

NCVHS Subcommittee on Standards
Hearing on Proposed CAQH CORE Operating Rules

AUGUST 26, 2020

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THE HEALTHCARE BUSINESS MANAGEMENT ASSOCIATION



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The Healthcare Business Management Association (HBMA), is a non-profit professional trade association, and a major voice in the revenue cycle management industry in the United States. HBMA members collectively submit a significant percentage of all initial medical claims to the country's government and commercial payers. Those claims not submitted by HBMA member companies are usually submitted directly by the provider.

Although HBMA membership includes some of the nation's largest billing companies (1,000+ employees submitting millions of claims), the typical HBMA member is a small to medium sized business employing, on average 40 - 50 individuals.

My company, SyMed Corporation would be an example of one of those “mid-sized” businesses. It is important to know that the typical HBMA member submits claims for providers in more than one state. This is also important because as you know many of the rules and regulations governing not only healthcare delivery but also the business of healthcare are promulgated on a state level.

HBMA values the highest level of professionalism, integrity and compliant business practices in every aspect of our industry.

Our Goal is to be an invaluable and influential resource for healthcare revenue cycle and business management services.

As part of our efforts, HBMA provides education, advocacy, collaboration and certification for healthcare billing professionals and providers engaged in the business and technology of healthcare revenue cycle management.

Anticipated Value of Proposed Operating Rule(s)

Significant savings can be found in the new connectivity rules as they provide consistent, reliable transaction formatting and data interchange/response expectations.

The connectivity rule moves the industry in a unifying direction which will streamline and standardize the claim submittal, authorization and enrollment processes. The potential benefits to a standardized real-time file submission and retrieval system for all ASC X12N files are substantial, and while this rule only takes us partway down that road, we consider it a valuable step to take.

We appreciate the payload agnostic design, and hope that it leads to a standard method of submission and retrieval for all the X12N formats. As noted yesterday, whether this goal is realized, however, depends on how hundreds of small insurance companies or self-insured health plans embrace not only the requirements of these proposed rules but also the spirit behind them as well.

Anticipated Concerns about Proposed Operating Rule(s)

The security protocols outlined in the Connectivity Rule are inadequate for the modern era. The Connectivity rule permits SSL 3.0, TLS 1.0 and TLS 1.1, which all have well-documented security vulnerabilities

As noted yesterday, another principal concern with regard to these new rules is adherence and by extension, enforcement.

A key question for the HBMA membership is: Will Health Plans adhere to the new Operating Rules and if they do not, will the National Standards Group seek to impose penalties for a Health Plan's failure to adhere to these rules?

If past is prologue, we expect that Medicare, large national Commercial Insurers and Large employer sponsored Health Plans will make every effort to comply with the new operating rules.

HBMA has a concern that when it comes to state Medicaid programs or smaller health plans complying with these new Operating Rules and, based upon years of experience, even less confidence that the National Standards Group at CMS will take any action to penalize those Health Plans that fail to comply.

Key points for NCVHS to consider in its recommendations to HHS for adoption of proposed operating rule(s)

1. Require the use of TLS 1.2 since it is a much more secure protocol and is already well understood and widely implemented.
2. Strongly recommend that HHS ensures the oversight and enforcement of these Operating rules by the National Standards Group.
3. Recommend that HHS provide additional guidance to CAQH/Core to write their policies in clear language to perhaps reach a wider audience. The way CAQH/Core publishes their operating rules is almost unintelligible. While technical specifications of a rule/standard are necessary, I do not need to understand how a watch is built in order to know what time it is.

The lack of a clear language explaining the purpose and intent of a proposed rule causes individuals to focus almost exclusively on the technical specifications and lose all sense of the purpose and INTENT behind a particular standard.