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NCVHS Subcommittee on Standards Hearing on Proposed CAQH CORE Connectivity Operating Rule

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American Medical Association**

American Medical Association (AMA): Who We Are

- The AMA is the physician’s powerful ally in patient care.
- As the only medical association that convenes 190+ state and specialty medical societies and other critical stakeholders, the AMA represents physicians with a unified voice to all key players in health care.
- The AMA leverages its strength by removing the obstacles that interfere with patient care, leading the charge to prevent chronic disease and confront public health crises, and driving the future of medicine to tackle the biggest challenges in health care.
- **Our mission: “To promote the art and science of medicine and the betterment of public health.”**

AMA Policy Informing Position on Connectivity Rule

Information Technology Standards and Costs D-478.996

Our AMA will:

- (a) encourage the setting of standards for health care information technology whereby the different products will be **interoperable** and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems. . .
- (c) review the following issues when participating in or commenting on initiatives . . .
 - (i) **cost** to physicians at the office-based level;
 - (ii) **security** of electronic records; and
 - (iii) **the standardization** of electronic systems;
- (d) continue to advocate for and support initiatives that **minimize the financial burden** to physician practices of adopting and maintaining electronic medical records;
- (e) continue its active involvement in efforts to define and promote standards that will **facilitate the interoperability of health information technology systems.**

AMA and Connectivity Operating Rule Development

- The AMA participated in all discussions and straw polls involved in the development of the CAQH CORE Connectivity Rule v3.1.0
- **The AMA supports federal adoption of the Connectivity Rule, as we believe it will enhance the interoperability, efficiency, and security of electronic health care transactions**

Anticipated Value of Proposed Connectivity Rule

- The rule creates a **single set of connectivity specifications** across transactions
 - Improved **efficiency and interoperability** through alignment of connectivity requirements
 - Reduced burden and complexity by creating a single safe harbor across transactions
 - Logical change, as connectivity methods underlie and facilitate the transmission of all transactions, regardless of content (i.e., connectivity is “payload agnostic”)
- The rule removes the vulnerable username + password authentication option and requires support of the **more secure X.509 Client Certificate-based authentication**
 - Promotes **best practices in information technology security** and protects industry systems from exposure associated with outdated authorization methods
- The rule serves as an **important “stepping stone”** between current industry status quo and anticipated future connectivity enhancements
 - Ensures that vendors update their technologies and **avoids much larger and costly future implementation lift**
 - Establishes **the structure for efficient and less complicated updates and maintenance** to more sophisticated rule requirements in the future

Replace Current Requirements to Ensure Value

- To have the desired impact, any federal rulemaking must – as outlined in CAQH CORE’s recommendation -- **replace** the current connectivity requirements in the federally mandated Eligibility, Claim Status, and Electronic Remittance Advice Infrastructure Operating Rules to create one uniform Connectivity Rule that applies across all transactions
 - Federally adopting this Connectivity Rule without adjusting existing mandated rules will cause **mass confusion**
 - For example, the safe harbor established by the proposed Connectivity Rule is incompatible with the safe harbor provisions in currently mandated rules
 - Moreover, it is illogical (and burdensome) to ask the industry to comply with different safe harbors for different transactions

Concerns About Proposed Connectivity Rule

- Our industry needs **robust and consistent system availability requirements**
- Like the other connectivity concepts outlined in the rule, system availability is “payload agnostic” and should be consistent across electronic transactions
- Currently, system availability is addressed in CAQH CORE infrastructure rules for individual transactions, which is a barrier to uniformly improving system availability
- The inadequacy of the current system availability requirements elevates these concerns
 - The current system availability requirement (86%) allows for **nearly 24 hours of downtime per week**
 - Industries such as banking and finance deem **anything less than 99.9% system availability** as incompatible with supporting vital business functions
 - In our industry’s “business” of human health, it is **wholly unacceptable** to tolerate such low system availability expectations
- During the update of the Prior Authorization Infrastructure Rule, CORE participants were generally supportive of improving system availability requirements but found it impractical to implement for a single transaction – again pointing to the need for **uniform specifications across transactions**

Recommendations to NCVHS on Connectivity Rule

- Because of the anticipated improvements in efficiency, interoperability, and security, **NCVHS should recommend federal adoption of CAQH CORE's Connectivity Rule 3.1.0**
- To prevent confusion and industry burden, **NCVHS should clearly recommend that HHS replace the current connectivity requirements** in the federally mandated infrastructure operating rules with Connectivity Rule 3.1.0
- NCVHS should recommend that any future connectivity operating rules (1) include **system availability requirements** that apply across all electronic transactions and (2) require **at least 95%** system availability
- NCVHS should recommend **collaboration, coordination, and mutual surveillance** between CAQH CORE, standards development organizations, and related groups to ensure alignment

Contact Us

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- Access our resources:
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