the business cases for electronic attachments, but additional focused discussions will be needed to dive deeper into each. From our initial discussions with member health plans, we believe the adoption of attachments could benefit major medical health plans by supporting prior-authorization processes, medical management decision making, review of appeal requests and filed grievances, and the identification of high-risk cases in the need of specific health plan care management. However, it is difficult to anticipate how electronic claims attachments will be used by or support business processes for supplemental health and long term care products. We urge the Subcommittee to further explore whether electronic claims attachments will support the unique business needs of supplemental and long term care products.

The ultimate purpose of electronic attachments should be to decrease healthcare administrative costs; selecting the right standards and operating rules is not enough. We recommend the Subcommittee focus on the potential uses for this new transaction and how health plans will use the clinical information once received. It is critical that any recommendations be built upon an understanding of existing and anticipated business needs. We believe the adoption of the electronic attachment has the potential to consolidate information that today comes through multiple channels. We are concerned that the high cost of implementation will not be building and maintaining the capability to accept attachments, but more likely in the systems and tools that will be needed to "route" the HL7-based data to the appropriate place once received.

Recommendations should also take into consideration the evolving environment in which attachments will be used, including new care delivery models, such as accountable care organizations, to transmit clinical and administrative information. We recommend that the designated standards and operating rules for electronic attachments should be agnostic to the business process the attachment will support and be nimble enough to accommodate a range of current and future needs.

2. Assess Current EHR Functionality

Before adopting standards and operating rules for attachments, we urge the Subcommittee to assess the current and future states of EHR and provider software export functionality. It would be a wasted opportunity to mandate health plan adoption of the capability to accept electronic attachments without a corresponding requirement that EHRs also support the standard and operating rules. We recommend the Subcommittee consider incorporating this functionality into the Stage Three Meaningful Use or future stages as well as the corresponding certification criteria for EHRs. Regarding full adoption, we recommend CMS consider how adoption should coincide with the release of new HIPAA transaction set (EHRs need to be ready at the time that CMS adopts the next set of HIPAA transaction standards). Requirements that apply evenly to both health plans and providers will ensure that the transaction receives high levels of return on investment and high levels of adoption.

Health plans are supportive of an option to pull attachment data on an ad-hoc basis from providers to support adjudication or administrative processes rather than importing a full medical record via the attachment standard. Today, when health plans request certain pieces of a medical record, providers are highly likely to send the entire record "to be on the safe side." We are concerned that this mentality will simply be automated with the adoption of an automated export functionality and that providers would, given today's EHR functionality, opt to send an entire record rather than providing

only the "minimally necessary" data to the requesting health plan. The capability for EHRs to only send relevant excerpts should be part of future analysis. We recommend that the Subcommittee further investigate EHR export functionality on a segmented basis as part of its analysis.

3. Assess Adequacy of LOINC Codes to Describe Attachment Content
Health plans will need to import data sent as an attachment and surround them with metadata to create an index. LOINC codes will be critical to describe the attachment content and re-associate the clinical content; however we are not confident that a full array of LOINC codes currently exists to describe all of the data that health plans would request from providers. A full set of LOINC codes to support electronic attachments should reflect plan business needs and be dynamic to evolve with the data and scenarios in which they may be implemented. We urge the Subcommittee to investigate the adequacy of the current set of LOINC codes as a critical component in electronic attachments prior to making recommendations to HHS for the development of a standard or operating rules.

With the growing prevalence of EHR use among providers, health plans are supportive of efforts to automate the content and transfer of the array of clinical and administrative information that constitute electronic attachments. However, given the constantly evolving nature of medical record systems, we urge that any recommendations made by NCVHS emphasize flexibility in order to accommodate the uncertainty of future technology. We support efforts to automate electronic attachments but are concerned that a standard with a narrow definition for the content and transmission of attachments may constrain health plans and fail to meet their business needs.

Finally, we note that given the aggressive timeline set forth by the ACA, a rule for the standards and operating rules will likely need to set a reasonable threshold for initial adoption and compliance. Such an initial threshold may be limited to requiring a singular transaction, not multiple records, in one envelope using an image wrapped in metadata to describe the content or an HL7-based record. Given the current infrastructure, initial adoption of the standard and operating rules should focus on accessibility and serve as a first step for health plans, providers, and clearinghouses to begin to coordinate with one another to introduce electronic attachments into their regular work flows. We recommend the ASC X12 275 should be able to be used on all HIPAA electronic transactions. We strongly recommend that standards and operating rules for electronic claims attachment are first released as a proposed rule and not developed as an interim final rule given the newness of such a standard and the myriad business and technical considerations for implementation, including the varying needs of major medical, supplemental, and long term care health plans. This will allow industry to adequately review and provide input in advance to it being made final.

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