Submitted Electronically and By Hand

March 15, 2010

Dr. David Blumenthal
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Attention: HITECH Initial Set Interim Final Rule
Hubert H. Humphrey Building
Suite 729D
200 Independence Avenue, S.W.
Washington, DC 20201

> **Re:** **Initial Set of Standards, Implementation Specifications, and
> Certification Criteria for Electronic Health Record Technology
> Interim Final Regulation (RIN 0991-AB58)**

Dear Dr. Blumenthal:

CAQH appreciates the opportunity to submit comments on the proposed rule entitled
Initial Set of Standards, Implementation Specifications, and Certification Criteria for
Electronic Health Record Technology Interim Final Regulation (RIN 0991-AB58).

CAQH, a nonprofit alliance of health plans and trade associations, serves as a catalyst for
healthcare industry collaboration on initiatives that simplify and streamline healthcare
administration. CAQH solutions promote quality interactions between plans, providers,
vendors and other stakeholders, reduce costs and frustrations associated with healthcare
administration, facilitate administrative healthcare information exchange and encourage
the integration of administrative and clinical data. The recommendations put forth in this
comment letter have been informed by our experience in deploying national, multi-
stakeholder health information technology (HIT) initiatives and tracking their impact
across a range of constituents. Two notable examples include:

> ➢ **Universal Provider Datasource® (UPD)** serves as a national "utility"
> streamlining the data collection process associated with provider credentialing,
> directory maintenance, claims administration and quality assurance. It is used by
> over 800,000 providers and over 550 private/public organizations, ranging from
> state Medicaid plans, large integrated hospitals, national and regional health
> plans. UPD has reduced provider administrative costs by over $92 million per
> year and has eliminated more than 2.36 million legacy paper applications.

> ➢ **Committee on Operating Rules for Information Exchange® (CORE)** has
> convened over 115 organizations to implement the exchange of administrative
> data through a set of phased, milestone-based requirements. The HIPAA

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transaction standards for eligibility verification do not enable providers to fully realize the financial benefits of administrative simplification because required data content is insufficiently robust, data definitions are not standardized, and business requirements (e.g., timely response, connectivity rules) are not addressed. CORE allows providers to realize return on investment (ROI) by filling in the gaps that are not addressed by the HIPAA transactions standards. To meet our commitment to quantifying the impact of CORE, a study conducted by IBM Global Services tracked outcomes effecting over 33 million lives in various provider settings with a range of HIT tools. Results show providers are saving millions of dollars due to increased efficiency and relying upon CORE-certified vendors to ensure expected benefits occur. Moreover, these providers have increased their adoption of HIT by 33%, a critical indirect benefit.

CAQH commends the notable efforts of the ONC to outline an initial set of standards and specifications that will enhance the interoperability, functionality, utility and security of health information exchange (HIE) while also improving health quality and efficiency. CAQH is fully supportive of the phased approach proposed by ONC in which a range of complementary requirements become more robust over time, and believes this approach to be an effective framework for meeting the long-term policy goals of the HITECH Act. Based on its real-world implementation experience, CAQH strongly supports federal policies that reflect the following two principles:

1. Adoption of CORE Phase I Rule for electronic verification of insurance eligibility.

2. Graduated implementation specifications that complement the stages of meaningful use by becoming more complex over time.

Recommendations

Recommendation: Maintain inclusion of CORE Phase I Rule for electronic verification of insurance eligibility and address technical concerns that apply to any of the specifications (Interim Final Rule Section III.C.3; Proposed 45 C.F.R. § 170.205(d)(1)(ii)).

Rationale:

- *Real cost savings are realized through CORE implementation*. Implementation of the CORE rules leads to tangible and proven cost savings that are not possible through the use of HIPAA standards alone. CORE rules promote uniformity and significantly reduce transaction costs. This is especially true given that rapid evolution in health IT has highlighted gaps in the scope of the HIPAA regulation. Operating rules fill these gaps by ensuring that transactions are exchanged efficiently

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and contain sufficiently robust data – as done in many other industries, both standards and operating rules are needed in healthcare.

The experience of CAQH in encouraging CORE-certified systems has demonstrated that considerable benefits and cost savings accrue from the adoption of the CORE rules. A 2009 CAQH-sponsored IBM Global Services study showed that such adoption leads to a 10-12% reduction in claim eligibility denials for participating providers, with a 24% increase in the number of patients verified. Indeed, the study demonstrated that providers saved on average $2.60 per electronic eligibility verification due to reduced time spent on verification. Given the fact that stimulus dollars alone will not likely cover the costs of realizing meaningful use, ongoing ROI is warranted to support the success of the EHR Incentive Programs.

- ***CORE rules enable providers to realize the financial benefits of administrative simplification.*** Given their focus on business needs, the CORE rules continue to drive broad industry adoption and implementation of HIPAA 4010 and 5010 standards and related infrastructure changes. Specifically, the existing HIPAA eligibility verification (both 4010 and 5010) transaction excludes information that is key to ROI, such as patient cost-sharing information like deductibles. Additionally, HIPAA was not designed to address infrastructure requirements such as acknowledgements. Accordingly, less than half of eligibility transactions are currently conducted electronically. CORE rules were expressly designed to exceed HIPAA minimum requirements for both 4010 and 5010. The rules support the type of improvements in efficiency and interoperability that ONC and CMS envision resulting from the HITECH Act. Creating requirements for vendors to provide products that address these additional needs is essential; without vendor change, providers will not be impacted.

The CORE rules improve provider work flow through two major avenues: content and system infrastructure. Specifically, CORE Phase I data content rules require coverage information as well as static and year-to-date (YTD) patient financial responsibility content (including co-pay, base deductible, YTD deductible status, coinsurance, and in/out of network variances) for over 45 key services; 5010 requires coverage information for only seven services and does not require any patient financial responsibility information. Moreover, the CORE infrastructure rules, such as those dealing with connectivity and data transport, real-time and standard use of acknowledgments, and system availability, complement and serve to further drive industry adoption of administrative transactions like eligibility. As demonstrated in the IBM Global Services study, the timely availability of robust coverage and financial information at the point of service results in significant ROI for providers due to reduced denied claims and accounts receivable. By the end of 2010, over 85% of the commercially insured population and many of the state Medicaid programs that are managed by private insurers are expected to provide this information, however,

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without vendor change – which impacts providers – the market impact is expected to be significantly less than what is thought to be possible.

- ***Implementation is achievable.*** ONC has requested public comment on the experience of the HIT industry using CORE Phase I rules. The extensive experience of CAQH in this area has demonstrated that implementation of CORE Phase I rules is extremely practicable. The industry has witnessed strong voluntary CORE Phase I and Phase II rule adoption by a range of vendors, health plans and providers.[1] On average, vendors report that it takes between 3-10 months to adjust systems to comply with CORE rules based upon current system capabilities and the ability to allocate resources to systems upgrades. Thus, vendor systems can include the CORE rule specifications in a reasonable amount of time and in accordance with the proposed meaningful use requirements timeline.

- ***Technical concerns can be addressed.*** CORE Phase I and II rules were built using a draft of the 5010 standard, expressly developed using the HIPAA transaction requirements, and thus are intentionally closely aligned with and supportive of the standard. As with any specifications that reference versions of standards, the small discrepancies that do exist between CORE rules and the HIPAA 5010 standard can be addressed and will be required when 5010 mandate deadline occurs in January 2012. CAQH, like others, will be offering dual 4010/5010 certification as the 5010 deadline nears. A technical review of the CORE Phase I and II rules demonstrated that there are minor changes required to the CORE rules due to 5010. The necessary changes primarily consist of *the removal of some CORE Phase I requirements, since these requirements will now be mandated by 5010*. Furthermore, CORE infrastructure rules --which are not part of HIPAA scope and have been well aligned with efforts like HITSP-- serve to further drive adoption by the healthcare industry of administrative transactions and complement the movement to electronic and real-time transactions, two aspects upon which the success of "meaningful use" relies.

- ***CORE rules can be adopted by all systems and market segments.*** The CORE rules can be adopted by any technology platform and/or system. The rules are capable of supporting all market segments.[2] Furthermore, the CORE rules also build upon existing standards, such as the 4010 and 5010 HIPAA transaction standards and HTTPS, to make electronic transactions more predictable and consistent, regardless of the technology. They are therefore compatible with any technology platform a provider, health plan, or health care clearinghouse may choose. The CORE operating rules are based on principles similar to those that govern ATM networks and direct deposit banking in the financial services industry as well as those that maintain and

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[1] A complete list of CORE-certified entities is included as an attachment to this comment letter.
[2] Entities become CORE-certified on a voluntary basis. Some market segments like workers compensation insurers, have yet to be included in compliance with the HIPAA transactions standards given their reliance on eligibility is limited or, as noted by HL7 in its comments to ONC, there may be minor issues with Medicaid application of the non-mandated aspects of the x12 standards that have yet to be identified.

facilitate electricity flow in the power industry. Note, the CORE rules are free of charge and available on the CAQH website, and should an entity want to test their compliance with CAQH, the testing is also free.

Detailed Recommendations:

For these reasons, we recommend that the ONC:

- Maintains inclusion of the CORE Phase I rule for electronic verification of health insurance (and/or benefits) eligibility.

- Clarifies the process by which it plans to incorporate updated versions of the adopted implementation specifications, including the CORE rules. We believe that criteria should be reviewed at least annually to ensure that specifications are kept current; this would allow, coordination with other Federal entities addressing health IT requirements.

- Outlined the process to address specification conflicts that are identified during roll-out with certain market segments, such as state Medicaid agencies.

Recommendation: Maintain a phased approach for implementation of specifications that complement the stages of meaningful use, facilitate the exchange of Stage 1 best practices, and encourage readiness for future stages (Interim Final Rule Section I.D).

Rationale:

Specifications are essential to interoperability, however industry experience and resources vary. The adoption of a set of specifications to help support the CMS meaningful use requirements will be invaluable to the health care industry. Specifications are essential to achieving interoperability. The critical importance of specifications has been demonstrated in the last several years by entities engaged in health IT initiatives, including the Healthcare Information Management Systems Society's (HIMSS) Integrating the Healthcare Enterprise (IHE) effort, CAQH's CORE initiative, and regional exchanges such as the Utah Health Information Network (UHIN) and the New England Health Exchange Network (NEHEN) in Massachusetts. There is a broad spectrum of industry experience with regard to implementing specifications. While some entities have extensive experience with some of the specifications, others do not. We therefore ask the ONC to make a concerted effort to share best practices in order to drive successful Stage 1 adoption and lay the foundation for subsequent stages. Through its initiatives, CAQH has learned that sharing of best practice implementations is essential to move adopters through IT transitions. To facilitate best practice sharing, CAQH has introduced implementers to one another based on skill set needs. This has enabled a range of

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entities to implement certain specifications that were viewed as challenging by other entities.

Detailed Recommendations:

CAQH recommends that the ONC:

- Implement a graduated approach of providing increasingly complex standards for certified EHR technology to complement the stages of meaningful use.

- Consider creating a process by which the exchange of best practices among EPs and hospitals can occur to facilitate successful Stage 1 adoption and, for those ahead of the curve, for future stages in order to support later stage implementations.

- In order to support those adopters who will be ready to implement Stage 2 specifications much earlier than others in the market, encourage early adoption of Stage 2 specifications by providing advanced guidance so organizations can move forward in coordination with industry bodies.

We appreciate the opportunity to provide comments on the proposed rule and thank you for your consideration of recommendations from CAQH. Should you have questions or require additional information, please contact Gwendolyn Lohse, Deputy Director, at (202) 778-1142.

Sincerely,

Robin Thomashauer
Executive Director

Attachment: CORE-certified entities

cc: Charlene Frizzera
        Acting Administrator
        Centers for Medicare and Medicaid Services

CAQH Committee on Operating Rules for Information Exchange (CORE)
(as of March 2010)

Health Plans
Aetna Inc.
AultCare
Blue Cross Blue Shield of Michigan
Blue Cross and Blue Shield of North Carolina
BlueCross BlueShield of Tennessee
CareFirst BlueCross BlueShield
CIGNA
Coventry Health Care
Excellus Blue Cross Blue Shield
Group Health, Inc.
Harvard Pilgrim Health Care
Health Care Service Corporation
Health Net, Inc.
Health Plan of Michigan
Highmark, Inc.
Horizon Blue Cross Blue Shield of New Jersey
Humana Inc.
Medical Mutual of Ohio
UnitedHealth Group
WellPoint, Inc.

Associations / Regional / Standard Setting Organizations
America's Health Insurance Plans (AHIP)
ASC X12
Blue Cross and Blue Shield Association
Delta Dental Plans Association
Health Level 7 (HL7)
Healthcare Association of New York State
Healthcare Billing and Management Association
Healthcare Financial Management Association
Healthcare Information & Management Systems Society
LINXUS (initiative of GNYHA)
National Committee for Quality Assurance
National Council for Prescription Drug Programs
NJ Shore (WEDI/SNIP NY Affiliate)
Private Sector Technology Group
Utah Health Information Network
Utilization Review Accreditation Commission
Work Group for Electronic Data Interchange (WEDI)

Government Agencies
Arizona Health Care Cost Containment System
Louisiana Medicaid – Unisys
Michigan Department of Community Health
Michigan Public Health Institute
Minnesota Department of Human Services
Oregon Department of Human Resources
TRICARE
US Centers for Medicare and Medicaid Services (CMS)
US Department of Veterans Affairs
Washington State Office of the Insurance Commissioner

Other
Accenture
Cognizant
Foresight Corporation
Merck & Co., Inc.
Omega Technology Solutions
Payformance
PNC Bank
PricewaterhouseCoopers LLP

Providers
Adventist HealthCare, Inc.
American Academy of Family Physicians (AAFP)
American College of Physicians (ACP)
American Medical Association (AMA)
Catholic Healthcare West
Cedars-Sinai Health System
Greater New York Hospital Association (GNYHA)
Healthcare Partners Medical Group
Johns Hopkins Medicine
Mayo Clinic
Medical Group Management Association (MGMA)
Mobility Medical, Inc.
Montefiore Medical Center of New York
New York-Presbyterian Hospital
North Shore LIJ Health System
Physician HealthCare Network, PC
Spectrum Laboratory Network
Texas Medical Association
University Physicians, Inc. (University of Maryland)
UNMC Physicians
Valley Health
Wisconsin Medical Society

Vendors / Clearinghouses
ACS EDI Gateway, Inc.
Antares Management Solutions (a subsidiary of Medical Mutual of Ohio)
athenahealth, Inc.
Availity LLC
Capario
CareMedic Systems, Inc.
Edifecs
Emdeon
Enclarity, Inc.
Gateway EDI
GE Healthcare
Healthcare Administration Technologies, Inc.
HMS
HP Enterprise Services, LLC
iHCFA, LLC
Ingenix, Inc.
InstaMed
MedData
mPay Gateway
National Account Service Company (NASCO)
NaviNet
NextGen Healthcare Information Systems, Inc.
Passport Health Communications
Payerpath, a Misys Company
QS/1 Data Systems
RealMed Corporation
Recondo Technology, Inc.
RelayHealth
Secure EDI Health Group, LLC
Siemens / HDX
Surescripts
The SSI Group, Inc.
The TriZetto Group, Inc.
VisionShare, Inc.

CORE Certifications, Commitments and Endorsements as of March 2010

	Product Name	Phase I Rules Certified	Phase II Commitment/ Certification Status
CLEARINGHOUSES			
ACS EDI Gateway, Inc.	EDI Direct - Eligibility Engine	✓	✓
Availity, LLC	Availity Health Information Network-Web Portal	✓	✓
Capario	Phoenix Processing System	✓	Q1 2010
Emdeon	RT Transaction Processing and Data Hosting	✓	✓
eServices Group, Inc.	UNITE	✓	✓
Gateway EDI		Q1 2010	
HealthFusion, Inc.	Healthfusion RT	✓	
HMS	HMS	✓	
Ingenix		Q1 2010	Q1 2010
InstaMed	InstaMed Platform and Network	✓	✓
MD On-Line, Inc.	ACCE$$ Patient Eligibility Verification	✓	
MedData	MedConnect	✓	
NaviNet	NaviNet	✓	✓
Netwerkes	Netwerkes.com Real Time Eligibility	✓	
Office Ally	Real Time Eligibility	Q1 2010	
Passport Health Communications	OneSource	✓	Q1 2010
Post-N-Track	Doohicky™ Web Services	✓	✓
Practice Insight		Q3 2010	
RealMed Corporation	RealMed Revenue Cycle Management	✓	
RelayHealth	Real Time Eligibility	✓	Q1 2010
SecureEDI / Immediata	SecureEDI Clearinghouse	✓	
Siemens / HDX	Healthcare Data Exchange	✓	✓
Surescripts	Surescripts Prescription Benefit	✓	Q1 2010
The SSI Group, Inc.	ClickON® E-Verify	✓	Q1 2010
VENDORS			
athenahealth	athenaCollector	✓	✓
CSC	CSC DirectConnect®	✓	Q1 2010
EmergingHealth	TREKS	✓	
eServices Group, Inc.	XJ Series Gateway Services	✓	✓
GE Healthcare	EDI Eligibility 270/271	✓	Q1 2010
Medical Informatics Engineering, Inc.	WebChart EMR	✓	
Medical Present Value (MPV)	MPV Eligibility	✓	
NoMoreClipboard.com	NoMoreClipboard	✓	
Recondo Technology, Inc.	SurePayHealth	✓	
RelayHealth	PCS	✓	✓
RelayHealth	RevRunner	✓	
The SSI Group Inc.	ClickON® Net Eligibility	✓	Q1 2010
VisionShare, Inc.	Secure Exchange Software Interactive	✓	

		Phase I Rules Certified	Commitment to Phase II Rules Certification
HEALTH PLANS			
Aetna, Inc.		✓	✓
Anthem Colorado*		✓	✓
Anthem Connecticut*		✓	✓
Anthem Indiana*		✓	✓
Anthem Kentucky*		✓	✓
Anthem Maine*		✓	✓
Anthem Nevada*		✓	✓
Anthem New Hampshire*		✓	✓
Anthem Ohio*		✓	✓
Anthem Virginia*		✓	✓
Aultcare		✓	✓

CORE Certifications, Commitments and Endorsements as of March 2010

	Phase I Rules Certified	Commitment to Phase II Rules Certification
Avmed Health Plans	✓	
Blue Cross of California*	✓	✓
Blue Cross Blue Shield of Georgia*	✓	✓
Blue Cross Blue Shield of Missouri*	✓	✓
Blue Cross Blue Shield of North Carolina	✓	Committed
BlueCross BlueShield of Tennessee	✓	Q1 2010
Blue Cross Blue Shield of Wisconsin*	✓	✓
CIGNA	Q1 2010	
Empire Blue Cross Blue Shield*	✓	✓
Harvard Pilgrim Health Care	✓	✓
HealthNet	✓	Committed
Humana Inc.	✓	Committed
UnitedHealthcare	Committed	Committed
WellPoint	✓	✓
* Indicates a WellPoint Company		

PROVIDERS		
Mayo Clinic	✓	Q1 2010
Montefiore Medical Center	✓	
Spectrum Laboratory Network	✓	
Summit Medical Group	✓	
US Department of Veterans Affairs	✓	
Wake Forest University Health Sciences	✓	

	Endorsement of CORE	
	Phase I	Phase II
ASSOCIATIONS / REGIONAL ENTITIES		
American Academy of Family Physicians	✓	Committed
American Association of Preferred Provider Organizations	✓	Committed
American College of Physicians	✓	Committed
American Health Information Management Association	✓	Committed
American Medical Association		✓
California Regional Health Information Organization	✓	
Center for Health Transformation	Committed	Committed
eHealth Initiative	✓	Committed
Electronic Healthcare Network Accreditation Commission	✓	Committed
Greater New York Hospital Association	✓	Committed
Healthcare Financial Management Association	✓	Committed
Healthcare Information and Management Systems Society	✓	Committed
Medical Group Management Association	✓	Committed
Michigan Public Health Institute	✓	Committed
NACHA - The Electronic Payments Association	✓	Committed
National eHealth Collaborative	Committed	Committed
Smart Card Alliance Council	✓	✓
URAC	✓	
Virginia Health Exchange Network	Committed	Committed
Workgroup for Electronic Data Interchange (WEDI)	✓	Committed

CORE Certifications, Commitments and Endorsements as of March 2010

COMPANIES	Phase I Rules Certified	Commitment to Phase II Rules Certification
Accenture	✓	
Claredi, an Ingenix Division	✓	
Cognizant	✓	✓
Edifecs, Inc.	✓	Committed
Enclarity, Inc.	✓	Committed
Foresight Corporation	✓	✓
Microsoft Corporation	✓	Committed
MultiPlan, Inc.	✓	Committed
Pillsbury Winthrop Shaw Pittman, LLP	✓	

✓ = Completed