



February 3, 2015

Karen B. DeSalvo, MD, MPH, Msc
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. DeSalvo:

Business Architects appreciates all the work ONC has done developing the Federal Health IT Strategic Plan for 2015-2020. ONC has taken on many large challenges and is making excellent progress in transforming our health care landscape. Increasingly, electronic health records are the norm and ONC's consistent push towards interoperability and improved access to information will continue to transform our health care system.

The Health IT Strategic Plan will advance ONC's vision that "***Health information is accessible when and where it is needed to improve and protect people's health and well-being.***" It will also support the mission to "***Improve health, health care, and reduce costs through the use of information and technology.***"

To achieve this vision and mission, ONC must expand its efforts to help consumers and providers understand and manage health care costs. Today's consumers are facing rising premiums, high deductibles, and increasing out-of-pocket costs. Providers are shifting from traditional fee-for-service pricing to alternative risk-sharing models, expected to cover 75% of all consumers within 2 years.

Health care cost transparency is essential and inevitable. As consumers make more of their own health care decisions, they need to understand what providers they can see, what they must pay out-of-pocket, and what their insurance will pay. Providers require the same information to responsibly advise their patients and to manage their new risk-sharing pricing models.

ONC's strategic plan should enable health care cost transparency by building on the work done over the past several years in establishing standard administrative transactions. ONC should expand the draft strategic plan to call for:

- Expanding the existing eligibility transaction to indicate how much the consumer's insurance will pay along with the amount due from the consumer. Also, to indicate if the consumer's premium is overdue, to verify that the consumer is in the provider's network and accountable care organization, and to indicate if the requested service requires pre-approval by the insurance company.
- Establishing the directory and transaction routing mechanisms to allow new and existing market participants to provide this expanded eligibility information via new consumer-facing applications. This capability should now be possible because, after years of delay, the industry

has indicated it has moved to implement a standard payer identifier based on the National Association of Insurance Commissioners identifier.

- Defining the new eligibility transaction as a true standard, eliminating the provisions for payer specific variations we still run into today. To encourage ease-of-use, the new eligibility specifications should be publically available as an open standard. Rather than require an industry-wide implementation date and certification processes, ONC should rely upon the marketplace to embrace and leverage the new capabilities.

We encourage ONC to coordinate this initiative with CMS and with the National Committee on Vital and Health Statistics, NCVHS. CMS oversees the current eligibility transactions and NCVHS has plans this year to look into cost transparency and other implementation aspects of the Affordable Care Act.

We also believe this initial effort can help the country begin to simplify and modernize its standards development efforts, a frequent recommendation from NCVHS to Congress. As NCVHS reported over two years ago, the country:

“Needs to develop a strategic plan and a road map for adopting and implementing standards and operating rules in a coordinated, sequential, timely, efficient, and cost-effective manner. The Committee believes that the time has come to step back and look at how all the current and upcoming health IT initiatives (including those related to administrative simplification, quality measurement, payment reform, meaningful use, and health reform) need to fit appropriately into a comprehensive, overarching strategy and plan, rather than continuing to address items and components on a fragmented basis. Priorities should be driven by values and benefits, and not by prescribed dates.”

ONC’s efforts are creating a new generation of engaged, informed, and active health care consumers who control the keys to managing their own health care and reining in health care costs. We need to enable these consumers to easily compare health care costs as they do with virtually everything else they purchase today.

Sincerely,

Jim McCauley
President
Business Architects

Cc: The Honorable Sylvia Burwell, Secretary, Department of Health and Human Services
Bryan Sivak, Chief Technology Officer, Department of Health and Human Services
Andrew Slavitt, Acting Administrator, Center for Medicare and Medicaid Services
James Scanlon, HHS Executive Staff Director, National Committee on Vital and Health Statistics