



July 30, 2021

Richard Landen
Denise Love
Co-Chairs
National Committee on Vital and Health Statistics
Subcommittee on Standards
CDC/National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782-2002

Via: NCVHSmal@cdc.gov

Re: Request for Public Comment on Healthcare Standards Development, Adoption, and Implementation

Dear Mr. Landen and Ms. Love,

MGMA is pleased to offer this letter in response to the Request for Public Comment (RPC) from the National Committee on Vital and Health Statistics (NCVHS) entitled “Healthcare Standards Development, Adoption and Implementation” which was published on June 18, 2021. The movement of data and information between the numerous, disparate entities within healthcare is crucial for an efficient and high-functioning healthcare system. MGMA commends NCVHS for this latest RPC and looks forward to being a close partner in this process to modernize the infrastructure linking patients, providers, payers, the public health system, and other actors in healthcare.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups comprising more than 350,000 physicians. These groups range from small independent practices in remote and other underserved areas to large regional and national health systems that cover the full spectrum of physician specialties. MGMA continuously strives for administrative simplification so that medical groups can provide efficient and effective care to America’s patients. MGMA applauds NCVHS in taking these next steps to identify improvements in the healthcare data exchange system.

Key Recommendations

- MGMA believes that the successes of the present data exchange system aren’t fully being realized and that more can be done to implement currently mandated standards. We assert that successful data exchange is possible with present-day standards, operating rules, and code sets and believe more should be done to encourage their utilization.
- As NCVHS undertakes this endeavor, MGMA emphasizes the need for full involvement from all stakeholders in a transparent development process and that any changes to standards or processes have minimal impact to the current system of data exchange.
- MGMA recommends NCVHS study and provide evidence of Return on Investment (ROI) for any new or revised standard. Specifically, all stakeholders should be fully apprised by the Committee

on how any new or revised standard will improve the status quo in terms of administrative time and money saved, and, specific to providers, how practice operations and patient care will be improved.

Comments to NCVHS Question #1: *How can data sharing be improved between patients, providers, payers, public health system, and other actors in health care? What are the barriers to these improvements?*

MGMA comment: **As NCVHS takes steps to identify needed improvements to healthcare data exchange, MGMA recommends the Committee also support efficiencies already in place.**

Data interoperability enables providers to coordinate care among institutions and act based on comprehensive and current information. The scope of data interoperability has expanded to encompass social and behavioral services, public health, cost and quality assessment, and research, in addition to administrative uses. Data standards, therefore, must be multifaceted and meet the needs of several stakeholders. Providers require data standards that are credible, comprehensive, and that are developed using a rigorous and evidence-based process. The Current Procedural Terminology (CPT®) code set is a foundational code set for describing medical services and procedures and is universally trusted by the health care system.

CPT codes are evidence-based, timely, and reflect current clinical practice in a common medical language. The CPT Editorial Panel is an independent body of expert physicians and qualified healthcare professionals convened by the American Medical Association (AMA) with the unique ability to manage an open, transparent, consensus-based, and stakeholder-driven editorial process. The AMA and the CPT Editorial Panel continue to demonstrate successful coordination in the development, adoption, implementation, and conformity of health data standards across disparate health-related data systems. While NCVHS casts a wide net in terms of scope and invites a complete re-envisioning of the administrative and clinical electronic standards and code sets used in the US health care system, we encourage NCVHS to consider a more moderate, realistic path that fully considers the overwhelming success of many electronic transactions and code sets used today. The CPT code set plays a vital role in data sharing among providers, patients, payers, public health systems, and other actors in health care. As health care evolves, reliable and trusted data, coding, and terminologies—such as the CPT code set—must continue to receive support.

The CPT code set already is an adopted standard for HIPAA purposes. In its recommendations to the Secretary, we urge NCVHS to continue to support the foundational role that the CPT code set, and the CPT Editorial Panel play in the efficient and effective exchange of electronic health related data under HIPAA.

MGMA comment: **Compliance with current standards remains a problem. NCVHS should recommend that the Department of Health and Human Services (HHS) and the Center for Medicare & Medicaid Services (CMS) put in place a stronger program for assessing penalties for actors who violate current mandates. Education programs can also be strengthened for actors who are unaware of currently mandated standards.**

Since 2014, as part of the Affordable Care Act (ACA), it has been required health plans are required to offer physician practices the option of receiving their reimbursement via a standardized electronic funds transfer (EFT) method. This standard uses a set of ACA-mandated EFT business operating rules which are incorporated with existing HIPAA-directed electronic remittance advice (ERA) operating rules. In concert together, these standards and operating rules streamline the flow of reimbursement and revenue

cycle management, a bedrock healthcare administration process vital to the efficient management of patient care.

MGMA is becoming increasingly aware of entities within the healthcare data exchange infrastructure that are taking advantage of vague guidance from the federal government and have put in place financial roadblocks that deter providers from making use of electronic remittance advice (ERA) and EFT standards and operating rules. These actions go against the spirit of administrative simplification and add needless cost and burden to healthcare administration. More work needs to be done to recommit to the idea of administrative simplification by issuing enforcement and assessing penalties on actors who violate current mandates.

MGMA comment: As NCVHS, in partnership with the industry, takes new steps in the standards development process, it is important that impacted stakeholders have the required information needed to buy into and fully implement any potential new standard.

Information on ROI specific to each stakeholder category. Healthcare providers and medical practices operate on narrow margins and every financial decision is made first and foremost with the financial viability of the practice in mind. The implementation of electronic health data exchange standards has a ripple effect across practice administration from retooling workflow processes to the update or purchasing new technology platforms. As new standards are being discussed, NCVHS needs to provide information on how the adoption of any new potential standard will impact ROI for each specific healthcare stakeholder category.

Information on the process used to develop new standards. It will be imperative for there to be full access to the standards development process from all impacted stakeholders in concert with Standards Development Organizations. NCVHS should take every opportunity to reach out and engage with not just stakeholder associations and societies, but also specific healthcare entities who will ultimately implement any new potential standards. A clear path on the standards development process should be created by NCVHS and shared with the industry.

Information from testing and pilot projects with stakeholders. When a potential new standard is formed, volunteers from industry need to have time to test the standard and the opportunity to report back to the Committee and the industry on costs, benefits, and important lessons learned from using the new standard. This piece is crucial before any decision is made on mandating the standard.

Information to educate stakeholders on implementation and compliance. Once a standard has been appropriately vetted and is chosen to be mandated, NCVHS with HHS should use every outreach tool available to inform stakeholders on how to appropriately use the new data exchange standard and how to remain compliant with any mandates.

Comments to NCVHS Question #2: *Are there any new standards or use cases available or under development that should be considered by NCVHS for recommendation to HHS for adoption to support interoperability, burden reduction and administrative simplification?*

MGMA comment: MGMA is aware of HL7 Fast Healthcare Interoperability Resources (FHIR), including the incubation projects such as Da Vinci and CARIN. MGMA believes more can be done to educate the wider healthcare industry of the potential and ROI of FHIR.

When deciding whether to adopt standards currently being developed within the industry, MGMA believes NCVHS should still ensure that impacted stakeholders have the required information needed to buy into and fully implement any potential new standard. Furthermore, we caution NCVHS from a

wholesale adoption of a standard(s) under development within the industry, and instead encourages the Committee to look at ways in which the standard(s) could be applied in a targeted manner to address current gaps and deficiencies in health data exchange (prior authorization as an example). We stress that incubator demonstration projects within closed-loop systems will face unique challenges when deployed among the healthcare industry's disparate entities.

Comments to NCVHS Question #4: *What short term, mid-term and long-term opportunities or solutions do you believe should be priorities for HHS?*

MGMA comment: MGMA offers the following timeline of priorities.

Short-term: Complete a full inventory of gaps and deficiencies in the current system of health data exchange. Identify wherever telephones, faxes, and single, proprietary web portals are being used as a starting point to address these gaps. NCVHS should issue regulations adopting the CPT Guidelines under HIPAA. The Committee should also assemble a plan, with stakeholder buy-in, for the necessary steps to develop new standards. Finally, NCVHS should seek to grow the use of current HIPAA-mandated standards.

Mid-term: NCVHS should compile a plan for how it will look to consider new standards (either internally or externally developed) for implementation and potential mandate. The Committee should explain, with stakeholder input, how it will test potential new standards and how it will measure ROI as it pertains to each specific stakeholder category.

Long-term: Moving forward, it will be important for NCVHS to put in place a clear, agreed upon system and process for standards development in the future. Additionally, the Committee should develop and put in place a system and process for revisiting currently adopted standards to assess if any changes or updates should be made.

We thank you for your consideration of these comments and recommendations. We look forward to continuing to work with the Committee to identify opportunities to improve and streamline the flow of electronic health data between patients, providers, payers, the public health system, and other actors in healthcare. Should you have any questions, please contact Drew Voytal, Associate Director, Government Affairs, at 202.293.3450 or dvoytal@mgma.org.

Sincerely,

/s/

Anders Gilberg
Senior Vice President, Government Affairs, MGMA