



July 24, 2020

Alexandra (Alix) Goss  
Richard W. Landen  
Co-Chairs, National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards  
3311 Toledo Road Hyattsville, MD 20782-2002

Re: Request for Public Comment on Three CAQH CORE Proposed Operating Rules

Submitted electronically to: [NCVHSmal@cdc.gov](mailto:NCVHSmal@cdc.gov)

Dear Ms. Goss and Mr. Landen:

Thank you for the opportunity to provide input to the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards consideration of CAQH CORE Proposed Operating Rules in the areas of the Prior Authorization (278) Data Content, the Prior Authorization (278) Infrastructure, and Connectivity.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

AHIMA applauds the Subcommittee and CAQH CORE for seeking to address challenges with prior authorization, including operating rules to support the existing HIPAA transaction standards. As noted in the CAQH CORE materials, the current prior authorization process is "time-consuming and costly process" that involves a considerable amount of manual work and use of multiple portals, phone calls, and fax.

AHIMA members experience the challenges of negotiating prior authorization, as well as other exchanges of health information between providers and payers, on a routine basis. The Association recently convened a group of members to help paint the picture of what is happening on the ground when providers share clinical data with payers. Our scope went beyond prior authorization to also include concurrent review and post-discharge processes. The attached presentation to the ICAD task force on June 23 summarizes the group's findings (see attached). Our members' experience confirms that exchanges of all sorts, including prior authorizations, suffer from variability and lack of clarity about the documentation that is need, changes in rules over time and without notice, and the need for multiple formats for sharing information, even for a single patient stay or encounter.

To support improvement in provider-payer exchanges of information, including prior authorization, it is important to acknowledge that automation, while important, is only one part of solving the issues. Factors beyond automation – such as continued variation in the information required, lack of

standardization for business processes, ensuring patient privacy, and promoting trust and representation – must also be addressed. We encourage the Subcommittee to keep these larger issues in mind, even as you evaluate the details contained in the proposed operating rules under consideration.

We appreciate the opportunity to submit information relevant to the work of the Subcommittee. Should you or your staff have any additional questions or comments, please contact Lauren Riplinger, Vice President of Policy & Government Affairs, at [lauren.riplinger@ahima.org](mailto:lauren.riplinger@ahima.org) and (202) 839-1218.

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer  
AHIMA