Committee on Operating Rules
For Information Exchange
(CORE®)

Public Town Hall Call

12/13/11

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 2011 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
  – Activities at November 16-18th NCVHS Meeting

• 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 960,000 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, CAQH CORE’s 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
CAQH CORE Rules Development/Adoption Timeline

- CAQH CORE rules phases are designed around a set of transaction-based data content rules coupled with infrastructure rules; rules complement each other.
- Phases establish milestones that encourage feasible progress in resolving industry business needs while minimizing barriers to adoption.

REMINDER: CAQH CORE Operating Rules are a baseline; entities are encouraged to go beyond the minimum CORE requirements.
Update on Non-Rule-Writing Activities
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

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
Examples: New Participants, Certifications and Endorsers in 2011

- **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

- **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

- **Endorsers:**
  - American Academy of Family Physicians: Phase II
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
• Over two 3-month measurement periods, volunteers will be asked to record certification expenses and related effort*
  – 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
• Cost data available for a number of Phase II CORE-certified health plans
• Contact Zach Fithian at zfithian@caqh.org if interested in participating
• Other studies
  – CAQH CORE doing prospective studies, e.g. EFT/ERA
  – U.S. Health Efficiency Index managed by CAQH to track overall adoption

* 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

- In 2010 the CAQH board made a public commitment to increase industry participation in operating rules development and adoption given CAQH CORE’s goal to support the changing environment in which operating rules are mandatory
  - NOTE: The CAQH Board has never voted on any CAQH CORE Operating Rule
- In early 2011, the CORE Transition Committee was launched with charge to make recommendations regarding potential multi-stakeholder governance and revenue models for CAQH CORE
  - Will preserve the CAQH CORE integrated approach to rule-writing, voluntary certification, outreach and education and reinforce CAQH CORE commitment to support ACA Section 1104 mandate
# CORE Transition Committee Members

| Stakeholder Type                               | Organization                                      | Individual                                                      |
|-----------------------------------------------|---------------------------------------------------|****************************************************************|
| Hospital Association                          | American Hospital Association (AHA)               | Linda Fishman, SVP Health Policy and Analysis                   |
| Hospital                                      | Montefiore Medical Center                         | Joel Perlman, Executive Vice President                         |
| Provider Association                          | Medical Group Management Association (MGMA)       | Robert Tennant, Senior Policy Adviser Health Informatics       |
| Practicing Provider (with Association leadership) | New Mexico Cancer Center; AMA                   | Barbara L. McAneny, MD, AMA Board of Trustees                  |
| Health Plan (National)                        | WellPoint                                         | AJ Lang, SVP/CIO                                               |
| Health Plan (National)                        | UnitedHealthcare                                  | Tim Kaja, SVP Physician & Hospital Service Operations          |
| Health Plan (Regional)                        | Blue Cross and Blue Shield of North Carolina     | King Prather, Senior Vice President & General Counsel           |
| Health Plan Association(s)                    | America’s Health Insurance Plans                  | Carmella Bocchino, Executive VP of Clinical Affairs & Strategic Planning |
| Practice Management System/Vendor (large office) | GE Healthcare                                    | George Langdon, Vice President, Engineering                    |
| Practice Management System/Vendor (small office) | Allscripts                                       | Mitchell Icenhower, VP of Solutions Management                 |
| Bank                                          | JP Morgan                                         | Martha Beard, Managing Director, Treasury & Securities Services|
| State Entity                                  | Minnesota Department of Health                    | David Haugen, Director of the Center for Health Care Purchasing Improvement |
| State Coalition/Association                   | National Governors Association (NGA)              | Ree Sailors, Program Director, Health Division Center for Best Practices |
| CORE Chair                                    | IBM & CORE                                       | Harry Reynolds, IBM Payer Transformation                      |

**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 Committee and is currently under review by the Committee; includes the creation of a CORE Board that has multi-stakeholder leadership
  – Strong emphasis on executive leadership and tracking outcomes to highlight ROI and process improvement is key to the draft model

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

• Next steps:
  – Finalize draft governance model, and associated messages; seek feedback from CAQH and organizations serving on Transition Committee
  – Revise draft model and share externally for input
  – Adjust model and execute new governance
Industry Alignment Is Critical: *Examples*

Activities within CAQH CORE are developed to support and integrate with state, regional and national efforts

| National | • Collaboration with the financial services industry due to its payment/EFT operating rules, e.g., joint research, collaborative testimonies  
• HIPAA v5010 has non-required/recommended fields that are required by CAQH CORE to add to ROI (e.g., financial data elements)  
• Standards supported by CAQH CORE are both healthcare-specific and industry-neutral  
• Close coordination with government agencies such as CMS, ONC and Veterans Administration, e.g., VA one of the first CORE-certified providers, CAQH CORE connectivity designed to align with ONC-sponsored [Nationwide Health Information Network](https://www.nwhin.org) (NwHIN) |
| State/Regional | • CAQH CORE Operating Rules have been recommended to legislature by state-sponsored, multi-stakeholder committees (e.g., TX, OH and CO)  
• State Health Information Exchanges (HIEs) are considering how to implement CAQH CORE  
• States are submitting potential operating rules to CAQH CORE, e.g., WA, MN |
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**: 2013
- **January 2014**: 2015
- **January 2016**: 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 the 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.
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):
  – Proposes 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 8, 2011, CMS issued a statement noting the agency “decided not to change any of the policies established in CMS-0032-IFC…CMS-0032-IFC is a final rule that is in effect now {and} industry implementation efforts should be underway for the January 1, 2013 compliance date.”

Next Steps

• CAQH CORE is fully committed to assisting, as appropriate, with roll-out of the final rule and also continuing to support maintenance of the rules, e.g., coordinating with CMS on FAQs

*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>
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<tr>
<td><strong>Eligibility &amp; Benefits</strong></td>
<td>Respond to generic and explicit inquiries for a defined set of 50+ high volume services, with:</td>
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<tr>
<td></td>
<td>• Health plan name and coverage dates</td>
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<td>• Static financials (co-pay, co-insurance, base deductibles)</td>
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<td></td>
<td>• Benefit-specific and base deductible for individual and family</td>
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<td>• In/Out of network variances</td>
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<td>• Remaining deductible amounts</td>
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<tr>
<td><strong>Infrastructure</strong></td>
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<tr>
<td><strong>Eligibility &amp; Benefits</strong></td>
<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>
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<td></td>
<td>• Companion Guide – common flow/format</td>
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<td></td>
<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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<td></td>
<td>• System Availability service levels – minimum 86% availability per calendar week</td>
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<td></td>
<td>• Enhanced Patient Identification and Error Reporting requirements</td>
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<tr>
<td></td>
<td>• Acknowledgements (transactional)**</td>
</tr>
<tr>
<td><strong>Claims Status</strong></td>
<td>• Connectivity via Internet</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.
NCVHS Meeting: CAQH CORE Related Activities

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

• November 16: Full Committee reviewed a draft recommendation letter to HHS regarding adoption of operating rules for the EFT & ERA transactions
  – Draft letter recommended adoption of the complete Draft CAQH CORE EFT & ERA Rule Set
    • NOTE: The final recommendation letter to HHS has not been issued

• November 17 & 18: Subcommittee heard testimony relating to claim attachments, provider enrollment, and the maintenance process for standards and operating rules
  – CAQH CORE testimonies are available on the CAQH website
  – **Claims Attachments**
    • Next set of operating rules to be adopted under Section 1104 includes operating rules for the ASC X12 275/277 Claims Attachment transaction
    • CAQH CAQH [testified](http://example.com) on 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
    • CAQH CORE also encouraged that NCVHS and CMS begin the operating rule application process as soon as possible given level of work needed
Provider Enrollment

- Testimony was requested specific to Section 10109 of the ACA; CAQH testified on lessons learned from the Universal Provider Datasource (UPD) as well as CORE
  - Highlighted that identifying a feasible scope of work will be essential to success given complexity of provider enrollment
  - For HIPAA transactions: Shared lessons learned from drafting CAQH CORE EFT & ERA Rule Set, which includes provider enrollment operating rules for both EFT & ERA
  - For non-HIPAA transactions: Shared lessons learned from UPD given it uses several industry-neutral formats to transfer data from nearly one million providers to over 650 participating entities, and has used key principles like building trust to simplify front-end provider data collection, maintenance and enrollment processes for all these entities
  - Both initiatives can be leveraged to address challenges to provider enrollment
- **Maintenance of Standards & Operating Rules**
  - CAQH provided testimony on current maintenance processes for standards and operating rules and how these processes can be improved moving forward. Key recommendations:
    - Definition of operating rules and standards scope is well defined in the recently issued CMS Final Rule on eligibility and claim status operating rules, and should be used as guiding principles by all organizations
    - ACA provides for separate processes to develop and maintain standards and operating rules; requiring operating rules authoring entities to participate in structures created for specific standards organizations would be inconsistent with the statute
    - Operating rules maintenance should not be tied to being issued simultaneously with a new version of a HIPAA standard; doing so would defeat the purpose and value of operating rules. Industry needs to gain the greatest impact of adopting electronic transactions and specific versions of standards. Adopted operating rules should affect the next version of the relevant standards, and standards should affect the next version of the operating rules.
    - CAQH CORE Change Request Process is in place but the work underway by CORE to improve this existing process is needed; outlined existing policies on substantive and non-substantive updates to the operating rules. Also highlighted CORE rule repacking goals moving forward.
    - Lessons learned from the 2012 roll-out of the first set of operating rules should be considered before additional regulations are written regarding how standards and operating rules work together, including, as required by the ACA, the formation of a review panel by January 2014
Draft CAQH CORE EFT & ERA Operating Rules
Draft CAQH CORE EFT & ERA Operating Rules: Rules Development Status

• **Progress to Date**
  – February 2011, NCVHS recommended NACHA (financial services operating rule entity) as a healthcare EFT SDO and its ACH CCD+ as a standard format
  – March 2011, NCVHS recommended CAQH CORE, in collaboration with NACHA, as author; pharmacy to be addressed in CAQH CORE Operating Rules as appropriate
    • Five draft operating rules developed by CAQH CORE process; federal agencies actively involved
  – September 2011, draft rules approved by CAQH CORE Operating Rules Work Group and NCVHS updated on rules’ status.
  – November 2011, NCVHS approved a draft letter recommending HHS adopt the five *Draft CAQH CORE EFT & ERA Operating Rules*. CORE Technical Work Group approved voluntary test suite.
    • NOTE: The final recommendation letter to HHS has not been issued.

• **Next Steps**
  – Move *Draft CAQH CORE EFT & ERA Operating Rules* to last stage of CAQH CORE voting; no changes needed based on HHS Final Rule on Federally Mandated Eligibility and Claim Status regulation into consideration for potential adjustments
  – Project potential impact of *Draft CORE EFT & ERA Operating Rules* and share with HHS
  – CMS will work with NCVHS to determine appropriateness of draft rules for potential Interim Final Rule; CAQH CORE to support as appropriate
### Draft CAQH CORE EFT & ERA Operating Rules*:
#### Overview

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

• CAQH CORE and NACHA: Healthcare and Financial Services alignment
  – Due to the mandated healthcare operating rules on EFT & ERA, there is a convergence of financial services.
    • During the development of the Draft 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 and draft rules convey these opportunities to NACHA. In 2012, CAQH CORE will ensure healthcare industry comments on any proposed changes to NACHA rules

• CAQH CORE and NCPDP: Medical and Pharmacy alignment
  – For each rule requirement, applicability to Retail Pharmacy was discussed and, for each rule, applicability of one of the following approaches determined:
    • Reference to a specific NCPDP pharmacy effort is included; include high-level on how CAQH CORE and NCPDP are coordinated to focus industry improvement in the shared area of interest addressed in the specific rule
    • Pharmacy is addressed in the operating rule directly (or via reference to NCPDP effort/document as noted above)
    • Pharmacy is excluded from the operating rule as it is not applicable and/or further research needs to be conducted
Voluntary CORE Certification
Compliance and ACA Section 1104

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

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<thead>
<tr>
<th>ACA Administrative Simplification Requirements</th>
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<tr>
<td><strong>Background:</strong> ACA requires all HIPAA covered entities to be compliant with applicable HIPAA standards and associated operating rules and references concepts of certification and testing.</td>
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<tr>
<td>- Per pre-ACA HIPAA legislation and regulations, all HIPAA covered entities can receive penalties for noncompliance</td>
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<tr>
<td>- Submit a statement to HHS certifying compliance; details penalties for health plans</td>
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<tr>
<td><strong>Status:</strong> HHS will issue specific guidance on how plans will certify compliance with the CMS.</td>
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<td>- [CMS Interim Final Rule with comment (IFC)](now the Final Rule) for eligibility and claim status emphasized that the current CORE Certification process is voluntary and noted that HHS will develop a process to verify health plan compliance with the mandated rules.</td>
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<tr>
<td>- CMS will issue an NPRM; penalties for health plans for non-certification will begin to be assessed April 1, 2014.</td>
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CORE Certification:
- 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 or 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
  – January 24th, 3:00-4:00 pm ET: CAQH CORE Town Hall Call (open to public)

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