

National Committee on Vital and Health Statistics  
Subcommittee on Standards  
Predictability Roadmap Hearing – December 12-13, 2018

Dear Subcommittee Members,

Please consider these comments on the predictability roadmap and the draft recommendations:

1. “Explore the feasibility of expanding the definition of HIPAA-covered entities” should be included in the recommendations. This recommendation was also made in an October 2016 NCVHS letter to the Secretary of HHS and is referenced in the predictability roadmap report. We continue to believe this an important recommendation. Standards are not truly “standards” if they are not adopted and consistently implemented by ALL healthcare entities involved in healthcare transactions or that collect or use data involving a HIPAA standard. The administrative simplification goals of reduced healthcare costs and increased administrative efficiencies are negated if adopted standards are not truly universal. Lack of industry-wide standardization results in significant disruptions, excessive administrative burden, and negative impacts on quality of care.
2. Draft Recommendation #12 states “HHS should enable voluntary use of new or updated standards prior to their adoption through the rule making process.” While this might be appropriate for some types of standards, it would not be feasible for all standards, such as code sets. The way this recommendation is stated would, for example, allow organizations to voluntarily start using ICD-11 for healthcare transactions prior to its formal, industry-wide implementation, while ICD-10-CM/PCS is still in use. This would be unworkable, costly, and confusing. It would require extremely complex and costly changes to major payment, clearinghouse and provider systems that are not practical or feasible. The massive reengineering of claims processing and other systems to accommodate the use of different code sets would inevitably lead to payment errors and discrepancies and communication breakdowns due to inaccurate processing and linking of claims or other transactions across healthcare entities. Organizations with networks of providers would be unable to efficiently communicate across healthcare providers or effectively analyze costs, outcomes of care, and patient safety.
3. On page 39 of the predictability roadmap narrative report, in the Problem Statement column, it states that “*Covered entities are defined as health care providers, health plans, and health care clearinghouses.*” It is important to note that not all health plans are covered entities. For example, property and casualty insurers and workers’ compensation programs are health plans in the sense that they cover certain types of healthcare, but they are not covered entities.

Thank you for the opportunity to review and provide comments on the predictability roadmap recommendations.

Regards,

/s/

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