

May 3, 2023

Jackie Monson, JD  
Chair  
National Committee on Vital and Health Statistics  
CDC/National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782-2002

Re: Follow-up Comments on Updated CORE Operating Rules

Dear Ms. Monson:

On behalf of our member physicians, hospitals, and health systems, the American Hospital Association (AHA) and the American Medical Association (AMA) write to express our appreciation for the opportunity to participate in the January 2023 hearing held by the National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards regarding adoption of new and updated operating rules. Our organizations stand united in our long-time commitment to administrative simplification as a means of reducing burden and waste, as well as addressing the growing problem of professional burnout among physicians and other health care professionals.

During the recent hearing, some stakeholders appeared to minimize the importance of operating rules in achieving our industry's administrative simplification goals. **The AHA and AMA strongly maintain that operating rules continue to play a vital role in maximizing the value and utility of electronic transaction standards.** Specifically, operating rules support consistent, uniform implementation of technology and thus drive increased adoption of electronic transaction standards over time, as illustrated by the 2022 CAQH Index.<sup>1</sup>

**As stated in our respective responses to NCVHS' Request for Comment (RFC) and during our testimonies, the AHA and AMA strongly support immediate adoption of CAQH CORE's updated Infrastructure, Eligibility & Benefits Data Content, and Connectivity Rules, as well as the new Patient Attribution Rule.** These rules address critical unmet business needs in health care, as well as emerging industry trends. Moreover, the increased efficiency, predictability, and transparency expected following adoption of these rules will benefit both health care professionals and patients. The following provisions illustrate the value of the proposed operating rules:

- The revised **Infrastructures Rules** would increase system availability from the current 86 percent per calendar week to 90 percent, thus providing clinicians and their staff with increased electronic access to patients' insurance coverage data beyond traditional office hours and supporting the "24/7/365" business of health care.
- The updated **Eligibility and Benefits Data Content Operating Rule** would increase the volume of information included in eligibility responses by requiring inclusion of data regarding telehealth coverage, tiered benefits, benefit limitations, and remaining benefits. In addition, the rule would

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<sup>1</sup> 2022 CAQH Index. Available at: <https://www.caqh.org/sites/default/files/2022-caqh-index-report%20FINAL%20SPREAD%20VERSION.pdf>.

also boost the granularity and specificity of eligibility responses by indicating coverage and prior authorization requirements for certain service types and procedure codes.

- The revised **Connectivity Rule** modernizes security, authorization, and authentication requirements and offers increased protection for patient health information—thus meeting physicians’ and facilities’ vital business and professional needs.
- The new **Patient Attribution Rule** would require health plans to provide patient attribution information in the electronic eligibility response; this would allow providers to successfully participate in value-based contracts.

For more details on our support for these operating rules, please refer to our organizations’ slides from the January 2023 hearing and our responses to the RFC.<sup>2</sup>

An overwhelming majority of CAQH CORE participating organizations voted to finalize these rules, showing widespread industry recognition of the additional value these provisions bring to electronic data exchange. While newer technologies may at some point in the future preclude the need for operating rules, we underscore that the X12 eligibility, claims status, and electronic remittance advice transactions will remain the federally mandated standards for these business processes for the foreseeable future. **For this reason, we urge NCVHS to quickly proceed with recommending the revised Infrastructure, Connectivity, and Eligibility & Benefit Data Content Rules and the new Patient Attribution Rule for federal adoption so that the industry will have the tools needed to address unmet business needs and emerging market trends.**

Thank you again for the opportunity to participate in the NCVHS hearing on operating rules and for your consideration of these additional comments. If you have any questions or would like to further discuss these issues, please feel free to reach out to Terrence Cunningham at AHA ([tcunningham@aha.org](mailto:tcunningham@aha.org)) or Heather McComas at AMA ([heather.mccomas@ama-assn.org](mailto:heather.mccomas@ama-assn.org)).

Sincerely,

American Hospital Association (AHA)  
American Medical Association (AMA)

Cc: Mary Greene, MD

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<sup>2</sup> NCVHS Standards Subcommittee Hearing on Requests for New and Updated Transaction Standards and Operating Rules, January 18-19, 2023, Virtual Meeting. Available at: <https://ncvhs.hhs.gov/meetings/standards-subcommittee-hearing/>.