



Physicians Caring for Texans

December 14, 2022

Jacki Monson, JD
Chair
National Committee on Vital and Health Statistics
Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782-2002

Re: Request for Public Comment on Proposals for Updates to X12 Transactions and New and Updated CORE Operating Rules

Dear Ms. Monson,

On behalf of the Texas Medical Association (TMA) and our more than 56,000 physician and medical student members, we appreciate the opportunity to comment on the National Committee on Vital and Health Statistics' (NCVHS') [request for comment](#) on "Proposals for Updates to X12 Transactions and New and Updated CORE Operating Rules" as posted to the *Federal Register* on Nov. 1, 2022.

The request for comment seeks input on the cost impact to implement the updated X12 version 8020 electronic claims and electronic remittance advice (ERA) transaction. It also asks to what extent, relative to the potential implementation cost, the updated transaction implementation guides are beneficial. While TMA is not currently in possession or aware of any cost analysis or positive benefits in adoption overall, we urge NCVHS to carefully consider the costs and impositions placed on physician practices. Upgrading their electronic health record and practice management systems to adopt the new version of the electronic claim and ERA creates expenses in both staff time and further practice infrastructure investments. **TMA believes neither physicians nor patients should incur additional costs when electronic health records or health information technology systems are updated to reflect the latest of ever-changing regulatory requirements.** The cost of adoption will vary widely depending on the size, location, and current capabilities of the practice. Before mandating new transactions and operating rules, TMA asks NCVHS to provide additional time for the impacted industries to analyze and comment to NCVHS on the economic impact of adoption.

The request for comment also asks whether the new version supports value-based purchasing claims. Since current alternative payment models are based on fee-for-service claims processing, at this time TMA is not aware of benefits of the revised version for such payment models.


NCVHS seeks input on the time frame for the adoption and implementation of new versions of standards, and on whether HIPAA's required two-year implementation time frame is sufficient. TMA agrees a two-year implementation time frame, at minimum, is reasonable as it is consistent with previous HIPAA regulatory requirements.

Though not directly referenced in the request for comments, TMA has heard some concerns NCVHS' electronic funds transfer (EFT) transaction standards may be viewed as promoting the use of virtual credit cards. As such,

TMA notes it supports and appreciates the Centers for Medicare & Medicaid Services' (CMS') creation of [guidance](#) and related [frequently asked questions](#) on health plans' payment of health care claims using virtual credit cards, and adoption of HIPAA standards for health care EFT and ERA. **We call on NCVHS to explicitly recognize and embrace CMS policy, specifically that health plans must comply if a practice requests a health plan to pay the provider's claim using the adopted HIPAA health care EFT and ERA transaction standards. Physician practices must continue to have the ability to request automatic clearinghouse EFTs.**

TMA appreciates the opportunity to comment. Any questions may be directed to Robert Bennett, vice president of medical economics, by emailing robert.bennett@texmed.org or calling (512) 370-1409.

Sincerely,

A handwritten signature in black ink that reads "Gary W. Floyd". The signature is written in a cursive, flowing style.

Gary W. Floyd, MD
President
Texas Medical Association