

# NCVHS Subcommittee on Standards Hearing on Proposed CAQH CORE Operating Rules - Connectivity

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OhioHealth is a nationally recognized, not-for-profit, charitable, healthcare outreach of the United Methodist Church. We are a family of 35,000 associates, physicians and volunteers, and a network of 12 hospitals, 200+ ambulatory sites, hospice, home health, medical equipment, and other health services spanning 47 Ohio counties.

As a health system, OhioHealth greatly values the impact of operating rules on our revenue cycle. Operating rules provide consistency in infrastructure and data content for a given transaction.

### Operating Rules

**Operating rules close gaps in the standards, ensuring providers receive consistent data across health plans for key transactions.**

**Examples:** Patient financials in the eligibility transactions enable OhioHealth to collect from patients at the time of service, uniformity in adjustment / denial codes on the ERA enable greater automation, and reassociation of ERA and EFT transactions results in more efficient remittance and payment processes.

### Connectivity & Infrastructure Rules

Rules ensure common expectations and SLAs across health plans for consistent/secure data exchange and automation.

### Connectivity Safe Harbor

Connectivity safe harbor specifies connectivity methods that application vendors, providers, and health plans can be assured will be supported by any conformant entity, meaning that the entity is capable and ready at the time of the request by a trading partner to exchange data using the CAQH CORE Connectivity Rule. The safe harbor simplifies onboarding and transaction exchange for providers across health plans.

# Anticipated Value of Proposed Connectivity Operating Rule

## For Industry

- **CAQH CORE Connectivity vC3.1.0 supports best practice interoperability protocols from a single standard and enhanced security perspective.**
  - Reduces complexity and simplifies interoperability by requiring a single SOAP + WSDL envelope standard vs two envelope standards and establishes more robust and uniform support for handling transaction payload by requiring MTOM for SOAP for both real time and batch processing modes.
  - Requires use of X.509 Client Certificate-based authentication and removes the security vulnerable username + password, resulting in more robust security aligned with industry standards.
  - Improves the communication of errors with updated error codes.
- **Consistent CAQH CORE Connectivity Rule version across administrative transactions simplifies connections.**
  - Mandating CAQH CORE Connectivity vC3.1.0 for eligibility, claim status, ERA, and prior authorization enables HIPAA-covered entities to sunset support for CAQH CORE Connectivity vC1.1.0 and vC2.2.0 (currently mandated for eligibility, claim status, and ERA).

## For OhioHealth

### Updating the federally mandated connectivity requirements to vC3.1.0:

- Strengthens security as OhioHealth integrates with health plans.
- Extends industry security standards that are currently used with other integrations to EDI transactions (eligibility, claim, electronic remittance advice, prior authorization, etc.).
- Consistent CAQH CORE Connectivity safe harbor across the EDI transactions will drive efficiencies and reduce onboarding costs (vendor onboarding, labor, IT and customer support, etc.).

# Anticipated Concerns about Proposed Connectivity Operating Rule

<p><b>Adoption Timeline and Enforcement</b></p>	<ul style="list-style-type: none"><li>● <b>HIPAA-covered entities typically have two years to comply with operating rule mandates.</b> OhioHealth is dependent on vendor systems (EMR, health plan systems, etc.) Our vendor community only needs 9-12 months of lead time for implementations of this size rather than two years.</li><li>● <b>Additionally, enforcement of the HIPAA Administrative Simplification provisions is needed. HHS never implemented the health plan certification program related to standards and operating rules outlined in the Affordable Care Act, thus industry relies on the complaint-driven process for non-compliance supported by CMS.</b></li></ul>
<p><b>Prioritization of Resources for Implementation/Adoption</b></p>	<p><b>Federal mandate will enable organizations to prioritize investments in connectivity. If the rules are voluntary, plans and vendors may not invest.</b></p> <p>There will be effort and minimal cost involved as OhioHealth ensures all components of the integration workflow meet the mandated security protocols. Given the requirements align with standard security protocols, OhioHealth foresees significant alignment with current initiatives.</p>
<p><b>Alignment with Other Industry Initiatives</b></p>	<p>As new technology and approaches are considered, consistency across connectivity methods will be critical to ensure streamlined communications. CAQH CORE will continue to update its connectivity requirements over time to meet evolving business needs - aligning first on vC3.1.0 will create a <b>common baseline across transactions for future updates.</b></p>

# Key Considerations for NCVHS and HHS for Adoption of Proposed Operating Rule

## Industry Needs Single, Updated Connectivity Safe Harbor

- Updating the currently mandated CAQH CORE Connectivity requirements for eligibility, claim status, and ERA transactions will ensure a modern and secure connectivity method is available for industry and **reduce the need for continued industry support for multiple authentication standards.**
- Single connectivity rule across all transactions is **easier to update, reduces confusion, and promotes industry alignment on best practices.**

## Enhanced Security

The CAQH CORE Connectivity Rule vC3.1.0 requirements align with **best practice security protocols and reduce vulnerabilities** in prior rule versions such as username + password.

## Mandates Drive Change

- **A federal mandate will enable resource allocation** and a level of commitment that is not possible on a voluntary basis.
- The benefits and savings of having a standard way of communicating between providers and health plans will provide **savings to both groups in time, resources, and patient/consumer satisfaction.**