



March 14, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Becerra,

On behalf of the members of the National Uniform Billing Committee (NUBC), we are writing to provide comments on the Department of Health and Human Services (HHS) proposed rule titled “Administrative Simplification: Adoption of Standards for Health Care Attachments Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Transaction Standard.”

The NUBC is a Data Content Committee named in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is composed of a diverse group of health care stakeholders representing providers, health plans, designated standards maintenance organizations, public health organizations, and vendors. The NUBC develops and maintains a national uniform billing instrument for use by the institutional health care community. The Committee currently maintains the Uniform Billing (UB) 04 data set and form. Our goal is to promote the development of the data needs reported within the UB-04 claim for use by institutional health care communities and transmitted to all third-party payers.

As the HIPAA-named body responsible for producing the data content standard for claims, the NUBC has reviewed this rule specifically from the perspective of its impact and use for claims attachments. As a result, our comments are focused on the creation of a HIPAA standard for claims attachments, and we do not have commentary nor an official stance on the prior authorization attachments processes addressed in the regulation.

The NUBC is supportive of the development of a claims attachments regulation, as the industry has long been awaiting standardization in this space. Current processes involve inconsistent and often inefficient methods of sharing clinical information needed to process a claim, which bogs down adjudication and leads to delays in provider payment and patient receipt of timely bills for their care. As the agency moves to finalize of this rule, we offer the following comments for consideration:

Bifurcate Consideration of Claims Attachment and Prior Authorization Attachment

The NUBC is aware of industry concerns with the impact of the prior authorization attachment rules on CMS’s FHIR-based API prior authorization rulemaking. As stated above, the NUBC does not have a formal perspective on the prior authorization attachments. However, we encourage CMS to bifurcate consideration of these two components of the rule, thereby permitting standardization of a claims attachment regulation even if there are legitimate concerns with prior authorization standardization. The regulation would seemingly support such bifurcated consideration. As the regulation notes, section

1173(a)(1)(A) of the Act specifically calls for the establishment of a claims attachment standard, but does not comment on the need for prior authorization attachments. Instead, the agency is creating the prior authorization process in accordance with section 1173(a)(1)(B), which calls of the Secretary to name “other appropriate financial and administrative transactions, consistent with the goals of improving the operation of the health care system and reducing administrative costs.” As this section indicates, the HIPAA regulations view the claims and attachment standards separately, which should enable analysis of and action on each of the standards to be undertaken independently. The need for claims attachments standardization has been recognized and urgent since the creation of the initial HIPAA regulations in 2000. The claims process is not directly reliant on the prior authorization transaction, so establishing of an attachments standard for claims without finalizing a standard for prior authorization still would provide necessary industry standardization. As a result, the NUBC encourages HHS to adopt the proposed attachment standard for claims, and does not offer a position on the proposed attachment standard for prior authorization.

HL7 Support for CDA Transactions

The NUBC believes that the document based approach utilizing HL7 CDA structure is an appropriate method of sharing claims attachment information. We note, however, that HL7 is no longer developing any new functionality nor issuing new implementation guides in this space. Although we do not anticipate the need for additional standards using this structure, we anticipate the inevitable need for upkeep and further development as the standard is implemented in the industry. Given HL7’s focus on the FHIR transactions, we urge CMS to ensure that HL7 will continue to support and develop the guides named in this standard as is warranted, regardless of their alternative work in the FHIR space.

LOINC

The committee is supportive of the utilization of a standard code set used to identify the specific kind of information communicated in both an attachment request and response. LOINC enables health plans to request specific documents from providers for the adjudication of claims, which should improve processing delays caused by inefficient document request processes today. In order to ensure that health plans can request documents that are not currently included in the LOINC code set, plans will need to be able to request establishment of new codes, while providers systems will need to be given time to incorporate necessary updates to support new documents. We encourage CMS to clearly establish guidelines for when new codes can be requested, and how long systems will have to incorporate new LOINC documents within their systems.

The NUBC appreciates the ability to provide commentary on the proposed standards and operating rules. If you have any questions, please do not hesitate to contact me at tcunningham@aha.org.

Thank you,

Terrence Cunningham
Chair
National Uniform Billing Committee