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September 23, 2019

Donald Rucker, MD
National Coordinator for Health IT
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

Re: Annual Interoperability Standards Advisory (ISA) Review and Comment Period

Dear Dr. Rucker,

Thank you for the opportunity to provide input to the Interoperability Standards Advisory (ISA). CAQH CORE appreciates that the ISA includes a description of standards, implementation specifications, operating rules and other utilities that support interoperability in the exchange of healthcare information.

The CAQH Committee on Operating Rules for Information Exchange (CORE) is a non-profit, national multi-stakeholder collaborative that drives the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers. CAQH CORE participating organizations represent more than 75 percent of insured Americans, including health plans, providers, electronic health record (EHR) and other vendors/clearinghouses, state and federal government entities, associations and standards development organizations. CAQH CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the Operating Rule Authoring Entity for HIPAA-mandated administrative transactions. Operating rules are developed by CAQH CORE participants via a multi-stakeholder, consensus-based process.

CAQH comments on the ISA are set forth below based on our history of working with stakeholders across the healthcare industry to 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.

The comments in this letter are presented in two parts and are intended to enhance the quality of information in the ISA and improve usability:

- Part I includes specific comments on existing content in Section IV of the ISA.
- Part II responds to the Request for Stakeholder Feedback pertaining to question 19-3.

CAQH CORE has also posted these comments to the online resource.

Thank you for considering our recommendations and comments. Should you have questions for CAQH CORE, please contact me at eweber@caqh.org or 202-517-0435.

Sincerely,



Erin Richter Weber

Director, CAQH CORE

cc:

Robin Thomashauer, CAQH Executive Director

April Todd, Senior Vice President, CORE & Explorations

Robert Bowman, CAQH CORE Director

**CAQH CORE Comments to the Request for Review and Comment of the 2019
Interoperability Standards Advisory (ISA)**

**Part I: Comments on Existing Content in Section IV: Administrative Standards and
Implementation Specifications - Operating Rules to Support Administrative Transactions**

**1. Statutory References for Operating Rules for Electronic Funds Transfer and
Electronic Remittance Advice for Payments and Reconciliation (Phase III)**

CAQH CORE recommends ONC include the statutory reference in the subpage titled “Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)” to enhance ease of use. Such reference would be *(Incorporated by reference in § 162.920)* after each of the five bullets. This would be consistent with language currently included in the ISA for [Operating Rules to Support Eligibility Transactions \(Phase I\)](#) and [Operating Rules to Support Eligibility and Claim Status Transactions \(Phase II\)](#).

For example:

Phase III Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for Payments and Reconciliation include:

- (1) Phase III CORE 350: Healthcare Claim Payment/Advice (835) Infrastructure Rule *(Incorporated by reference in § 162.920)*
- (2) Phase III CORE 360: Uniform Use of CARCs and RARCs (835) Rule *(Incorporated by reference in § 162.920)*
- (3) Phase III CORE 370: EFT and ERA Reassociation (CCD+/835) Rule *(Incorporated by reference in § 162.920)*
- (4) Phase III CORE 380: EFT Enrollment Data Rule *(Incorporated by reference in § 162.920)*
- (5) Phase III CORE 382: ERA Enrollment Data Rule *(Incorporated by reference in § 162.920)*

**2. Implementation Maturity and Adoption Level for Operating Rules for Claims,
Enrollment, and Premium Payments (Phase IV)**

CAQH CORE recommends changing the Implementation Maturity for the Phase IV Operating Rules from “Pilot” to “Production”. Entities are actively implementing this rule set and achieving Phase IV CORE Certification. Additionally, we recommend updating the Adoption Level to 1 out of 5.

3. Addition of the Phase V Operating Rules for Prior Authorization

CAQH CORE is pleased to announce the release of the final Phase V Operating Rules for the prior authorization transaction and recommends ONC expand the ISA content in Section IV: Administrative Standards and Implementation Specifications - Operating Rules to Support Administrative Transactions to include this rule set.

The [Phase V CAQH CORE Operating Rules](#), approved in May 2019, include:

- [Phase V CAQH CORE Prior Authorization \(278\) Request / Response Data Content Rule v5.0.0](#)
- [Phase V CAQH CORE Prior Authorization Web Portal Rule v5.0.0](#)

The Phase V CAQH CORE Operating Rules focus on standardizing components of the prior authorization process, closing gaps in electronic data exchange to move the industry towards a more fully automated adjudication of a request. To develop the Phase V Operating Rules, CAQH CORE conducted an environmental scan of over 100 entities, participated in industry meetings and convened multi-stakeholder groups to agree on opportunities for operating rule development and refine rule requirements.

CAQH CORE recommends the following additional content for the Phase V Rules:

- **Type:** Operating Rules
- **Standard / Implementation Specification:** [CAQH CORE Phase V Operating Rule Set](#)
- **Standards Process Maturity:** Final
- **Implementation Maturity:** Pilot
- **Adoption Level:** 1 out of 5
- **Federally Required:** No
- **Cost:** Free
- **Test Tool Availability:** Yes

The **Limitations, Dependencies, and Preconditions for Consideration** section can mirror that for the other operating rule sets with the exception of the fourth bullet which should read:

- The Phase V CAQH CORE Operating Rules, available for use on a voluntary basis as of May 2019, include:
 - [Phase V CAQH CORE Prior Authorization \(278\) Request / Response Data Content Rule v5.0.0](#)
 - [Phase V CAQH CORE Prior Authorization Web Portal Rule v5.0.0](#)

Part II: Request for Stakeholder Feedback Pertaining to Question 19-3 Regarding Standards/Implementation Specification Adoption Levels

We would like to respond to question 19-3 – *The adoption level, along with other informative characteristics about standards/implementation specifications, was introduced to the ISA in August 2015, and currently represents ONC’s “best guess” at current adoption based on a number of factors. Is the adoption level characteristic as it stands valuable information for stakeholders, or should it be retired or replaced with other information?*

Given the availability of multiple industry standards for a specific function, adoption rates are an important criterion for entities when evaluating potential standards. ONC is urged to consider identifying and utilizing sources to verify the adoption rates included in the ISA. [The CAQH Index®](#) provides an industry-wide resource on annual trends in adoption rates for the administrative transaction standards and implementation specifications.

The CAQH Index provides detailed information about specific administrative transactions, including mode of transmission (fully electronic, partially electronic and manual), volume and the estimated cost and time to process each transaction for providers and health plans. The CAQH Index relies on data submitted through a voluntary, survey-based process. For the 2018 CAQH Index, the sixth annual report, data was submitted from medical health plans and dental health plans covering nearly half of the insured U.S. population in the year studied based on enrollment reported in AIS's Directory of Health Plans and NADP's Dental Health Plan Profiles.