

August 8, 2019

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
Office of Regulation Policy and Management (00REG)
810 Vermont Avenue NW, Room 1064
Washington, DC 20420

Re: Notice of Request for Information on Information and Documentation Required for Clean Claims for Care and Services

Dear Secretary Wilkie:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to offer our comments to the U.S. Department of Veterans Affairs (VA) regarding the *Request for Information (RFI) on Information and Documentation Required for Clean Claims for Care and Services*.

The following outlines our primary comments regarding the VA's RFI:

- The AMA believes that the minimum data elements needed for accurate adjudication of a claim listed in the RFI—patient identification (veteran's or beneficiary's Social Security Number), provider identification (NPI), and identification of the services provided (CPT, HCPCS, or DRGs)—are appropriate.
- The AMA supports the VA's proposal for entities and providers to utilize the inpatient and outpatient billing forms listed (UB-04 and CMS-1500) for the submission of paper claims.
- The AMA also agrees that the standard transactions identified for electronic claims—X12N 837I for institutional claims and X12N 837P for professional claims—are appropriate.
- The AMA urges the VA to limit the amount of supporting clinical documentation that physicians must submit to the minimum amount necessary to properly adjudicate a claim. Any widespread requirement of claim attachments will lead to significant physician administrative burden. Additionally, we strongly oppose any policy that allows payers to make excessive and unnecessary requests for additional information for claims processing.
- The AMA supports the U.S. Department of Health and Human Services (HHS) mandating a standard method of electronically exchanging clinical documentation. As described in more detail below, emerging new technologies have created uncertainty about what method HHS will designate as the industry standard for clinical data exchange. If the VA elects to implement new tools that involve direct payer extraction of data from electronic health records (EHRs), we strongly encourage the VA to institute safeguards to protect the privacy, security, and appropriate use of those data.

Claim Attachments

The RFI states that in 2019, the VA will have Electronic Data Interchange (EDI) ASCX12N/005010X210 Patient Information (275) transaction attachment capabilities with the implementation of an X12 275 solution. However, a recent Council for Affordable Quality Healthcare (CAQH) report, “A Report of Healthcare Industry Adoption of Electronic Business Transactions and Cost Savings,” indicated that there is very little adoption of the 275 electronic administrative transaction type throughout the health care industry.¹ As a result, the VA in its RFI is requesting public feedback regarding the barriers to and timelines for wider 275 transaction adoption to consider potential complications to broad implementation of an EDI claim submission mandate.

For several years, the AMA has advocated that HHS mandate a standard for electronic clinical attachments. The current process of sending supporting clinical documentation by fax or mail is antiquated, costly, and administratively burdensome to both physicians and health plans, and can lead to significant delays in patient treatment. Industry-wide adoption of electronic clinical attachments has the potential to significantly improve process efficiencies, reduce time to treatment, and advance the Administration’s and AMA’s shared goal of improved interoperability. We strongly believe HHS should mandate a single format for clinical information and a single enveloping method in the attachment standard so that physicians are not required to accommodate the unique specifications of each health plan with which they do business.

We urge the VA to contact their federal colleagues at the Centers for Medicare & Medicaid Services, Division of National Standards to ascertain the status of issuance of a rule on an attachment standard. There has been a notice of proposed rulemaking (NPRM) on attachments pending on the Office of Management regulatory agenda since Fall 2017, which now shows an expected release date of December 2019; however, it is our understanding that the NPRM will be even further delayed.² Given the delays in the release of the attachment standard rule, we suggest that the VA request guidance from Division of National Standards about the planned direction on clinical documentation standards. If there is still a strong signal that the industry will be required to utilize claims attachments to support electronic exchange of clinical documentation, the VA’s use of the X12 275 could serve as a major pilot test for the transaction and illustrate its efficiency and return on investment and serve as an impetus for vendor development and other payers using the technology. The AMA would also like to express our interest in receiving further information about the format the VA will use for the actual clinical information, as X12 275 is just the “envelope”—the actual clinical information would be transmitted in another format.

Fast Health Care Interoperability Resources

In the past year there has been considerable movement to explore a newer technology called Fast Healthcare Interoperability Resources (FHIR). FHIR enables the exchange of clinical information between physician EHRs and payers. While FHIR has the potential to reduce administrative burdens for both prior authorization and submission of documentation to support claims payment (which is more pertinent to this RFI), we have significant concerns about the challenges and potential unforeseen consequences of some of the emerging FHIR proposals. The AMA believes that physicians and other providers should have the ability to limit the clinical data that a technical solution can access from their

¹ <https://www.caqh.org/sites/default/files/explorations/index/report/2018-index-report.pdf>

² <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201904&RIN=0938-AT38>

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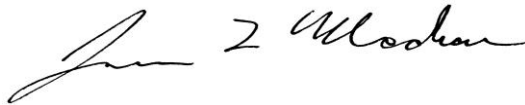
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EHR and should not be required to open up their entire clinical record system to payers as part of network contracting. If the VA chooses to move away from EDI-based attachments to this potentially promising technology, we strongly encourage instituting safeguards around payer extraction of data from EHRs.

We thank you for the opportunity to provide input on this RFI. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President of Federal Affairs, at 202-789-7409 or margaret.garikes@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

James L. Madara, MD