AMERICAN ACADEMY OF FAMILY PHYSICIANS

November 20, 2019

Alec Alexander, Deputy Administrator and Director
Center for Program Integrity
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Deputy Administrator Alexander:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to the request for information titled, "Using Advanced Technology in Program Integrity" as announced by the Centers for Medicare & Medicaid Services (CMS) on October 21, 2019.

AI Medical Record Review Tools in Medicare FFS

1. Do AI medical record review tools exist that can read a medical record and determine whether it is in compliance with a set of coverage guidelines for a given item/service?

We do not know of specific instances of such tools. Based on our understanding of the current state of machine learning, developing such a tool is very likely possible, but currently not available. Access to enough training data would be the challenging part. This is an area of which CMS could potentially help.

a. Who should have access to AI medical record review tools? Providers and suppliers, clearing houses, CMS contractors, and/or others?
b. Under what circumstances should they access AI medical record review tools? At any time? Before an audit? During an audit?

If the goal is to ensure compliance and adequacy of documentation, then all entities in the value-chain from physician to payer should have ready access to such tools at any time needed.

We believe though that AI tools could be trained to review EHR log data instead of documentation data to access accurate billing codes. This would change the compliance from looking at what was documented to what the physician did within the EHR. We believe these EHR log data coupled with patient specific information could be used to train models to accurately code level of service for patient encounters and procedures.

2. If AI tools were available that could review records in advance of filing Medicare claims, which we refer to as medical record self-checking services, would providers and suppliers use these tools?
a. If the tools were available, what conditions would need to be present for providers and suppliers to actively choose to use the tool?

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The AAFP does not have specific data on how such solutions would be received by physicians. We do know that the tool must be integrated into the physician's workflow and not require any additional data entry by the physician. It would also need to be tied to some specific CMS policies that clearly defined how the tool could be used. Additionally, if the tool is not highly accurate or if there is no payment assurance based on the results of the tool, adoption is likely to be low. We call on CMS to ensure properly developed tools are not cost prohibitive.

4. CMS believes that one mechanism to help decrease Medicare improper payments would be to increase the number of claims reviewed before payment. Could current AI medical record review tools enable the review of more claims without increasing provider burden?

Only if the false positive rate is 0%; otherwise, it will increase the burden on practices to respond and justify those falsely labeled non-compliance claims.

Questions for Health Care Providers and Suppliers

23. Are there key factors, themes, and/or lessons related to AI tools that should be considered?

There is a body of knowledge in how to appropriately develop and deploy AI-based solutions. It is important that experts are used to ensure the developed models are not biased and that the metrics used to evaluate their performance are appropriate. Additionally, it is important that the decisions made by the developed models are explainable to physicians.

25. As a provider or supplier, would you be willing to pay an additional amount for your EHR vendor to connect to AI tools?

The AAFP believes that connecting a third-party application to a practice's purchased EHR should not require additional payment to the EHR vendor. The AAFP has advocated for open APIs to standardize such access and APIs are required as part of the Certified EHR Technology certification.

26. What would motivate providers and suppliers to stop using the fax machine to submit medical records under review?

Simply, submission must be as easy or easier than using the fax machine and that there is more value to the physician than cost to implement and maintain the new submission process. Additionally, there would need to be an education program to make physicians aware of the benefits and ease of the new submission process.

Advanced Technologies for CMS to use in Medicare Advantage and for CMS Contract Level Risk Adjustment Data Validation (RADV) Audits

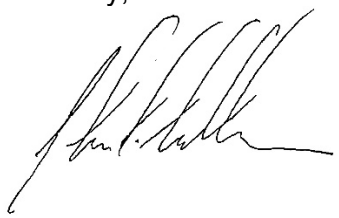
31. How can CMS improve its review of quality measures and encounter data to ensure accuracy?

The AAFP believes measures of performance should be derived from data that are extracted from multiple data sources rather than self-reported by physicians and their teams. Self-reported data are seldom validated for accuracy, reliability, missing data, coding variation, and application of measure specifications. Elimination of self-reporting will end current financial penalties for non-reporting that disproportionately impact small practices. Data extraction will reduce administrative burden and resolve comparability problems in performance data submitted through various mechanisms, but it will require advancements in IT. However, physicians cannot be expected to continue bearing the burden of data collection and reporting while awaiting technological solutions. There should be a

principled redesign of health information technology that enables affordable, expansive, accessible aggregation of data, powerful analytics, and meaningful interpretation. Health IT should automate data collection and quality measurement, eliminating the need to self-report. Information should be pushed to clinicians and patients at a point in time when it is most useful for decision-making and action.

Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 or rbennett@aafp.org with any questions.

Sincerely,



John S. Cullen, MD, FAAFP
Board Chair