



NCVHS Standards Subcommittee

Provider Perspective on Operating Rules

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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."

Benefits of Operating Rules

- AMA has long advocated for the adoption of electronic transaction and code set standards and operating rules to reduce administrative burdens
- Growing evidence connects practice burdens to clinician burnout
- Operating rules **increase consistency** in implementation and **maximize utility** of electronic transaction standards
- The AMA actively participated in the development of the CAQH CORE operating rules under consideration
- **Overall, the AMA supports adoption of the proposed operating rules, as they address unmet business needs and industry trends**

Updated CAQH CORE Infrastructure Rules

- Health care is a **24/7/365 industry**—there are no regular business hours for illness
- Practices need to electronically communicate with health plans **whenever care is provided**
- Updated Infrastructure Rules increase system availability requirement **from 86% to 90%**
- Increased system availability will **directly and positively impact patients**; system downtime prevents electronic coverage confirmation and delays scheduling care
- Ideally, system availability would be set at 95% or higher—but **rules improve the status quo**



Updated Eligibility & Benefits Data Content Rule

- Physician practices need an increased **volume** of data in eligibility responses to address important **unmet business needs** and **recent industry trends** (e.g., growth in virtual care and complex benefit designs)
- Revised Eligibility & Benefits Data Content Operating Rule adds key additional information:
 - Telehealth coverage
 - Maximum benefit limitation and remaining benefits for specified service types
 - Tiered network status and associated benefits
- Additions increase the value of the transaction
- Adoption will likely increase



Updated Eligibility & Benefits Data Content Rule (cont'd)

- Practices also need improved **data granularity and specificity** in eligibility responses to reduce administrative burdens related to the No Surprises Act (NSA) and prior authorization (PA)
- Updated rule requires health plans to provide coverage and patient financial responsibility for an expanded list of service type codes and certain procedure codes
 - Supports improved health care price transparency
 - Allows physicians to determine if a good faith estimate for uncovered (self-pay) care is required, per the NSA
- Health plans must indicate whether a specified group of service types and procedures requires PA, improving transparency of PA programs

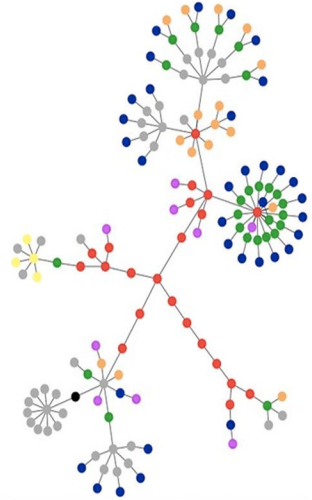
New Eligibility & Benefits Patient Attribution Rule

- Physicians **need accurate, timely, and actionable patient attribution information** to successfully participate in value-based contracts (VBCs)
- Physicians currently face significant challenges in obtaining these data
- The patient attribution rule requires health plans to provide patient attribution information in the electronic eligibility response
 - Practices can quickly take appropriate action on the data (address care gaps, quality reporting, or incorrect attributions)
- The rule addresses **emerging business needs**
 - Transition from traditional fee-for-service payment towards VBCs and other innovative payment models



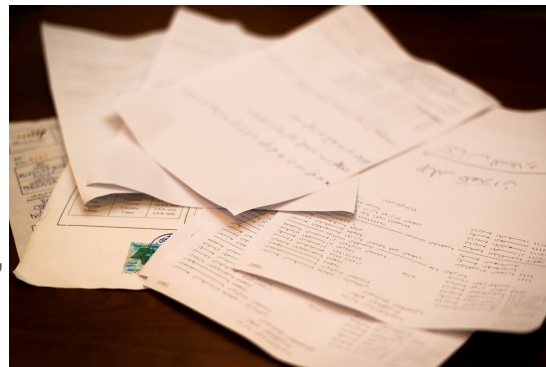
Updated Connectivity Rule vC4.0.0

- Physician practices must **protect the security, accuracy, and integrity** of patient health information
- The revised Connectivity Rule supports modernized **security, authorization, and authentication**:
 - Transport Layer Security (TLS) 1.2 or higher
 - Digital certification based on X.509
 - OAuth 2.0
- Rule addresses new and emerging technologies (e.g., REST standards, APIs)
- Safe harbor provisions allow continued use of existing connections with mutual agreement between trading partners
- Updated rule **follows November 2020 NCVHS recommendations** to enhance security requirements and include new and emerging technologies



New Attachments Rules for Claims and PA

- The AMA (along with most industry stakeholders) has long advocated for **standardization of the electronic exchange of supporting documentation** to prevent care delays and reduce administrative burdens
- New operating rules bring much-needed **uniformity and efficiency** to the implementation of electronic attachments
- Infrastructure rules:
 - Updated system availability and connectivity requirements
 - Consistency in the minimum file size accepted by health plans
 - Requirements for maximum response times, acknowledgments, error handling for X12 transactions
- Data content rules:
 - Requirements to support reassociation for both X12 and non-X12 transactions
 - Recommendation to use LOINC codes to request supporting documentation, improving transparency of plans' requirements



Attachments Rules: Current Regulatory Environment

- AMA supports **concurrent adoption** of electronic transaction standards for attachments and associated operating rules
 - Prevents further delays in addressing this long unmet industry need
 - Rules' additional structure and guidance promote consistent implementation
- **Recent regulatory developments suggest need for further evaluation:**
 - CMS PA NPRM
 - Attachments NPRM
- Industry needs to determine interplay between these NPRMs, as well as any potential impact on the provisions of the CAQH CORE attachments rules

Summing Up: AMA Recommendations

- The AMA supports adoption of the proposed suite of operating rules for their clear value in addressing unmet business needs and emerging trends
- Rules also benefit patients and reduce practice burdens
- We recommend immediate adoption of:
 - Updated Infrastructure Rules
 - Updated Eligibility & Benefits Data Content Rule
 - New Eligibility & Benefits Patient Attribution Rule
 - Updated Connectivity Rule
- We support adoption of the Attachments PA and Claims Rules but believe recent regulatory developments necessitate further evaluation and harmonization prior to a federal mandate



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