**Date** January 28, 2019

**Via Electronic Submission**

Dr. Donald Rucker

Office of the National Coordinator for Health IT

U.S. Department of Health and Human Services

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Washington, D.C. 20201

Dr. Rucker,

On behalf of Change Healthcare, I am pleased to submit comments addressing the recently published *Draft Strategy on Reducing Regulatory and Administrative Burden relating to the Use of Health IT and EHRs*.

Change Healthcare is inspiring a better healthcare system. Working alongside its customers and partners, Change Healthcare leverages its software and analytics, network solutions and technology-enabled services to help providers and payers improve efficiency, reduce costs, increase cash flow and more effectively manage complex workflows. Together, Change Healthcare is accelerating the healthcare journey toward improved lives and healthier communities.

Our comments to specific sections of the document are as follows:

**CLINICAL DOCUMENTATION**

**Strategy 1: Reduce regulatory burden around documentation requirements for patient visits**

Change Healthcare supports ONC recognition of the efforts of the Agency to improve the quality of care provided to patients. Lessening the burden of provider documentation of the provider / patient interaction results in the provider having additional time to focus on provision of care.

However, as noted in Change Healthcare comments related to CMS’ 2019 Physician Fee Schedule, we are concerned that lowering the expectation of recordkeeping and level of service reporting may have the unintended consequence of making it more difficult to evaluate provider performance and the overall quality of care delivered. Specifically, it is plausible that some providers may focus on the reimbursement aspects of these proposed changes and neglect to include appropriate information for purposes other than code assignment (e.g., Quality Payment Program). Given that the medical record is a legal document that serves as evidence of the care provided to a patient, insufficient detail within documentation not only negatively impacts the continuity of patient care, but also places a heavier administrative burden on compliance.

Change Healthcare notes that CMS has attempted to revise these guidelines before; previous attempts were abandoned due to lack of consensus. The one thing all industry parties seem to agree upon is that the existing guidelines are insufficient, burdensome, and outdated.

**Change Healthcare’s Recommendation:**

Therefore, Change Healthcare urges ONC to recommend that HHS convene a broad stakeholder group to partner on improving E/M coding. We recommend including developers of health IT solutions. A cross-stakeholder body will identify strategies to reduce the related administrative burden of E/M coding on clinicians, minimize the threat of patient access to care, and minimize disruptions in market payment methodologies. Further, HHS should discuss development of a broader national standard approach to E/M coding improvements, including cross-stakeholder groups, to lessen the impact of duplicative payment schema (e.g., one for Medicare and existing E/M coding used by other payers).

**CLINICAL DOCUMENTATION**

**Strategy 3: Leverage Health IT to standardize data and processes around ordering services and related prior authorization processes**

Change Healthcare applauds ONC for recognizing that adoption of health IT solutions to reduce the administrative burden of prior authorization are within reach. We support the ONC recommendation for HHS to partner with all stakeholders to improve necessary processes (such as prior authorization) using IT solutions.

In addition to efforts such as the Da Vinci project and the P2 FHIR task force, Change Healthcare has worked with industry groups such as the Workgroup for Electronic Data Interchange (WEDI), and the Council for Affordable Quality Healthcare (CAQH), to improve upon existing HIPAA standards for prior authorization (e.g., X12N 278). The structure of existing X12N data standards needs to be enhanced and made “smarter” for the HIPAA standards to leverage improvements in the automated flow of clinical data from EHRs to administrative processes such as prior authorization.

**Change Healthcare’s Recommendations:**

Change Healthcare would encourage the ONC to focus greater agency efforts on the harmonization of existing industry efforts to improve the current HIPAA standards. The greater goal should include leveraging industry work in process to incorporate improvements in electronic communication formats. While we agree the Claims Attachment Standard is an integral component of improving the adoption of X12N 278, we believe the X12N 278 standard itself needs to be amended to accommodate discreet, actionable clinical intelligence along with the financial information of prior authorizations, which may be essential in rendering an authorization decision.

Finally, Change Healthcare would caution against the use of “standardized templates” that follow an existing fax form strategy. Change Healthcare has seen instances where the complexity of medical conditions coupled with the variability of provider intervention in treating patients precludes development of any sort of meaningful template. For example, The State of Massachusetts and a cross stakeholder workgroup has struggled for nearly seven years to design a template to support prior authorization of surgical services with no success to date. Rather, CHC recommends that ONC encourage and accelerate the USCDI core standardized data elements in the EHR.

**Conclusion**

We appreciate the opportunity to comment on this Draft Strategy document, and we understand the importance of the greater HHS effort to reduce regulatory and administrative burdens on clinicians, and the greater industry in general. We are happy to hold follow up discussions and offer additional information based on our extensive background in this area. Thank you for your attention and consideration.

Sincerely,

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