CAQH CORE

2020 K Street, NW
Suite 900
Washington, DC 20006

202.517.0400
www.caqh.org

November 1, 2020

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 accuracy:

- Part 1 includes an overarching update on existing content in Section IV of the ISA.
- Part 2 specifies the recommendations for Section IV of the ISA with language changes highlighted in gray.

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

<div align="center">****************************</div>

**CAQH CORE Comments to the Request for Review and Comment of the 2020
Interoperability Standards Advisory (ISA)**

**Part 1: Comments on Existing Content in Section IV: Administrative Standards and
Implementation Specifications - Operating Rules to Support Administrative Transactions**

Aligning ISA with New Operating Rule Structure

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. No substantive changes were
made to existing rule requirements.

As a result of the restructuring, CAQH CORE recommends updates to the following sections of
the ISA:

Current Section Title	New Section Title
Operating Rules to Support Eligibility Transactions (Phase I)	Eligibility & Benefits Operating Rules
Operating Rules to Support Eligibility and Claim Status Transactions (Phase II)	Claim Status Operating Rules
Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) for Payments and Remittance (Phase III)	Payments & Remittance Operating Rules
Operating Rules for Claims, Enrollment, and Premium Payment (Phase IV)	Healthcare Claims Operating Rules
Operating Rules for Prior Authorization (Phase V)	Prior Authorization & Referrals Operating Rules

CAQH CORE also recommends the creation of the following sections:

1) Benefit Enrollment Operating Rules
2) Premium Payment Operating Rules

Part 2: Detailed Recommendations for Updates to ISA Operating Rule Sections

This appendix contains recommendations for direct edits to the ISA to align with the new CAQH
CORE operating rule structure.

A. Eligibility & Benefits Operating Rules

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Eligibility & Benefits Operating Rules	Final	Production	●●●●○	Yes	Free	Yes

Limitations, Dependences, and Preconditions for Consideration	Applicable Security Patterns for Considerations
- Operating rules were adopted 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 additional 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. For example, rather than just "yes or no" for eligibility information, the operating rule requires health plans to return patient eligibility and financial responsibility for a list of service types such as emergency care, inpatient hospitalization, and dental and vision services. - Operating rules include other business rules to support the eligibility transaction as it moves between the provider and the health plan, such as the format of the health plan's companion guide. - Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take place with respect to patient benefit information in the electronic health record. - 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 Eligibility & Benefits 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. *No substantive changes have been made to the operating rule requirements in subsequent versions*. - The most recent CAQH CORE Eligibility & Benefits Operating Rule versions include: - CAQH CORE Eligibility & Benefits (270/271) Infrastructure Rule vEB.1.0 - CAQH CORE Eligibility & Benefits (270/271) Data Content Rule vEB.1.0 - CAQH CORE Connectivity Rule vC1.1.0 - CAQH CORE Connectivity Rule vC2.2.0 - 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 a host of 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.	

B. Claim Status Operating Rules

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

Limitations, Dependences, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
- Operating rules were adopted 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 additional 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. For example, rather than just "yes or no" for eligibility information, the operating rule requires health plans to return patient eligibility and financial responsibility for a list of service types such as emergency care, inpatient hospitalization, and dental and vision services. - Operating rules include other business rules to support the claim status transaction as it moves between the provider and the health plan, such as the format of the health plan's companion guide. - Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take place with respect to patient benefit information in the electronic health record. - 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. ***No substantive changes have been made to the operating rule requirements in subsequent versions.*** - The most recent CAQH CORE Claim Status Operating Rules versions include: - CAQH CORE Claim Status (276/277) Infrastructure Rule CS.1.0 - CAQH CORE Connectivity Rule vC1.1.0 - CAQH CORE Connectivity Rule vC2.2.0 - 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. Testing between covered entities is always encouraged. Certification for operating rules is voluntary and not currently required by federal regulation.

- CAQH CORE maintains a host of 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

C. Payment & Remittance Operating Rules

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Payment and Remittance Operating Rules	Final	Production	●●●○○	Yes	Free	Yes

Limitations, Dependencies, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
- Operating rules were adopted 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 additional 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 include other business rules to support a transaction as it moves between the provider and the health plan, such as the format of the health plan's companion guide. - Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take place with respect to patient benefit information in the electronic health record. - 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 Payment & Remittance 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](#). ***No substantive changes have been made to the operating rule requirements in subsequent versions***.

- These operating rules include CAQH CORE policies for voluntary testing and certification, which are not mandatory. The other rules support the EFT and ERA through a range of requirements, from the companion guide template, to the uniform use of combinations for certain Claim and Remark Codes ([CARCs and RARCs](#)), to certain standard data elements for [enrolling](#) providers electronically for EFT or [ERA](#) transactions.

- The most recent CAQH CORE Payment & Remittance Operating Rules versions include:

    1. [CAQH CORE Payment & Remittance (835) Infrastructure Rule vPR.1.0](#)
    2. [CAQH CORE Payment & Remittance Uniform Use of CARCs and RARCs (835) Rule vPR.1.0](#)
    3. [CAQH CORE Payment & Remittance (CCD+/835) Reassociation Rule vPR.1.0](#)
    4. [CAQH CORE Payment & Remittance EFT Enrollment Data Rule vPR.1.0](#)
    5. [CAQH CORE Payment & Remittance ERA Enrollment Data Rule vPR.1.0](#)
    6. [CAQH CORE Connectivity Rule vC2.2.0](#)

- [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 a host of [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

D. Prior Authorization & Referrals Operating Rules

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability

Operating Rules	CAQH CORE Prior Authorization & Referrals Operating Rules	Final	Production	●○○○○	No	Free	Yes

Limitations, Dependencies, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
- Operating rules were adopted as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. Note: The CAQH CORE Prior Authorization & Referrals Operating Rules are under consideration by NCVHS for federal mandate. The rules are available for *voluntary use*. - Operating rules are intended to support and enhance the use of the standard transactions. They include additional 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 include other business rules to support the claim status transaction as it moves between the provider and the health plan, such as the format of the health plan's companion guide. - Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take place with respect to patient benefit information in the electronic health record. - The most recent CAQH CORE Prior Authorization & Referrals Operating Rules versions include: - CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule vPA.2.0 - CAQH CORE Prior Authorization & Referrals (278) Data Content Rule vPA.1.0 - CAQH CORE Prior Authorization & Referrals Web Portal Rule vPA.1.0 - CAQH CORE Connectivity Rule vC3.1.0 - 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 a host of [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	

E. Health Care Claims Operating Rules

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	[CAQH CORE Health Care Claims Operating Rules](#)	Final	Production	●○○○○	No	Free	Yes

Limitations, Dependencies, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
▪ Operating rules were adopted as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. Note: The CAQH CORE Health Care Claims Operating Rules have not yet been presented to NCVHS for federal mandate. The rules are available for *voluntary use*. ▪ Operating rules are intended to support and enhance the use of the standard transactions. They include additional 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 include other business rules to support the claim status transaction as it moves between the provider and the health plan, such as the format of the health plan's companion guide. ▪ Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take	

place with respect to patient benefit information in the electronic health record.

- The most recent CAQH CORE Health Care Claims Operating Rules versions include:

  1. CAQH CORE Health Care Claim (837) Infrastructure Rule vHC.1.0

  2. CAQH CORE Connectivity Rule vC3.1.0

- 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 a host of 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

F. Benefit Enrollment Operating Rules

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

Limitations, Dependencies, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
- Operating rules were adopted as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. Note: The CAQH CORE Benefit Enrollment Operating Rules have not yet been presented to NCVHS for federal mandate. The rules are available for *voluntary use.* - Operating rules are intended to support and enhance the use of the standard transactions. They include additional 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 include other business rules to support the claim status transaction as it moves between the provider and the health	

plan, such as the format of the health plan's companion guide.

- Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take place with respect to patient benefit information in the electronic health record.

- The most recent CAQH Benefit Enrollment Operating Rules versions include:

   1. CAQH CORE Benefit Enrollment (834) Infrastructure Rule vBE.1.0

   2. CAQH CORE Connectivity Rule vC3.1.0

- 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 a host of 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

G. Premium Payment Operating Rules

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

Limitations, Dependencies, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
▪ Operating rules were adopted as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification. Note: The CAQH CORE Premium Payment Operating Rules have not yet been presented to NCVHS for federal mandate. The rules are available for *voluntary use*.	

- Operating rules are intended to support and enhance the use of the standard transactions. They include additional 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 include other business rules to support the claim status transaction as it moves between the provider and the health plan, such as the format of the health plan's companion guide.

- Operating rules are developed through workgroups which are consensus driven, based on the members who participate. Greater participation from more diverse members results in more robust content and utility to enable to the rules to support the transactions and serve the users effectively. This is where the convergence of administrative and clinical systems will take place with respect to patient benefit information in the electronic health record.

- The most recent CAQH CORE Premium Payment Operating Rules versions include:

  1. CAQH CORE Premium Payment (820) Infrastructure Rule vPP.1.0

  2. CAQH CORE Connectivity Rule vC3.1.0

- 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 a host of 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