June 2, 2014

CHS

Ladies, Gentlemen and Colleagues,

I am writing on behalf of Community Health Systems. Our Organization includes 208 affiliated hospitals in 29 states. We are one of the largest hospital organizations in the nation. We have over 135,000 employees and 27,000 physicians. Our headquarters are located in Franklin Tennessee. I serve as a member of the National Uniform Billing Committee representing the Federation of American Hospitals.

I have responsibility for one of our company's largest assets, accounts receivable. This includes billing and collections. I'm sure you can appreciate the various billing rules we are challenged to comply with. Hospitals spend an absorbent amount of resources trying to figure out how to get our multiple clinical and patient accounting systems to help support accurate charging and billing rules. When clinical and patient accounting systems cannot support a billing need, we then turn to our 'claim scrubbing software' to write rules to help meet the billing requirements. Even then, there are things these systems simply cannot do. This forces us to kick a bill out of our billing cycle for manual handling. When this occurs, there are always chances for error. Not just that a wrong code or decision by a staff member, but that the claim simply gets laid aside or lost. Each bill that has to have manual intervention requires more staff and adds additional cost to the healthcare services our patients receive.

In the letter George Arges, Chairman of our NUBC committee addressed to you, I believe he explained how the current request will require an entire new design of many systems to be able to comply with this request. This is not something that can be done overnight or even in a 12 month period. With each billing rule change, we expect and hope that the more detailed and improved we make the claim form, that we will realize a benefit, but this is not always the case. There is a cost involved for every new billing rule. The cost varies greatly depending on the rule. What you have proposed will not be a simple cost for providers. Our patients expect hospitals to stay current on the latest technology, drugs and procedures, which as you know has a cost. What our patients and public do not understand is the cost that hospitals and providers experience in order to comply with complex billing rules. Every day more hospitals are closing because they can no longer cover the costs of staying open and cannot afford the technology or talent to comply with billing rules.

I have read the letter George Arges, our chairman of the NUBC, wrote to each of you and do not have much more that I can add. However, representing over 200 hospitals we would also respectfully ask that the UDI reporting on the HIPAA claim standard be suspended until a thorough examination and vetting by the public occurs through the notice-and-rule-making process.

You may reach me at my contact information listed below, should you have any questions.

Sincerely,

[redacted]

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