

There have been standards under HIPAA for exchange of clinical information in the ANSI transactions since 1996. Adoption by stakeholders has been abysmal. Enforcement of the standards by CMS has been worse. Who are going to be the QHIN cops? What enforcement authority will they have.

Who will pay for transactions? There needs to be a definitive statement about the fact that payers and providers who outsource to business associates each pay their own business associates. By way of example, payers have been shifting the cost of Clearinghouses onto the payers for years. They say that they are compliant with the regulations, but CMS has never ruled on its own regulations as to who pays for transactions and what clearinghouses/QHIN s may charge providers who have their own capabilities.

Providers request to conduct Standard Transactions to payers and the payer says sure, go to my clearinghouse. The clearinghouse says to Provider, sure for a fee. The provider is capable of sending transactions directly to the payer but is being forced to use payers business associate and pay them.