

# NCVHS Standards Subcommittee Hearing on Requests for New and Updated Operating Rules

Pam Grosze, Board Chair



# Cooperative Exchange, the National Clearinghouse Association

- 23 clearinghouse members representing over 90% of the nation's clearinghouse organizations
- Our members process over 6 billion healthcare claims, reflecting over 2 trillion dollars in billed services annually
- Our association members enable nationwide connectivity between over 1 million provider organizations, more than 7,000 payers, and 1,000 Health Information Technology (HIT) vendors
- The Cooperative Exchange truly represents ***the U.S. healthcare electronic data interstate highway system*** enabling connectivity across all lines of healthcare eCommerce in the United States.

## **Cooperative Exchange member clearinghouses<sup>1</sup> support both administrative and clinical industry interoperability by:**

- Managing tens of thousands of entities and connection points
- Exchanging complex administrative and clinical data content in a secure manner
- Supporting both real-time and batch transaction standards
- Enabling interoperability by normalizing disparate data to industry standards
- Delivering flexible solutions to accommodate varying levels of stakeholder readiness (low tech to high tech)
- Providing strong representation and participation across all national healthcare standard and advocacy organizations with many of our members holding leadership positions

<sup>1</sup>The Cooperative Exchange (CE) is comprised of 23 of the leading clearinghouses in the US. The views expressed herein are a compilation of the views gathered from our member constituents and reflect the directional feedback of the majority of its collective members. CE has synthesized member feedback and the views, opinions, and positions should not be attributed to any single member and an individual member could disagree with all or certain views, opinions, and positions expressed by CE.

# Updated: Federally Mandated Infrastructure Rules

**Benefits:** Stakeholders have been operating under the current infrastructure rules for nearly a decade. Increasing system availability for real-time eligibility and claim status transactions is a logical step forward to improve overall availability.

The CAQH CORE Master Companion Guide Template enables a standardized information flow and format for payers and clearinghouses to convey operational and technical specific requirements for X12 implementation guides to their trading partners. This has been a very effective means to communicate trading partner specific information in an industry common manner to simplify implementation and onboarding.

**Concerns:** The rule updates continue to include requirements for acknowledgement transactions which have not been adopted under federal regulation and were specifically excluded in the current mandated rules, but do not reflect as such in rule publications.

The rule updates also reference confusing certification vs. federally mandated requirements. For example, “CORE-certified organizations” is referenced in eligibility rule section 1.1 and conformance requirements for “HIPAA-covered entities or their agents” in section 1.2. References to voluntary certification requirements should be separate from federally enforceable rule requirement mandates for HIPAA-covered entities or their agents.

**Summary:** In general, Cooperative Exchange supports the majority of the updated infrastructure rules. As the updated infrastructure rules continue to include references to acknowledgements and voluntary CORE certification requirements, we do not support the proposed update to federally mandated infrastructure rules as published.

# Updated: Eligibility & Benefits (270/271) Data Content Rule vEB.2.0

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**Benefits:** Recent legislative and regulatory actions support a higher level of information at the point of service to inform and protect patients. Updating the eligibility and benefits data content operating rule will support these actions by providing a more robust eligibility response that will alleviate the burden on patients, providers, and payers by providing needed information at the time of service as it relates to benefits, pricing, patient cost, and the requirements for prior authorization.

**Concerns:** The advancement to exchange more robust eligibility and benefits data content between providers and payers does come at a cost, which includes the costs to modify systems to support the 270/271 data content rule requirements.

**Summary:** Assuming a net positive benefit vs. cost ROI, Cooperative Exchange supports the updates to the eligibility & benefits (270/271) data content rule.

# Hybrid (updated & new): Connectivity Rule vC4.0.0

**Benefits:** The vC4.0.0 connectivity rule is a hybrid as it contains both updated and new rule requirements. To address known security vulnerabilities in the current CORE connectivity rule C2.2.0, Cooperative Exchange supports the operating rule updates in the CORE C4.0.0 connectivity rule outlined in question 5 A) of the NCVHS RFC.

**Concerns:** The CORE connectivity enhancements outlined in NCVHS RFC question 5 B) are directionally correct in accommodating secure internet-based REST API + OAuth2 connectivity/access. Cooperative Exchange recommends that NCVHS solicit a wider perspective from health care industry stakeholders and the at-large technical community regarding the specification of normative naming conventions for API endpoints and the base set of metadata required to be used for the exchange of REST messages to ensure that the rule will support advancements in technology and future standards updates.

**Summary:** As such, Cooperative Exchange does not support the inclusion of the naming conventions for API endpoints and base metadata as specified in the C4.0.0 rule at this time to allow further review and input from health care industry stakeholders and the at-large technical community. As the rule includes a mix of beneficial updates and new requirements that pose concerns, Cooperative Exchange does not support federal adoption of CORE connectivity rule vC4.0.0 as published.

# New: Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0

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**Benefits:** In general, clearinghouses already support the requirements of the new CAQH CORE Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule and the exchange of patient attribution data content when present in eligibility workflows.

**Concerns:** The advancement to exchange more robust eligibility and benefits data content between providers and payers does come at a cost, which includes the cost to modify systems to support the 270/271 single patient attribution data content rule.

**Summary:** Cooperative Exchange feels that providers, payers, patients/patient advocate organizations, and other interested stakeholders are better positioned to address the question of administrative simplification improvement and potential adoption under federal regulation.

# New: Attachments Operating Rules

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**Summary:** As codified in 42 U.S. Code § 1320d–2 - Standards for information transactions and data elements; subsection (g), Operating rules shall support standards under HIPAA regulation.

As attachment transaction standards have not yet been finalized in federal regulation, it is premature to propose attachment operating rules for federal mandate consideration.

**Recommendation:** Cooperative Exchange recommends that SDOs and the Operating Rule Authoring Entity (ORAE) collaborate and coordinate to ensure regulated transaction standards and operating rules are aligned as appropriate and assure industry adoption in a pragmatic and synchronized manner.



# Suggestions For Alternatives

- Consistent with NCVHS recommendation #4 in its July 2022 letter to the HHS secretary, Cooperative Exchange recommends that establishment of, or updates to, federally regulated operating rules be developed and deployed within a federally established SDO and ORAE guidance framework and known and predictable version update schedule.
- As our industry is regulated under operating rules that were initially published over 10 years ago, the opportunity cost and risk of not accommodating innovation and change required to advance our industry forward cannot be truly measured. The current process is unpredictable, and we need to collectively identify root cause and embrace change.
- Cooperative Exchange recommends that federally mandated operating rules be published to include *\*only\** the rule requirements under federal mandate. For example, rule publications/specifications that include requirements for acknowledgements, which have been excluded in federal rulemaking, is confusing to the industry at large. CAQH CORE should be required to publish operating rules that are fully aligned with federal rulemaking requirements and can alternatively publish non-mandated certification requirements that include other requirements (such as acknowledgements) for purposes of voluntary certification. Voluntary CORE certification requirements should be published separately from federally mandated operating rule requirements and should be clearly noted as such.