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September 27, 2022

Micky Tripathi, Ph.D., MPP
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 Review and Comment Period

Dear, Dr. Tripathi,

Thank you for the opportunity to provide input to the Interoperability Standards Advisory (ISA). CAQH CORE appreciates that the ISA is a valued industry resource that 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 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 (exchange of medical documentation), claims submission and payment, and value-based payment.

The comments in this letter are presented in three parts and are intended to enhance the quality of information in the ISA and improve accuracy since our last comment submission:

- Part 1 includes **high-level recommendations** to align Section IV of the ISA with new and updated operating rules.
- Part 2 specifies detailed recommendations for **new sub-sections** in Section IV of the ISA to support new operating rule sets.
- Part 3 specifies detailed recommendations for **adjustments to existing sub-sections** in Section IV of the ISA with language changes highlighted in gray.

Where possible, 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,

A handwritten signature in black ink, appearing to read "Erin Richter Weber". The signature is fluid and cursive, with a long horizontal stroke at the end.

Erin Richter Weber

Vice President, CAQH CORE

cc:

Robin Thomashauer, President, CAQH

April Todd, Chief Policy and Research Officer

CAQH CORE Comments to the Request for Review and Comment of the 2022 Interoperability Standards Advisory (ISA)

Part 1: Recommendations for Aligning the ISA with New and Updated Operating Rules in Section IV

Over the past two years, CAQH CORE has facilitated the publication of new and updated operating rules affecting value-based payment, connectivity, eligibility and benefits, healthcare claims, attachments or exchange of medical documentation, and prior authorization.

In December 2020, CAQH CORE published new value-based payment operating rules that augment a non-HIPAA mandated version of the benefit enrollment transaction (X12 005010X318 834) by providing a roster of patients attributed to a provider participating in a value-based contract. In this same timeframe, CAQH CORE also published a new Connectivity Rule (vC4.0.0). In consideration of these new rules, CAQH CORE recommends the creation of the following sub-sections in Section IV of the ISA:

- 1) CAQH CORE Operating Rules for the Exchange of an Attributed Patient Roster
- 2) CAQH CORE Operating Rules for Connectivity

Specific content recommendations for these proposed sub-sections are included in Part 2 of this letter.

In February 2022, CAQH CORE finalized and published updates to the federally mandated Eligibility & Benefits Operating Rules. Among changes that supported emerging care settings, technologies, and pre-certification workflows, this update also reflects the commitment of CAQH CORE to value-based payments by enhancing the transaction to facilitate the exchange of single patient attribution information.

Additionally in 2022, CAQH CORE published new rules to facilitate the exchange of attachments or medical documentation in support of existing rulesets for prior authorization and healthcare claims. In consideration of these updates, CAQH CORE recommends updating content in the following sub-sections:

- 1) Eligibility and Benefits Operating Rules for Standard Transactions
- 2) Operating Rules for Prior Authorization and Referrals
- 3) Operating Rules for Health Care Claims

Specific content updates for these sub-sections are included in Part 3 of this letter.

Additional, non-substantive updates have been accommodated throughout the proposed content to enhance clarity and consistency, as well as to ensure hyperlinks correctly direct the reader.

Part 2: Detailed Recommendations for New Sub-sections in Section IV of the ISA

This appendix contains detailed content recommendations for new sub-sections of the ISA to align with new CAQH CORE Operating Rule Sets, as well as non-substantive recommendations.

A. CAQH CORE Operating Rules for the Exchange of an Attributed Patient Roster

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for the Exchange of an Attributed Patient Roster	Final	Production	●○○○○	No	Free	Yes
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. ▪ Operating rules for the electronic exchange of a roster of patients attributed to the provider under a value-based contract are available for voluntary use by covered entities. ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free tools to support operating rule implementation. Additionally, CAQH CORE offers educational webinars on its website. 							

B. CAQH CORE Operating Rules for Connectivity

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Connectivity	Final	Production	●●●●○	Partial	Free	Yes
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ The CAQH CORE Connectivity Operating Rules support the adoption and implementation of transaction-based operating rules by establishing key requirements to maintain the secure exchange of health care information. ▪ In 2012 and 2013 HHS adopted the Phase I, II, and III CAQH CORE Operating Rules including two versions of the CORE Connectivity Rule, which were incorporated by reference at §162.920. Since this time, new versions of the CAQH CORE Operating Rules for Connectivity were developed to enhance security protocols and to support REST and SOAP. The updated rules are available for voluntary use by covered entities. ▪ The indicated adoption level of four applies to the CAQH CORE Operating Rules for Connectivity incorporated by reference in §162.920. ▪ In 2020 CAQH CORE updated its phase-based operating rule structure to align with the business processes of covered entities. The phase structure was retired. HHS has not released new policies or guidance to officially adopt the documents or the revisions. Prior versions of the CAQH CORE Operating Rules for Connectivity are incorporated by reference in §162.920 and available on the CAQH CORE Mandated Operating Rules website. ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free tools to support operating rule implementation. Additionally, CAQH CORE, offers educational webinars which are archived on its website. 							

Part 3: Detailed Recommendations for Updates to Existing Sub-sections in Section IV of the ISA

This appendix contains recommendations for direct edits to existing ISA content to align with the new and updated CAQH CORE Operating Rules, as well as non-substantive recommendations, highlighted in gray.

A. Eligibility and Benefits Operating Rules for Standard Transactions

NOTE: CAQH CORE recommends renaming this section to “Operating Rules for Eligibility and Benefits” for consistency and to relocate this section to be first in the list of operating rules.

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Eligibility and Benefits	Final	Production	●●●●○	Partial	Free	Yes
Limitations, Dependences, and Preconditions for Consideration				Applicable Security Patterns for Considerations			
<ul style="list-style-type: none"> Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. Operating rules are intended to support and enhance the use of the standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans, and ensure a more complete set of information in the response. NCPDP operating rules are in the NCPDP Telecommunication Standard, Implementation Guide, Version D.0. Additional operating rules are not developed by any entity outside of NCPDP for the pharmacy standards. In 2012 HHS adopted the Phase I and II CAQH CORE Operating Rules for Eligibility and Claim Status, which were incorporated by reference at §162.920. In 2022 the CAQH CORE Operating Rules for Eligibility and Benefits were updated to meet emerging industry needs and to support the implementation of value-based payment initiatives. These updated CAQH CORE Operating Rules are available for voluntary use by covered entities. In 2020 CAQH CORE updated its phase-based operating rule structure to align with the business processes of covered entities, that is, eligibility verification, claim status requests, claims processing. The phase structure was retired. HHS has 							

<p>not released new policies or guidance to officially adopt the documents or the revisions. Prior versions of the CAQH CORE Eligibility and Benefits Operating Rules for Eligibility and Benefits are incorporated by reference in §162.920 and available on the CAQH CORE Mandated Operating Rules website, along with a crosswalk to the new operating rule naming and versioning conventions.</p> <ul style="list-style-type: none"> ▪ The indicated adoption level of four applies to the CAQH CORE Operating Rules for Eligibility and Benefits incorporated by reference in §162.920. ▪ Testing, or certification with the operating rules is available for a fee, and is voluntary and available through a vendor contracted to the authoring entity. ▪ CAQH CORE offers free implementation tools to support implementation. ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free tools to support operating rule implementation. Additionally, CAQH CORE, offers educational webinars which are archived on its website. 	
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B. Operating Rules for Claim Status

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Claim Status	Final	Production	●●●●○	Yes	Free	Yes
Limitations, Dependences, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were included as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They include requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. 							

- In 2012, HHS adopted operating rules for claim status, and incorporated the Phase I and II rules by reference in 162.920
- In 2012 HHS adopted the Phase I and II CAQH CORE Operating Rules for Eligibility and Claim Status, which were incorporated by reference at §162.920.
- In 2020 CAQH CORE updated its phase-based operating rule structure to align with the business processes supported by the rules. Prior versions of the CAQH CORE Claim Status Operating Rules are incorporated by reference in §162.920 and available on the [CAQH CORE Mandated Operating Rules](#) website. ~~along with a crosswalk to the new operating rule naming and versioning conventions~~
- ~~Testing, or certification~~ with the operating rules is voluntary and available for a fee through a vendor contracted to the authoring entity. The checklist is available on the website. Certification for operating rules is voluntary and not required by federal regulation.
 - ~~CAQH CORE maintains free implementation tools on its website to support operating rule implementation. Additionally, CAQH CORE offers educational webinars which are archived on its website.~~
- [Testing, or certification](#) with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains [free tools](#) to support operating rule implementation. Additionally, CAQH CORE, offers [educational webinars](#) which are archived on its website.

C. Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for Payments and Reconciliation

NOTE, RE: ADOPTION *Upwards of 67% of insured lives are covered under health plans that are currently CORE-certified on the CAQH CORE Operating Rules for Payment and Remittance. Given that these rules are federally mandated, it can be assumed that overall industry adoption is even higher. In consideration of these points, we recommend increasing the adoption level for the CAQH CORE Operating Rules for EFT and ERA to be increased from three to four out of five.*

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Electronic Funds Transfer	Final	Production	●●●●○	Yes	Free	Yes

	(EFT) and Electronic Remittance Advice (ERA) for Payments and Reconciliation						
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were included as a requirement of the Patient Protection and Affordable Care Act of 2010 (ACA), under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of standard transactions. They include requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They may include additional requirements to help implement the transaction in a more uniform way between health plans and providers and ensure a more complete set of information in the response. For the process of electronic funds transfer transactions, the operating rules require a standard enrollment data set for all health plans to use with providers. ▪ In 2013 HHS adopted the Phase III CAQH CORE Operating Rules for EFT and ERA, which were incorporated by reference at §162.920. ▪ In 2020 CAQH CORE updated its phase-based operating rule structure to align with the business processes supported by the rules. Prior versions of the CAQH CORE ERA/EFT Operating Rules for EFT and ERA are incorporated by reference in §162.920 and available on the CAQH CORE Mandated Operating Rules website, along with a crosswalk to the new operating rule naming and versioning conventions. ▪ The ERA/EFT rules support the uniform use of combinations for certain Claim and Remark 							

<p>Codes (CARCs and RARCs), as well as use of certain standard data elements for enrolling providers electronically for EFT or ERA transactions.</p> <ul style="list-style-type: none"> ▪ Testing, or certification with the operating rules is available for a fee and is voluntary. CAQH works with a vendor to conduct the certification process. The checklist is available on the website. ▪ CAQH CORE maintains free implementation tools to support operating rule adoption on its website. Additionally, CAQH CORE offers regular educational webinars which are archived on its website to drive greater industry awareness of the value of operating rules in collaboration with leading healthcare organizations ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free tools to support operating rule implementation. Additionally, CAQH CORE offers educational webinars which are archived on its website. 	
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D. Operating Rules for Prior Authorization and Referrals

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Prior Authorization and Referrals	Final	Production	●○○○○	No	Free	Yes
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules for prior authorization and referrals have not been proposed for adoption by NCVHS and have not been adopted by HHS. ▪ NCVHS recommendation letters to HHS may be found on the NCVHS website. 							

<ul style="list-style-type: none"> ▪ Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of standard transactions. They include requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. ▪ Operating rules are intended to support the use of adopted standard transactions under the Health Insurance and Portability Act of 1996 (HIPAA). They include additional requirements to help health plans and providers implement each transaction in a more uniform way and ensure more consistent use of the transactions. ▪ In Spring 2020, CAQH CORE restructured its operating rules from phase-based rule sets to rule sets based on the business processes supported by the rules. ▪ The CAQH CORE Prior Authorization and Referrals Operating Rules are available for voluntary use by covered entities. ▪ In 2022 the CAQH CORE Operating Rules for Prior Authorization and Referrals were updated to support the electronic exchange of attachments and medical information. ▪ Testing, or certification for operating rules — adopted and voluntary — is available for a fee. ▪ Certification is voluntary and not required by regulation. ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free tools to support operating rule implementation. Additionally, CAQH CORE, offers educational webinars which are archived on its website. 	
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E. Operating Rules for Health Care Claims

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules	Final	Production	●○○○○	No	Free	Yes

	for Health Care Claims						
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. ▪ Operating rules were included as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. The purpose of operating rules is to support the use of an adopted standard transaction and ensure the consistent and uniform use of those adopted standards. ▪ The CAQH CORE Health Care Claims Operating Rules are have not yet been recommended for adoption by NCVHS but are available for voluntary use by covered entities. ▪ In 2022 the CAQH CORE Operating Rules for Health Care Claims were updated to support the electronic exchange of attachments and medical information. ▪ NCPDP operating rules are in the NCPDP Telecommunication Standard, Implementation Guide, Version D.0. Additional operating rules are not developed by any entity outside of NCPDP for the pharmacy standards. ▪ In Spring 2020, CAQH CORE restructured its operating rules from phase-based rule sets to rule sets based on the business processes supported by the rules. ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. The checklist is available on the website. ▪ CAQH CORE maintains free implementation tools to support operating rule implementation. Additionally, 							

<p>CAQH CORE offers educational webinars which are archived on its website.</p> <ul style="list-style-type: none"> ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free tools to support operating rule implementation. Additionally, CAQH CORE, offers educational webinars which are archived on its website. 	
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F. Operating Rules for Benefit Enrollment

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Benefit Enrollment	Final	Production	●○○○○	No	Free	Yes
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. ▪ Operating rules were included as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. The purpose of operating rules is to support the use of an adopted standard transaction and ensure the consistent and uniform use of those adopted standards. ▪ The CAQH CORE Benefit Enrollment Operating Rules have not yet been recommended for adoption by NCVHS but are available for voluntary use by covered entities. ▪ In Spring 2020, CAQH CORE restructured its operating rules from phase-based rule sets to rule sets based on the business processes supported by the rules. 							

<ul style="list-style-type: none"> ▪ Testing, or certification with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains free implementation tools to support operating rule implementation. Additionally, CAQH CORE offers educational webinars which are archived on its website. 	
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G. Operating Rules for Premium Payments

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Premium Payments	Final	Production	●○○○○	No	Free	Yes
Limitations, Dependencies, and Preconditions for Consideration				Applicable Value Set(s) and Starter Set(s)			
<ul style="list-style-type: none"> ▪ Operating rules were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response. ▪ Operating rules were included as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. The purpose of operating rules is to support the use of an adopted standard transaction and ensure the consistent and uniform use of those adopted standards. ▪ NCPDP operating rules are in the NCPDP Telecommunication Standard, Implementation Guide, Version D.0. Additional operating rules are not developed by any entity outside of NCPDP for the pharmacy standards. ▪ The CAQH CORE Premium Payment Operating Rules have not yet been recommended for adoption by NCVHS but are available for voluntary use by covered entities. ▪ In Spring 2020, CAQH CORE restructured its operating rules from phase-based rule sets to rule 							

~~sets based on the business processes supported by the rules.~~

- [Testing, or certification](#) with the operating rules is voluntary and available through a vendor contracted to the authoring entity. CAQH CORE maintains [free implementation tools](#) to support operating rule implementation. Additionally, CAQH CORE offers [educational webinars](#) which are archived on its website.