



September 14, 2023

To the National Committee on Vital and Health Statistics (NCVHS):

Re: Response from The Cooperative Exchange regarding NCVHS recommendation.

The Cooperative Exchange disagrees with the recent NCVHS recommendation to not move forward with the next version of the X12 transactions at this time. While we understand the concerns the committee raised, we believe that they are not of great enough concern to postpone these needed updates, and that they can be handled in future versions and instructions.

NCVHS expressed concerns about “backward compatibility” with the expectation that different versions of the same transaction will be required. Except for a transition period, only one version of a transaction will be used. It may be that NCVHS concerns are more appropriate considered around cross-compatibility, where different versions of different transactions (e.g. 8020 for claims, 5010 for eligibility) will be used while the latter transaction is updated. No major cross-compatibility issues are expected by the X12 co-chairs involved in the transactions, and none have been found yet in the Proof of Concept being performed by X12. However, X12 can easily respond to concerns about cross-compatibility in its request for interpretation process (RFI) or via changes applied to upcoming versions of the implementation guides, and clearinghouses can work with their customers to make any necessary (temporary) adjustments. This is one of the major functions of clearinghouses – supporting cross-compatibility and transition adjustments for our customers, as we did during the 4010 to 5010 transition.

X12 has made the decision to recommend only a few guides at one time to respond to NCVHS and industry concerns about making too many changes at once. The Cooperative Exchange supports some of this but recommends that the first two groups of transactions recommended by X12 be put forward for adoption at once, rather than just the first grouping. This would include the 837I, 837P, 837D, 835, 276/277, 834, and 820 transactions.

While NCVHS might desire actual cost benefit information for implementing the transactions, this is almost impossible as organizations historically will not do any detailed analyses until at least a proposed rule is published. The Cooperative Exchange recommends NCVHS recommend a proposed rule and suggest that such cost-benefit information be included in the public comment responses to the rule.

1 The Cooperative Exchange (CE) is comprised of 23 of the leading clearinghouses in the US. The views expressed herein are a compilation of the views gathered from our member constituents and reflect the directional feedback of the majority of its collective members. CE has synthesized member feedback and the views, opinions, and positions should not be attributed to any single member and an individual member could disagree with all or certain views, opinions, and positions expressed by CE.

Regarding the committee's concern about the lack of support for ICD-11 in this version, we believe it is way too early in the ICD-11 adoption process to determine how to include the code set. NCVHS's recent hearing on ICD-11 have shown that the decision whether or not to have a US clinical modification, how ICD-11 should be implemented, and who will be in charge of the implementation all point to a long term implementation process. Once some of the important decisions are made and a target date can be determined, X12 will be able to make the necessary adjustments in the standards to accommodate ICD-11 well prior to the implementation date.

The Cooperative Exchange has previously recommended a framework that allows these and other standard transactions to be updated in a regular, predictable cycle, which would allow the industry to be more responsive to changes and evolving industry requirements. Moving the X12 transactions forward to the latest version is the first step towards establishing that framework and beginning the predictable cycles.

Based on these reasons, the Cooperative Exchange asks NCVHS to revise their recommendations and recommend that CMS publish an NPRM adopting updated versions of the next two groups of X12 transactions (837I, 837P, 837D, 835, 276/277, 834, and 820 transactions) for HIPAA.

Sincerely,

Pam Grosze, Board Chair, The Cooperative Exchange,
Vice President, Product Manager Lead, PNC Healthcare

The Cooperative Exchange Background

The Cooperative Exchange is a nationally recognized association representing the healthcare clearinghouse industry in the United States. Our 23¹ clearinghouse member companies represent over 90% of the nation's clearinghouse organizations and process over 6 billion healthcare claims, reflecting over 2 trillion dollars in billed services annually. Our association members enable nationwide connectivity between over 1 million provider organizations, more than 7,000 payers, and 1,000 Health Information Technology (HIT) vendors. The Cooperative Exchange truly represents ***the U.S. healthcare electronic data interstate highway system*** enabling connectivity across all lines of healthcare eCommerce in the United States.

The Cooperative Exchange member clearinghouses support both administrative and clinical industry interoperability by:

- Managing tens of thousands of entities and connection points
- Exchanging complex administrative and clinical data content in a secure manner
- Supporting both real-time and batch transaction standards
- Enabling interoperability by normalizing disparate data to industry standards

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- Delivering flexible solutions to accommodate varying levels of stakeholder readiness (low tech to high tech)
- Providing strong representation and participation across all national healthcare standard and advocacy organizations with many of our members holding leadership positions

Therefore, we strongly advocate for standardization and administrative simplification within the healthcare industry.

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