



March 21, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
CMS-0053-P  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Brooks-LaSure,

Re: HBMA Comments on Claims Attachment Standard Proposed Rule

The Healthcare Business Management Association (HBMA) is pleased to submit our comments in support of your [proposed rule](#) to adopt a claims attachment standard.

The Healthcare Business Management Association ([HBMA](#)), a non-profit professional trade association, is a major voice in the revenue cycle management industry in the United States. HBMA is a recognized revenue cycle management (RCM) authority by both the commercial insurance industry and the governmental agencies that regulate or otherwise affect the U.S. healthcare system.

HBMA members play an essential role in the operational and financial aspects of the healthcare system. Our work on behalf of medical practices allows physicians to focus their attention and resources on patient care - where it should be directed - instead of on the many administrative burdens they currently face.

Given the integral role our members play in the lifecycle of a claim, we strongly support CMS' proposal to adopt this standard for claims attachments. This long overdue standard will help reduce administrative burdens associated with the claims submission process by creating a claims attachment process that all payers must support. Every payer has a different process for submitting attachments. Everything from understanding the differences between each payer's portal to managing usernames and passwords for every portal is extra administrative work for practices and their RCM companies. Having a standard version of this transaction will make the attachments process much easier for our members.

Transaction standards are only as effective as the enforcement behind them. Our members have many experiences with health plans failing to comply with various electronic transaction standards. The enforcement process takes too long and often does not result in timely corrective action by the health plan when CMS agrees a violation has occurred. We urge CMS to strongly enforce this new standard if it is finalized.

We are glad the proposed rule cites the 2019 CAQH Index report that estimates how a widely adopted claims attachment standard can save the healthcare industry \$374 million a year. More recent versions of the CAQH Index consistently show opportunities to achieve savings through the adoption of electronic transactions. In 2023, providers are receiving a 2% reduction to the Medicare Physician Fee Schedule (PFS) conversion factor (CF). This reduction does not include other reductions from budget sequestration, how various PFS policies impact certain specialties, and payment adjustments from Quality Payment Program (QPP) performance. Meanwhile, while Medicare reimbursements are going down, costs for medical practices have only grown higher due to inflation. As CMS seeks to control Medicare spending, we urge CMS to shift its focus to achieving administrative efficiencies instead of cutting payments to physicians.

Thank you for your consideration of our comments. We hope CMS finalizes this proposed standard for claims attachments and that the new standard is strongly enforced. Please contact Matt Reiter ([reiterm@capitolassociates.com](mailto:reiterm@capitolassociates.com)) or HBMA Executive Director Brad Lund ([brad@hbma.org](mailto:brad@hbma.org)) if you wish to discuss our comments in more detail.

Sincerely,

*Landon Tooke*

Landon Tooke, CHC, CPCO  
President  
Healthcare Business Management Association