National Committee on Vital and Health Statistics
Subcommittee on Standards
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Cooperative Exchange Testimony on Health Care Attachments Transaction Standard

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The Cooperative Exchange would like to thank NCVHS for holding these important hearings and inviting us to participate. The Cooperative Exchange is the recognized resource and representative of the clearinghouse industry for the media, governmental bodies and other outside interested parties. We are committed to promote and advance electronic data exchange for the healthcare industry by improving efficiency, advocacy, and education to industry stakeholders and government entities. Our members include: ACS EDI Gateway; American Medical Association (AMA); Apex EDI, ASC X12, AXIOM Systems, Inc.; Availity; BancTec; CareMedic Systems; Caparion; ClaimRemedi; Emdeon; eProvider Solutions; GE Healthcare; Greenway Health; HDM Corp.; Healthcare Billing and Management Association (HBMA); Health-e-Web; InstaMed; Jopari Solutions; Medical Electronic Attachment (MEA); NextGen Healthcare; OfficeAlly; OptumInsight; Passport Health; RelayHealth, Secure EDI; Siemens HDX; The SSI Group, Inc., Streamline Health, TriZetto Provider Solutions; Utah Health Information Network (UHIN); WEX, Inc. and Zirmed.

With regard to setting standards for health care attachments transactions, the clearinghouse industry has two (2) issues to bring to the attention of NCVHS:

1. The transaction needs to remain flexible

The Complete Documentation Template (CDT) that was developed modifies the current regulations to make all information required. Through the esMD project with attachments, the HL7 attachment workgroup adopted the C-CDA to go to one format for exchange of Clinical Information. Providers do not want two different ways to exchange this information. Providers don't want to create a process for provider to provider and another process for attachments, doubling the work effort. C-CDA allows for that flexibility. It is important to allow different levels of data based on business needs. For instance, a claim attachment to support the bill would not necessarily indicate the clinical level of treatment from provider to provider (i.e. patient care).

2. Requirement to capture "nullFlavor values" does not meet minimum necessary

The CDT standard, requires all information to be completed and uses "nullFlavor values" to help accomplish this. When data is not being submitted, the providers have to indicate that the data is "No Information", "not applicable" or in some situation the provider can specify that the patient was not asked or asked but the patient didn't know or the information was masked for patient privacy. This is necessitating too much information and does not meet the requirement of

"minimum necessary." If you don't need it for claim adjudication, then it's not minimum necessary

For clearinghouses (and providers), to be required to send a tag saying, "I'm not sending you the information," unnecessarily increases the size of that transmission file. Keeping and storing of "nullFlavor" creates unnecessary hard-drive or cloud volume. Plus, when running analytics for clients, clearinghouses have to take the added step of excluding that information. The standard should be set without requiring nullFlavor values. If this is made too difficult, the attachment will end up being a pdf, reducing attachments to nothing more than electronic faxing. Most importantly, if you allow defaults, they will be used too often and rendering the information less effective.

Finally, three important questions arise: 1) would the providers have to attest the "nullFlavors values" (privacy and security), 2) how does it impact trading partners, and 3) how do RAC auditors handle "nullFlavors values"?

The clearinghouse industry has two (2) other issues to bring to the attention of NCVHS:

1. Responsibility of the vendor on what is collected

There should be several different methods for creating clinical information based on the business need. It needs to be mapped out appropriately to the business use of the transaction. The vendors should pull the appropriate level of available data depending on the business need. For example – support documents for claims may contain a different level of information than the exchange of clinical information between providers used for treatment. This is in line with some of the current transactions such as the 277.

2. Transition from low/no tech to high tech

Regardless of the standard, clearinghouses are going to pass the information received. However, based upon the provider's business needs today, clearinghouses are utilizing a number of different transaction methodologies. Therefore, it is important that NCVHS *does not* disrupt the current information flow. The question still remains as to whether or not there is an impact on attachments with the granularity of the ICD-10, and will the industry see an increase or decrease in the need for attachments? We recommend holding off accepting one standard until pilot testing is done – phased in approach. The property and casualty community has adopted the 275 as the standard, but allows for flexibility and other methods to be used.

Conclusion

In closing, the Cooperative Exchange would like to thank the members of the Subcommittee for their time and attention. Attachments are important to our members and their customers. We hope this information will be useful to you. Should you have questions or need any further information, please do not hesitate to let us know.