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December 21, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicaid Program; Patient Protection and Affordable Care Act; Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information for Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-facilitated Exchanges; Health Information Technology Standards and Implementation Specifications – CMS-9123-P

Dear Administrator Verma,

Thank you for the opportunity to provide initial feedback on proposed rule CMS-9123-P to improve healthcare data exchange and streamline prior authorization processes in alignment with CMS efforts to reduce overall payer and provider burden and improve patient access to health information. We appreciate your efforts to improve interoperability across payers, providers, and patients.

The CAQH Committee on Operating Rules for Information Exchange (CORE), an initiative of CAQH, is a non-profit, national multi-stakeholder collaborative that drives the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers, and consumers. CAQH CORE 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. CAQH CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the author of federal operating rules for the HIPAA administrative healthcare transactions. Operating rules are developed by CAQH CORE Participants via a multi-stakeholder, consensus-based process.

Given the significance of this rule to the healthcare industry, both in attempting to solve the vast interoperability challenges for payers, providers, and patients, as well as the potential disruption to current operations during a time of crisis given the COVID-19 pandemic, CAQH CORE respectfully requests an extension of at least 60 days to allow the industry ample time to review and provide feedback on this important proposed rule. We are making this request based on our history of working with stakeholders across the healthcare industry to promote interoperability and reduce administrative burdens, including prior authorization.

As a point of comparison, CMS released the Interoperability and Patient Access proposed rule on February 11, 2019 with a comment period open till May 3, 2019. Given the complexity of that rule, the comment period deadline was extended to June 3, 2019. Organizations like CAQH CORE, that work collaboratively across the industry, will need time to reach out to stakeholders to collect information to be incorporated into a thoughtful response to the proposed rule.

We appreciate CMS' desire to address one of the most daunting challenges to the healthcare industry in this proposed rule. Thank you for considering our request to extend the public comment period by at least 60 days. Should you have questions, please contact me at atodd@caqh.org.

Sincerely,



April Todd
SVP, CAQH CORE & Explorations

CC:

Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget

Robin Thomashauer, President, CAQH

Mark Pratt, SVP, CAQH Public Affairs

[CAQH CORE Board Members](#)