



SUBMITTED TO
DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL
COMMITTEE ON VITAL AND HEALTH STATISTICS SUBCOMMITTEE
ON STANDARDS
February 26, 2015

Presented By: Eric Christ, Board Member
Healthcare Administrative Technology Association (HATA)
The National Association for the Practice Management System industry

I am Eric Christ, Board Member of the Healthcare Administrative Technology Association (HATA), the national association for the Practice Management System industry and CEO of PracticeAdmin. I would like to thank NCVHS for the opportunity to present testimony today on behalf of HAATA concerning the proposed Phase IV Infrastructure Operating Rules and their impact on the HIPAA transactions for the practice management system industry.

Background on the Healthcare Administrative Technology Association (HATA)

The [Healthcare Administrative Technology Association \(HATA\)](#) is a non-profit trade association to provide a forum for healthcare administrative technology, and other affiliated stakeholders. The association serves as one representative voice to advocate and influence key stakeholders and government representatives on healthcare administrative technology issues.

Our members, ADP AdvancedMD, HealthPac, MDSynergy, Medinformatix, NextGen, Optum, and PracticeAdmin represent over 275,000 providers.

HATA's mission is to be an invaluable resource for its members to receive education and healthcare industry information quickly and easily, provide the tools to expand and build upon a member's client base, network and collaborate with practice management system (PMS) peers and other industry stakeholders, advocate with one representative voice, and influence the healthcare community on issues vital to the healthcare administrative technology industry.

Formal representation of such an important piece of the healthcare ecosystem is critical to the advancement of the industry. HATA is a key stakeholder in the \$40 billion physician revenue cycle industry and is an active and influential voice promoting the goals and values within the healthcare administrative industry and driving administrative efficiencies.

The practice management system industry has more than 600 members providing a variety of technology solutions for the full range of healthcare professionals. The industry represents nearly 100 percent of all initial claims submitted on behalf of hospitals, physicians and allied healthcare professionals. Administrative simplification of claim processing is a key factor in influencing the cost of healthcare in the United States, and HATA will lead the movement in this area.

The following are the HATA responses to the NCVHS questions regarding the proposed Phase IV Operating Rules as they pertain to Prior Authorization and Claims.

1. Business needs of the health care industry the operating rules intend to address as well as industry experience

HATA believes the Operating Rules need to be flexible. As the Cooperative Exchange and others have testified, the Phase IV Connectivity 470 Rule restrictive connectivity method will need to accommodate existing methods. We support the addition of more connectivity options, and feel that existing methods that provide secure and reliable connectivity should continue to be supported. For the PMS vendor industry any Operating Rule that helps create consistency in transactions is desirable as long as it doesn't create an undue hardship or additional significant costs.

HATA agrees with other testimony that the CAQH Core 837 business case has been realized and is providing tremendous benefits. We support the proposed CAQH CORE 837 Operating rules, as standard system availability, real time response times, batch response times and acknowledgements assist in providing uniformity to the provider workflow. However, we are concerned with the connectivity rule as it would not apply to all the transactions. We also recommend that current connections remain allowable.

Due to Congress delaying ICD-10 to October 1, 2015, it leaves PMS Vendors three months to implement this set of operating rules in the prescribed timeframe of January 1, 2016, we strongly **recommend a date of no sooner than January 1, 2017.**

2. Efficiency improvement opportunities for administrative and/or clinical processes in health care, and strategies to measure impact.

HATA finds merit in the proposed Phase IV CAQH CORE 450 Health Care Claim (837) Infrastructure Rule v4.0.0, as long as existing connections remain allowable such as the ASCX12 Acknowledgement Reference Model which has been used in transaction sets across the industry for 20 years.

We support additional industry feedback in cooperation with the Cooperative Exchange, ASCX12, WEDI, CAQH CORE, NCPDP and HL7 to ensure that there is **usage** of the Acknowledgements across multiple transactions and industries and especially in payer adoption.

3. Potential emerging or evolving clinical, technical and/or business advances the operating rules plan to address or facilitate.

Prior Authorization

HATA supports the proposed CAQH CORE Phase IV Prior Authorization Operating Rules.

4. Potential impact and/or improvement to health care related data and/or data infrastructure?

The Phase IV Proposed Rules have no impact as operating rules do not address data content and/or data infrastructure. HATA supports the CAQH CORE approach to not address data content in Phase IV which avoids possible duplication or contradiction with other existing data content Standard Development Organizations.

5. If applicable, do they incorporate privacy, security and confidentiality?

The PMS industry is committed to complying with the HIPAA Privacy and Security Regulations. Therefore we are unsure of the need for security criteria to be contained in the Operating Rules. HATA is very active in the development of the EHNAC PMS Accreditation Program (PMSASP) of which privacy, security and confidentiality are a significant criteria, which must be met. We are pleased to report that some of the HATA members have already been accredited through this program.

Conclusion:

HATA supports the efforts for operating rules and standards. Our recommendations address the need for administrative consistency; mitigation of regulatory redundancy; and the resource burden to comply with additional regulations. We also stress the importance of continued cross-industry stakeholder inclusion in the development of necessary additional standards and rules.

Thank you and we look forward to continuing to work collaboratively with NCHVS to bring about administrative simplification in the industry.

Respectfully Submitted,

Eric Christ, Board Member
Healthcare Administrative Technology Association (HATA)
The National Practice Management System Association
1540 S. Coast Hwy., Ste 204
Laguna Beach, CA 92651
(844) 440-HATA (4282)
www.hata-assn.org