Committee on Operating Rules For Information Exchange (CORE®)

Public Town Hall Call

April 24, 2012

Additional information/resources available at www.caqh.org

Agenda

- **Brief Overview of CAQH CORE**
  - *For more information contact Omoniyi Adekanmbi at <u>oadekanmbi@caqh.org</u>*
- **Update on Mandated Healthcare Operating Rules**
  - ACA Section 1104 Highlights and Timeline
  - Eligibility & Claim Status Operating Rules
    - Review of CAQH CORE Resources to Assist with Implementation
    - Voluntary CORE Certification
    - Summary/Status of the CAQH CORE Request Process
    - Overview of Phase II Impact Assessment Tools
  - EFT & ERA Operating Rules
- **Repackaging of CAQH CORE Operating Rules**
- **Update on the CORE Transition Committee**
- **Stay Involved with CAQH CORE**

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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.

CORE
Committee on Operating Rules for Information Exchange

Multi-stakeholder collaboration of over 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 Medicaids.
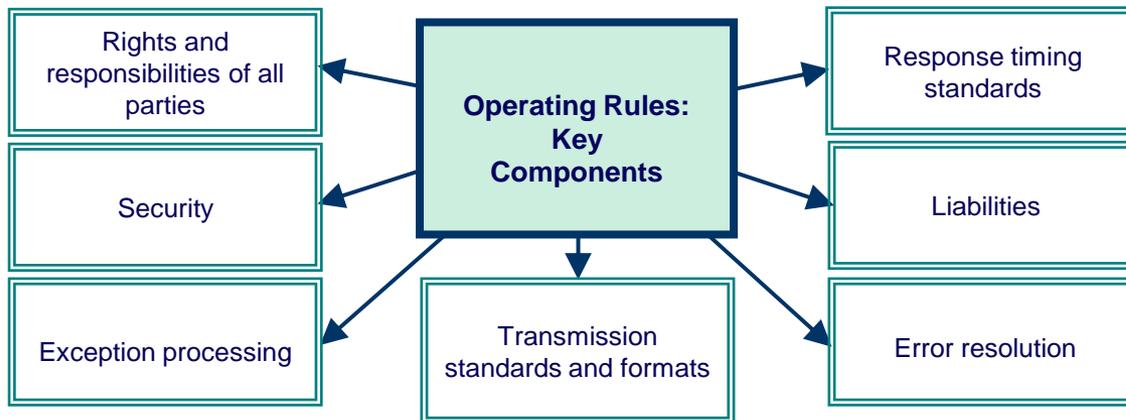
Universal Provider Datasource®

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 1,000,000 providers self-report their information to UPD and over 650 organizations access the system, including a range of public and private entities.

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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 providers and health plans
  - Enable providers to submit transactions from the system of their choice (*vendor agnostic*) and quickly receive a standardized response
  - Enable stakeholders to implement in phases that encourage feasible progress in resolving industry business needs while minimizing barriers to adoption
  - 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

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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 standards, help refine the infrastructure that supports electronic data exchange and recognize interdependencies among transactions; they do not duplicate standards
  - Current healthcare operating rules build upon a range of standards – healthcare specific (e.g., ASC X12) and industry neutral (e.g., OASIS, W3C, ACH CCD+) – and support the national HIT agenda

- Operating rules encourage an interoperable network and, thereby, are vendor agnostic

Rights and responsibilities of all parties		Response timing standards
Security	**Operating Rules: Key Components**	Liabilities
Exception processing	Transmission standards and formats	Error resolution

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Operating Rules and Standards Work in Unison:
Both Are Essential

- Operating rules always support standards – they already are being adopted together in today's market and have been since 2006
  - The two should and can be implemented together without conflict

- 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 communications and transportation

- Healthcare operating rules address and support 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+

- Focus is ROI: Operating rules are built to be adaptive and responsive to administrative simplification needs before, during and after versions of standards are formally adopted
  - Coordination between operating rules and standards will be *iterative* as already demonstrated, e.g. new operating rules may be issued using the *same version* of a standard and items required by the operating rules will, in some instances, be moved into the next version of a standard and removed from rules

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Mandated Operating Rules:
ACA Section 1104

Administrative Simplification: *ACA Section 1104*

<u>Section 1104 of the ACA (H.R.3590)</u>

"…Establishes new requirements for administrative transactions that will improve the utility of the existing HIPAA transactions and reduce administrative costs"

<u>Highlights</u>

- Updates initial August 2000 HIPAA regulation for transaction standards and code sets given landscape has significantly changed, and unnecessary healthcare costs/burden must be removed from the system

- Requires the Department of Health and Human Services (HHS) to appoint a "qualified non-profit entity" to develop a set of operating rules for the conduct of electronic administrative healthcare transactions

- Administrative and financial standards and operating rules must:
  - Enable the determination of eligibility and financial responsibility for specific services prior to or at the point of care
  - Be comprehensive, requiring minimal augmentation by paper or other communications
  - Provide for timely acknowledgment, response, and status reporting

- HIPAA covered entities and business associates engaging in HIPAA standard transactions on behalf of covered entities must comply

- Health plans must file a statement with HHS confirming compliance; financial penalties for health plans are significant
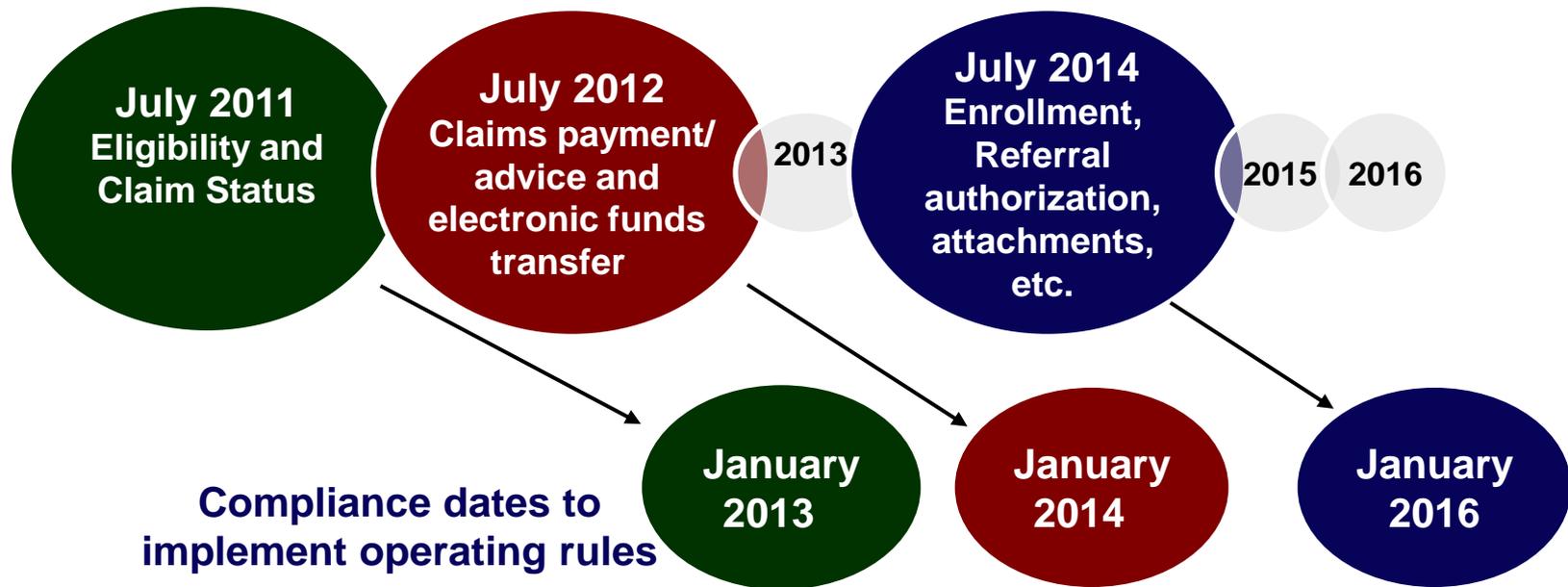
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ACA Mandated Operating Rules Approach

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

2013

July 2014
Enrollment, Referral authorization, attachments, etc.

2015   2016

Compliance dates to implement operating rules

January 2013

January 2014

January 2016

NOTES:

1. NCVHS is the body designated by HHS to make recommendations regarding the operating rule authors and the operating rules.
2. Statute defines relationship between operating rules and standards.
3. Operating rules apply to HIPAA covered entities; beyond HIPAA compliance penalties, certification penalties for health plans.
4. Per statute, documentation of compliance for health plans may include completion of end-to-end testing (i.e., certification and testing).
5. Statute states compliance with the applicable standard/operating rule is required no later than its effective date.

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Mandated Operating Rules:
Eligibility & Claim Status

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Mandated Eligibility & Claim Status Operating Rules: *Status*

- <u>Status</u>: The first set of operating rules have been adopted into Federal regulation
    - July 2011, CMS published <u>CMS-0032-IFC</u> with the following key features:
        - Adopted Phase I and II CAQH CORE Operating Rules for the Eligibility & Claim Status transactions, *except for rule requirements pertaining to Acknowledgements**
        - Highlights CORE Certification is *voluntary*; further defines relationship between standards and operating rules and analysis of ROI from operating rules implementation
    - December 2011, CMS adopted above as a Final Rule; industry implementation efforts underway for the ***January 1, 2013 effective date***
        - CAQH CORE is committed to assisting with roll-out of the Final Rule and continuing to support maintenance of the rules, e.g., coordinating with CMS on FAQs, hosting education sessions
- ACA Section 1104 requires *all HIPAA covered entities* be compliant with applicable HIPAA standards **and associated operating rules**

> **The complete set of CAQH CORE Eligibility & Claim Status Operating Rules are available free of charge <u>HERE</u>.**

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*On September 22, 2011, NCVHS issued a <u>letter</u> recommending Acknowledgements be adopted as formally recognized standards and the CAQH CORE Operating Rules for these standards also be recognized.

ACA Federal Compliance Requirements: *Highlights & Key Dates*

The following <u>three</u> dates are critical for industry implementation of the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules. *Note there are <u>two</u> types of penalties related to compliance with the mandated operating rules.**

Key Date	January 1, 2013 *Effective/Compliance Date***	December 31, 2013 *Health Plan Certification Date*	No Later than April 1, 2014 *Health Plan Penalty Date*
Description	Date by which **HIPAA-covered entities** must be compliant with the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules; penalties for HIPAA non-compliance applicable to all HIPAA-covered entities.	Date by which **health plans** must *"file a statement with HHS certifying that their data and information systems are in compliance with the standards and operating rules."* ***	Date by which CMS will begin assessing penalties against **health plans** that have failed to meet the certification and documentation of compliance per ACA Section 1104.
Applicable Penalties	The HIPAA Administrative Simplification provisions require **all HIPAA-covered entities** to comply with the Federally mandated requirements by their effective dates (January 1, 2013 for the eligibility and claim status operating rules). Due to HITECH, CMS OESS penalties for HIPAA non-compliance have increased, now up to $1.5 million per entity per year.	The ACA requires HHS to assess penalties against **health plans** that fail to certify compliance no later than April 1, 2014; the fee amount equals $1 per covered life until certification is complete (covered life for which the plan's data systems are not in compliance and shall be imposed for each day the plan is not in compliance). Penalties for failure to comply cannot exceed on an annual basis an amount equal to $20 per covered life or $40 per covered life for deliberate misrepresentation.	

*CMS OESS is the authority on the HIPAA and ACA Administrative Simplification provisions and requirements for compliance and enforcement. The CMS website provides information on the ACA compliance, certification, and penalties and enforcement process.
**Per ACA Section 1104, compliance with the applicable standard/operating rule is required no later than its effective date.
***According to CMS, regulation detailing the health plan certification process is under development, and they will release details surrounding this process later this year; CAQH CORE will continue to offer its *voluntary* CORE Certification program and will share lessons learned with CMS as the Federal process is developed.

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CAQH CORE Resources to Assist with Implementation of Mandated Eligibility & Claim Status Rules

CAQH CORE Analysis & Planning Guide: *Overview*

- The new *Analysis & Planning Guide for Adopting the CAQH CORE Eligibility & Claim Status Operating Rules* provides guidance for Project Managers, Business Analysts, System Analysts, Architects, and other project staff to complete systems analysis and planning

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Committee on Operating Rules
for Information Exchange
A CAQH Initiative

Analysis & Planning Guide for Adopting the
CAQH CORE Eligibility & Claim Status Operating Rules
March 27, 2012
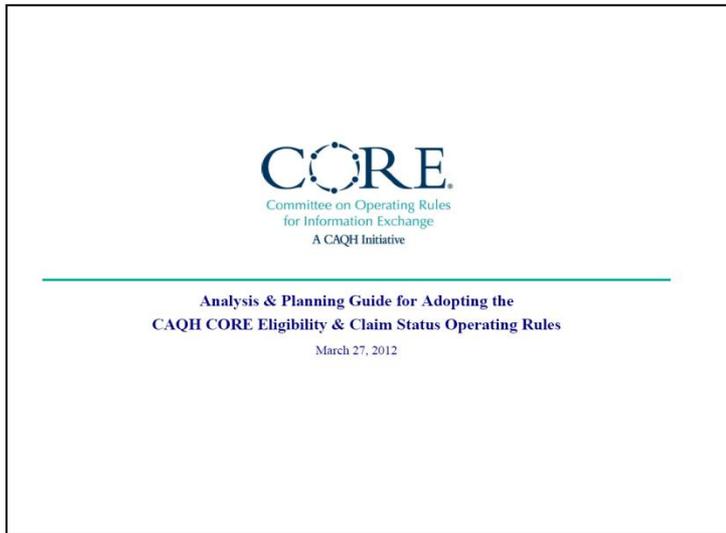
Guide should be used by project staff to:

- Understand applicability of the CAQH CORE Operating Rule requirements to organization's systems that conduct the eligibility and/or claim status transactions

- Identify all impacted external and internal systems and outsourced vendors that process eligibility and/or claim status transactions

- Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business process which may be impacted

- The guide includes three tools to assist entities in completing analysis and planning:
  - Stakeholder & Business Type Evaluation
  - Systems Inventory & Impact Assessment Worksheet
  - Gap Analysis Worksheet

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CAQH CORE Analysis & Planning Tools in Guide

Stakeholder & Business Type Evaluation

Objective: Understand what aspects of your business and/or outsourced functions are impacted by the CAQH CORE Operating Rules (e.g., products, business lines, etc.)

Systems Inventory & Impact Assessment Worksheet

Objective: Understand how many of your systems/products are impacted by each CAQH CORE Operating Rule and understand with which vendors you will need to coordinate

Gap Analysis Worksheet

Objective: Understand the level of system(s) remediation necessary for adopting each CAQH CORE Operating Rule requirement; results of completed *Gap Analysis Worksheet* will allow for development of a detailed project plan

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NOTE: Each of the above tools can be found in the CAQH CORE *Analysis & Planning Guide*.

Additional CAQH CORE Implementation Resources

- *FAQs*:
  - CAQH CORE has a list of FAQs to address typical questions regarding the operating rules; updated FAQs being loaded to website as appropriate given mandates

- *Education Sessions*:
  - CAQH CORE hosts CORE Participant and Industry Education Sessions and also holds frequent sessions with partners (WEDI, provider/payer associations, Medicaid workgroups, etc.) that include speakers from entities that have implemented the rules
    - Past sessions available on CAQH CORE website
  - CAQH CORE participants and staff contribute at many conferences/meetings throughout the year, often with partners, including WEDI Forums, NPAG Conference, GE Centricity Business National Users' Conference, etc. (upcoming events this Spring see http://www.caqh.org/)

- *Phase I & Phase II CORE Certification Master Test Suites*:
  - Initially developed for voluntary CORE Certification but same concepts, e.g., role of trading partners, apply for general adoption of the CAQH CORE Operating Rules
  - Provide guidance on the stakeholder types to which the rules apply and working with trading partners

- *General/Interpretation Questions*:
  - After reviewing other tools & resources, email CORE@caqh.org for additional interpretations or general questions

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Additional CAQH CORE Implementation Resources: _Voluntary CORE Certification*_

- Consider pursuing <u>voluntary</u> CORE Certification

  - **WHY:** CORE Certification testing offers a mechanism to test your ability to exchange eligibility and claim status transaction data with your trading partners

  - **WHAT:** CORE Certification is awarded to organizations that _voluntarily_ complete CORE Certification testing; CORE Certification testing is stakeholder specific and demonstrates an applicant's system(s) conform with applicable CAQH CORE Rules

- Key benefits of <u>voluntary</u> CORE Certification

  - Demonstrates to the industry adoption of the CAQH CORE Operating Rules via a recognized industry "Seal" due to multi-stakeholder collaboration

  - Encourages trading partners to work together on transaction data content, infrastructure and connectivity needs

  - Independent testing of operating rules implementation can reduce the amount of work required for successful trading partner testing

  - Promotes maximum ROI when all stakeholders in the information exchange are known to conform with the CAQH CORE Operating Rules

- Currently, 87 <u>organizations/products</u> CORE-certified

- Certification and testing are _separate activities_

  - Testing is performed online by CAQH CORE-authorized testing vendor; Certification is completed by CAQH CORE and occurs <u>after successful testing is completed</u>

*NOTES:
(1) The voluntary CORE Certification Program offered by CAQH CORE is separate from the CMS Federal operating rules compliance program mandated by the ACA. Information on the CMS compliance program regarding operating rules is under development and can be found <u>HERE</u>.
(2) Entities are required to complete the rule requirements pertaining to acknowledgements to achieve _voluntary_ CORE Certification.

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CAQH CORE Formal Request Process: *Overview*

- Due to mandate, CAQH CORE implemented a more formal, structured process to streamline management of <u>information requests</u>; highlights include:
  - Requests are received from *any interested entity/all stakeholder types* including health plans, providers, vendors, clearinghouses, banks, consulting firms, Medicaid agencies, etc.
  - When CAQH CORE is not the authority, submitters are advised of the appropriate entities and provided with relevant contact information (e.g., CMS, NACHA, etc.)
  - **Note:** Request Process is a mechanism for collecting suggestions for new/modified operating rules; however, the aforementioned must be approved by the CORE Participants via the CAQH CORE Rule Development Process prior to any implementation. Generally, CORE rules will not be amended between CORE rule versions unless government regulations are issued that impact the rules or problems arise upon implementation which need to be addressed

- All responses complete formal review process by CAQH CORE experts based on request type and complexity prior to sending

- In Q1 2012, the CAQH CORE Request Process has resulted in:
  - Processing of more than <u>200</u> unique requests (every item is tracked and logged)
  - Average time from request receipt to final response is <u>>5 days</u>

- There will be ongoing refinement to Request Process and learnings applied to other actions:
  - New FAQs are developed when repetitive requests are identified
  - As appropriate, additional follow-up is completed for entities interested in becoming CORE Participants and/or pursuing voluntary CORE Certification
  - Focused selection of topics for CORE Education Sessions, e.g. connectivity

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CAQH CORE Formal Request Process: *Key Steps*

Step 1: Request Submission

- Primarily through core@caqh.org email address
- Requests also sourced from emails/phone calls to CAQH CORE staff

Step 2: Request Acknowledgement

- CAQH CORE staff emails submitter acknowledging receipt of request and providing an estimated response time
- Response time depends on request type/complexity
  - Types of requests generally: (1) Operating rule clarifications (2) ACA compliance questions (3) Voluntary CORE Certification inquiries (4) General information requests (links to key resources, updated contact information, etc.)
  - Three levels of complexity: low complexity, medium complexity, high complexity

Step 3: Request Response

- Draft responses complete formal review process by CAQH CORE experts depending on request type/complexity; as noted below, CORE participants and coordination with other organizations will be critical

Step 4: Request Follow-Up as Necessary

- Requests integrated into rule-development and maintenance processes as appropriate (e.g., development of new CAQH CORE FAQ, potential future operating rule idea, or CAQH outreach to government or other entities
  - Under CORE's consensus-based process, rule modifications, should they occur, are categorized as major (e.g., additional requirements) or minor (e.g., changes due to a typo or grammatical error); major changes occur only after the CORE Participants approve, by vote, such modifications

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CAQH CORE Impact Assessment Tools

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Impact Assessments:
Role of Measurement and Improvement

- Why outcomes data?
  - Real-world outcomes data is critical to inform the ongoing process of any broad-based HIT initiative, including operating rules

- Retrospective CAQH CORE measurement studies
  - CAQH CORE has sponsored continuous impact studies on CORE's healthcare operating rules that are conducted by IBM
    - Essential that collected data is comparable and targeted
  - Actual data is from adopters whose businesses rely on IT improvements
    - All stakeholder types that need to adopt are critical participants – informs industry how to move forward, e.g. barriers, future operating rules scope, working with trading partners
    - Voluntary CORE Certification ensures *implementation has occurred before measurement*

- New CAQH CORE reports being released:
  - Earlier CAQH CORE studies had multi-stakeholder participation and focused on Phase I of CORE as well as health plan costs for implementing Phase II
  - New study has data from providers, plans and vendors for Phase II; full study to be issued in May. Includes two comparisons:
    - Longitudinal: Across pre-Phase I, Phase I and Phase II time periods
    - Horizontal: Between providers and CORE-certified and non-CORE-certified health plans
  - Methodology to create prospective and baseline impact for EFT/ERA

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Impact Assessments:
Role of Measurement and Improvement (cont'd)

- CAQH CORE participants made an early commitment to track Measures of Success; health plans, vendors and providers that pursue voluntary CORE Certification are invited to track impact
    - Providers that are not CORE-certified, but exchanging data with CORE-certified entities may also track

- Volunteers asked to record 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 period

- Please inform CAQH CORE if you are interested in joining IBM-lead call regarding expectations of volunteers, please email CORE@caqh.org, e.g.
    - IBM will walk through data collection templates, sample findings, etc,

- Outcomes will complement gauge of industry's overall improvement towards electronic data exchange
    - U.S. Health Efficiency Index managed by CAQH to track overall transaction 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

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Early Impact Assessment Findings:
Sample Data from Blinded CORE-Certified Provider

- Impact on transactions
  - Eligibility/Benefits: Initial implementation was greater with CORE-certified plans which were capable of such messaging earlier; electronic messaging with non-certified plans is catching up
  - Claim Status: Higher availability of electronic messaging for CORE-certified plans has resulted in higher rates of inquiry to such plans

Trading Partners	Prior to Phase I CORE Certification	After Completing Phase I CORE Certification	After Completing Phase II CORE Certification
Hospital X's Percentages of Eligibility/Benefits Transactions Conducted Electronically			
CORE-Certified Plans	85%	93.3%	97%
Non-CORE-certified Plans	75%	72.4%	93%

Trading Partners	After Completing Phase I CORE Certification	After Completing Phase II CORE Certification
Hospital X's Percentage of Claims Status Inquiries That Are Submitted Electronically		
CORE-Certified Plans	93.6%	96.1%
Non-CORE-certified Plans	80.8%	80.1%

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Mandated Operating Rules:
EFT & ERA

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EFT & ERA:
Healthcare and Financial Services Collaboration

- The Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) healthcare operating rules mandate has encouraged coordination between healthcare and financial services

- NACHA – *The Electronic Payments Association*
  - Established in 1974; a financial services entity whose rules are used by 15,000 banks; *NACHA Operating Rules* are used by bank throughout the country
  - NACHA manages the development, administration and governance of the ACH Network, the backbone for the electronic movement of money and data
  - The ACH Network is a batch processing electronic payments system governed by the *NACHA Operating Rules*; it provides for the interbank clearing of electronic payments for participating depository financial institutions

- CAQH CORE has and continues to coordinate with NACHA
  - Began working together in 2005; began coordinating operating rule writing in 2010
  - CAQH CORE participants identified in the CORE rules key areas where new or modified *NACHA Operating Rules* could address current issues in use of NACHA CCD+ transaction for EFT healthcare payments over the ACH Network

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Mandated EFT & ERA Operating Rules

- <u>Status</u>
  - 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)
  - September 2011: Draft CAQH CORE EFT & ERA Operating Rules approved by CAQH CORE Rules Work Group and NCVHS updated on rules' status
    - Nov 2011: CAQH CORE Technical Work Group approved *voluntary* CORE 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 <u>Interim Final Rule for the EFT standard</u>
    - CAQH CORE commented on IFC for the health care EFT standard (<u>model letter</u> shared with participants*)*
  - March/April 2012:
    - CAQH CORE updated rules (not changing requirements) to reflect CMS recognition of EFT and NCVHS guidance to remove references to voluntary CORE Certification; CORE will still offer voluntary CORE certification and thus Test Suite approved by CORE participants.
    - NACHA issued potential adjustments to NACHA Operating Rules

- <u>Next Steps</u>
  - *Healthcare:* Issue final rule on EFT standard; finalize CORE EFT/ERA rules (CMS will determine appropriateness for healthcare mandate)
  - *Financial services operating rules*: See next slide

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NACHA Request for Comment:
Proposed Modifications to NACHA Operating Rules

- **Status**
  - March 12th NACHA released a [Request for Comment](#) (RFC) on potential modifications to the *NACHA Operating Rules* for healthcare payments and remittance processing
    - Public comments due 04/27/12 from both healthcare and financial services industries
      - CAQH CORE soliciting feedback from healthcare industry, ***comments due by 04/25/12*** (click [HERE](#) for more information); Entities may also submit comments directly to NACHA
  - RFC includes proposed adjustments, which include:
    - Three options for supporting electronic delivery of the CORE-required Minimum CCD+ Reassociation Data Elements to providers within two banking days of settlement
    - Identification of, and formatting requirements for, healthcare EFT payments transmitted via the ACH Network

- **Next steps**
  - Comments on the RFC will be reviewed by NACHA to determine if there is sufficient support for a ballot (only financial institutions participate in ballot)
  - CAQH CORE Rules Work Group will hold a call on *05/18/12* on which NACHA staff will be available to provide insight/rationale for the proposed enhancements and answer questions on the framework of the ACH Network

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Repackaging of CAQH CORE Operating Rules

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Furthering Industry Process Improvement:
Repackaging of CAQH CORE Operating Rules

- **Assumptions**
  - CAQH CORE Operating Rules are now part of the healthcare landscape for improving and evolving administrative data exchange; CAQH CORE Operating Rules support guiding principles such as alignment with clinical efforts
  - The scope of operating rules is defined by the ACA and HHS regulations; CAQH CORE is committed to ongoing process improvement of ACA-required operating and beyond
  - Packaging of HIT requirements can help improve HIT understanding and adoption, and thus support HIT process improvement, e.g. what are Federal mandates versus best practices being supported by CORE Participants

- **Goals**
  - User friendliness for all adopters
  - Support for Federal mandates and working in alignment with Federal HIT efforts
  - Support for CAQH CORE integrated model (operating rules, voluntary testing/certification, tracking/outreach)

- **Parameters**
  - (1) No adjustments to CORE rule requirements (2) CORE rules will remain *FREE* (3) support both mandated and voluntary rules that go above and beyond mandates (4) support for voluntary CORE Certification (5) Support CORE Guiding Principles, e.g. alignment with other industry initiatives, update rules to recognize Federal mandates (6) Recognize adjustments will evolve with milestones, as experienced by other industries (7) Recognize CORE can not edit other HIT requirements, and (8) Consider resource allocation versus benefit

- **Potential options identified by CORE/non-CORE participants (not mutually exclusive)**
  - Remove references to voluntary CORE Certification (e.g., "A CORE-certified entity must…"); as done with EFT/ERA
  - Adjust Conformance Requirements section of each rule to clarify CMS will determine conformance with the Federal mandates; as done with EFT/ERA
  - When/as appropriate, merge sets of Federally mandated operating rules (e.g., Phase I & II rules)
  - Package to highlight rules that are focused on data content and/or infrastructure
  - As appropriate, renumbering rules

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Update on the CORE Transition Committee

CORE Transition Committee: *Model Created*

- In 2011, the <u>CORE Transition Committee</u> was launched with the charge to recommend a model to extend both CAQH CORE multi-stakeholder governance and funding

- <u>Status</u>: A draft new CORE Governance Model has been developed by CORE Transition Committee

  - The proposed governance structure recognizes important changes in healthcare over the past several years, including the ACA Section 1104 operating rule mandate

  - Designed to maintain the CORE integrated model while focusing on shared industry goals and mutual accountability for ongoing development of operating rules; in this post-healthcare reform environment, it is assumed that the CORE integrated model will support both voluntary and federally mandated operating rules

  - Encourages that newly proposed CORE Governance address funding; understanding CAQH is committed to funding CORE until new model is identified

- <u>Next steps</u>:

  - Committee members in process of soliciting feedback on draft governance model from their organization's internal leadership

  - CORE Transition Committee will review input, determine model revisions, and then seek feedback from wider range of entities before transition begins

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Thank You For Joining Us: *Stay Involved*

- Ensure your organization is ready for the January 2013 Mandated Eligibility & Claim Status Operating Rules deadline:*
  - [HIPAA v5010 Phase I & II CAQH CORE Rules](#)
  - [Phase I & II CAQH CORE FAQs](#)
- Join us at another CAQH CORE Education Event:
  - [Upcoming CAQH CORE Educational Events](#)
    - For CAQH CORE Participating Entities: *Implementing the Mandated CAQH CORE Connectivity Operating Rules for Eligibility & Claim Status* (May 2012 - registration email forthcoming)
    - Joint CAQH/WEDI Webinar: May 24th 2:00-3:30pm ET *Is Your Organization Prepared to Adopt Mandated Healthcare Operating Rules?* The Role of Infrastructure Operating Rules in Driving Interoperability Between Health Plans and Providers (registration email forthcoming)
  - Upcoming Public CAQH CORE Town Halls (click to add to Outlook Calendar)
    - [June 12th, 3:00-4:00 pm ET](#)
    - [July 24th, 3:00-4:00 pm ET](#)
    - [September 11th, 3:00-4:00 pm ET](#)
- Learn the basics of [voluntary CORE Certification](#)
- Contact CORE@caqh.org regarding rule clarifications or to submit requests for information/clarification

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*NOTE: In the [Final Rule for *Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transaction*](#), requirements pertaining to Acknowledgements are not included for adoption.