Attachment Standard:
The Physician Perspective

NCVHS Subcommittee on Standards
February 16, 2016
Our World of Cost Containment

• Health plans’ cost containment and utilization management programs have rapidly grown over recent years, from prior authorization to fraud detection.

• These programs almost always require submission of supporting clinical documentation, with obvious implications for use of attachments.

• The AMA strongly opposes health plans’ broad-based utilization management and cost control programs due to the associated delays in care and payment, as well as the increased practice administrative burdens.
  – The AMA believes that these programs, if used, should only be applied to true utilization outliers.
Current Attachment Ecosystem

• Given the reality that utilization review and cost control programs will be used for the foreseeable future, the AMA urges the industry to implement an **automated, uniform, efficient** process for clinical documentation submission
  – Elimination of current manual systems (fax, mail) offer significant cost savings opportunities for the industry
• In the absence of an attachment standard, the industry has developed a myriad of diverse methods for electronically exchanging clinical data:
  – ASC X12 275 transaction
  – Secure email
  – Health plan portals
Standardization

In order to promote efficiency, the industry needs a standard, defined way of transmitting clinical information between health plans and physicians

- Current “wild-west” environment creates significant provider hardship
- Providers today must accommodate all of the different methods of clinical data exchange used by health plans

Congress enacted HIPAA standard transactions in order to enable providers “to submit the same transaction to any health plan in the United States” when conducting it electronically\(^1\)

- **Standard = One uniform method** of information exchange
- **Increasing consistency** and **reducing ambiguity** should be our goals

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Attachment Standard

- To meet the HIPAA regulatory intent of uniformity in electronic communications, each element of clinical data exchange for both claims and prior authorization attachments should be standardized.

- The AMA supports attachment standardization using:
  - **Request for additional information**
    - ASC X12 278 Services Review Response (prior authorization)
    - ASC X12 277 Request for Additional Information (claim)
  - **Envelope**
    - ASC X12 275 Additional Information to Support a Health Care Claim (claim)
    - ASC X12 275 Additional Information to Support a Health Care Services Review (prior authorization)
  - **Clinical Content**
    - HL7 C-CDA R2 Consolidated Clinical Document Architecture Release 2
Standardization of Clinical Content

• A physician’s encounter documentation should be sufficient to meet the needs of both other providers and health plans.

• In order to properly fulfill the intent of the HIPAA legislation, the attachment standard should create one way to exchange clinical information via an attachment.

• The AMA does not support including both the Clinical Document for Payers 1 (CDP1) and the C-CDA R2 in the attachment standard because:
  – Physicians would have to create 2 different forms (one for sending to future clinicians for transition of care and another for payer functions) per encounter.
  – This would increase provider administrative burdens and reduce time available for direct patient care.
C-CDA R2 vs CDP1

• The AMA supports the C-CDA R2 as the standard for attachment clinical content

• CDP1 requires completion of significantly more templates than the C-CDA R2, with use of “null flavors” to reflect uncollected data or information that the provider does not wish to exchange

• Null flavors raise concerns with:
  – Increased provider burden in selection of null flavor descriptors
  – Exchange of clinical data beyond what is needed (i.e., violation of HIPAA “minimum necessary” principle)
Attachment Clinical Content: Remaining Issues

• Valid concerns have been raised during the industry discussion of the HL7 C-CDA R2 and CDP1
• The CDP1 includes additional sections and templates beyond what is included in the C-CDA R2
  – CDP1 has not been tested or used
  – The industry should closely examine these additional templates and determine if they would be valuable additions to clinical documentation and data exchange
  – If so, these new capabilities should be considered for the next release of the HL7 C-CDA
  – **Any enhancements to clinical documentation must be captured within that single standard**
• There is concern that vendors will not develop the C-CDA R2’s optional sections and templates
  – Current testing methods do not evaluate vendors’ support for optional capabilities
  – **Vendors must fully support all elements—both required and optional—in their implementation of the C-CDA R2 so that providers can capture and report these data, when appropriate**
  – The AMA urges the Subcommittee to recommend changes in vendor testing that will allow for evaluation of vendors’ support of all optional functionalities in the C-CDA R2 standard
Attachment Standard Recommendations

• The AMA recommends adoption of the previously indicated standards to support the various elements related to clinical information exchange (information request, envelope, clinical content)

• AMA urges judicious use of attachments
  – Clinical documentation requests should not be routine
  – Clinical data exchange increases administrative burdens and costs for physicians and health plans

• Industry should aim for uniformity in when attachments are required so physicians can send proactively and unsolicited

• Health plans should be prohibited from requesting the same clinical data multiple times from providers
Urgent Need for Attachment Standard

• 20 years have passed since the original HIPAA legislation that listed attachments as a transaction requiring standardization—**standard is long overdue!**

• June 2014 NCVHS vendor testimony on attachments indicated that the “uncertainty in the area has had a paralyzing effect” and serves as a disincentive for vendors to allocate resources to attachment development

• Without a mandated standard to serve as “marching orders,” the industry will continue on the current course of fragmented, hodgepodge, and workaround methods of transmitting clinical information

• Vendors, providers, and health plans all need clear direction **now** so that industry can begin development and implementation plans
Conclusion

- Standardized electronic exchange of clinical data has the potential to reduce administrative burdens and costs across stakeholders.
- Other benefits include minimization of patient care delays (prior authorization) and faster payment (claims).
- An electronic attachment standard is urgently needed so that the health care industry can achieve administrative simplification in this area.
Questions

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