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Office of Science and Data Policy
Office of the Assistant Secretary for Planning and Evaluation, DHHS
Humphrey Building, Room 442-E
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Suarez and Dr. Warren:

Thank you for providing HIMSS with the opportunity to testify before the NCVHS Subcommittee on Standards regarding the legislative mandate for Operating Rules for Eligibility and Claims Status prescribed by the *Patient Protection and Affordable Care Act* (PPACA).

While HIMSS designs and produces educational programs that are well attended by a variety of healthcare stakeholders, including banks, financial institutions and healthcare financial systems organizations, our foremost constituency is providers and thus we tend to approach issues with a provider orientation. Along these lines, we want to reinforce the following perspectives:

1. We are a *neutral educational platform* focused on using information technology in healthcare (both clinical and administrative) that, last year, conducted a robust educational agenda using various formats that included face-to-face conferences, virtual conferences, webinars and other educational events in the US. We also conduct international conferences. Our annual conference attracted some 28,750 executives last year. We want to express our willingness to work with HHS to educate the healthcare stakeholders about PPACA issues through our multiple venues.
2. Section 1104 of PPACA represents a substantive opportunity for providers to reduce administrative complexity. The transactions outlined in the legislation impact the fiscal viability of providers and provider organizations, so we are naturally quite concerned about this issue. Accordingly, we have sought to engage a non-profit "platform" representing multiple stakeholders that consists of HIMSS, CORE and NACHA – The Electronic Payments Association. We stress, as have others, that a multi-stakeholder collaborative is vital for the successful adoption of operating rules development in the health care business setting.
3. Based on viewpoints provided in a new fact sheet created by our volunteers around the impact of PPACA on four stakeholders – providers, health plans, banks and IT vendors/claims clearinghouses – a consensus was reached that the industry should implement a multi-stakeholder effort to implement operating rules and that an exemplary model for this is CORE (Committee on Operating Rules for Information Exchange operated by CAQH). Related to this, the volunteers firmly believe that operating rules are separate and distinct from transactions and that both, working in tandem, will speed adoption of electronic business processes.
4. We maintain important relationships with multiple industry groups that have expressed various views on the topic of administrative simplification, including the topic of operating rules. We

have a strong commitment towards collaboration with these groups for educational programming and materials on this issue and other issues around administrative simplification (AAHAM, X12, WEDI, CAQH, NACHA, EHNAC, others).

We believe that operating rules development will lay an early foundation for efficiency in the administrative management of healthcare. In addition to this, we believe that this foundation could potentially yield new business practices that can assist providers to simplify the business of healthcare. For example, implementing a digital program for business transactions could also help to fuel other programs, like business intelligence, that will enable providers to manage their practices and enterprises effectively.

This opportunity, however, comes at a cost and given multiple competing technology and process transformation priorities by providers (as assessed in our 2010 5010/ICD-10 Readiness Survey), we stress the need for clear cut ROI for each series of operating rules adopted by HHS, and a reasonable timeline for implementation, in manner that involves substantive provider input, as well as health plans, employers, government and other critical stakeholders.

We are concerned that providers are being asked to manage multiple competing priorities around 5010/ICD-10, "meaningful use" of electronic healthcare records and PPACA mandates all within a limited time span and thus we are committed towards awareness, education and the formation of industry tools that will equip our members to make informed decisions relative to these areas.

Finally, we believe that it is difficult to accomplish the directives under PPACA, section 1104 as an unfunded mandate. Accordingly we feel that it is vital to team with others who have resources that can be specifically targeted towards operating rules development. This is why we have engaged NACHA and CAQH-CORE. Nonetheless we emphasize that we are a neutral educational platform, and that we are available to HHS as it seeks to implement this section of the Act.

We appreciate the opportunity to provide you with our comments as you deliberate this important issue.

Sincerely,



H. Stephen Lieber, CAE
President & CEO
HIMSS