



## An Introduction to CAQH

- CAQH, an unprecedented nonprofit alliance of health plans and trade associations, is a catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers
- CAQH Solutions:
  - Help promote quality interactions between plans, providers and other stakeholders
  - Reduce costs and frustrations associated with healthcare administration
  - Facilitate administrative healthcare information exchange
  - Encourage administrative and clinical data integration
- Current Initiatives:
  - CORE® – Committee on Operating Rules for Information Exchange
  - UPD® – Universal Provider Datasource



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## The Role of CORE in Healthcare

- CORE is a multi-stakeholder collaboration developing industry-wide operating rules, built on existing standards, to streamline administrative transactions
- MISSION: To build consensus among healthcare industry stakeholders on a set of operating rules that facilitate administrative interoperability between health plans and providers
  - Enable providers to submit transactions from the system of their choice (*vendor agnostic*) and quickly receive a standardized response from any participating stakeholder
  - Enable stakeholders to implement CORE phases as their systems allow
  - Facilitate stakeholder commitment to, and compliance with, CORE's long-term vision
  - Facilitate administrative and clinical data integration
- CORE is not:
  - Building a database
  - Replicating the work being done by standard-setting bodies, e.g., ASC X12 or HL7



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## CORE Goals

- To develop operating rules that allow providers to use the electronic system of their choice to obtain a variety of coverage and claim information for any patient from any participating health plan before or at the point-of-care.



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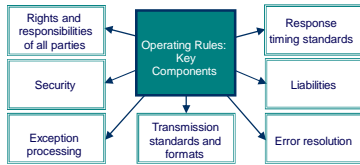
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## What are Operating Rules?

- Agreed-upon rules for using and processing transactions do not exist in healthcare outside of individual trading relationships
- Operating rules encourage an interoperable network and, thereby, can allow providers to use the system of their choosing (*remaining vendor agnostic is a key CORE principle*)
- CORE certification informs the industry that entities are operating in accordance with the rules and support industry-wide standardization for administrative transactions



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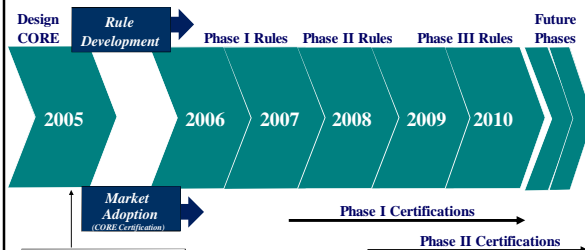
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## Phased Approach



\*Oct 05 - HHS launches national IT efforts



REMINDER: CORE rules are a baseline. Entities are encouraged to go beyond the minimum CORE requirements



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## Status: CORE Phases

<p>CORE Phase I</p> <ul style="list-style-type: none"> <li>✓ Approved</li> <li>✓ Implemented</li> </ul>	<p>CORE's first set of rules are helping:</p> <ul style="list-style-type: none"> <li>• Electronically confirm patient benefit coverage and co-pay, coinsurance and base deductible information</li> <li>• Provide access to this information in real-time via common internet protocols and with acknowledgements, etc.</li> </ul>
<p>CORE Phase II</p> <ul style="list-style-type: none"> <li>✓ Approved</li> <li>✓ Implemented</li> </ul>	<p>CORE's second set of rules expand on Phase I to include:</p> <ul style="list-style-type: none"> <li>• Patient accumulators (remaining deductible)</li> <li>• Rules to help improve patient matching</li> <li>• Claim status "infrastructure" requirements (e.g., response time)</li> <li>• More prescriptive connectivity requirements with submitter authentication</li> </ul>
<p>CORE Phase III</p> <ul style="list-style-type: none"> <li>✓ In development</li> </ul>	<p>CORE's third set of rules focus on:</p> <ul style="list-style-type: none"> <li>• Claim status requirements (276/277)</li> <li>• Claim Payment/Advice (835), Prior Authorization/Referral (278) infrastructure requirements</li> <li>• Acknowledgements for v5010 (837) Health Care Claims</li> <li>• Standard Health Benefit/Insurance ID Card</li> <li>• More prescriptive connectivity requirements as well as digital authentication</li> <li>• More eligibility financials</li> </ul>



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## The Value of CORE Operating Rules

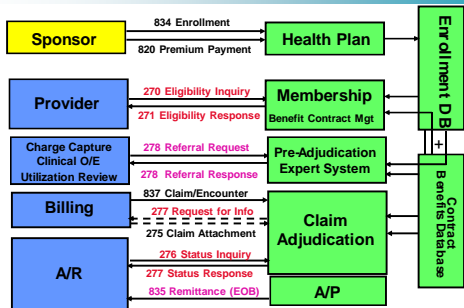
- HIPAA not designed to address infrastructure requirements
- Interoperability is dependent upon uniform use of DATA CONTENT and INFRASTRUCTURE – CORE addresses both
- CORE infrastructure rules address the following:
  - Connectivity**
    - Provide a uniform way for stakeholders to connect (through the internet)
    - CORE Connectivity recommended for integration into federal specifications
  - Response Times**
    - Specify that information will be available in real time.
  - System Availability**
    - Specify systems delivering information be available a certain amount of time
  - Acknowledgements**
    - Provide uniform acknowledgements to let providers know if their inquiry was received, rejected, etc.
  - Patient Identification**
    - Helps assure patient matching/identification can occur



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## Administrative Transactions

In CORE, transaction-based rules are paired with infrastructure rules, e.g. real-time response and connectivity, to help data flow consistency in varied settings/with various vendors



Addressed in Phase I or II | Under consideration for Phase III

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## Connectivity Today



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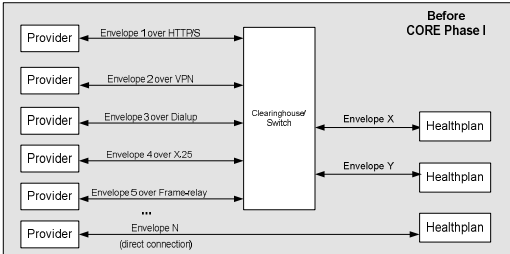
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## Envelope and Transport Variations *before CORE*




**Before CORE Phase I**

**Result:** Costly management of multiple transport and envelope protocols; many of them proprietary. All-payer solutions very challenging. Costly parsing of data.



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## The Bigger Picture: Collaboration and Coordination


- CORE supports and integrates with state/regional efforts and Federal efforts:
  - Federal examples:
    - HITSP interoperability specifications [Office of the National Coordinator for Health Information Technology (ONC) sponsors HITSP]
    - ARRA's HITECH: Health Information Technology for Economic and Clinical Health Act
      - \*Meaningful use
      - State health information exchange (HIE) efforts
    - MITA: Medicaid Information Technology Architecture
    - HIPAA 5010
  - State examples
    - CORE has been recommended to state legislature by several state-sponsored, multi-stakeholder committees, e.g., TX, OH, and CO

\*December 30, 2009: CMS and ONC issue regulations proposing a definition of meaningful use and setting specifications for electronic health records. CORE is named in ONC's interim final rule (IFR) related to stage 1 of meaningful use.



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## Harvard Pilgrim HealthCare Technical Implementation

### HPHC Envelope Methods

- Loosely defined: support a total of 6 envelopes (one per connectivity protocol)
- Technically defined: support ANSI X12, SOAP/XML, Proprietary (portal transfer agent)
- Project underway for CORE Phase I/Phase II implementation which will include supporting HTTP+MIME

Since SOAP+WSDL is capable of becoming the standard transport mechanism supporting any kind of payload (X12, HL7, NCPDP, LOINC, etc.) it is our opinion that there will be a direct correlation between EHR adoption and broad-based acceptance of the SOAP + WSDL protocol supporting extensive automated, B2B supply chain integration in healthcare.



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## Harvard Pilgrim HealthCare Business Impact

### Value of Phase II Connectivity

- Adoption of the CORE connectivity standard by payers, vendors and industry-wide initiatives is critical to making e-Health a reality
- Once a common foundation for connectivity is established, adoption and innovation will quickly drive widespread adoption of EHR's, e-RX, regional data exchange, integrated payer-provider supply chains and eventually a true NHIN
  - It is analogous to the SMTP standard for e-mail and HTML for the web
- Since 2009, we have realized the following ...
  - Physician satisfaction with eligibility transaction significantly improved- "more actionable information"
  - Using CORE web services transport to support eRx transactions
- Convergence of clinical and administrative connectivity standards?
  - 2010 Pilot with NEHEN, CAQH, Verisign and HPHC to prototype transport network for HIE



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## NaviNet Overview

- Background
  - Founded 1998
  - Headquarters: Cambridge, MA
  - 300+ employees
  - Real-time healthcare communications network
  - Fully HIPAA compliant solutions
- Notable Statistics
  - 250M real-time transactions
  - Deployed in 50 states
  - Over 40 unique administrative, financial & clinical capabilities
- NaviNet Network
  - 27 Health Plan customers
    - Commercial, Medicare, Medicaid, National, Regional
  - 860k providers
  - 121M covered lives



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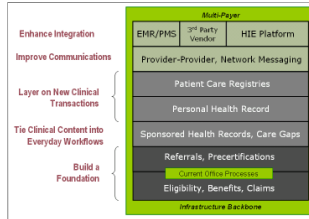
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## Value Proposition: CORE

- NaviNet
  - Administrative workflows generate adoption
  - Foundation for advanced capabilities
  - CORE Value Proposition
    - Predictability
    - Interoperability
    - Speed to Market
    - Lower Cost
    - Sustainability
- End Users
  - Usability
    - Ability to find members
    - System performance
  - Richness of data content




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## NaviNet Technical Implementation of CORE Rules

- CORE Phase II in April 2009
- Gap assessment and Phase II changes
  - Availability, Response time
  - Connectivity
    - Network & Transport: HTTPS over Internet (SSL)
    - Envelope: SOAP 1.2 + WSDL
    - Authentication: WS Security 1.1 or SOAP header username/password
  - Use of Acknowledgements, Error codes
  - Data Content, Name Normalization
    - Display of all information returned
- Testing
  - Partnered with Edifecs
  - Small hiccups related to being the first vendor certified
  - As vendor / submitter:
    - Low cost, effort measured in weeks not months

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## NaviNet Business Impact

- Implementing CORE Phases I & II facilitate:
  - Cost effective implementation for future clients
  - Clients can reuse existing connectivity (if CORE Certified)
  - Shortens time to market
  - Mature operational support process
  - Improves end user experience
- Phase III
  - NaviNet will continue to support both CORE-compliant, and unique implementations from health plans
  - Continue support and growth of the CORE initiative
  - Advocate plans follow CORE rules where possible
  - Continue expanding data content, infrastructure and connectivity
    - At a pace palatable by providers, health plans and vendors, e.g. envelope standards
    - Takes into account complimentary industry changes, e.g. 5010

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## CORE Certification

- End-to-end CORE Certification across a trading partner network can streamline provider access to important administrative information, creating significant operational efficiencies that help transform the patient experience.



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## CORE Certification Step-by-Step

- Pre-certification Planning and Systems Evaluation
  - Evaluate rules and current capabilities
  - Conduct a gap analysis
  - Build a project plan
- Signing and Submitting the CORE Pledge
  - Demonstrates commitment to the Healthcare community
  - Alerts trading partners to future capabilities
  - Provides 180-day deadline for Certification
- CORE Certification Testing
  - All entities exchanging administrative health information can get certified
  - Rule applicability based on stakeholder-type
- Apply for the CORE Seal



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## CORE Certification: The Role of Trading Partners

- Differentiates your organization's information sharing capabilities
  - Predictable connectivity and communications methods
  - Consistent delivery and presentation of essential data elements
  - Real-time patient coverage and financial liability information
  - Real-time Claim Status reporting
- Promotes adoption of a single set of standards
  - Helps deliver faster, more accurate responses from health plans
  - Consistent information can be accessed and received, despite health plan
- Drives provider adoption of disruptive technologies
  - Complements ARRA and HITECH objectives to reduce costs, improve quality, and modernize healthcare
  - Supports integration of administrative and clinical data
- Improves the provider/patient experience



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