



Request for Public Comment on Three CAQH CORE Proposed Operating Rules: Revised Instructions for Submission*

At the August 25-26, 2020 hearing, the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards, will address a [request received on February 24, 2020](#), from the Council for Affordable Quality Healthcare (CAQH), Committee on Operating Rules for Information Exchange (CORE) Board, to consider the following three new operating rules for federal adoption:

- Prior Authorization (278) Data Content Rule
- Prior Authorization (278) Infrastructure Rule
- Connectivity Rule

The Committee requests comments from the public to inform the Committee's deliberations about the benefits of adopting these rules in advance of this hearing and will consider them together with the oral input of subject matter experts at the hearing.

The Committee developed specific questions to ensure comments address key issues under consideration by the Committee. The Committee requests that commenters please use the questions provided here to frame and organize input.

Send comments to NCVHSmal@cdc.gov no later than July 24, 2020.

For each comment, please indicate the operating rule to which it refers, i.e., Prior Authorization Data Content Rule, Prior Authorization Infrastructure Rule, or Connectivity Rule. For general comments, please note this in your statement as well.

1. **Participation in development of the rules:** If your organization participated in identification and development of the proposed operating rules for prior authorization and/or connectivity, describe the skill set of the individuals involved (business or technical) and in what way they participated in the process.
2. **Workflow (prior authorization rules):** In what way(s) will the proposed operating rules for prior authorization improve workflow for your organization's industry sector? Discuss the prior authorization data content and infrastructure rules and describe how the proposed requirements from each will impact your workflow, reduce burden (if relevant) and better support patient care.
3. **Transaction exchange (connectivity rule):** In what way(s) will the proposed operating rule for connectivity improve the processing of transactions, message payload, connectivity, security, etc. if adopted by HHS? What are the anticipated benefits that this operating rule offers vs. the current state (please provide examples if possible)?
4. **Improving use of transactions and/or adoption of standards (all proposed operating rules):** Describe how adopting the proposed operating rules will or could increase in the use of any of the adopted HIPAA transaction standards.

* Note revision to question #5 (revision made 7/8/2020)

5. **Connectivity rule implementation for your organization or industry wide (please specify):**
 - a. What are the implications, costs and benefits of implementing the new connectivity rule requirements for the prior authorization, eligibility & benefits, claim status and electronic remittance advice transactions? Providing generalized or high-level information will be helpful to the Committee. **[Note, this question has been revised to remove reference to claims, enrollment/disenrollment, and premium payment transactions for which operating rules *have not been* adopted by HHS.]**
 - b. Can you provide general types of costs and benefits of meeting the processing mode requirements for both real time and batch submissions?

6. **Implementation time frame for each proposed rule:**
 - a. What is the anticipated lead time needed by your organization to develop, test and implement the proposed operating rules? What are the dependencies that impact the timeline, e.g., vendors, trading partners and business associates? If possible, please provide an estimate of the amount of time your vendors would require to develop their component of the solution?
 - b. Should considerations be given to size or organization type for the proposed implementation timeframe? Please discuss for each of the proposed operating rules (Prior authorization content, prior authorization infrastructure and connectivity).

7. **Costs (Prior Authorization rules):** Is your organization able to provide an estimate of the implementation cost for the requirements of the two prior authorization operating rules for data content and infrastructure? If not, how would you advise NCVHS and HHS to make a cost benefit determination about adopting these rules?

8. **Costs (Connectivity rule):** Is your organization able to provide an estimate of the implementation cost for the requirements of the connectivity operating rule? If not, how would you advise NCVHS and HHS to make a cost benefit determination about adopting this rule and its requirements?

9. **Additional comments:** Given that the Connectivity Rule is highly technical, from an overall implementation and value perspective, do you have additional comments for the Committee's consideration?

10. **Additional comments:** For the Prior Authorization operating rules, from an overall implementation and value perspective, do you have additional comments for the Committee's consideration?

11. **General:** For each rule, please provide the rationale for your support or opposition to its adoption to inform the Committee's deliberations.