CAQH. CORE

1900 K Street, NW
Suite 650
Washington, DC 20006

202.517.0400
www.caqh.org

November 20, 2017

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: Request for Comment and Review of 2017 Interoperability Standards Advisory (ISA) in Advance of
     the 2018 "Reference Edition" Publication

Dear Dr. Rucker,

Thank you for the opportunity to provide input for the 2018 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. Inclusion of Section V. Administrative Standards and Implementation Specifications in the 2018 ISA is especially welcome, as the convergence of administrative and clinical data is becoming increasingly important in managing both the cost and quality of healthcare.

CAQH CORE is 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 Participating Organizations represent more than 130 healthcare providers, health plans, clearinghouses, vendors, government agencies and standards setting organizations. CAQH CORE has been 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.

The comments in this letter are presented in four parts and are intended to enhance the quality of information in the ISA and improve usability:
- **Part I** provides specific comments on Section III of the ISA.
- **Part II** includes specific comments on Section V of the ISA.
- **Part III** addresses specific questions in Section VI, including 17-16 and 17-17.
- **Part IV** offers general comments on the functionality of the ISA online resource.

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

Part I. Comment on Section III: Standards and Implementation Specifications for Services

1. The federally mandated [Phase II CAQH CORE 258: Normalizing Patient Last Name Rule](#) (i.e., CAQH CORE 258 Rule) would be an appropriate addition to Section III-E: Patient Identification Management. While development of a comprehensive patient identifier is not within the scope of CAQH CORE, CAQH CORE has developed an operating rule addressing certain aspects of the need for individual identification in healthcare. The CAQH CORE 258 Rule supports the International Organization for Standardization (ISO) Technical Committee 215 Identification of Subjects of Health Care standard by addressing use of name suffixes, special characters and punctuation in text data elements for names of organizations and individuals (not included in ASC X12 administrative transaction standards). The CAQH CORE 258 Rule is federally mandated as part of the [Phase II CAQH CORE Operating Rules](#) to support the eligibility and claim status transactions.

Part II. Comments on Section V: Administrative Standards and Implementation Specifications

1. **Section V-E: Operating Rules to Support Administrative Transactions**

   a. General Comments:

      i. "Operating Rules" should be included as one of the structures under "Type," which presently only includes "Standard" or "Implementation Specification." Although there are other utilities referenced in the ISA (e.g. Integrating the Healthcare Enterprise (IHE)'s Integration Profiles) that also technically do not meet the definition of either a standard or implementation specification, operating rules are distinct in this regard. The Centers for Medicare and Medicaid Services (CMS) notes, in its [definition of operating rules](#), that they are "the necessary business rules and guidelines for the electronic exchange of information *that are not defined by a standard or its implementation specifications*" (emphasis added).

   b. Comments on Section V-E: Operating Rules to Support Eligibility Transactions

      i. Operating Rules to Support Eligibility Transactions (Phase I): The list of operating rules provided under "Limitations, Dependencies, and Preconditions for Consideration" references the rules as "examples." However, all the Phase I CAQH CORE Eligibility Operating Rules are included except the [150 Batch Acknowledgement Rule](#) and [151 Real Time Acknowledgement Rule](#), which are not federally mandated. These two rules should be added and identified that, although they are not part of the federal mandate for adoption of Phase I CAQH CORE Operating Rules, they are required for voluntary CORE Certification.

      ii. Operating Rules to Support Eligibility and Claim Status Transactions (Phase II): The list of Phase II CAQH CORE Eligibility & Claim Status Operating Rules under "Limitations, Dependencies, and Preconditions for Consideration," again references the rules as "examples," and excludes the federally mandated [Phase II CAQH CORE 250: Claim Status Rule](#). This rule should be added. Additionally, the Phase I CAQH CORE Eligibility Operating Rules numbered 152, 153, 154, 155, 156 and 157 should be removed as they are already included in Section V-E: Operating Rules to Support Eligibility Transactions.

      iii. Operating Rules for Electronic Funds Transfer and Electronic Remittance Advice for Payments and Reconciliation (Phase III): Unlike the sub-sections included for the Phase I and

Phase II CAQH CORE Operating Rules, the "Limitations, Dependencies, and Preconditions for Consideration" sub-section for Electronic Funds Transfer (EFT) and Electronic Remittance Advice for Payments and Reconciliation (ERA) does not provide a detailed list of the Phase III CAQH CORE EFT & ERA Operating Rules. Three of the five Phase III CAQH CORE EFT & ERA Operating Rules are linked in the text of the fifth bullet in the sub-section: Phase III CAQH CORE 360: Uniform Use of CARCs and RARCs (835) Rule, Phase III CAQH CORE: 380 EFT Enrollment Data Rule and Phase III CAQH CORE 382: ERA Enrollment Data Rule. It is recommended that the same list structure be used in this section for all five Phase III CAQH CORE Operating Rules and links to the two additional, federally mandated CAQH CORE EFT & ERA Operating Rules be included: Phase III CAQH CORE 350: Healthcare Claim Payment/Advice (835) Infrastructure Rule and Phase III CAQH CORE 370: EFT and ERA Reassociation (CCD+/835) Rule.

iv. The Phase IV CAQH CORE Operating Rules should be included in the ISA. The Phase IV CAQH CORE Operating Rules, approved September 2015, include:
- Phase IV CAQH CORE 450: Health Care Claim (837) Infrastructure Rule
- Phase IV CAQH CORE 452: Health Care Services Review – Request for Review and Response (278) Infrastructure Rule
- Phase IV CAQH CORE 454: Benefit Enrollment and Maintenance (834) Infrastructure Rule
- Phase IV CAQH CORE 456: Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Infrastructure Rule
- Phase IV CAQH CORE 470: Connectivity Rule

These operating rules build on the foundation established by previous CAQH CORE Operating Rules and expand the Phase I-III CAQH CORE infrastructure requirements to four additional transactions plus upgrade connectivity requirements. On July 6, 2016, the National Committee on Vital and Health Statistics (NCVHS), the statutory public advisory body to the HHS Secretary on health information policy, recommended that the Secretary of HHS strongly support voluntary industry adoption and use of the Phase IV CAQH CORE Operating Rules. To date, four entities have achieved voluntary CORE Certification on the Phase IV CAQH CORE Operating Rules, with several more in the process to achieve certification within the year.

2. **Sections V-A through V-D: All Other Administrative Standards and Implementation Specifications**

a. Information in the ISA should provide evidence of the noted adoption level. In the case of the Administrative Standards and Implementation Specifications (Sections V-A through V-E), the best source is the CAQH Index®. The CAQH Index is the industry source for measuring the adoption, costs and savings of the industry transition from manual to electronic transactions.

b. In the "Limitations, Dependencies, and Preconditions for Consideration" sections of the Health Care Claims or Equivalent Encounter Information for Professional Claims and Health Care Claims or Equivalent Encounter Information for Institutional Claims, the statement is made that "During implementation of a new version of the standard, testing is conducted between trading partners." Note, occurrence of implementation testing is dependent upon trading partners; such testing is not mandated and is, potentially, not performed. Within this section, the linked content in the following bullet, "Additional information is available on testing, and the full cost

on any of the X12 transactions", includes a reference to the CMS Administrative Simplification Enforcement and Testing Tool (ASETT) that suggests ASETT is solely a testing tool. It may be helpful to identify that ASETT is a compliance tool that *enables* testing and complaint filing.

c. In the Applicable Security Patterns for Consideration descriptions in Sections V-A through V-D there is information about HIPAA privacy and security, but it focuses only on covered entities. Given that the ISA is also a resource for vendors who develop health IT, it would be helpful to point out that business associates are also required to comply with the HIPAA Security Rules and certain Privacy Rules (both directly per HITECH and via the business associate agreement required in both sets of rules).

Part III. Response to Section VI: Questions and Requests for Stakeholder Feedback

17-16. For Interoperability Need: Operating Rules to Support Eligibility and Claim Status Transactions (Phase II), feedback is requested on process for creating the operating rules:

CAQH CORE maintains a database of input for potential new and revised rules that draws from many formal and informal sources. Development of a new or revised operating rule begins with thorough research, an exhaustive environmental scan and a sound business case. Once requirements are drafted by the more than 130 CORE Participating Organizations, CAQH CORE follows a multi-stakeholder, multi-stage balloting process with strict quorum and approval requirements. However, the process does not end with development. CAQH CORE applies an integrated model in which it designs a testing and certification program, helps build awareness for either voluntary or mandated adoption, assists early implementers with education programming and technical support, tracks progress and return on investment and provides a feedback mechanism for further development of new or revised rules.

CAQH CORE has always supported a process for maintenance of the operating rules using a transparent approach that addresses both substantive and non-substantive updates. The federally mandated CAQH CORE Operating Rules support this process as well as the ability for CAQH CORE to conduct routine, periodic maintenance of specific federally adopted operating rule requirements, based on ongoing use, business need and lessons learned. Note, periodic maintenance does not change underlying rule requirements but may update content requirements. This type of content-specific maintenance – which is focused on a specific rule requirement – requires a formal, transparent process of obtaining multi-stakeholder input. More detail on the CAQH CORE maintenance process is available here: https://www.caqh.org/core/change-process-and-maintenance.

Part IV. General Comments on Functionality of Online Resource

1. 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®, for example, provides an industry-wide resource on adoption rates for the administrative transaction standards and implementation specifications.

2. The online resource for the ISA could be made more user friendly through improved labeling of content such as additional structure options for "type" as previously recommended. Additionally, navigation could be improved through ensuring that all links are active and consistently referenced (e.g., some "Yes" references are linked to another website, others link to the Limitations,

Dependencies, and Preconditions for Consideration where there are links to other websites and some are absent any link to further information).

Thank you for considering our recommendations and comments, including those posted to the ISA online resource. 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
Robert Bowman, CAQH CORE Director
Members, CAQH CORE Board of Directors