



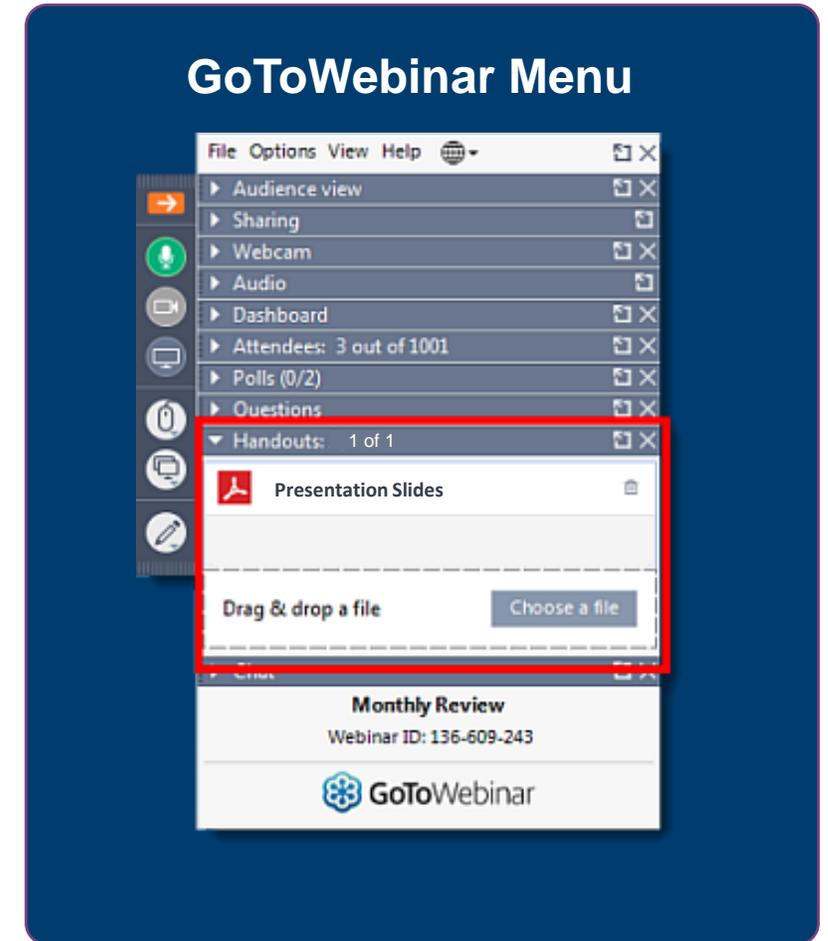
# A Physician's Perspective on the Value of Operating Rules

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**Dr. Marilyn Heine, AMA and Erin Weber, CORE**  
November 30, 2023

# Webinar Logistics

- Accessing webinar materials:
  - An e-mail will be sent to all attendees and registrants in the next 1-2 business days with information on how to access slides and today's recording.
- Have a question?
  - Submit your question **at any time** using the Questions panel on your GoToWebinar menu.



# Agenda

- CORE Overview
- State of the Industry
- Operating Rule Overview
- American Medical Association Overview
- Rule and Case Examples
- Call to Action
- Q&A

# Today's Speaker



**Marilyn J. Heine, MD**

*Member, CORE Board*

*Clinical Assistant Professor of Medicine, Drexel University College of Medicine*

*Member, American Medical Association Board of Trustees*

# CORE Overview

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## Committee on Operating Rules for Information Exchange

**Facilitating the development of consensus-based business rules to drive interoperability.**

**Federally designated** by the Department of Health and Human Services (HHS) as the National Operating Rule Authoring Entity for all HIPAA mandated administrative transactions.

**Convenes industry** to accelerate automation and develop business processes that streamline healthcare for patients, providers and health plans while remaining technology- and standard-agnostic.

**Multi-stakeholder** Board Members include health plans, providers, vendors and government entities. Advisors to the Board include standard development organizations.

10

Number of CORE Operating Rules currently **mandated under HIPAA**

\$18B

Estimated **industry savings** attributable to operating rules since first mandated

100+

Providers, health plans, vendors, associations, government agencies, SDOs and other organizations **participating** in CORE

400+

**CORE Certifications** awarded to health plans, vendors and clearinghouses

# State of the Industry

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# State of the Industry

## 2022 CAQH Index®

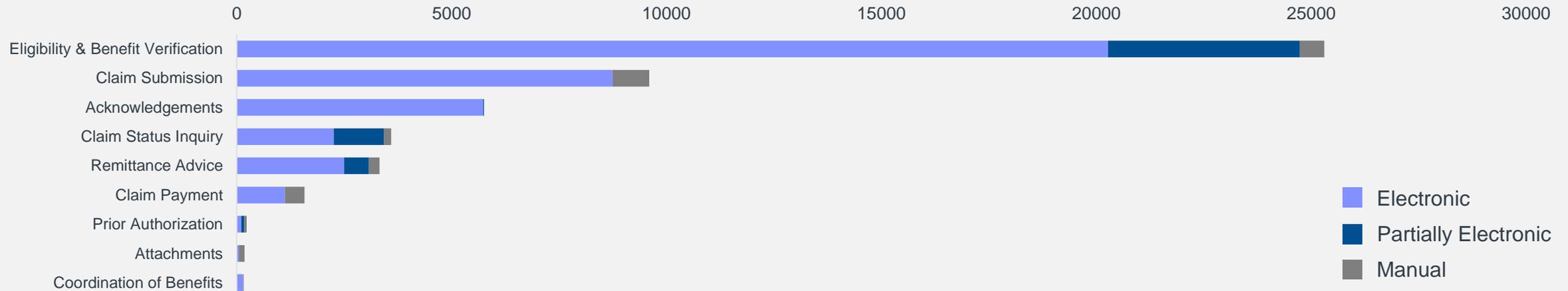
**\$55 Billion**

Medical industry **spend** on administrative transactions in 2021.

**\$22.3 Billion**

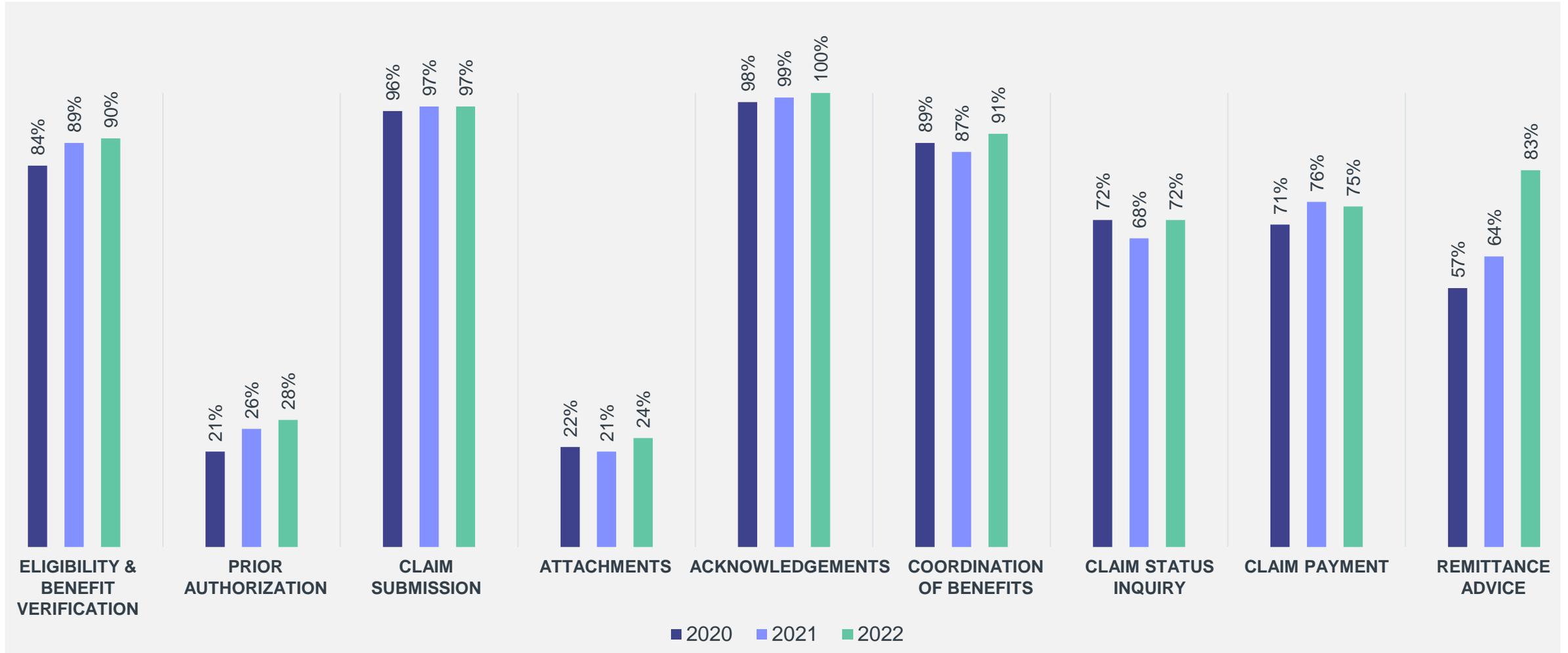
**Savings opportunity** for the medical industry with full adoption of electronic administrative transactions.

### Estimated National Volumes by Mode (in millions)



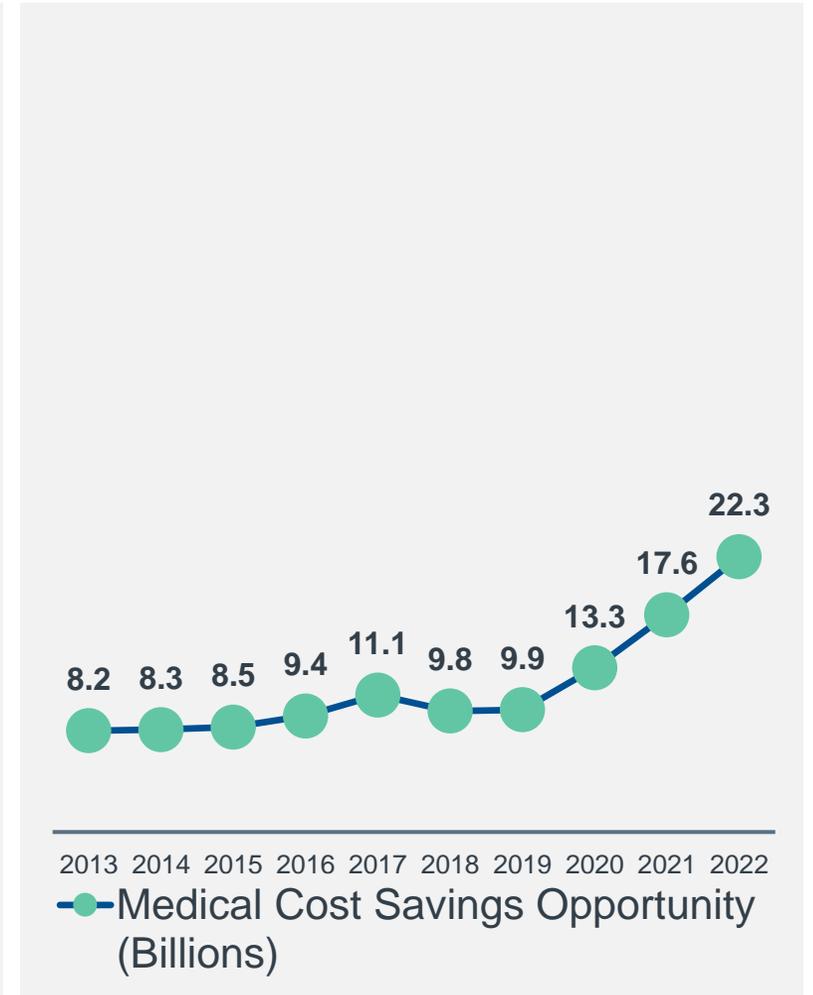
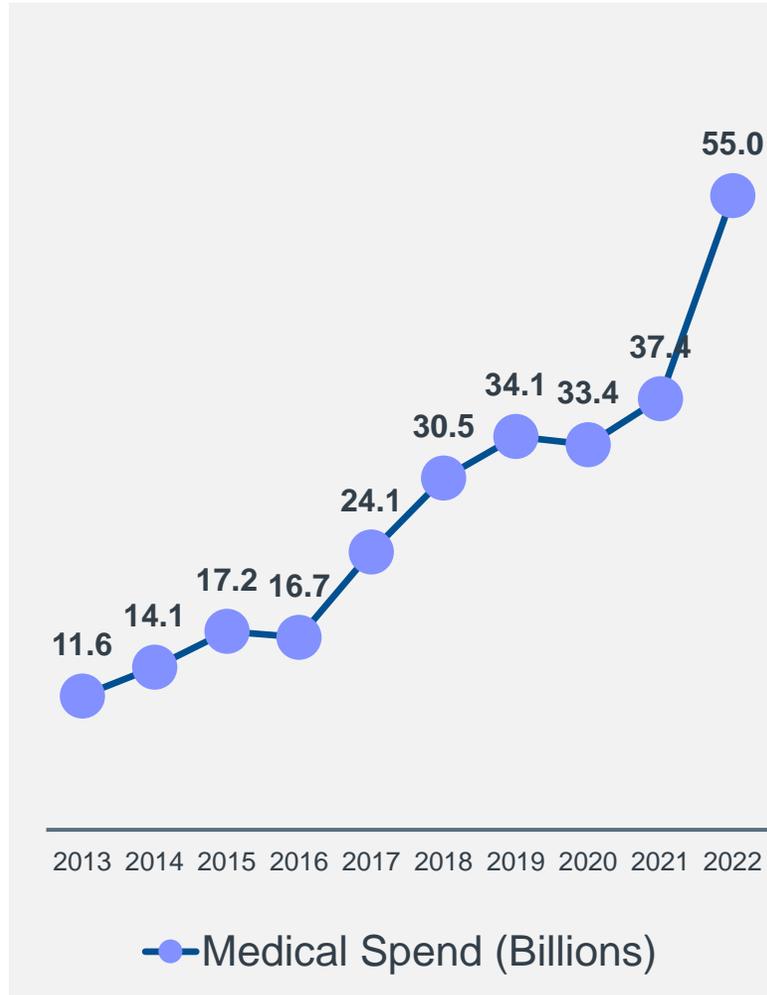
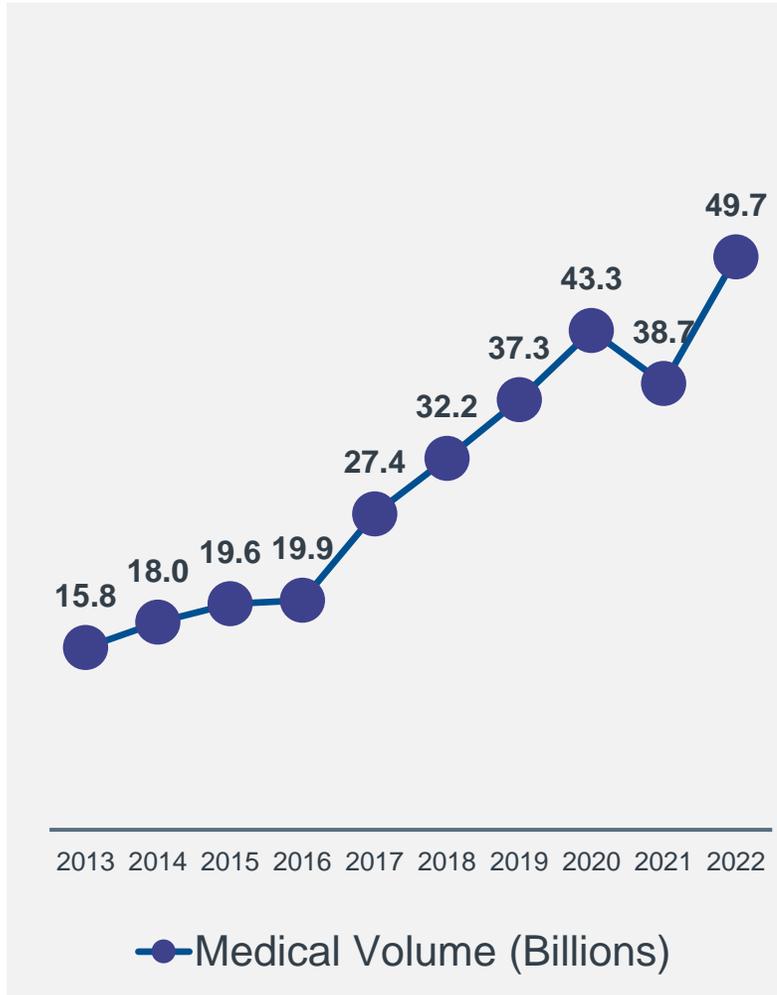
# Medical Plan Adoption by Transaction

## 2022 CAQH Index®



# Volume, Spend and Cost Savings Opportunity

## 2022 CAQH Index®

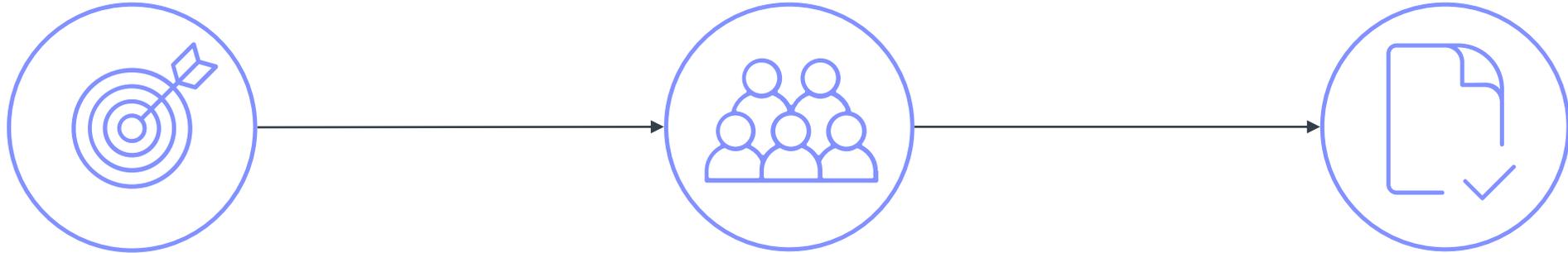


# CORE Operating Rules Support Key Revenue Cycle Functions

**ACA Operating Rule Definition:** The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



# Operating Rule Development Process



## 1. Identify Rule Opportunities

**Environmental Scans, Industry Surveys and Advisory Groups** are used to research opportunities for a potential new rule and/or an update to an existing rule.

## 2. Develop Rule Requirements

**Rule Writing Groups** develop requirements. New groups form as CORE rule writing focus changes.

## 3. Formally Ballot Rules

CORE Voting Organizations **vote on the proposed rule(s)**. Once CORE Participants have achieved quorum and approval levels, the CORE Board votes for final approval.

# American Medical Association Overview

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# American Medical Association: Who We Are



## Mission:

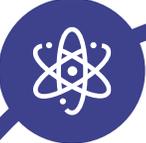
- Promote the art and science of medicine and the betterment of public health.

## Background:

- Founded in 1847.
- Convenes 190+ state and specialty medical societies and other critical stakeholders.

# AMA: The Physicians' Powerful Ally in Patient Care

**Driving the future of medicine**



**Representing physicians with a unified voice**

**Leading the charge to confront chronic disease and public health crises**



**Removing obstacles that interfere with patient care**

# AMA's Recovery Plan for America's Physicians

## 5-Point Plan Includes:



**#FixPriorAuth**



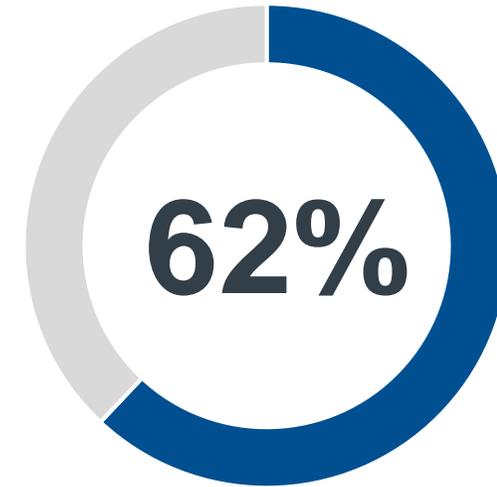
Tackling Prior Authorization to reduce burdens on practices and delays in care.

Reducing burnout and addressing stigma around mental health.

# Prior Authorization Physician Survey Results

45

Average PA requests completed per physician per week



Report it's difficult to determine whether a medical service requires PA

## AMA's 2022 Prior Authorization (PA) Physician Survey

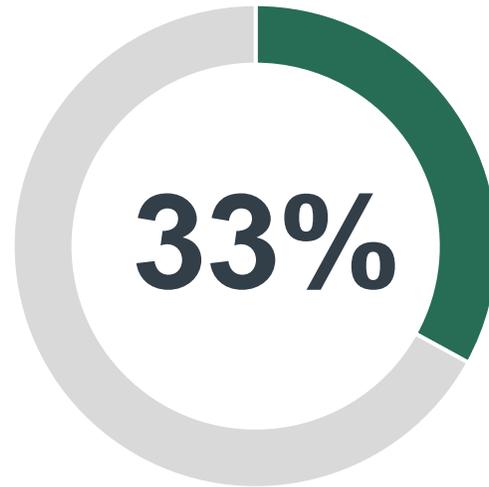
- 39 question, web-based survey, in December 2022
- 1,001 practicing physicians, from M3 panel
- 40% primary care physicians | 60% specialists
- Currently practicing in the United States
- Provide 20+ hours of patient care per week
- Complete PAs in typical week of practice



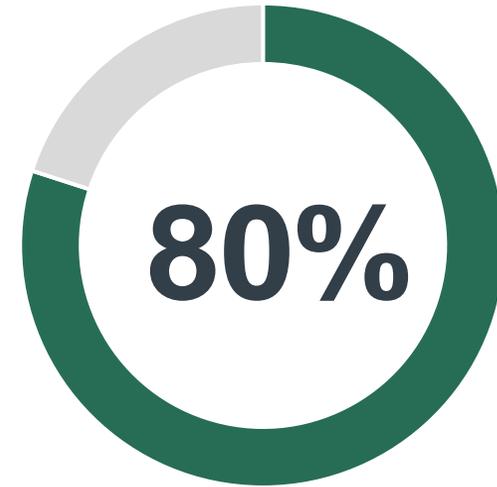
# Prior Authorization Physician Survey Results



Report care delays



Report serious adverse events related to PA for their patients

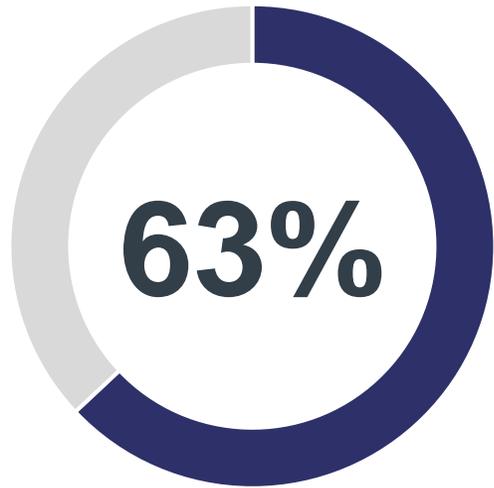


Report PA can lead to abandonment

AMA's 2022 Prior Authorization (PA) Physician Survey



# New Research Shows Huge Spike in Physician Burnout



Physicians in 2021 who reported burnout, sharp increase after several years of decline.\*

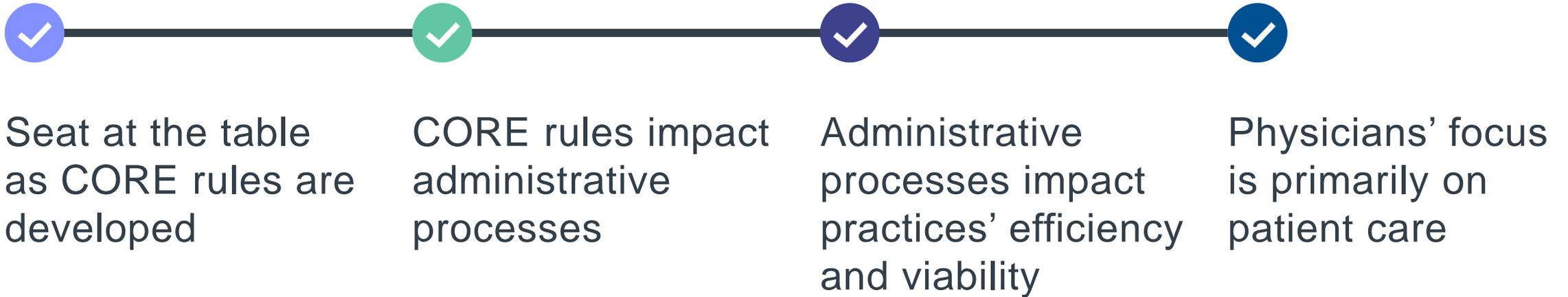
**1 in 5**

Physicians who said they planned to leave the profession within the next two years.\*\*

\*Shanafelt, et al., Mayo Clinic Proceedings. 2022; 97(12): 2248-2258.

\*\*Sinsky, et al., Mayo Clinic Proceedings: Innovations, Quality, & Outcomes. 2021; 5(6): 1165-1173.

# Why AMA Supports CORE



**CORE's operating rules can help improve physician practices' efficiency so that we can focus on taking care of patients.**

# CORE Operating Rules

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# CORE Operating Rules Currently in Process for Federal Mandate



**May 2022:** CORE Sends [Letter](#) to HHS Federal Advisory Committee (NCVHS)\* Proposing New and Updated Operating Rules for Federal Adoption



**Dec 2022 – Jan 2023:** NCVHS Collects Industry Feedback and Holds Industry Hearing to Review and Solicit Comments on the Proposed Rules



**June 2023:** NCVHS Sends [Letter](#) to HHS Secretary Recommending the Proposed Operating Rules for Adoption Except Those for Attachments

If Federal Adoption is the Approach, HHS will issue an Interim Final Rule (IFR) to Industry with Public Comment Period.\*\*\*

**CORE has launched a [dedicated website](#) for all NCVHS recommended rules to keep industry up to date and informed.**

\*National Committee on Vital and Health Statistics (NCVHS) | \*\* Department of Health and Human Services (HHS) | \*\*\*With no major objections, HHS then adopts the final rule and mandates the operating rules. Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules. HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

# NCVHS Recommendation to HHS

On **June 30, 2023** NCVHS made the following rulemaking recommendation in a [letter](#) to HHS:

## Recommended Operating Rules

<b>Data Content</b>	<p><b>UPDATED:</b></p> <ul style="list-style-type: none"><li>• <a href="#">CORE Eligibility and Benefits (270/271) Data Content Rule vEB.2.0</a></li></ul> <hr/> <p><b>NEW:</b></p> <ul style="list-style-type: none"><li>• <a href="#">CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0</a></li></ul>
<b>Infrastructure</b>	<p><b>UPDATED:</b></p> <ul style="list-style-type: none"><li>• <a href="#">CORE Eligibility and Benefits (270/271) Infrastructure Rule vEB.2.0</a></li><li>• <a href="#">CORE Claim Status (276/277) Infrastructure Rule vCS.2.0</a></li><li>• <a href="#">CORE Payment and Remittance (835) Infrastructure Rule vPR.2.0</a></li></ul>
<b>Connectivity</b>	<p><b>UPDATED:</b></p> <ul style="list-style-type: none"><li>• <a href="#">CORE Connectivity Rule vC4.0.0</a></li></ul>

## Definition:

An eligibility & benefits verification is an inquiry from a provider to a health plan or from one health plan to another to obtain eligibility, coverage or benefits associated with the plan and a response from the health plan to the provider.

## Rule Requirements:

The CORE Eligibility & Benefits Data Content Rules requires the submission and return of certain uniform data elements in real time including detailed benefit information and patient financial responsibility.

# Case Example

## Eligibility & Benefits

- 
- “Mrs. Baker” calls to schedule a telehealth appointment.
  - “Dr. Smith” needs to know if telehealth is covered or requires PA.
  - Since plan’s info is unclear, practice must use phone or proprietary portals.

**Care is delayed.**



### Updated Eligibility & Benefits Operating Rule:

- Increases eligibility transaction data quality, quantity, transparency.
- Requires health plans to indicate if a service:
  - Is eligible for telehealth coverage
  - Requires PA

### Allows practice in real time to:

- **Find out if telehealth is covered**
- **Schedule the appointment**



## Definition:

Infrastructure rules apply across transactions – establishing basic expectations on how the US data exchange “system” works; e.g., ability to track response times across all trading partners.

*Note: Infrastructure rules can be used with any version of a standard.*

## Rule Requirements:

Each set of CORE Operating Rules includes an infrastructure rule with requirements including processing mode, response time, system availability, connectivity, acknowledgements, and companion guides, by transaction.

- 
- “Mr. Quinn” has a new cough, unexplained weight loss.
  - “Dr. Brown” orders imaging to check for lung cancer.
  - Plan’s electronic system is down. Eligibility cannot be confirmed now.

**Scheduling and care are delayed.**



### Updated Infrastructure Operating Rules:

- Increases required system availability from 86% to 90% of calendar week.
- Allows for improved timeliness of patient care.
- Better recognizes that healthcare is 24/7/365.

**Enables “Dr. Brown’s” practice to find out eligibility in real time.**



## Definition:

Patient attribution matches individual patients in a population with providers. Attribution ultimately determines the patients for which a provider (as an individual or as an organization) is responsible within a population. This information is often shared in myriad of ways with providers at varying intervals.

## Rule Requirements:

The Single Patient Attribution Operating Rule establishes consistent expectations for the electronic exchange of an individual patient's attribution status under a value-based contract. The rule requires a health plan (or its agent) to return the patient attribution status (yes/no/partial) and effective dates of attribution in an eligibility response.

- 
- “Mr. Evans” is due for screening colonoscopy.
  - “Dr. Rogers” has a Value Based Contract (VBC) and would like to schedule this.
  - She is uncertain if “Mr. Evans” is attributed to her practice.



**"Dr. Rogers" cannot successfully participate in VBC.**

### New Single Patient Attribution Operating Rule:

- Requires health plans to provide info regarding a patient's attribution status in an electronic eligibility response.
- Allows practices to correct any inaccurate attributions with the health plan.



### Practices can more readily:

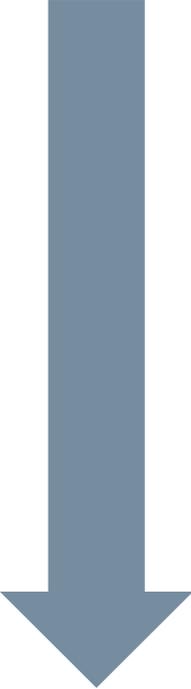
- **See if a patient is attributed for VBC**
- **Report quality, close care gaps**

## Definition:

Connectivity Operating Rules establish the key security, authentication, and connectivity requirements necessary to ensure safe and efficient healthcare information exchange via a Safe Harbor that allows for other connectivity methods if both trading partners agree.

## Rule Requirements:

Connectivity Rule vC4.0.0 modernizes security and authorization requirements. The updated requirements continue to support SOAP as an exchange method and add support for data exchanged using REST to support emerging business needs.

- 
- “Dr. Filbert” knows that physician practices must protect the security, accuracy, and integrity of patient health information.
  - Wants to upgrade from an old username/password authentication. Prefers more secure approach.

**PHI security concern.**



### Updated Connectivity Operating Rule:

- Stronger OAuth 2.0-based authorization standards.
- Requires Transport Layer Security (TLS) 1.2 or higher.
- Digital certification based on X.509.

**Supports improved security, accuracy,  
and integrity of PHI.**



# Key Takeaways

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## AMA Studies Show:

- High levels of physicians' administrative burden and burnout, factors that are linked.
  - May be mitigated by operating rules that streamline prior authorization and related business practices.

## Operating Rules Help:

- ✓ Reduce administrative burdens.
- ✓ Provide consistency in implementation.
- ✓ Maximize utility of electronic transaction standards.
- ✓ Address unmet business needs and industry trends.

***E-mail [CORE@CAQH.ORG](mailto:CORE@CAQH.ORG) to Get Involved!***



## **Become a CORE Participant**

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



## **Become CORE Certified**

Demonstrate conformance and commitment to streamlining administrative data exchange.



## **Be an Advocate**

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.



## **Contribute to IFR Comments**

Demonstrate your support for new and updated operating rules by responding to the anticipated IFR.

# Questions

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**Reminder:** Ask our speakers your questions by typing in the “Questions” pane on the lower right hand corner of your screen.



# Thank you for joining us!

Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CORE Mission**

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.