Committee on Operating Rules
For Information Exchange
(CORE®)

Public Town Hall Call

January 24, 2012

Additional information/resources available at www.caqh.org
Agenda

• Brief Overview of CAQH CORE
  – For more information or to set up an orientation call, contact Omoniyi Adekanmbi at oadekanmbi@caqh.org

• Update on Non-Rule-Writing Activities
  – New CORE Certifications, Participants and Endorsers
  – CAQH CORE Measures of Success and Prospective Studies
  – CAQH CORE Transition Committee
  – Alignment with Federal Efforts

• Update on ACA Section 1104: Mandated Operating Rules
  – Status of CAQH CORE efforts
    • Eligibility and Claim Status transactions
    • Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) transactions
    • Claims Attachments, Enrollment, Prior Authorization, etc.

• Overview of Voluntary CORE Certification
Brief Overview of CAQH CORE
CAQH®, and Its Initiatives

CAQH, a 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.

Multi-stakeholder collaboration of more than 130 participating organizations that is developing industry-wide operating rules, built on existing standards, to streamline administrative transactions. Cover 75% of the commercially insured, plus Medicare and some Medicaid.

An industry utility that replaces multiple health plan paper processes for collecting provider data with a single, electronic, uniform data-collection system (i.e., credentialing). Over 970,000 providers self-report their information to UPD and over 650 organizations access the system, including a range of public and private entities.
Committee on Operating Rules for Information Exchange

• CAQH CORE is a multi-stakeholder collaboration developing industry-wide operating rules, built on existing standards, to streamline administrative transactions
  – Integrated model: Rule writing, certification and testing, and outreach/education

• 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 in phases that encourage feasible progress in resolving industry business needs while minimizing barriers to adoption
  – Facilitate stakeholder commitment to, and compliance with, long-term vision
  – Facilitate administrative and clinical data integration

• CAQH CORE is not:
  – Replicating the work being done by standard-setting bodies, e.g., ASC X12, HL7, OASIS, W3C
  – Developing software or building a database
What Are Operating Rules?

- The Patient Protection and Affordable Care Act (ACA) defines operating rules as “the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications”
  - Operating rules address gaps in the standards, help refine the infrastructure that supports data exchange and recognize interdependencies among transactions and the range of standards
- Prior to CAQH CORE, national operating rules for medical transactions did not exist in healthcare outside of individual trading partner relationships
  - Current healthcare operating rules build upon a range of standards – healthcare specific and industry neutral – and support the national HIT agenda
- Operating rules encourage an interoperable network and, thereby, can allow providers to use the system of their choosing
Operating Rules and Standards Work in Unison: Both Are Essential

• Operating rules should always support standards – they already are being adopted together in today’s market and have been since 2006

• Benefits of operating rules co-existing with and complementing standards are evidenced in other industries
  – Various sectors of banking (e.g., credit cards & financial institutions)
  – Different modes of transportation (e.g., highway & railroad systems)

• Current healthcare operating rules build upon a range of standards
  – Healthcare-specific standards, e.g., require non-mandated aspects of v5010 ASC X12 given data such as in/out of network patient responsibility are critical to administrative simplification
  – Industry-neutral standards, e.g., SOAP, WSDL, ACH CCD+

• Scope between rules and standards will be iterative as already demonstrated:
  – New rules may be issued using the same version of a standard, e.g., two phases of CAQH CORE rules (Phase I and II CAQH CORE) were adopted during v4010 – and thus drove greater market benefit from v4010, informed v5010 needs and were designed with v5010 in mind so v5010 update to rules not extensive
  – Items required by the operating rules will, in some instances, be moved into the next version of a standard and removed from rules, e.g., in January 2012 CAQH CORE Operating Rules will no longer require a Yes/No coverage response for a service type as that requirement is now part of v5010
**GOAL:** Reduce administrative burden and improve value of transactions

- **Example 1:** Eligibility Request & Response (v5010 270/271) Data Content
  - HIPAA-mandated response components require a generic response, e.g., status of eligibility, dates of eligibility and base contract financials
  - CAQH CORE Operating Rules further support standard to drive ROI, e.g., require name of health plan, patient financials for key services and benefits

- **Example 2:** Normalizing Patient Last Name
  - HIPAA standards were not created to address use of name suffixes, special characters and punctuation in text data elements for names of organizations and individuals, yet these issues add to patient identification challenges
  - CAQH CORE Operating Rules specify requirements for the health plan/information source to normalize last name validation, resulting in improved patient matching and better information on why a match did not occur in an eligibility request, i.e., prefix, suffix, credentials

- **Example 3:** ACH CCD+ (standard for EFT used by the ACH Network)
  - Some providers are unaware that they must request from their banks the information necessary to reassociate remittance data in v5010 835 to payment data in the ACH CCD+
  - Draft CAQH CORE EFT Operating Rules require health plans to notify their providers that they must request this information from their bank, thus enabling providers to more quickly address denials or appeal adjustments to claim amount
Update on Non-Rule-Writing Activities
CAQH CORE Participation

More than 130 organizations representing all aspects of the industry, including:

- Health plans
- Providers/Provider associations
- Regional entities/health information exchanges/standard setting bodies
- Vendors (clearinghouses and PMS)
- Others (consulting companies, banks)
- Government entities, e.g.,
  - Centers for Medicare and Medicaid Services
  - US Department of Veteran Affairs

CAQH CORE Participants maintain eligibility/benefits data for over 150 million lives, or approximately 75% of the commercially insured plus Medicare and state-based Medicaid beneficiaries. CAQH CORE Participants can actively contribute to CAQH CORE rule writing. Based on 2011 CAQH CORE statistics, hundreds of other companies stay actively involved in other ways including attendance at education sessions.
Examples:
Recent CORE Participants, Certifications & Endorsers

**Participants:**
- Allscripts
- BCBS of Florida
- Federal Reserve Bank of Atlanta
- HCA, Inc.
- Healthcare Billing and Collection Service (HBCS)
- Kaiser Permanente
- MasterCard Worldwide
- National Medicaid EDI Healthcare (NMEH) Work Group
- NYU Langone Medical Center
- OneHealthPort
- The Clearing House
- Tufts Health Plan
- US Bank
- US Department of Treasury
- VISA, Inc.

**Voluntary Certifications:**
- UnitedHealthcare: v5010 Phase I & II
- Ingenix: Phase I & II
- Montefiore Medical Center: Phase II
- Passport Health Communications: Phase II
- GE Healthcare - *GE Centricity Business* v5.0: Phase I & II
- HealthNet: Phase II

**Endorsers:**
- American Academy of Family Physicians: Phase II
Voluntary CORE Certification: Measures of Success

• CAQH CORE made an early commitment to track Measures of Success; health plans, vendors and providers that pursue voluntary CORE Certification are invited to participate in the ROI study
  – Also need participation from providers that are not CORE-certified, but exchanging data with CORE-certified entities, e.g., four recently identified who are tracking
• CAQH has contracted with IBM to conduct the study and analysis
• Volunteers asked to record CORE Certification expenses and related impact*
  – If appropriate, IBM staff will visit your location to assist with project plan for tracking
  – Study includes a standard measurement protocol plus two data collection templates for two 3-month measurement periods
• Cost data available for a number of Phase II CORE-certified health plans
• Other studies also ongoing
  – CAQH CORE doing prospective studies, e.g., EFT/ERA
  – U.S. Health Efficiency Index managed by CAQH to track overall transaction adoption
• Contact Zach Fithian at zfithian@caqh.org if interested in participating

* Organizations pursuing Phase I and Phase II CORE Certification concurrently are also invited to participate
** Includes IT expenses (hardware/software), staff expense, certificate expense (seal and test fees) and time required to complete certification
## CORE Transition Committee Members

<table>
<thead>
<tr>
<th>Stakeholder Type</th>
<th>Organization</th>
<th>Individual</th>
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<tbody>
<tr>
<td>Hospital Association</td>
<td>American Hospital Association (AHA)</td>
<td>Linda Fishman, SVP Health Policy and Analysis</td>
</tr>
<tr>
<td>Hospital</td>
<td>Montefiore Medical Center</td>
<td>Joel Perlman, Executive Vice President</td>
</tr>
<tr>
<td>Provider Association</td>
<td>Medical Group Management Association (MGMA)</td>
<td>Robert Tennant, Senior Policy Adviser Health Informatics</td>
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<tr>
<td>Practicing Provider (with Association leadership)</td>
<td>New Mexico Cancer Center; AMA</td>
<td>Barbara L. McAneny, MD, AMA Board of Trustees</td>
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<tr>
<td>Health Plan (National)</td>
<td>WellPoint</td>
<td>AJ Lang, SVP/CIO</td>
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<tr>
<td>Health Plan (National)</td>
<td>UnitedHealthcare</td>
<td>Tim Kaja, SVP Physician &amp; Hospital Service Operations</td>
</tr>
<tr>
<td>Health Plan (Regional)</td>
<td>Blue Cross and Blue Shield of North Carolina</td>
<td>King Prather, Senior Vice President &amp; General Counsel</td>
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<tr>
<td>Health Plan Association(s)</td>
<td>America’s Health Insurance Plans</td>
<td>Carmella Bocchino, Executive VP of Clinical Affairs &amp; Strategic Planning</td>
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<tr>
<td>Practice Management System/Vendor (large office)</td>
<td>GE Healthcare</td>
<td>George Langdon, Vice President, Engineering</td>
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<tr>
<td>Practice Management System/Vendor (small office)</td>
<td>Allscripts</td>
<td>Mitchell Icenhower, VP of Solutions Management</td>
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<tr>
<td>Bank</td>
<td>JP Morgan</td>
<td>Martha Beard, Managing Director, Treasury &amp; Securities Services</td>
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<tr>
<td>State Entity</td>
<td>Minnesota Department of Health</td>
<td>David Haugen, Director of the Center for Health Care Purchasing Improvement</td>
</tr>
<tr>
<td>State Coalition/Association</td>
<td>National Governors Association (NGA)</td>
<td>Brian Osberg, Program Director, Health Division</td>
</tr>
<tr>
<td>CORE Chair</td>
<td>IBM &amp; CORE</td>
<td>Harry Reynolds, IBM Payer Transformation</td>
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### Notes:
1. CAQH CORE staff serves as secretariat; others will serve as advisors, e.g., Committee speaking with governance experts
2. The new CAQH CORE governance may or may not include Transition Committee members or a similar mix of entities
CORE Transition Committee: Status

• Draft governance model has been developed by the Transition Committee; model supports the creation of a CORE Board that is multi-stakeholder with an emphasis on provider and health plan agreement
  – Strong emphasis on executive-level leadership and tracking outcomes to highlight ROI and process improvement

• Ongoing Committee discussions related to diversifying future funding of CORE
  – CAQH is committed to funding CORE in 2012, meanwhile Transition Committee and then the new CORE Board will explore ongoing options that have been identified as the most viable funding sources for an effort like CORE

• Next Steps
  – Receive feedback from leadership of those organizations serving on Transition Committee
  – Revise draft model and share externally for input
  – Adjust model and execute new governance; transition by Q2
CAQH CORE and ACA Section 1104 Mandated Operating Rules
ACA: Mandated Operating Rule Approach

Operating rule writing and mandated implementation timeframe per ACA legislation

Adoption deadlines to finalize operating rules

- **July 2011**: Eligibility and Claim Status
- **July 2012**: Claims payment/advice and electronic funds transfer (plus health plan ID)
- **July 2014**: Enrollment, Referral authorization, attachments, etc.

Effective dates to implement operating rules

- **January 2013**:
- **January 2014**:
- **January 2016**:

Notes:
(1) The National Committee on Vital and Health Statistics (NCVHS) is the body designated by the Department of Health and Human Services (HHS) to make recommendations regarding the operating rule authors and the operating rules.
(2) The statute defines relationship between operating rules and standards.
(3) Operating rules apply to Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered entities but penalties apply only to health plans.
(4) Per the statute, documentation of compliance may include completion of end-to-end testing.
Mandated Operating Rules:
Eligibility & Claim Status
Phase I and II CAQH CORE Operating Rules: Eligibility and Claim Status Adoption Status

Progress to Date

• June 2011 Interim Final Rule with Comment (CMS-0032-IFC):
  – Includes adoption of Phase I and Phase II CAQH CORE Operating Rules, except for Acknowledgements*
  – Highlights CORE Certification is voluntary; further defines relationship between standards and operating rules and analysis of ROI from operating rules implementation

• Submitted CAQH CORE comment letter to CMS, e.g.,
  – Include Acknowledgements to realize ROI, maintain broad scope of operating rules given ACA goals, and name CAQH CORE as single operating rule author
  – All public comments submitted to CMS on the IFC can be viewed HERE

• December 2011, CMS issued a statement that the agency was adopting the June 2011 IFC as the Final Rule

Next Steps

• CAQH CORE is fully committed to assisting with roll-out of the Final Rule, e.g., education sessions, and continuing to support maintenance of the rules, e.g., coordinating with CMS on FAQs, updated request process

*On September 22, 2011, NCVHS issued a letter recommending Acknowledgements be adopted as formally recognized Standards and the CAQH CORE Operating Rules for these standards also be recognized.
## Phase I and II CAQH CORE Operating Rules*: Eligibility and Claim Status Overview

<table>
<thead>
<tr>
<th>Rules</th>
<th>High-Level Phase I and Phase II Requirements</th>
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<tbody>
<tr>
<td><strong>Data Content</strong></td>
<td><strong>Eligibility &amp; Benefits</strong></td>
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<tr>
<td>Respond to generic and explicit inquiries for a defined set of 50+ high volume services, with:</td>
<td></td>
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<tr>
<td>• Health plan name and coverage dates</td>
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<tr>
<td>• Static financials (co-pay, co-insurance, base deductibles)</td>
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<tr>
<td>• Benefit-specific and base deductible for individual and family</td>
<td></td>
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<tr>
<td>• In/Out of network variances</td>
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<tr>
<td>• Remaining deductible amounts</td>
<td></td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td><strong>Eligibility &amp; Benefits</strong></td>
</tr>
<tr>
<td>• Connectivity via Internet and aligned with NHIN direction, e.g., supports plug and play method (SOAP and digital certificates and clinical/administrative alignment)</td>
<td></td>
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<tr>
<td>• Companion Guide – common flow/format</td>
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<tr>
<td>• Real-time and batch turnaround times (e.g., 20 seconds or less for real time and next day for batch)</td>
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</tr>
<tr>
<td>• System Availability service levels – minimum 86% availability per calendar week</td>
<td></td>
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<tr>
<td>• Enhanced Patient Identification and Error Reporting requirements</td>
<td></td>
</tr>
<tr>
<td>• Acknowledgements (transactional)**</td>
<td></td>
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<td><strong>Claims Status</strong></td>
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* For a PowerPoint overview of the Phase I and II CAQH CORE Operating Rules go HERE
** Final Rule does not require Acknowledgment operating rules
Eligibility and Claim Status Operating Rules: Implementation Tools

• In light of the ACA Section 1104 mandate and the final adoption of CAQH CORE’s Eligibility and Claim Status Operating Rules, CAQH CORE recognizes the work needed for the market to implement these rules, and is prepared to assist in this process. Examples:
  – FAQs: CAQH CORE has a list of FAQs to address typical questions regarding the operating rules, and is in the process of reviewing these FAQs and updating as appropriate given mandates, existing voluntary efforts, rules, etc.; CMS coordination essential given CMS role in tracking compliance
  – Education Sessions: There will be sessions with partners such as WEDI throughout 2012 with speakers from organizations that have already implemented the rules; 2011 sessions also available for download on CAQH CORE website
  – Hard-copy Checklists
    • Readiness Assessment: CAQH CORE has a Readiness Assessment Document to assist entities in doing an initial outline of applicability of and capability to adhere to operating rules
    • Gap Analysis: CAQH CORE has also prepared a Gap Analysis Worksheet which provides a detailed, step-by-step checklist of the operating rules’ specific requirements
  – Questions: Please email CORE@caqh.org; calls can be set-up with staff regarding request for interpretations or general questions
Preparation for Potentially Mandated Operating Rules:
EFT & ERA
Draft CAQH CORE EFT & ERA Operating Rules: Operating Rules Development Status

**Progress to Date**

- Spring 2011, NCVHS recommended:
  - NACHA as healthcare EFT SDO and ACH CCD+ as standard EFT format
  - CAQH CORE, in collaboration with NACHA, as author for EFT and ERA operating rules (pharmacy to be addressed as appropriate)
    - Five draft operating rules developed by CAQH CORE process; federal agencies actively involved
  - September 2011, draft rules approved by CORE Rules Work Group and NCVHS updated on rules’ status; November 2011, CORE Technical Work Group approved voluntary certification test suite
  - December 2011, NCVHS issued a letter recommending HHS adopt the five Draft CAQH CORE EFT & ERA Operating Rules
  - January 2012, CMS released Interim Final Rule with Comment for the EFT standard

**Next Steps**

- Finalize CAQH CORE voting; committed to repackaging draft rules for ease of use and references ensuring there is clarity that CORE certification is voluntary (no change in rule requirements
- CMS will determine appropriateness of rules for potential Interim Final Rule; CAQH CORE to support as appropriate
- Immediate related to EFT standard: CAQH CORE comment letter on IFC for the EFT standard and coordinate with NACHA on edits to NACHA rules for healthcare
Draft CAQH CORE EFT & ERA Operating Rules*: Overview

<table>
<thead>
<tr>
<th>Draft Rule</th>
<th>High-Level Requirements</th>
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</table>
| **EFT Enrollment Data Rule** | • Identifies a maximum set of standard data elements for EFT enrollment  
• Outlines a straw man template for paper and electronic collection of the data elements  
• Requires health plan to offer electronic EFT enrollment |
| **ERA Enrollment Data Rule** | • Similar to EFT Enrollment Data Rule |
| **EFT & ERA Reassociation (CCD+/835) Rule** | • Addresses provider receipt of the CORE-required Minimum ACH CCD+ Data Elements required for reassociation  
• Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions  
• Requirements for resolving late/missing EFT and ERA transactions  
• Recognition of the role of NACHA Operating Rules for financial institutions |
| **ERA Infrastructure (835) Rule** | • Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides  
• Requires entities to support the Phase II CAQH CORE Connectivity Rule  
• Includes Batch Acknowledgement Requirements  
• Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits |
| **Uniform Use of CARCs and RARCs (835) Rule** | • Identifies a minimum set of four CORE-defined Business Scenarios with a maximum set of CAQH CORE-required code combinations that can be applied to convey details of the claim denial or payment to the provider |

* The Draft CAQH CORE EFT & ERA Operating Rules can be found [HERE](#).
The Interim Final Rule with comment (IFC) provided the industry a 60 day period to offer comments on the IFC

- Issued January 10th; comments due in March
- Adopts two standards for healthcare EFT:
  - The NACHA ACH CCD+; adopted only for the initiation of a healthcare claims payment (i.e., health plan's authorization to financial institution to make payment)
  - The ASC X12 835 TRN Segment; adopted as standard data content for the CCD Addenda Record

CAQH CORE Actions:

- Conducting an analysis of the proposed regulation and identifying any substantive areas for comment in order to solicit input from CAQH CORE Participants and any additional comments to be considered for incorporation into a model letter for use by interested entities
- Prepare and share the model comment letter with CAQH CORE Participants for use in developing their comments for direct submission to CMS; model letter will also be available to non-CORE participants on CAQH website
- Submit a comment letter to CMS using model letter as you deem appropriate; if interested in letter, email: zfithian@caqh.org
Collaboration with the Financial Services Industry

- **CAQH CORE and NACHA: Healthcare - Financial Services alignment**
  - Due to the mandated healthcare operating rules on EFT & ERA, there is a convergence of the two industries to get electronic payments in place
    - During the development of the *CAQH CORE EFT & ERA Operating Rules*, the CAQH CORE Participants identified key areas where either new or modified *NACHA Operating Rules* could address current issues in using the NACHA CCD+ when doing EFT healthcare payments over the ACH Network; draft rules convey these opportunities to NACHA
    - Financial services operating rules are approved by the bank members of NACHA
  - CAQH CORE will coordinate with NACHA on comments related to the recent EFT standard IFC as appropriate given standards are foundational to process
  - CAQH CORE also will assist NACHA in gaining healthcare input on the NACHA rule edits; in Q1 2012, NACHA will release a healthcare Request for Comment (RFC) in response to the healthcare industry’s request for enhancements to the *NACHA Operating Rules* specific to the ACH CCD+ standard
    - CAQH CORE will work with NACHA to ensure there are healthcare industry comments provided on the draft RFC; CAQH CORE Participants interested in working with CAQH CORE on this review should contact zfithian@caqh.org
    - The RFC will be available for public comment, and CAQH CORE will create a model letter for use by interested industry stakeholders.
Mandated Operating Rules:
Claims Attachments, Enrollment,
Prior Authorization, etc.
NCVHS Meeting: Claim Attachments, Provider Enrollment & Maintenance

- November 16-18, 2011: NCVHS held a Full Committee Meeting and a meeting of the Subcommittee on Standards

- Subcommittee heard testimony relating to claim attachments, provider enrollment, and the maintenance process for standards and operating rules
  - CAQH CORE provided testimony on all three topics, key points included:
    - **Claims Attachments**: Current industry landscape related to attachments (clinical and administrative), provided examples of potential areas for operating rules to address the 275/277 and highlighted that standards and operating rules will need to work together more than ever if the industry is to meet this deadline
    - **Provider Enrollment**: Lessons learned from the Universal Provider Datasource (UPD) as well as CORE
    - **Maintenance of Standards & Operating Rules**: Current maintenance processes for standards and operating rules and how these processes can be improved moving forward
  - CAQH CORE communicated interest in being an authoring entity to NCVHS on the mandated operating rules for claim attachments and encouraged that NCVHS and CMS begin the operating rule application process as soon as possible given level of work needed
Voluntary CORE Certification
# Compliance and ACA Section 1104

## ACA Administrative Simplification Requirements

**Background:** ACA requires all HIPAA covered entities to be compliant with applicable HIPAA standards and associated operating rules and references concepts of certification and testing.

- Per pre-ACA HIPAA legislation and regulations, all HIPAA covered entities can receive penalties for noncompliance
- Submit a statement to HHS certifying compliance; *details penalties for health plans*

**Status:** HHS will issue specific guidance on how plans will certify compliance with the CMS.

- Final Rule for eligibility and claim status emphasizes that the current CORE Certification process is *voluntary* and notes that HHS will develop a process to verify health plan compliance with the mandated rules.
- CMS may issue an NPRM; penalties for health plans for non-certification will begin to be assessed April 1, 2014.

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CAQH CORE will maintain *voluntary* CORE Certification and contribute to ACA dialog

- Provides all organizations across the trading partner network (e.g., health plans, vendors, clearinghouses, providers) useful, accessible, and relevant guidance in meeting obligations under the CAQH CORE rules
- Encourages trading partners to work together on data flow and content needs
- Offers vendors practical means for informing potential and current clients of what health plans are offering operating rules
- Achieves maximum ROI because all entities in data exchange follow the rules; once CORE-certified, need to follow rules to all trading partners
Voluntary CORE Certification: Overview

- CAQH CORE certifies four types of entities that create, transmit or use eligibility and claim status data: health plans, providers, vendors and clearinghouses (includes HIEs)
  - CORE Certification is voluntary and achieved by organizations that can demonstrate their systems operate in accordance with CAQH CORE Operating Rules
  - Phase I and Phase II CORE Certification may be conducted sequentially or concurrently
  - Cost of testing and certification is extremely low or free
- Certification and testing are separate activities
  - Testing is completed by CORE-authorized testing entities and occurs on-line based on stakeholder-specific test scripts
  - Certification is completed by CAQH CORE and occurs after testing is complete
- Nearly 60 organizations are CORE-certified with an additional 30 in the pipeline
  - One-third of commercially-insured lives covered by Phase I CORE-certified plans
Getting Involved with CAQH CORE
Thank You For Joining Us: Stay Involved

• Participate in CAQH CORE Operating Rules Development
  – If not already involved, join your industry colleagues as a CAQH CORE Participant and be active on the CORE rules-writing Subgroups and Work Groups

• Implement the CAQH CORE Operating Rules: Become CORE-certified
  – Pledge your organization’s commitment to conduct business in accordance with the Phase I and/or Phase II CAQH CORE Operating Rules

• Join us at another CORE Education Event
  – Upcoming CAQH CORE Town Halls (click to add to Outlook Calendar):
    • March 13th, 3:00-4:00 pm ET
    • April 24th, 3:00-4:00 pm ET
    • June 12th, 3:00-4:00 pm ET
  – Recordings of all CAQH CORE Town Hall calls are posted HERE

• Learn more about:
  – CORE Operating Rules updated for v5010
  – CORE Certification: A Step-by-Step Process
  – IBM Phase I Measures of Success Study