



2020 K Street, NW
Suite 900
Washington, DC 20006

202.517.0400
www.caqh.org

March 7, 2022

Chiquita Brooks La-Sure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Comment on Proposed Collection of Information - CMS–10791 Requirements
Related to Surprise Billing; Part II (CMS-2022-0009-0001)

Dear Administrator Brooks-LaSure,

Thank you in advance for considering our comments on the Requirements Related to Surprise Billing; Part II (CMS–10791) to protect uninsured and self-pay consumers from surprise medical bills. We support the objectives of the No Surprises Act and appreciate your efforts to provide uninsured and self-pay patients access to information about cost prior to receiving care.

The Committee on Operating Rules for Information Exchange (CORE), an initiative of CAQH, 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 comments on the Requirements Related to Surprise Billing; Part II are based on our history of working with stakeholders across the healthcare industry. Together, we work to promote interoperability, reduce administrative burden, and collaborate to coalesce around practical solutions to some of the most complex and onerous healthcare problems. Our comments are based on recent discussions with our participants that have focused on the potential burdens related to the lack of standards to support the development of the good faith estimate provisions for the uninsured and self-pay patients including:

- Potential for proliferation of manual, proprietary, and non-uniform approaches for provider-to-provider information exchange resulting in more burden and confusion than value for patients and providers.
- Need for updates to existing standards to better inform development of a good faith estimate.

Additionally, we offer our assistance as the agencies develop future regulations to implement the No Surprises Act.

Potential for proliferation of manual, proprietary, and non-uniform approaches for provider-to-provider information exchange resulting in more burden and confusion than value for patients and providers.

CAQH CORE supports the spirit of the good faith estimate in the No Surprises Act. Providing uninsured and self-pay individuals with a good faith estimate in advance of a medical procedure will help inform care decisions and patient planning. However, we are concerned about the lack of guidance for a standardized method to meet the requirements for the creation and delivery of a good faith estimate, and the significant burden it places on providers and facilities.

The provider-to-provider data exchange between the convening provider and co-providers needed to meet the good faith estimate requirements for uninsured and self-pay patients present a unique challenge as they require new workflows and interactions between disparate entities. Most practice management systems and electronic health record (EHR) systems are not currently equipped for the system-to-system communication required to generate a good faith estimate. The process of developing, testing, and implementing the necessary updates into systems to accommodate this communication will take significant industry time and resources, especially given that there is no HIPAA transaction that exists today that can address provider-to-provider exchanges without altering the intended use of the transaction. Moreover, providers and facilities are at different stages of the technology adoption spectrum, and we recognize the significant burden these updates will place on small and rural providers and facilities with fewer resources. Additionally, the industry as a whole does not have experience generating good faith estimates. In absence of a standardized, industry-wide approach, we are concerned that manual, proprietary, and non-uniform approaches will be implemented which will result in more burden and confusion than value for patients and providers.

Operational guidance from the agencies or industry collaborations on workflow processes, standardization, and consistent exchange mechanisms will help ensure patients receive meaningful and understandable good faith estimates without overburdening provider and facility resources and systems. At CAQH CORE, we see firsthand the critical importance of applying uniform standards and operating rules across the entire healthcare industry to enable consistent, efficient automation and interoperability. We encourage the agencies to drive the development and use of current and emerging electronic industry standards and standard agnostic operating rules to support the good faith estimate requirements and to avoid proliferation of

proprietary or manual efforts that only increase administrative burden. Development of such standardization will take time, given the lack of existing solutions. Based on the experience of CAQH CORE in developing industry operating rules, it could take up to two years to identify and test approaches, therefore, we also urge the agencies to plan for a phased implementation approach.

Need for updates to existing standards to better inform development of a good faith estimate.

A second challenge related to the delivery of a good faith estimate to self-pay patients is the need for updates to existing standards that can support development of a good faith estimate. Under the current versions of the HIPAA-mandated eligibility & benefits transaction and operating rules, health plans are not required to deliver procedure-specific eligibility information, making it difficult for providers to verify the insurance status of a patient for a specific procedure.

Receiving real-time information about patient eligibility for a given procedure is crucial for convening and co-providers and facilities to meet the requirements of delivering a good faith estimate. We are concerned that providers and facilities will have to resort to manual eligibility and benefit verification procedures to acquire the specificity of information needed to fully identify a self-pay patient that may be procedure-dependent, increasing overall administrative burden. Based on [2021 CAQH Index](#) findings, a manual eligibility and benefits transaction costs providers \$10.57 more per transaction than if conducted electronically and takes 21 additional minutes.

In February 2022, the CAQH CORE participants approved updates to the CAQH CORE Eligibility & Benefits (270/271) Data Content Operating Rule (version EB.2.0). The updated rule establishes requirements for responding to eligibility requests at the procedure code level for a subset of categories of service including Physical Therapy, Occupational Therapy, Surgery, and Imaging. While this update will help alleviate some of the administrative burden for providers working with CORE-certified health plans, these requirements are not yet mandated under HIPAA. Aligning the HIPAA Administrative Simplification requirements to support the development of good faith estimates will reduce overall provider burden.

Next Steps: Bringing Industry to Consensus

There is a need for an overarching strategy to consider how providers and facilities will furnish a good faith estimate for uninsured or self-pay individuals without creating unnecessary burdens. Multiple stakeholders will need to collaborate across the healthcare industry to ensure efficient and accurate good faith estimates. CAQH CORE looks forward to supporting this work and helping industry identify standards and operating rules to bring together current, emerging, and new workflows to meet the spirit of the law without inhibiting industry innovation and progress.

Thank you for considering our comments in response to the Requirements Related to Surprise Billing; Part II. These comments should also be considered for Requirements

Related to Surprise Billing; Part I and any upcoming or future requirements for the good faith estimate and advanced explanation of benefits. Should you have any questions, please contact me at atodd@caqh.org.

Sincerely,



April Todd
Senior Vice President, CAQH CORE & Explorations

CC:

Robin Thomashauer, President, CAQH

Mark Pratt, Senior Vice President, CAQH Public Affairs

[CAQH CORE Board Members](#)
