GREATER NEW YORK HOSPITAL ASSOCIATION

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Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services US Department of Health and Human Services P.O. Box 8013 Baltimore, MD 21244-8013

Submitted Electronically

Re: File Code CMS 0053-P

Proposed Rule on Adopting Standards for Health Care Attachments Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Transaction Standard (RIN 0938–AT38)(Vol. 87, No. 244, December 21, 2022)

Dear Ms. Brooks-LaSure:

On behalf of the over 200 hospitals and health systems in four states that make up the acute care membership of the Greater New York Hospital Association (GNYHA), we appreciate this opportunity to respond to the US Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) proposed rule on adopting standards for health care attachments to streamline prior authorization and claims transactions.

Our members welcome opportunities to increase efficiency and remove administrative hurdles whenever possible. This proposal, which attempts to streamline the prior authorization and health care claims transaction processes by adopting Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards for the electronic transmission of clinical and administrative attachments, has the potential to reduce administrative burdens for providers, expedite claims processing, and facilitate patient access to care. Today, claims and prior authorization attachments are transmitted through heavily manual processes. In fact, according to the 2022 Council for Affordable Quality Health Care Index, only 24% of medical plan attachment transactions were carried out electronically while the other 76% required some sort of human interaction, like using a fax machine. The current process is inefficient and time-consuming, and GNYHA member hospitals have been seeking a way to exchange information electronically that is secure and efficient.

¹ Council for Affordable Quality Health Care Index Report, 2022. https://www.caqh.org/insights/caqh-index-report (accessed March 20, 2023).



GNYHA

In finalizing this proposal, however, we ask CMS to consider the interaction between this attachment standards proposed rule and CMS's recently proposed rule on advancing interoperability and improving prior authorization. Under that proposed interoperability rule, payers would be required to implement technology—a Fast Healthcare Interoperability Resources (FHIR)-based Prior Authorization Requirements, Documentation and Decision (PARDD) API—that providers would interact with to automate and streamline the prior authorization process. GNYHA submitted comments on the proposed interoperability rule², and noted the potential overlap and/or inconsistencies with proposing both FHIRbased PARDD API capabilities for communicating prior authorization requests and transmitting clinical documentation, and a HIPAA X12 standard for prior authorization attachment transactions. The proposals seek to achieve similar goals but it is unclear how they are intended to work together and, importantly, whether hospitals would have to duplicate technology, resources, or other efforts to facilitate the data sharing envisioned under both rules. Additionally, the Office of the National Coordinator for Health IT (ONC) is expected to soon propose a rule that may include requirements for certified electronic health record (EHR) vendors to support the prior authorization process between providers and payers. These certified EHR vendor requirements will go a long way in addressing some of our members' concerns, particularly regarding the burden to create and implement new technology and a structure to oversee and audit privacy and security concerns.

We strongly support the streamlining goals of both the interoperability and HIPAA attachment proposed rules and believe they will have a positive impact for the health care industry. However, because both proposals will interact so closely, it is vital that each rule be developed and tested carefully before industrywide implementation. Thus, we urge CMS to not finalize the proposed Administrative Simplification rule in a vacuum, but rather, work alongside ONC to finalize the rules together in a manner that reduces burden and cost.

Thank you for the opportunity to provide feedback on the proposed rule. We look forward to working with you to improve the provider authorization process for beneficiaries and providers. Please direct any questions to Emily Leish, GNYHA's Senior Vice President for Health Finance and Managed Care, or Matthew Felton, GNYHA's Assistant Vice President for Health Finance and Revenue Cycle.

Sincerely,

Kenneth E. Raske

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President

² GNYHA's Comment Letter to CMS 0057 P Advancing Interoperability and Improving Prior Authorization. https://www.regulations.gov/comment/CMS-2022-0190-0797 (accessed March 20, 2023).