



NCVHS Subcommittee on Standards Hearing on Proposed CAQH CORE Operating Rules

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About Availity

- We are the nation's largest health information network, facilitating over 6 billion administrative, clinical and financial transactions annually. Our platform enables real-time collaboration among health plans, providers, and their partners.
- We offer our perspective based on our unique relationship with many payers and our position at the intersection of payer and provider connectivity.
- For several years, Availity has been working with healthcare stakeholders to solve the challenges of prior authorizations through a market-based approach. For example, our *Is Auth Required* solution has created efficiencies by allowing providers to quickly check whether an authorization is required before beginning the full authorization process.
- We are CAQH-certified clearinghouse (phase 4), and work to support the rules in our work with providers and health plans.



Anticipated Value of Proposed Operating Rule(s)

- Availity appreciates being asked to participate in this process and to offer our perspective. We fully support the intent of the rules, which is to reduce the burden of prior authorizations. Today, patients can have procedures delayed as their providers await prior authorization confirmation.
- Driving greater automation through portal and EDI capabilities will benefit the industry.
- We agree there is value in applying rules to the 5010X12 278 transaction and believe that over time it will lead to better adoption of the transaction in the marketplace.



Anticipated Concerns about Proposed Operating Rule(s)

- Availity believes data content should be handled by the Standards Development Organizations (SDO), and CAQH should focus primarily on developing the operating rules.
- Unless health plans are given adequate time to adopt the rules, they will face a significant burden trying to adhere to the 48-hour/two-business day requirement for returning an authorization decision with supporting documentation.
- As a CAQH-certified entity (1-4), we find that most organizations want to ensure flexibility in connectivity with trading partners to deliver content rather than being forced into specific requirement/Safe Harbor rules, which may increase implementation burdens.
- Provider core systems may not be able to support native prior authorization transaction, which means providers will continue to use payer portals or manual processes.
- The requirement to convert specific information into generic messages may increase administrative costs and provider abrasion. When the provider does not have enough information to act on a transaction, they will visit payer portals or call the health plan call center.
- There needs to be a strategy for enforcing standards among carve-out vendors (like radiology benefit managers, oncology, and others) who play a critical role in the authorization process.



Top 3-5 points for NCVHS to consider in its recommendations to HHS for adoption of proposed operating rule(s)

- To meet the rules as proposed, there is a risk that the authorization review will move from earlier in the process to later. While upfront authorizations might be relaxed, the claims might pend at adjudication points, which creates a new pain point for providers.
- The NCVHS rules seem to be augmentative to some of the recent rulings from CMS and ONC. If the industry shifts focus to implementing these rules, it is likely to detract focus from innovating in other critical areas such as efficiencies of care.
- In summary, Availity does not support adopting the operating rules as currently proposed, but we are supportive of doing so on the right timeline and with broad industry consensus. The new CAQH CORE Connectivity & Security workgroup is currently in progress, and we recommend waiting until that version of connectivity rules is released. We also recommend the data content workgroup reconsider timing and flexibility.
- Just like HHS and CAQH, Availity is deeply invested in solving the prior authorization problem and the need to resolve the current burdensome process. We welcome the opportunity to find answers with HHS, CAQH, and others.

