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Donald W. Rucker, M.D.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
330 C Street, S.W.
Floor 7
Washington, DC 20201

Re: Office of the National Coordinator for Health Information Technology (ONC) Request for Public Comment on Draft 2020-2025 Federal Health IT Strategic Plan

Dear Dr. Rucker,

Thank you for the opportunity to provide feedback on the ONC Draft Federal Health IT Strategic Plan. This letter conveys comments from the CAQH Committee on Operating Rules for Information Exchange (CORE), a non-profit, national multi-stakeholder collaborative that streamlines electronic healthcare administrative data exchange and improves health plan-provider interoperability through an integrated model of operating rule development, adoption, and maintenance. CAQH CORE supports the framework of this effort to increase transparency, competition, and consumer choice, while protecting the privacy and security of the health information of an individual.

CAQH CORE Participating Organizations represent healthcare providers, health plans, clearinghouses, electronic health record (EHR) and other vendors/clearinghouses, government agencies, associations, and standards development organizations. CAQH CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the author of federal operating rules for the HIPAA administrative healthcare transactions.[1] Operating rules are defined by statute as the "necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications."[2]

CAQH CORE is sharing insights and perspective on the goals and recommendations contained in the ONC Draft Federal Health IT Strategic Plan given its history of working with stakeholders across the healthcare industry on topics including greater automation of prior authorization, exchange of medical documentation, and value-based payments. Our comments are detailed below.

Opportunities in a Digital Health System -- Reducing Regulatory and Administrative Burden

ONC should support system changes that have a measurable impact. CAQH CORE agrees with the need to incorporate technologies and system changes into existing workflows and reducing reporting requirements on healthcare providers. The recently released 2019 CAQH Index®,[3] which tracks adoption of HIPAA-

[1] September 12,2012 letter from the Secretary of the Department of Health and Human Services (HHS) to the National Committee on Vital and Health Statistics (NCVHS).
[2] PUBLIC LAW 111–148—MAR. 23, 2010, https://www.govinfo.gov/content/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.
[3] 2019 CAQH Index®, https://www.caqh.org/sites/default/files/explorations/index/report/2019-caqh-index.pdf?token=SP6YxT4u.

mandated and other electronic administrative transactions, reveals the healthcare industry continues to make progress automating business processes as transaction volume continues to increase. Of the $13.3 billion in potential savings through automation, $9.9 billion can be saved by medical health plans and providers, while $3.4 billion can be saved by the dental industry. In both industries, the greatest savings exist for providers.

The 2019 CAQH Index also proposes actions that can most significantly reduce provider burden and support the automation needs of the medical and dental industries. For example, providers could save, on average, nine minutes for a single patient encounter through the administrative workflow if all transactions were conducted using the fully electronic method instead of through web portals.

ONC should consider the vital role of business rules or operating rules to govern the processes that support technical specifications. Technology is only a first step toward automation and streamlined workflows. Common expectations for when, what, and how data is shared is critical for true interoperability. CAQH CORE Participating Organizations have tackled some of the most difficult healthcare administrative tasks with a shared goal of aligning administrative and clinical activities among providers, payers, and consumers. CAQH CORE Operating Rules are developed and updated according to market needs, enabling requirements to build off each other and become more robust over time. This incremental approach allows for meaningful industry progress towards greater automation.

CAQH CORE drives widespread adoption of operating rules through the CORE Certification program. CORE Certification provides an incentive to implementers to demonstrate their conformance with the CAQH CORE Operating Rules and underlying standards. Currently, more than 370 CORE Certifications have been awarded to health plans, providers, and vendors since the inception of the program. CORE-certified health plans represent over 65 percent of all covered lives in the United States.

Goal 2: Enhance the Delivery and Experience of Care -- Objective 2a: Ensure safe and high-quality care through the use of health IT

ONC should take into consideration the value of industry-driven operating rules in achieving consensus on patient identification. CAQH CORE appreciates ONC's focus on delivering high quality, safe, person-centered care by deploying tools to share patient data. Several CAQH CORE Operating Rules contain data submission and verification requirements to improve patient matching, including the CAQH CORE Eligibility Operating Rules[4] and the CAQH CORE Prior Authorization Operating Rules.[5]

CAQH CORE developed operating rule requirements for the eligibility (X12 270/271) and prior authorization (X12 278) transactions addressing aspects of the identification of individuals to enhance the automated processing of those transactions and to reduce errors, leading to faster delivery of appropriate patient care. The operating rules for both transactions require a provider to submit data in a standardized way, in addition to a requirement on the health plan to normalize the data in the response.

In addition to standardized submission and normalized responses, standardized communication of errors is also included in the eligibility and prior authorization operating rules. Consistent and uniform use of AAA Error and Action Codes is required in the response when certain errors are detected in the inbound transaction to send the most comprehensive information back to the provider for timely correction. The

[4] Phase II CAQH CORE Eligibility Operating Rules, https://www.caqh.org/sites/default/files/core/phase-ii/forms/PIIv5010Complete.pdf.

[5] Phase V CAQH CORE Prior Authorization Operating Rules, https://www.caqh.org/sites/default/files/core/phase-v_CORE_RuleSet.pdf.

goal of this operating rule requirement is to use a unique, more specific error code wherever possible for a given error condition to minimize the use of generic error codes that often do not provide enough detail for appropriate provider action.

The unique identification of an individual is not only an essential requirement for the successful use of the eligibility and prior authorization transactions, but is also a critical component of identity management – which includes authentication, authorization, transaction control, audit, etc. The CAQH CORE operating rule requirements for the eligibility and prior authorization transactions allow for care to be delivered faster due to more accurate information submission. They also lead to a reduction in surprise claim denials ensuring more predictability and less hassle for the provider. We recommend ONC take into consideration the value of industry-driven operating rule requirements on patient identification and data quality.

We encourage ONC to consider how operating rules could further enhance and drive interoperability to support the exchange of healthcare data. In response to the ONC strategy to *Promote interoperability and data sharing through widely accepted standards*, CAQH CORE supports the consistent use of existing and emerging standards and operating rules to drive interoperability across the industry regardless of the mechanism of exchange. We urge ONC to encourage ways to enable consistency in data content so that, regardless of the standard or intended use, the exchange of information between plans, providers, and patients can be seamless without undue burden placed on the IT and operational systems of plans and providers. Industry should be encouraged to collaboratively innovate and adopt new/updated standards and operating rules with strong consensus and ROI.

Goal 2: Enhance the Delivery and Experience of Care -- Objective 2c: Reduce regulatory and administrative burden on providers

CAQH CORE comments on this objective are based on its history of working with stakeholders across the healthcare industry to promote interoperability and reduce administrative burdens in areas such as eligibility and benefit verification, prior authorization, attachments or exchange of medical documentation, claims submission and payment, and value-based payment.

Industry-wide use of the prior authorization operating rules, including by federal agencies, will improve automation and timeliness of the prior authorization process which will reduce provider burden. Each step of the prior authorization process is currently labor-intensive and generates time-consuming and costly administrative burden for providers, as well as payers, and can delay patient care. Although a HIPAA-mandated electronic standard exists for prior authorization through the X12 278, industry adoption is low with only 13 percent of prior authorizations conducted using the standard transaction.[6]

Recently passed CAQH CORE Operating Rules for Prior Authorization include:

- CAQH CORE Prior Authorization (278) Data Content Rule[7] - This operating rule specifies data content requirements for patient identification, error/action codes, communicating with providers regarding needed information and clinical documentation, status/next steps, and decision reasons to streamline the review and adjudication of prior authorization requests and facilitate faster response times.

[6] 2019 CAQH Index®, https://www.caqh.org/sites/default/files/explorations/index/report/2019-caqh-index.pdf?token=SP6YxT4u.
[7] CAQH CORE Prior Authorization (278) Data Content Rule v5.0.0, https://www.caqh.org/sites/default/files/core/phase-v_CORE_Data_Content_Rule.pdf.

- CAQH CORE Prior Authorization (278) Infrastructure Rule[8] - This operating rule specifies prior authorization requirements for response times, system availability, acknowledgements, and companion guides. Specifically, this rule sets response time limits for health plans to request supporting information from providers and make final determinations on prior authorization requests.

- CAQH CORE Connectivity Rule[9] - This operating rule establishes consistent connectivity requirements for data exchange across the HIPAA Administrative Simplification transactions. Specifically, this rule improves security through stronger authentication requirements and reduces complexity by requiring a single envelope standard.

The CAQH CORE Board has proposed this operating rule package for recommendation by the National Committee on Vital and Health Statistics (NCVHS) to the Secretary of HHS for national adoption. Federal adoption of the proposed prior authorization operating rules would not only facilitate automation and faster response times, but also reduce administrative costs associated with the costliest and most time-consuming manual transaction. According to the 2019 CAQH Index, the industry could save $12.31 per prior authorization transaction by moving from manual processing to use of the HIPAA-mandated transaction.

ONC should focus attention on how variation in payer administration of value-based payment (VBP) models can cause significant inefficiencies. CAQH CORE Participating Organizations have spent significant time understanding where more uniformity is needed to support value-based care and payment models. One example is the current CAQH CORE effort to develop operating rules to support the sharing of patient attribution information between health plans and providers. Attribution matches individual patients in a population with providers, which ultimately determines the patients for which a provider (as an individual or as a group) is responsible. This forms the basis of analysis for metrics underpinning VBP, such as total costs of care and quality measures. However, as VBP models have become more prevalent, variation in how and when health plans communicate patient attribution to a provider has resulted in inefficiencies and more provider burden in the system.

After extensive research into the current state of patient attribution and how this information is exchanged across the healthcare system, CAQH CORE convened a multi-stakeholder Subgroup to develop a uniform approach to sharing the attribution status of a single patient or a roster of patients with a provider at the time of the eligibility check and throughout episodes of care. The Subgroup began their work in the Fall 2019, drafting operating rules that set expectations for the data content requirements when sharing attribution information, define the exchange method and formats, and set timeframes for when this information must be shared. CAQH CORE would be happy to share how these operating rules could impact the strategies under objective 2c.

Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure – Objective 4b: Establish transparent expectations for data sharing

A single Connectivity Rule across all HIPAA-mandated electronic healthcare transactions reinforces ONC's strategy to *Support a common agreement for nationwide exchange of health information that drives interoperability, supports federal agencies' strategies, and promotes effective governance*. A large industry installed base of the CAQH CORE Connectivity Rule v2.2.0 exists among HIPAA-covered entities that exchange administrative transactions given the federal mandate to support the rules for eligibility,

[8] CAQH CORE Prior Authorization (278) Infrastructure Rule v4.1.0, https://www.caqh.org/sites/default/files/core/phase-iv/452_278-infrastructure-rule.pdf.
[9] CAQH CORE Connectivity Rule v4.0.0, https://www.caqh.org/sites/default/files/core/phase-iv/470-connectivity-rule.pdf.

claim status, and electronic remittance advice transactions. This CAQH CORE Connectivity Rule[10] includes requirements addressing the message envelope, corresponding envelope metadata, vocabularies and semantics, real time and batch processing modes, authentication, and transport security.

The CAQH CORE Connectivity Rule v4.0.0[11] updates connectivity requirements to improve security and simplify interoperability across administrative transactions. Specifically, the rule:

- Reduces complexity and simplifies interoperability by requiring a single SOAP + WSDL envelope standard vs two envelope standards.
- Establishes more robust and uniform support for handling transaction payload by requiring MTOM for SOAP for both real time and batch processing modes.
- Improves security by requiring use of X.509 Client Certificate-based authentication and removing the ability to authenticate via only a username + password.
- Provides support for FIPS 140-2 compliance for entities requiring such compliance, in terms of transport security and message envelope security.

To support the industry in applying a single connectivity safe harbor across all HIPAA Administrative Simplification transactions aligned with industry best practices, CAQH CORE has proposed to NCVHS that the CAQH CORE Connectivity Rule v4.0.0 replace the current requirements for v2.2.0 in the federally mandated CAQH CORE Eligibility, Claim Status, and Electronic Remittance Advice (ERA) Infrastructure Operating Rules. It is already included in the Prior Authorization Infrastructure Rule included in the NCVHS proposal. A single Connectivity Rule across all transactions that can be updated over time eliminates industry confusion, barriers to adoption, ensures industry alignment on best practices, and can support the necessary intersection of administrative and clinical data.

Thank you for considering these recommendations and comments. Should you have questions for CAQH CORE, please contact me at atodd@caqh.org or 202-664-5674.

Sincerely,

April Todd
Senior Vice President, CAQH CORE & Explorations

cc:
Robin Thomashauer, President, CAQH
Robert Bowman, Director, CAQH CORE
Erin Weber, Director, CAQH CORE
CAQH CORE Board

[10] Phase II CAQH CORE Connectivity Rule, https://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf.
[11] CAQH CORE Connectivity Rule v4.0.0, https://www.caqh.org/sites/default/files/core/phase-iv/470-connectivity-rule.pdf.