CAQH

May 28, 2024

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology Department of Health and Human Services
330 C Street, S.W. Floor 7
Washington, DC 20201

Re: Office of the National Coordinator for Health Information Technology (ONC) Request for Public Comment on Draft 2024-2030 Federal Health IT Strategic Plan

Dear Dr. Tripathi,

Thank you for the opportunity to provide input for the Office of the National Coordinator (ONC) 2024-2030 Federal Health IT Strategic Plan. The goals and objectives are thoughtful and clearly align with the Federal Health IT mission, vision, and principles. Creation of an interoperable and equitable health IT infrastructure is challenging and requires industry collaboration for its full realization. ONC can leverage novel, industry-driven solutions that align stakeholders to a common vocabulary, maximize the use of existing technical standards, and stimulate innovation to advance health IT.

For more than 20 years, CAQH has partnered with millions of providers, thousands of health plans, state Medicaid agencies, and leading healthcare stakeholders to transform the provider data lifecycle, benefit coordination and national operating standards to make healthcare work better. CAQH CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the National Operating Rule Authoring Entity for administrative transactions under HIPAA. Our Participating Organizations represent more than 75 percent of insured Americans, including health plans, providers, electronic health record (EHR) and other vendors/clearinghouses, state and federal government entities, associations, and standards development organizations, all working together to enhance interoperability.

CAQH recognizes that the current health IT landscape is complex and there is a need to balance innovation with industry-wide preparedness to invest in and adopt new

technologies. CAQH's comments on the Strategic Plan can be summarized into 3 overarching points:

- Interoperable health data exchange relies on use of a common vocabulary.
- Existing implementations can be leveraged to advance federal health IT strategies.
- Demonstrating the promise of new technologies and innovations drives adoption.

CAQH has commented on each of the overarching Federal Health IT goals below, calling out specific objectives and strategies where appropriate. The perspective provided by CAQH in this response not only informs the 2024-2030 Federal Health IT Strategy but also the holistic impact these actions would have on the broader healthcare industry.

Thank you. Our team welcomes any further engagement. Should you have questions for CAQH or CORE, please contact me at eweber@caqh.org or 202-517-0435.

Sincerely,

Erin Richter Weber, SM
Chief Policy & Research Officer, CAQH

Cc:
Sarah Ahmad, CEO
Rachel Goldstein, Vice President, CORE
CAQH CORE Board

Goal 1: Promote Health and Wellness

ONC should align with consensus-based data content and infrastructure requirements. CAQH supports the use of well-defined, uniform data to advance the wellness of individuals and communities. Data exchange is most effective when a common vocabulary and standard security and authentication protocols are used; issues directly addressed in the industry-led, consensus-based development of CORE Operating Rules. These actions ensure data is communicated with consistent meanings between trading partners and provide assurance that the electronic health information (EHI) is protected. Additionally, high-quality, uniform data content ensures that evolving initiatives – such as Artificial Intelligence – are referencing high-fidelity data.

Uniformity helps establish mechanisms to exchange EHI between providers and community-based organizations (CBOs) – a point directly cited as a strategy under the Federal Health IT objective to make communities healthier and safer. CBOs play a central role in the well-being of individuals by providing services and resources that are essential for health, but go beyond the purview of traditional providers – such as access to housing or food.

CBOs are often under-resourced and therefore have been unable to make the investments to integrate into traditional health IT infrastructures. Well-defined, uniform vocabulary and secure exchange practices can stimulate innovation at CBOs, allowing them to exchange relevant health and treatment information with providers. Though CBOs are unlikely to invest significant capital into health IT, alternative, cost-friendly solutions can be developed if uniform vocabulary and technical requirements are promulgated by the federal government.

An example of a solution available for implementation are requirements in the CORE Health Care Claims Submission Operating Rule[1] that empower the submission of supplemental diagnoses, including ICD-10 Z-codes. The operating rule overcomes limitations to the number of diagnoses that can be submitted on a professional claim, allowing for more complete documentation of a patient's condition and the collection

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[1] CORE (2024). Health Care Claims (837) Data Content Rule vHC1.0 & Health Care Claims (837) Infrastructure Rul vHC.2.0.

of health-related social need data that can be used to coordinate care across clinical and community settings.

Goal 2: Enhance Delivery and Experience of Care

ONC should use CAQH CORE Operating Rules to strengthen the use of electronic standards. CAQH supports action by federal entities to promote the use of health IT in clinical and/or community-based workflows to maintain quality and improve outcomes. One way to achieve this is through federal adoption and continued maintenance of electronic standards. Standards authored by HL7 and X12, including those required by HIPAA-mandate and those available for voluntary implementation, provide a foundation for automated, uniform electronic exchange. CAQH and the CORE Initiative support the uptake of these standards through:

- Industry-led development of operating rules that streamline implementation.
- Monitoring progress toward automation and identifying barriers to adoption.
- Assisting industry stakeholders in demonstrating return on investment and value.

CORE Operating Rules are a proven tool to reduce administrative burden and enhance trust in health IT by establishing best practices for the predictable use of electronic standards. CORE Operating Rules, developed by industry organizations that represent 75% of U.S. insured lives, cover a multitude of use cases impacting secure access and equity, including but not limited to:

- **CORE Health Care Clam Submission Operating Rules:** Promote standardization and equitable access to telehealth services and provides transparency of key claim submission considerations, such as coordination of benefits.[2]
- **CORE Benefit Enrollment and Maintenance Operating Rules:** Indicate the standard collection and exchange of socio-demographic data in a method that is inclusive and sensitive to informed consent.[3]

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[2] Ibid.

[3] CORE (2024). Benefit Enrollment & Maintenance Data Content Rule & Benefit Enrollment & Maintenance Infrastructure Rule.

- **CORE Attributed Patient Roster Operating Rules:** Provide standardization and predictable timelines for the generation and delivery of members who are attributed to a provider participating in a value-based care contract.[4]

Notably, these requirements leverage existing mandated and voluntary standards to accommodate evolving business needs. The same principles can be applied to new implementations – such as those recommended to comply with Federal Prior Authorization requirements – as impacted entities evaluate optional levers that must be pulled to promote a streamlined, interoperable environment.

Goal 3: Accelerate Research

ONC should apply best practice principles of data standardization and security to health care research. Consensus-based definitions for administrative and clinical data combat ambiguity and support consistent, uniform, and trusted use in practice. Federal support of uniformity benefits large research efforts, where synthesizing disparate data can be arduous and disjointed, potentially compromising insights and impact. Further, security and authentication applied to clinical data exchange can be applied in research, helping to prevent harmful breaches, and streamlining the transfer of large data sets for efficient use.

Notably, a faster, more predictable adoption and maintenance process for electronic standards – including the adoption of newer versions of currently implemented standards – can also support research. For example, updated versions of the X12 Claim Submission Transaction (837) include unique device identifier fields, allowing for enhanced monitoring of post-market effects. Delayed adoption of updated standards not only affects clinical practice, but also risks limiting research insights drawn from administrative data sets.

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[4] CORE (2024). Attributed Patient Roster (X12 005010X318 834) Data Content Rule VAPR.2.0 & Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule vAPR.3.0.

Goal 4: Connect the Health System with Data

ONC should leverage existing implementations and standards to fulfill the Federal Health IT Strategy, when possible. CAQH is committed to increasing the transparency, accessibility, security, and uniformity of healthcare data. Administrative and clinical healthcare workflows are best supported by electronic standards. Resources such as CORE Operating Rules enhance the use of these standards by clarifying their day-to-day use and contributing to greater scalability and efficiency of implementations. Federal adoption of industry solutions that unify vocabulary and technical requirements drives innovation and supports the growth of priority initiatives such as artificial intelligence and the deployment of exchange frameworks, such as TEFCA.

The CORE Connectivity Rule is an example of consensus-based requirements that can be applied to Federal Health IT Strategies that support a connected, interoperable health IT ecosystem. The CORE Connectivity Rule facilitates data exchange between trading partners using SOAP and REST protocols, allowing for the creation of APIs that are populated using existing implementations – such as those supported by mandated and voluntary X12 Standards – as well as those supported by HL7 FHIR.

CAQH encourages ONC to address health data exchange through the lens of proven, consensus-based processes and to leverage – wherever possible – existing implementations that can be used to fulfill the Federal Health IT Strategy. Many fully automated, electronic transactions, such as the Eligibility and Benefits (X12 270/271), are highly implemented. This transaction can be used as a basis for complete and equitable care through the return of patient financial information, prior authorization status, and benefit structures.[5] The flexibility of existing implementations aids in the advancement of the Federal Health IT strategy.

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[5] Medical industry adoption of the X12 270/271 Eligibility and Benefits transaction was 94% in the 2023 CAQH Index Report. The CAQH Index can be accessed here.