



November 14, 2011

Walter Suarez, MD, MPH
Director, Health IT Strategy & Policy
Kaiser Permanente
2221 Broadburch Drive
Silver Spring, MD 20904

Judith Warren, PhD, RN
Director of Nursing Informatics
University of Kansas School of Nursing
KUMC Center for Healthcare Informatics
3901 Rainbow Blvd., Mail Stop 4043
Kansas City, KS 66160-7502

Dear Co-Chairs of NCVHS Subcommittee on Standards:

On behalf of America's Health Insurance Plans we are writing in advance of the November 18, 2011 hearing to provide input regarding the potential for standardization of the application process for the enrollment of health care providers by health plans.

The National Committee on Vital and Health Statistics (NCVHS) has been tasked to assist the Secretary of the U.S. Department of Health and Human Services (HHS) as it fulfills its obligations under section 10109 of the Affordable Care Act (ACA) to seek input on "[w]hether the application process, including the use of a uniform application form, for enrollment of health care providers by health plans could be made electronic and standardized." It is our goal that this letter will help the subcommittee as it discusses whether (1) there could be greater uniformity in financial and administrative activities and items and (2) if such activities should be considered financial and administrative transactions for which the adoption of standards and operating rules would improve the operation of the health care system and reduce administrative costs.

Scope and Definition of Provider Enrollment

A key question for the subcommittee is the definition of enrollment. The term enrollment could encompass enrolling with a health plan to conduct electronic data interchange (EDI) transactions, electronic funds transfer sign up and verification, contracting, credentialing, demographic data maintenance and support for multi-provider group practices and hospital systems. All of these processes have different data needs and data flows.

At this point in time, we recommend that the subcommittee start its deliberations on the demographic data collected by health plans about providers for purposes of the initial enrollment process. Further data verification efforts (e.g., primary source verification) and credentialing

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should be considered out of scope at this time. We also recommend that the health plan contracting process remain a health plan-specific function.

Data Collection Variability

AHIP supports efforts to standardize provider demographic data elements submitted by providers during the enrollment process and in the HIPAA administrative transactions. This recommendation is based on the significant challenges and costs health plans as well as other entities in the industry such as health information exchange organizations face in the maintenance of provider demographic information. This information is typically reported to multiple health plans at the same point of time and once collected and verified serves as the foundation for numerous health plan-specific functions such as contracting and health plan provider directories.

Through a multi-stakeholder effort health plans could potentially reach agreement on 90 percent of standardized data elements but recognize that there may be some necessary variation in what is collected across the industry. The work already underway to develop and adopt operating rules for certain health care administrative transactions could also aid efforts of provider data standardization.

We recommend that NCVHS consider that any provider data standardization effort could have multiple components to be successful: the data standards for the request of the data and its collection; operating rules regarding the standards; and, the utility or service used to source or maintain the data. Utilities should be market driven- such as the successful standardization of credentialing data by CAQH UPD who will be testifying at the hearing. Not all enrollment efforts would need all components and the market should determine their interest in working with a source of data.

Role for Federal Programs

It is critical that the standardization of provider data also include the processes used by Medicare and state Medicaid agencies, while we recognize that the federal government must have the ability to mandate data fields as a result of new statutory or regulatory requirements. Separate processes for the commercial market and federal programs add additional administrative costs.

Existing Standards for Provider Enrollment

We are aware of the existing X12 standard for provider enrollment but understand that it has not yet been pilot tested and we are not aware of any health plans currently using the transaction. We recommend that NCVHS consider recommending additional pilot tests of this transaction and that the results be presented to NCHVS before any further recommendations are considered with regard to this standard or its implementation guides.

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We appreciate the opportunity to provide input to the Subcommittee on the issue of provider enrollment. We look forward to the final report and welcome any additional questions on our comments.

Sincerely,

A handwritten signature in black ink that reads "Jeanette Thornton". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Jeanette Thornton
Vice President, Health IT Strategies
America's Health Insurance Plans

CC: Lorraine Tunis Doo, Centers for Medicare & Medicaid Services
Justine Carr, MD, Chair, National Committee for Vital and Health Statistics