Medical Group Management Association®

December 6, 2018

Nicholas L. Coussoule, Co-Chair, Subcommittee on Standards
Alexandra Goss, Co-Chair, Subcommittee on Standards
National Committee on Vital and Health Statistics
CDC/National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782-2002

Via: NCVHSmail@cdc.gov

RE: Draft Recommendations for the Predictability Roadmap

Dear Mr. Coussoule and Ms. Goss:

The Medical Group Management Association (MGMA) is pleased to submit the following letter in response to the request for comments on the National Committee on Vital and Health Statistics (NCVHS) "Draft Recommendations for the Predictability Roadmap," published on August 24, 2018. We believe this roadmap is an important initial step toward improving the identification and implementation of administrative standards that will streamline communications between providers and health plans.

MGMA is the premier association for professionals who lead medical practice. Since 1926, through data, people, insights, and advocacy, MGMA empowers medical group practices to innovate and create meaningful change in healthcare. With a membership of more than 45,000 medical practice administrators, executives, and leaders, MGMA represents more than 12,500 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States.

The current process for developing and adopting new and revised administrative simplification standards, encouraging wide-spread use of the standards, and enforcing compliance with the standards is defective. Transitioning from one version of the X12 standards (4010 to 5010, 5010 to 7030) has been needlessly protracted with some federally-mandated standards still waiting to be promulgated. For example, the X12 275 electronic transaction has yet to be published, despite two statutory requirements and four separate letters sent by the NCVHS calling for its release. Many of the currently-mandated standards are being underutilized and health plans are increasingly driving physician practices to proprietary web portals and away from the efficient use of electronic data interchange.

Adding to these challenges, the Centers for Medicare & Medicaid Services (CMS) has abdicated its leadership role by failing to issue or in fact rescinded guidance protecting physician practices from unfair business practices and by taking a hands-off approach to enforcement of health plan noncompliance. Recent results from the CAQH Index, measuring use and costs of the HIPAA electronic transactions and operating rules, suggest administrative transactions are underutilized and billions of dollars in saving are unrealized.

Further, physician practices are currently underrepresented in the current Standards Development Organization (SDO) process and, to date, little effort has been made to engage with this critical stakeholder group. Moreover, standards are implemented nationally prior to adequate testing of these new and revised standards, and with virtually no exploration of business need or return on investment for physician group practices and other industry stakeholders.

With this as the backdrop we were pleased to see NCVHS begin consideration of a revised process for the development and adoption of new and revised standards. The following are our high-level recommendations:

1. NCVHS should urge CMS to more aggressively enforce health plan compliance with mandatory electronic transaction standards and operating rules.
2. The current process for developing and adopting electronic transaction standards and operating rules is broken and must be repaired. The process is overly protracted and significant streamlining is necessary if physician practices are to achieve the benefits of administrative simplification in a timely manner.
3. The physician practice perspective in the standards developing process is underrepresented and we encourage the SDOs to create new opportunities to solicit input from this sector.
4. Prior to NCVHS recommending a new or revised standard, the clear business need must be established and a comprehensive return on investment study conducted.
5. New standards can be tested by willing trading partners, but these tests should be limited in scope and approved by HHS.
6. While we support expedited review of potential new or revised standards, we oppose setting a defined time limit for the Department of Health and Human Services (HHS) to review and publish new or revised standards.

Specific Comments to the NCVHS Draft Recommendations

NCVHS recommendations:

1. *HHS should increase transparency of their complaint driven enforcement program by publicizing (deidentified) information on a regular basis. HHS should use all appropriate means available to share (deidentified)information about complaints to educate industry.*

2. *HHS should comply with the statutory requirements for handling complaints against non-compliant covered entities and process enforcement actions against those entities and their business associates. Information should be publicized about the status of complaints to the extent permitted by the law. *Enforcement includes complaints, audits and compliance reviews as defined in statutory language.*

MGMA comment:

Compliance enforcement of the electronic transactions, operating rules, national identifiers, and code sets is mandated in HIPAA and the Patient Protection and Affordable Care Act of 2010 (ACA). While we are supportive of the current process that permits physician practices to formally lodge a complaint against a health plan or clearinghouse, NCVHS should urge CMS to adopt a more aggressive enforcement approach due to the low adoption rate for many of the electronic transactions. The most current figures from the CAQH Index report show significant stagnation in adoption of several of the critical administrative transactions and, alarmingly, *decreased* utilization

for some.

For example, based on the most recent CAQH Index data, use of the X12 270/271 (Eligibility & Benefit Verification) continues to be less than 80% and the X12 835 (Remittance Advice), according to 2016 and 2017 CAQH Index figures, remains stagnant at 56% adoption. Disconcertingly, use of the Electronic Funds Transfer transaction for payments declined from 62% as reported in the 2016 CAQH Index to 60% in the 2017 Index while use of the X12 278 (Prior Authorization) transaction went from 18% to just 8%. At the same time, health plans have increasingly driven providers away from using the HIPAA standard transactions and toward use of online portals. While online portal use benefits the plans by reducing faxes and phone calls, use of proprietary portals create a manual workflow process for providers and decreased revenue cycle automation, necessitating additional staff time to submit and monitor transactions.

MGMA members have reported many occurrences of non-compliance on the part of health plans, including commercial plans, state Medicaid agencies, and Veterans Affairs-contracted payers. With no administrative simplification enforcement fines to date levied against a covered entity for non-compliance, there is little reason to submit a complaint on the part of a provider and little incentive to be compliant on the part of a health plan. Conversely, the Office for Civil Rights (OCR) has not only levied fines and reached numerous settlement agreements with non-complaint covered entities, but they have widely communicated each instance of significant HIPAA privacy and security non-compliance through press releases and other communication channels. In addition, the publicly-available HHS Breach Notification website lists every breach of more than 500 patient records.

OCR has also initiated a series of HIPAA privacy and security audits over the past several years, conducted through a contracted consultant. These audits not only serve as further motivation for covered entities to develop and implement compliant policies, but they have also served to identify common areas of concern that then may be addressed through OCR guidance and private sector education.

CMS should emulate OCR's enforcement approach by leveraging transparency and audits to motivate health plans, clearinghouses and other vendors involved in health care transactions to improve their administrative simplification compliance and encourage individuals to come forward and report compliance issues. Health plans and clearinghouses unable or unwilling to support the administrative simplification standards and operating rules force providers to employ manual methods such as phone calls, facsimiles, and web portals, thus diverting scarce provider resources away from patient care. To increase use of the administrative simplification standards and achieve increased efficiency and cost savings, we recommend CMS take the following steps:

- We commend the work by CMS to develop the Administrative Simplification Enforcement and Testing Tool (ASETT) but urge the agency to significantly increase its visibility in the healthcare ecosystem. Providers should be made aware of their ability to lodge complaints against covered entities through regular CMS educational channels such as Medicare remittance advices, open-door teleconferences and webinars, and MLN Matters publications.

- Halt the recently-announced CMS Optimization Pilot for Administrative Simplification Transactions in which volunteer organizations would test their compliance with the electronic transactions, operating rules, and code sets. These types of "voluntary" audits will not be productive and will only serve to delay the start of a truly effective compliance-based audit program. At a minimum, all results from the Optimization Pilot should be made public and lessons learned from the Pilot should be incorporated into agency guidance

and education.

- Initiate random audits of health plans and clearinghouses, starting with those who have had a formal complaint previously lodged against them for non-compliance with electronic transactions, operating rules, national identifiers, or code sets. Just the threat of undergoing an audit will be an encouragement for those non-compliant entities to move to full compliance with the standards and operating rules.

- To increase the transparency of the process, and as HHS does with large-scale breaches of protected health information, the Department should publish on its website the names of every covered entity that either failed a CMS audit, entered into a corrective action plan with CMS, was levied a fine, or reached a settlement agreement with CMS regarding non-compliance with the administrative simplification standards. This publication should include the nature of the issue under a corrective action plan or other enforcement action and the date the corrective action plan requires the covered entity to be in full compliance.

It is critical that the federal government more effectively enforce the longstanding HIPAA and ACA administrative simplification requirements. Increased awareness of filed complaints and enforcement actions taken by the government will encourage others to come forward and report issues. If we as an industry are to take full advantage of the mandated transactions, operating rules, national identifiers, and code sets, it is imperative that health plans and clearinghouses fully comply with these standards. The actions we have outlined will enhance the predictability of transaction content as all covered entities will be in a higher level of compliance with the transactions and operating rules. Covered entities (and their business associates) will be more likely to be compliant if held accountable through monitoring efforts and subjected to specific and public consequences to noncompliance.

NCVHS recommendation:

3. HHS should disband the Designated Standards Maintenance Organization (DSMO) and work with its current members for an organized transition.

MGMA comment:

While MGMA is fully supportive of a more streamlined approach to the development and roll-out of new electronic transaction standards, we urge caution before disbanding the DSMO process. We assert that the DSMO is fulfilling its current mandate-that of reviewing requests submitted for changes to standard transactions and review requests to adopt a new or updated standard. We acknowledge that the industry is more aware of the standards development and change request processes, resulting in a reduced need to submit change requests directly to the DSMO. Absent the DSMO, requests to adopt new or updated versions could be made directly to NCVHS by an SDO. With the DSMO in place, HHS could still consult the SDOs regarding the adoption of the standards and the NCVHS could continue to solicit SDO input on adopting new or updated standards.

It is important to note, however, that the DSMO continues to receive requests to adopt new and updated standards. Further, as the SDOs are currently accredited by the American National Standards Institute (ANSI), it is unclear how a new entity would provide governance over them. A potential unintended consequence of replacing the DSMO with another organization is conflicting requirements for the SDOs from ANSI and the new oversight entity. Finally, we have not been made aware that DSMO actions or delayed actions have led to significant obstructions in the movement forward of any new or revised standard.

Having an entity to coordinate the activities of the six SDOs is also important to avoid overlapping and contradictory standard development efforts undertaken by the SDOs. We urge the NCVHS to explore redefining and streamlining the role of the DSMO while potentially augmenting its responsibilities and empowering other entities, as we discuss later, to take on supporting activities.

NCVHS recommendation:

4. HHS should enable the creation of an entity tasked with oversight and governance (stewardship) of the standards development processes, including the evaluation of new HIPAA standards and operating rules. HHS should provide financial and/or operational support to the new entity to ensure its ability to conduct effective intra-industry collaboration, outreach, evaluation, cost benefit analysis and reporting. Oversight criteria would take into account ANSI Essential Requirements for any ANSI accredited organization; these would also provide consistency to governance of all standards and operating rule entities.

5. HHS should conduct appropriate rulemaking activities to give authority to a new governing body (replacing the DSMO) to review and approve maintenance and modifications to adopted (or proposed) standards.

MGMA comment:

We agree that that additional steps are necessary to improve the process of identifying and adopting new and revised administrative standards. These additional steps include:

- Evaluating new or revised administrative standards;
- Facilitating testing and establishing pilots of potential new or revised administrative standards;
- Determining the return on investment (ROI) for potential new or revised administrative standards; and
- Collaborating with HHS and industry stakeholders on outreach and education.

We do not believe, however, that there is a necessity for a new entity to be created to perform those tasks. NCVHS should evaluate current organizations for their ability to perform one or more of these tasks and encourage HHS to recognize these current entities. NCVHS itself could serve to include these entities in its oversight hearings and consider their findings in your deliberations for recommendations to the Secretary.

NCVHS recommendations:

6.SDOs and ORAE should publish incremental updates to their standards and operating rules to make them available for recommendation to NCVHS on a schedule that is not greater than 2 years. Publication of a new or updated standard is intended to mean the cycle of preparation that meets ANSI requirements (if applicable) for maintaining or modifying a standard or operating rule, including the consensus process, necessary governance compliance and readiness for submission to NCHVS.

NCVHS should align its calendar to the SDO/ORAE updates to review and deliver its recommendations to HHS within 6 months.

HHS should adopt the NCVHS recommendations on a regular schedule.

MGMA comment:

MGMA generally supports the direction that the NCVHS Predictability Roadmap is recommending. We agree that NCVHS should align its calendar to the SDO/ORAE updates in order to review and deliver its recommendations to HHS within 6 months. We concur that HHS should expedite the publishing of regulations for a new or updated standard or operating rule once a recommendation has been made by the NCVHS and agreed to by the Secretary, but we disagree with putting a specific time frame on publication of regulations for new standards.

There are numerous technical, bureaucratic, and political factors that could impact the ability of the Department to publish a regulation on a specific schedule. Most importantly, HHS (and other government agencies) will be issuing regulations that will impact physician practices. As implementation of regulations often requires the expenditure of scare human and financial resources, the release of regulations must be timed in such a way as to minimize any negative impact. HHS must have the flexibility to determine the most appropriate timing for promulgation of new or revised standards. While HHS has existing scheduled publication dates for a number of healthcare updates, including revisions to the ICD-10 code sets and release of the final the physician fee schedule, these are limited code set and payment updates and not new standards that require significant software upgrades. We believe the most appropriate action from NCVHS is to recommend that, following a recommendation from NCVHS, HHS expedite its review and publication of new and revised standards.

NCVHS recommendation:

7. HHS should regularly publish and make available guidance regarding the appropriate and correct use of the standards and operating rules.

MGMA comment:

We agree with this recommendation and urge the Department to regularly publish and make available guidance regarding the appropriate and correct use of standards and operating rules. HHS should leverage its traditional provider outreach levers, including teleconference and webinar educational efforts, MLN Matters articles, and Remittance Advice comments. We also recommend that HHS engage with MGMA and other provider associations to ensure that a consistent message is conveyed to the provider community.

NCVHS recommendations:

8. HHS should publish regulations within one (1) year of a recommendation being received and accepted by the Secretary for a new or updated standard or operating rule (in accordance with what is permitted in §1174 of the Act).

9. HHS should ensure that the operating division responsible for education, enforcement and the regulatory processes is appropriately resourced within the Department.
MGMA comment:

10. HHS should adopt incremental updates to standards and operating rules. In accordance with Sec 1174 of the Act, the adoption of modifications is permitted annually, if a recommendation is made by NCHVS, and if updates are available.

MGMA comment:

MGMA agrees there is a need for increased speed and predictability in the development and implementation of standards and operating rules. However, there are certain factors that influence the pace that regulations are promulgated that must be taken into account. Requiring the publication of regulations within one year of receipt and acceptance of a recommendation for a new or updated standard or operating rule may not always be appropriate as factors such as other regulations that would compete for physician practice resources may necessitate use of an alternative timeline best for the industry.

Understanding that this one-year publication mandate most likely would need to be a new statutory requirement, and as such is unlikely, forcing a regulation to be issued by the Department prior to the appropriate level of review and modification could have unintended and negative consequences.

Rather than taking the approach of mandating government compliance with a set timeframe, MGMA recommends the following process to achieve enhanced speed and improved predictability:

- Conduct a business need and ROI analysis. Prior to NCVHS making a formal recommendation to HHS to move forward with a new standard or operating rule, a comprehensive review of the business need for the standard or operating rule, the problems, concerns or limitations with the current standard (if there is one already being used by the industry), and evidence of a clear return on investment related to the new standard or operating rule should be untaken.

- Adopt individual transaction standards as opposed to a full version (i.e., X12 7030). There may be a business need and clear return on investment for an update to a specific standard (i.e., 5010 278) but less clear value for other transactions. NCVHS should be able to recommend adoption of a specific standard and not be forced to incur the lengthy process required to evaluate a full new version.

- Engage with physician practices. Any new or updated standard must work for practicing physicians in their efforts to deliver care to their patients. As such, we urge NCVHS and the SDOs to augment its engagement with physician practices and ensure that smaller provider organizations are also consulted during the standards development process.

- Engage with the vendor community. Without the engagement and support of the EER, practice management system, and billing system communities, the implementation of new standards will be protracted at best, impossible at worst. These vendors are linked directly with providers and if the vendors cannot or will not implement federal mandates providers cannot take advantage of the efficiencies associated with these new or revised standards. These vendors need to be consulted throughout the standards development process.

The issue of the ability of the SDOs to expeditiously update the standards is also a critical issue. The NCVHS should work directly with each of the SDOs to identify opportunities to streamline the standards development process. We need to look at the consequences of adopting updated standards every two years. There are significant costs to all organizations when implementing an updated version of standards, including system changes, testing, training, purchasing implementation guides, and resolving issues found in production. The costs of implementing updated standards and operating rules needs to be balanced against the anticipated benefits.

NCVHS recommendation:

11. HHS should publish rulemaking to enable the adoption of a floor (baseline) of standards and operating rules. This rulemaking should also consider other opportunities that advance predictability and support innovation.

12. HHS should enable voluntary use of new or updated standards prior to their adoption through the rule making process. Testing new standards to enable their voluntary use may be explored by testing alternatives under §162.940 Exceptions from standards to permit testing of proposed modifications. The purpose of this recommendation is to enable innovation.

MGMA comment:

The value of standards in the healthcare environment is that stakeholders can implement a single approach to communicating information. Standards increase efficiency and drive down costs. We urge NCVHS to be cautious as it recommends to allow variations on the standards used in the healthcare environment. One of the concerns that exists today is the variation allowed in the 5010 version of the electronic transactions. Health plans have essentially created their own version of many of the HIPAA transactions, creating "Companion Guides" that specify their proprietary data requirements. This variation, multiplied by the more than 1,000 health plans in the nation, has forced providers to incur the cost of clearinghouse services to convert transactions into proprietary formats and transmit to health plans.

We acknowledge the important need to test new standards. Providers, health plans, clearinghouses, and vendors should be permitted to voluntarily use new or updated standards prior to federal rulemaking. However, MGMA strongly opposes the ability of health plans to force providers, through contract, to use a standard other than what is adopted as a national standard. We recommend that any health plan wishing to use a new or updated standard be required to submit an application to HHS and that application include a statement from all participating providers that they are willing and able to conduct transactions using the new or updated standards. This process will avoid a situation where providers are being coerced to participate in this testing.

If this type of testing is to be permitted, it should be limited in scope. We remained concerned urge that allowing the use of new or updated standards prior to their national adoption could result in providers using multiple versions of standards and could result in additional administrative burden and cost. Limiting the scope of testing will also decrease the challenges for providers associated with adopting a new or updated standard voluntarily but is later modified in final rulemaking.

NCVHS Draft Calls to Action

NCVHS recommendation:

A. Health plans and vendors should identify and incorporate best practices for mitigating barriers to the effective use of the transactions, determining which issues are the most critical and prioritizing use cases.

MGMA comment:

While we agree that health plans and vendors should identify and incorporate best practices for mitigating barriers to the effective use of the transactions and that they should determine which issues are the most critical and prioritize use cases, we assert that this process should be expanded to include physician practices and other impacted stakeholders. Industry groups like WEDI are well-positioned to pull together the input of impacted stakeholders and capture this information. Through its public hearings and reports, NCVHS can be a conduit between industry and the Department to identify barriers and solutions.

NCVHS recommendation:

B. The Workgroup for Electronic Data Interchange (WEDI), through its work group structure, should continue to identify issues and solutions. WEDI should publish white papers advising on agreed upon policy implications and best practices related to use of HIPAA standards and operating rules.

MGMA comment:

We concur that WEDI has contributed significantly to the standards development and implementation process. As one of the few organizations in this space that has active participation from each major stakeholder group, WEDI has the unique ability convene all the critical players and develop consensus positions. Through its many active workgroup and publishing of white papers, WEDI also develops practical and well-vetted solutions to issues raised by healthcare stakeholders. NCVHS should continue to invite WEDI to offer its perspectives on the myriad of HIT issues facing the healthcare industry.

NCVHS recommendation:

C. HHS and the SDOs should identify and fund a best of class third party compliance certification/validation tool recognized and approved by each standards development organization to assist in both defining and assessing compliance. HHS should develop and test criteria for certification and build a program to enable multiple 3rd parties to qualify to conduct the validation testing by demonstrating their business value. To implement this recommendation, HHS should look at successful precedents such as how the ONC certification criteria was developed for Promoting Interoperability and the eRx requirements which were a joint effort between HHS, NIST and the SDO.

MGMA comment:

While there are merits to identifying certification/validation tools for defining and assessing compliance, there may also be unintended consequences. The NCVHS recommendation above references ONC HIT certification, yet that process has not been without criticism. Most importantly, ONC certification was directly linked to specific federal government quality programs-including e-prescribing, Meaningful Use, and the Quality Payment Program. Absent these federal incentives and penalties, there may not be a compelling business reason for a vendor to become certified/validated. While we agree that these tools can be of assistance to providers as they evaluate HIT vendor products, the value of any certification increases substantially if there are additional revenue cycle factors well beyond compliance with administrative simplification standards and operating rules are included as testable criteria.

NCVHS recommendation:

D. HHS should fund a cost benefit analysis of HIPAA standards and operating rules to demonstrate their Return on Investment. HHS may consider collaborating with or supporting any existing industry initiatives pertaining to such cost benefit studies to increase data contribution by covered entities and trading partners.

MGMA comment:

We strongly support the recommendation that a cost benefit analysis of HIPAA standards and operating rules to demonstrate their ROI be conducted prior to the adoption of any new or revised standard. Understanding the economic impact that a new or revised standard will have on physician practices and other stakeholders is critical. There are far too many examples of standards being forced on the physician practices without there being any demonstrable clinical improvement for the patient or economic value to the system. In addition, we recommend that an economic and clinical impact analysis be completed on a periodic basis following adoption of a standard to better understand of the costs and benefits to physician practices and other industry stakeholders. Rather than create a new organization to undertake these types of studies, we encourage NCVHS to look to existing entities, such as WEDI, to perform these tasks. We agree that HHS should fund these studies as an integral component of the standards development process.

NCVHS recommendations:

E. SDOs should consider collaboration with the private sector to plan and develop outreach campaigns, with the intent to increase the diversity of participants in standards development workgroups.

F. Leadership from the public and private sector should commit to membership in Standards Development Organizations, assign appropriate subject matter experts to participate in the development and update process, and facilitate improvements to operations as needed. This may enhance diversity of representation in the SDOs so that content changes meet a cross section of stakeholder needs.

MGMA comment:

We appreciate that NCVHS has recognized the need for increased SDO collaboration with the private sector. We also recognize that a small number of providers, and fewer smaller providers currently participate in the SDO process. SDOs should be encouraged to develop a process that permits increased engagement with this community. This can be accomplished by SDOs taking the following actions:

- Conduct focus groups of smaller provider groups at stakeholder conferences;
- Work with provider associations like MGMA to conduct surveys on the need for and impact of new or revised standards;
- Engage with smaller providers interested in participating on SDO work groups via webinar and teleconferences to reduce the cost associated with participation;
- Provide free of charge via web download the implementation guides for each of the federally-mandated electronic transactions;
- Offer teleconference and webinar-based educational sessions, standards development updates, opportunities for questions and answers; and

- Explore reduced SDO membership fees for providers and non-profit provider associations.

NCVHS recommendation:

G. Public and private sector stakeholders should collaborate to design a single coordinated governance process. Governance should include detailed and enforceable policies regarding business practices, including policies for identifying and implementing best practices in such an organization.

MGMA comment:

Industry collaboration with the goal of designing a single coordinated "governance" process may not be feasible or even desirable. There currently exists a highly functional governance process involving SDOs, the DSMO, NCVHS, and HHS, under the broader ANSI umbrella. While this governance process can be improved, we believe the basic framework is sound. Creating a completely new governance process would take considerable effort with no demonstrable benefit for the development and deployment of new and revised standards.

NCVHS recommendation:

H. HHS should continue to publish a universal dictionary of clinical, administrative and financial standards that are or will be available for use, e.g. the ONC Interoperability Standards Advisory (ISA).

MGMA comment:

We agree that HHS should utilize and maintain the ONC Interoperability Standards Advisory and that the directory include all appropriate clinical, administrative, and financial standards.

Draft Measurements

NCVHS recommendation:

Measurement M1: HHS should publicly and regularly disseminate results of its enforcement program to promote transparency, opportunities for education, and benchmarking.

MGMA comment:

As we state above, it is important that HHS not only increase its enforcement efforts, but also publicize all enforcement activities. We agree with the NCVHS enforcement transparency will lead directly to opportunities to provide to the industry targeted education on the specific issues identified by HHS through its enforcement. As well, this enforcement transparency will assist the industry benchmark transaction and operating rule implementation.

NCVHS recommendation:

Measurement M2: HHS and stakeholders participating in the new governance process should establish metrics for monitoring and performance assessment of the new entity, and

oversight/enforcement of SDO and ORAE deliverables and performance.

MGMA comment:

We support the NCVHS recommendation that metrics be established, but these can be developed for the current or modified governance structure. These metrics should include measures of efficiency to better understand how the SDOs and ORAE can improve their procedures and streamline standards development processes. It is important that these governance metrics be created by HHS but only after appropriate consultation with industry stakeholders.

NCVHS recommendation:

Measurement M3: NCVHS should continue to conduct its stakeholder hearings to assess progress of the Predictability Roadmap.

MGMA comment:

MGMA concurs with the recommendation that NCVHS continue to conduct stakeholder hearings and seek industry input on a regular basis to continually evaluate the progress and success of the Predictability Roadmap. NCVHS oversight of the standards development process is critical if the industry is to continue making progress toward full adoption of the administrative simplification transactions and operating rules.

Conclusion

Once implemented appropriately, new or revised HIPAA electronic transaction standards and supporting operating rules can improve the administrative functions conducted by physician practices. However, the current process of developing, approving, and publishing final standards is defective and requires change. It takes far too long to move new or revised standards through the approval process and business imperatives and ROI for the requirements are not fully established prior to NCVHS recommendations. We commend NCVHS for taking on the challenging task of reviewing and recommending modifications to HHS, SDOs, and the private sector.

We appreciate the opportunity to share our comments regarding the Predictability Roadmap and NCVHS' recommendations to help reshape the standards development process. Should you have any questions, please contact Robert Tennant at rtennant@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg, MGA
Senior Vice President, Government Affairs

Cc:
Geanelle Herring, MSW, Lead Staff to the Subcommittee on Standards
Lorraine Tunis Doo, MPH, Lead Staff to the Subcommittee on Standards