

Updated CAQH CORE Operating Rules

NCVHS Subcommittee on Standards January 19, 2023

Overview

- Eligibility and Benefits, Claim Status, and Remittance Advice Infrastructure Rules
- Eligibility and Benefits Data Content
- Patient Attribution Eligibility
- Companion Guide Template
- Connectivity Rule
- Attachments Operating Rules





Updated Infrastructure Rules: Eligibility, Claims Status, and Remittance Advice



Increases system availability requirements from 86% to 90% per calendar week

- Healthcare is a 24/7/365 industry
- System downtimes = Treatment disruptions
 - Providers cannot schedule care without knowing patient's coverage information.
 - Patients unable to receive care
- No Surprises Act implications
 - Eligibility is essential step in delivering accurate cost information
 - Tight turnaround times



Eligibility and Benefits: Data Content



- Significantly improves quality and granularity of information for providers and their patients
 - Telemedicine
 - Remaining Coverage Benefits
 - Tiered Benefits
 - Procedure-level information
- Industry focus on greater cost transparency and eliminating imprecise coverage information for patients

Eligibility and Benefits: Patient Attribution



- Improves ability to identify patient participating in value-based care arrangement
 - Utilization limited by current inability to report
- VBP usage remains extremely limited
 - Need to ensure applicability to emerging models

Companion Guide Templates



- Establishes the Master Companion
 Guide's applicability to standards
 - Current versions are specific to 5010 version
- Promotes greater consistency
- Prevents loss of existing standardization of guides upon transition to new versions of standards



Connectivity Rule

Improves security:

 Utilizes X.509 Digital Certificate based authentication

Streamlines "safe harbor" methodology:

- Applies across transactions
- Eliminates problematic possibility for variance





Attachments Operating Rules - Benefits

Establishes Long-Awaited Uniformity

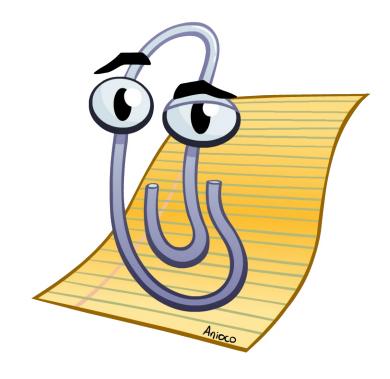
- Lack of attachments standardization impact:
 - Inefficient claims and prior authorization processing
 - Delays in patient care
 - Ineffectiveness of 278 standard

Infrastructure Rule Specifics:

- Maximum response times
- Acknowledgment process

Data Content

- Use of LOINC for request of information
- Reassociation specifics





Attachments Operating Rules

Lack of Existing Standard

 Unlike other transactions, this rule would not be created to improve existing standard

Attachment Standard

- HHS released electronic attachment standard on December 21, 2022
 - Operating rules readily apply
- Harmonization concerns:
 - Prior authorization standard seemingly conflicts with electronic attachment standard
 - May be premature to establish an operating rule for a standard that may be in need of revision

Federal Register/Vol. 87, No. 244/Wednesday, December 21, 2022/Proposed Ruler

DEPARTMENT OF HEALTH AND

45 CFR Parts 160 and 162 [CMS-0053-P1 RIN 0938-AT38

Administrative Simplification: Administrative Simplification:
Adoption of Standards for Health Care
Attachments Transactions and Electronic Signatures, and Modification to Referral Certification

AGENCY: Office of the Secretary Department of Health and Human Services (HHS).

ACTION: Proposed rule

SUMMARY: This rule would implem irements of the Adminis implification subtitle of the Health surance Portability and Accountability Act of 1996 (HIPAA) and the Patient Protection and Affordable Care Act, as amended by the Health Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, enacted on March 30, 2010 of 2010, enacted on March 30, 2010— collectively, the Affordable Care Act. Specifically, this proposed rule would dopt standards for "health care transactions, which would support both health care claims and prior aumonzation transactions, and a standard for electronic signatures to be used in conjunction with health care attachments transactions. To better support the use of the proposed dards for attachments transaction this rule also proposes to adopt a aodification to the standard for the

ansaction (X12 278) to move from Version 5010 to Version 6020. DATES: To be assured consideration ments must be received at one of addresses provided below, no later than 5 p.m. on March 21, 2023.

referral certification and authorization

ADDRESSES: In commenting, please refer to file code CMS-0053-P. Because of staff and resource limitations, we canno

three ways (please choose only one of three ways (pieuse cnoose only one of the ways listed):

1. Electronically. You may submit

tronic comments on this regulation //www.regulations.gov. Follow bmit a comment" instructions. 2. By regular mail. You may mail

comments to the following idress ONLY: Centers for Medicare & iedicaid Services, Department of

CMS-0053-P. P.O. Box 8013, Baltimore, MD 21244-1850.

Please allow sufficient time for mailed

comments to be received before the close of the comment period.

3. By express or overnight mail. You may send written comments to the owing address ONLY: Centers for Medicare & Medicaid Services, epartment of Health and Human ervices, Attention: CMS-0053-P, Mail

Stop C4-26-05, 7500 Security Stop C4-20-05, 7500 Security Boulevard, Baltimore, MD 21244-1850. For information on viewing public comments, see the beginning of the

SUPPLEMENTARY INFORMATION section. FOR FURTHER INFORMATION CONTACT: iniel Kalwa, (410) 786–1352. Geanelle G. Herring, (410) 786-4466. Christopher Wilson, (410) 786-3178.

SUPPLEMENTARY INFORMATION: sents received before the close of comment period are available for the comment period are available for viewing by the public, including any personally identifiable or confidential iness information that is included in a comment. We post all comments received before the close of the nent period on the following website as soon as possible after they have been received: http:// www.regulations.gov. Follow the search instructions on that website to view public comments. CMS will not post on Regulations.gov public comments that make threats to individuals or hanke intents to individuals or institutions or suggest that the individual will take actions to harm the individual. CMS continues to encourage individuals not to submit duplicat comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other

tandards for the electronic exchange of clinical and administrative data to support prior authorizations and health care claims adjudication. In determining the necessity of a health care service as part of making a coverage decision, health plans often require additional mation that cannot adequately b yed in the specified fields or data ements of the adopted prior ization request or health care ims transaction. If adopted as proposed, this proposed rule would support electronic transf type of information, which should have se effect of decreasing the use of time

today to transmit this information. This would facilitate prior authorization decisions and claims prov burden on providers and plans, and result in more timely delivery of patient

a. Need for the Regulatory Action

This rule would adopt a set of standards for the electronic exchange o clinical and administrative data to (EHRs), and industry experience with Health Insurance Portability and Accountability Act of 1996 (HIPAA) since HIPAA's advent, tran nues to advance health care attachments is still primarily a manual process and, at this time, there are no adopted HIPAA standards. implementation guides, or operating rules for health care attachments or electronic signatures. If adopted, this proposed rule would support electronic smissions of this type of information trainsmissions of this type of information rather than the use of manual processes such as mail and fax that still

predominate in the health care industry
We believe that the health care astry has long anticipated the adoption of a set of HIPAA standards for according to a set of the Art Standards to the electronic exchange of clinical and administrative data to support electronic health care transactions, such as prior authorization of services and claims adjudication, and the standards claims adjunication, and the standard we are proposing to adopt are an important step in reducing provider

This rule would implement juirements of the Admini implification subtitle of HIPAA and the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, enacted on March 30, 2010— collectively, the Affordable Care Act. Specifically, this proposed rule would adopt standards for "health care attachments" transactions, which would support health care claims and prior rization transactions, and a standard for electronic signatures to be sed in conjunction with health care attachments transactions. This rule also oposes modifying the referral tification and auth action standard to move from the X12 278, Version 5010, to the X12 278,



Conclusion

The AHA recommends that NCVHS approve the following:

- Updated Infrastructure Rules
- Updated Eligibility and Benefits Data Content Rule
- Patient Attribution Eligibility
- Master Companion Guide
- Connectivity Rule

The AHA recommends delaying consideration of:

Attachment Operating Rules

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