NCVHS Subcommittee on Standards Hearing on Proposed Adoption of X12 Version 8020 837s and 835

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American Medical Association

American Medical Association (AMA): Who We Are

- The AMA is the physician's powerful ally in patient care.

- As the only medical association that convenes 190+ state and specialty medical societies and other critical stakeholders, the AMA represents physicians with a unified voice to all key players in health care.

- The AMA leverages its strength by removing the obstacles that interfere with patient care, leading the charge to prevent chronic disease and confront public health crises, and driving the future of medicine to tackle the biggest challenges in health care.

- Our mission: "To promote the art and science of medicine and the betterment of public health."

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AMA Support for Uniform Standards

- Long-time champion of administrative simplification and the important role it plays in achieving the Quadruple Aim of improved patient experience of care, improved health of populations, reduced health care costs, and improved work life of physicians.

- Long-time advocate for the adoption of electronic transaction and code set standards to reduce administrative burdens for physicians — particularly those working in small or rural practices or serving minoritized or marginalized communities with limited resources.

- Long-time active participant in cross-industry, multi-stakeholder efforts to advance health IT to meet unmet business needs and build consensus on the best path forward for adopting these innovations in real-world settings.

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AMA's Core Principles for Adopting New or Updated Standards

- Recognize, preserve, and enforce successful transaction and code set standards.

- Prioritize identifying and addressing unmet industry business needs.

- Rigorously evaluate and test any new transaction standards being considered for adoption prior to a federal mandate to ensure their maturity, viability in real-world settings, and overall value.

- Adopt only one transaction standard for a particular business function. i.e., new or revised standards should replace previously adopted standards.

Using these principles, our conclusion is that it is premature to support implementation of the Version 8020 837s and 835.

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Costs and Operational Impacts

- No information on the costs, benefits, or operational impact of the Version 8020 837 and 835 transactions.

- Costs to physicians will vary widely and are dependent on factors, including size of practice, current IT systems, current software version, vendor readiness, changes impacting their services, and training needs.

- More real-world data about the changes and work to implement them is needed before physicians can provide any estimate as to the costs.

- More time is needed to fully analyze the changes in order to assess the benefits and impacts they will have on current operations and workflows.

- **Urge NCVHS to hold any recommendation about the adoption of the Version 8020 837s and 835 until after results of the X12 pilot testing are made available to the industry.**

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Implementation

- **The AMA is not supportive of NCVHS' recommendation to allow multiple versions of a standard or multiple standards for the same business function.**
  - Abandons the basic tenets of HIPAA administrative simplification.
  - Reverts to the time of lack of uniformity, increased costs, and major inefficiencies.
- Unknown if multiple versions or multiple standards will even function together.
- Strongly caution against viewing clearinghouses or other vendors as an easy solution for physician practices.
  - Clearinghouses and vendors come at a substantial cost.
  - Physicians would rather invest money in patient care, instead of administrative tasks.

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X12 Identified Benefits of Version 8020 837s and 835

- Reviewed the list of changes identified by X12 as benefits.

- Specific points about some of the benefits identified by X12:

    o Change of CAS segment to RAS segment for COB will have significant technical and business impacts for all covered entities.

    o New functionalities for predetermination, UDI, factoring agent, and tooth segment have limited uses.

    o Revisions for reporting property and casualty data, allowing subrogation by non-Medicaid payers, and reporting drug information have limited use by most physicians.

    o Increased number of diagnosis codes and pointers will benefit SDOH and risk adjustment needs for those specialties where these are relevant.

    o Additional clarifications and updated language are good, but not necessary for those that already know how to use the Version 5010 837s and 835.

    o The many qualifier changes and changes in lengths of data fields will have significant technical and business impacts.

- **Real-world testing of Version 8020 837s and 835 is necessary to quantify their benefits.**

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Unique Device Identifier

- The AMA has serious concerns about including UDI for high-risk implanted medical devices in the claim transaction.

    - Were very active in X12's work on the request to include UDI in the claim transaction.

    - Many organizations opposed the inclusion of UDI for a number of reasons.

- **Request NCVHS include in any recommendation to adopt the Version 8020 837P and 837I that language be added to relevant sections of the guides stating that reporting of a UDI is "not a HIPAA-mandated use."**

    - Similar notes in the claim implementation guides for reporting data for subrogation and property and casualty purposes.

    - The purpose of adding this language is to prevent a payer from circumventing the need to enter into a trading partner agreement by telling physicians they must report all HIPAA-mandated data, which would include UDI, unless it is identified as not being a HIPAA requirement.

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Virtual Credit Cards in the Version 8020 835

- Version 8020 835 adds the ability to report remittance information for virtual credit card payments.

- Concerns that the addition of virtual credit card payment information in the 835 will serve as an "enabler" of these payments.

- Continue to have strong concerns about the harmful impacts and coercive business tactics associated with virtual credit cards.

- **Need a full understanding of the financial and administrative burden impacts to physicians prior to recommending adoption.**

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Conclusions

- **It is premature to support implementation of the Version 8020 837s and 835 as it is unclear what overall cost or benefit will result from them.**

- More industry-wide data is needed about costs, benefits, and value before a decision should be made.

- Question if implementing the Version 8020 837s is the best use of physician practices' limited resources.

  - Version 5010 837s are the most widely adopted HIPAA-mandated transaction.

  - Resources could be spent on other transactions desperately in need of standard technological solutions that will require significant investments.

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