



**BlueCross BlueShield
of North Carolina**



**Committee on Operating Rules
for Information Exchange**

A CAQH Initiative



WELLPOINT®

**CAQH CORE 360 Rule:
Uniform Use of CARCs and RARCs
*Insights from Industry Implementers***

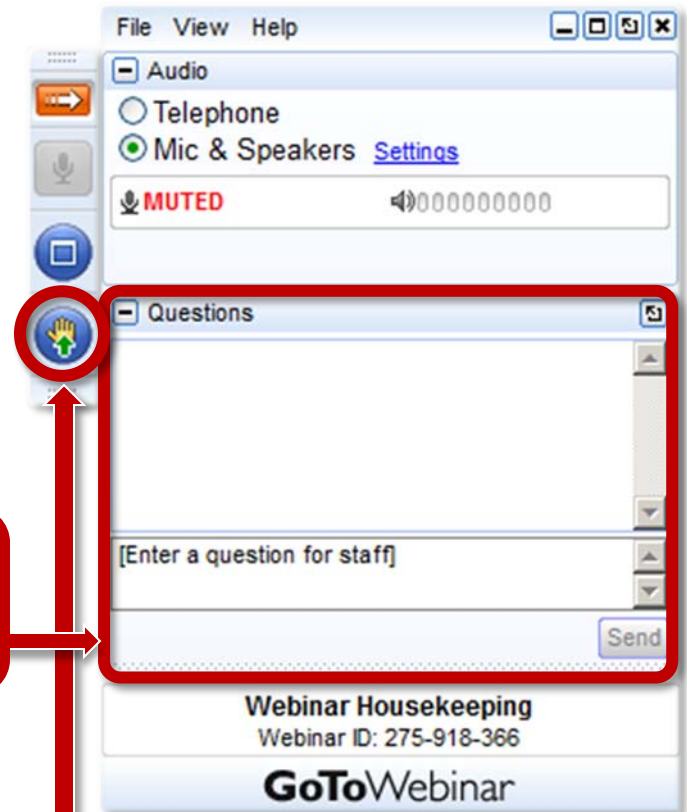
April 30, 2014
2:00 pm – 3:30 pm ET

Additional information/resources available at www.caqh.org

This document is for educational purposes only; in the case of a question between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take precedence.

Participating in Today's Session

- Download a copy of today's presentation on the [CAQH.org website](http://CAQH.org)
 - Navigate to the CORE Education Events page and access a pdf version of today's presentation under the list for today's event
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web
 - Submit your questions on-line **at any time** by entering them into the **Q&A panel on the right-hand side of the GoToWebinar desktop**
 - On-line questions will be addressed first
- There will be an opportunity today to submit questions using the telephone
 - **When directed by the moderator, press the "raise hand" button to join the queue for audio questions**



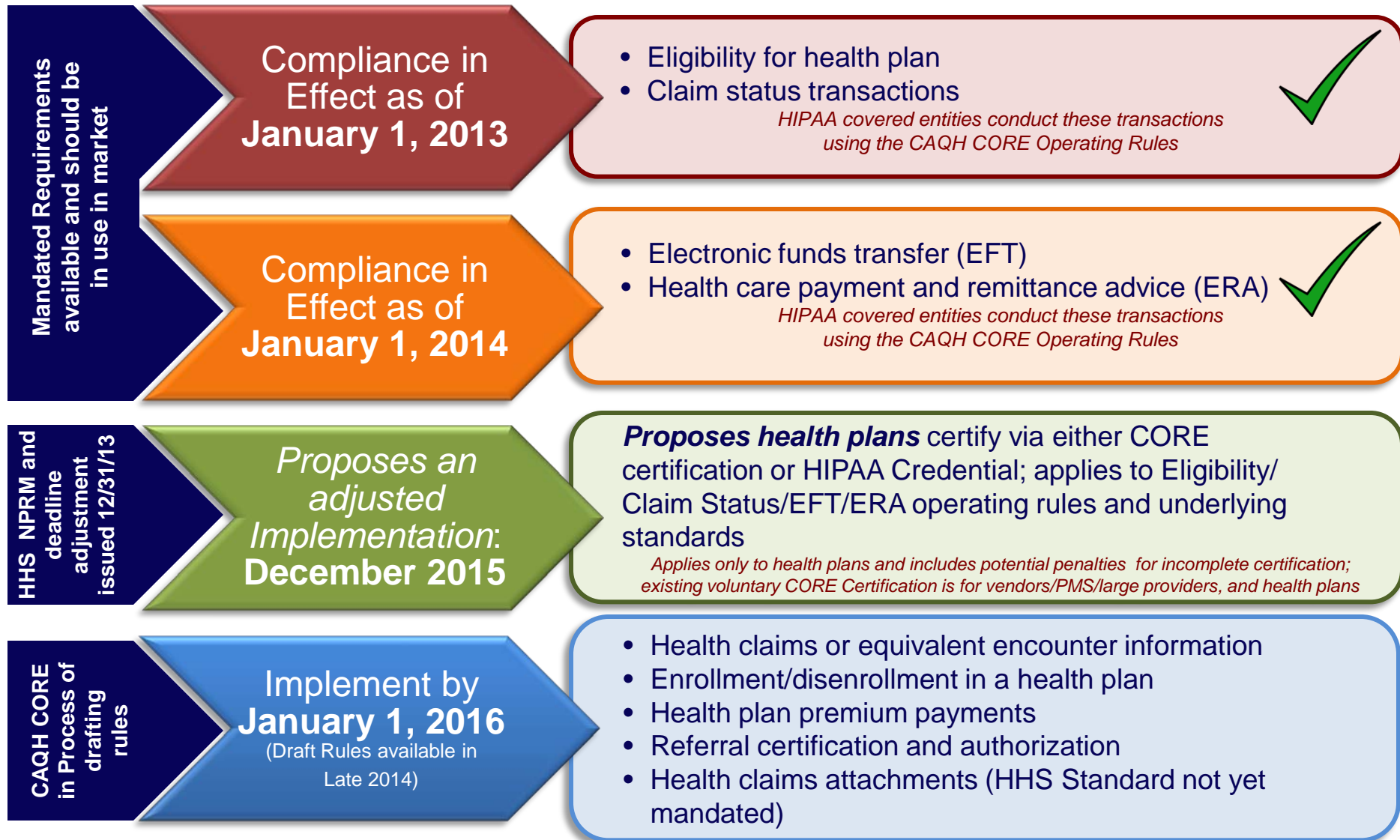
Session Topics

- Welcome Introduction
- ACA Mandate and HHS Health Plan Certification
- CAQH CORE 360: Uniform Use of CARCs and RARCs Rule
 - Brief Overview of CAQH CORE 360 Rule
- *CORE Code Combination* Maintenance Process
 - Overview of Code Combination Task Group (CCTG)
 - Updates on Market-based and Compliance-based Reviews (MBR & CBR)
- Health Plan CORE 360 Rule Implementation Perspectives
 - Barry Hillman, BlueCross BlueShield North Carolina
 - Meg Barber, WellPoint
- CAQH CORE Implementation Resources
- Q&A

ACA Mandate and HHS Health Plan Certification

Scope and Update

Scope: ACA Mandated Operating Rules and Certification Compliance Dates



NPRM on HHS Health Plan Certification

- Administrative Simplification: Certification of Compliance for Health Plans
 - Mandated under the Affordable Care Act, Section 1104
 - Required health plan certification of first two sets of standards and operating rules
 - First Federal regulation related to certification of entities that conduct administrative transactions
 - Penalty-driven using snapshot of time; *program will evolve over time*
- Notice of Proposed Rule Making (NPRM) published in [Federal Register](#), **December 31, 2013** and accepted comments through **April 3, 2014**
- Proposed certification would be required by **December 31, 2015** at the earliest, and requires submission of:
 - Number of covered lives
 - Documentation that demonstrates health plan has obtained a:
 - **CAQH CORE Certification Seal** for Phase III (includes Seals for Phase I and II and testing with independent testing entity); **or**
 - **HIPAA Credential** (requirements outlined by regulation, attestation-based documents filed with CAQH CORE)

NPRM Certification of Compliance for Health Plans

Draft HIPAA Credential Forms

- Samples of the three key HIPAA Credential application forms were developed by CAQH CORE for comment and are publicly available on the [CAQH website](#)
- Gathering industry input
 - CAQH CORE will convene a total of four conference calls* with the **Certification and Testing Subgroup** to review feedback from CORE and non-CORE Participants
 - Goal is to use industry input to revise the three Draft HIPAA Credential forms prior to publication of the Final Rule and to create a “tip” sheet for self-insured health plans
- Scope of industry comments on draft forms
 - **In Scope** - Usability and user friendliness of the draft forms. Topics will be limited to:
 - Clarity of instructions to complete the forms
 - Content of the forms that does NOT change program
 - Layout of the forms
 - **Out of Scope** - Structure of the proposed HIPAA Credential program; such issues were to be addressed in NPRM comments and are now at CMS review
- **Get Involved!**
 - CAQH CORE will convene the first of four conference calls with the **Certification and Testing Subgroup** this **Friday, May 2nd, 2014 from 11am-12:30pm ET**
 - If your organization is a **CAQH CORE Participant**** and you, or someone else at your organization, is interested in participating in these calls, please send your name, title, organization name, email address, and phone number to core@caqh.org

*More information on the dates and times of these conference calls can be found in the appendix of this presentation.

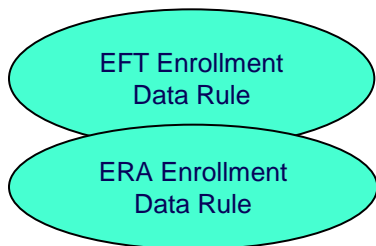
**Not a CORE Participating Organization and would like more information on how to become one? please visit our website [HERE](#)

CAQH CORE 360 Rule:
Uniform Use of CARCs and RARCs

EFT & ERA Operating Rules: Rules in Action

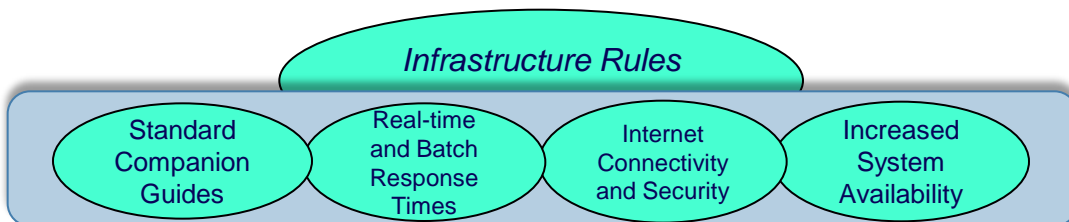
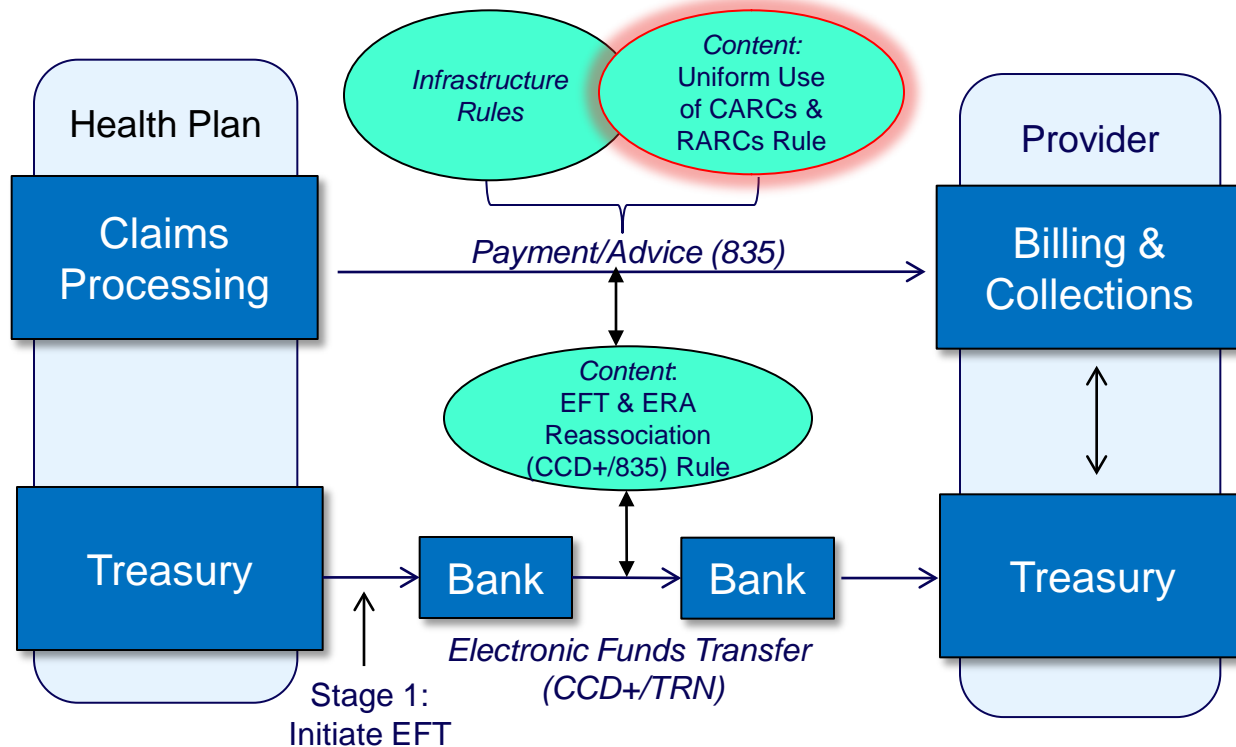
Indicates where a CAQH CORE EFT/ERA Rule comes into play

Pre- Payment: Provider Enrollment



Content: Provider first enrolls in EFT and ERA with Health Plan(s) and works with bank to ensure receipt of the CORE-required Minimum ACH CCD+ Data Elements for reassociation

Claims Payment Process



CORE 360 Rule: Uniform Use of CARCs and RARCs

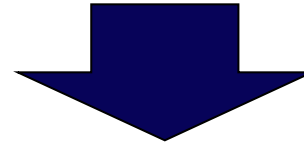
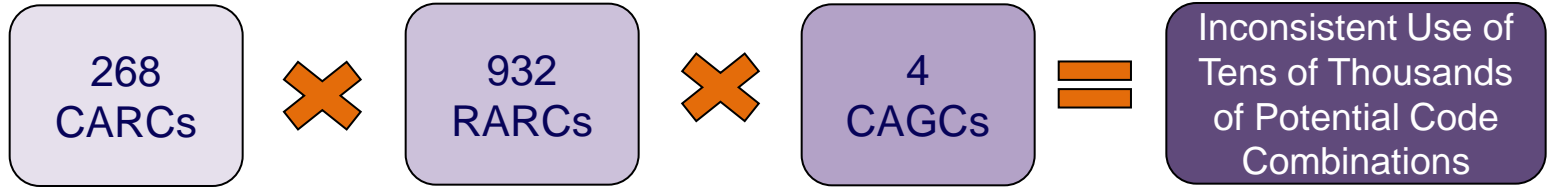
Scope & High-level Rule Requirements

- Foundational requirements
 - HIPAA covered entities should currently support the X12 v5010 835 transaction
- Scope of the rule
 - Applies to entities that use, conduct or process the X12 v5010 835 transaction
 - Builds on your existing X12 v5010 835 implementation bringing consistency and uniformity by establishing uniform business scenarios and code combinations
- High-level rule requirements
 - Identifies minimum set of four CORE-defined Business Scenarios with a maximum set of code combinations to convey claim denial/adjustment details (codes in separate document)
 - Establishes quality improvement maintenance process to review and update the *CORE Code Combinations*
 - Enables health plans and PBM agents to:
 - Use new/modified codes with CORE-defined Business Scenarios prior to CAQH CORE Compliance-based Review
 - Develop additional, non-conflicting business scenarios when CORE-defined Business Scenario do not meet business needs
 - Requires receivers of the X12 v5010 835 (e.g., a vendor's provider-facing system or solution) to make available to the end user (i.e. the provider) text describing the CARC/RARC/CAGCs included in the remittance advice and text describing the corresponding CORE-defined Business Scenario
 - Identifies applicable CORE-defined Business Scenarios for retail pharmacy

CORE 360 Rule: Uniform Use of CARCs and RARCs

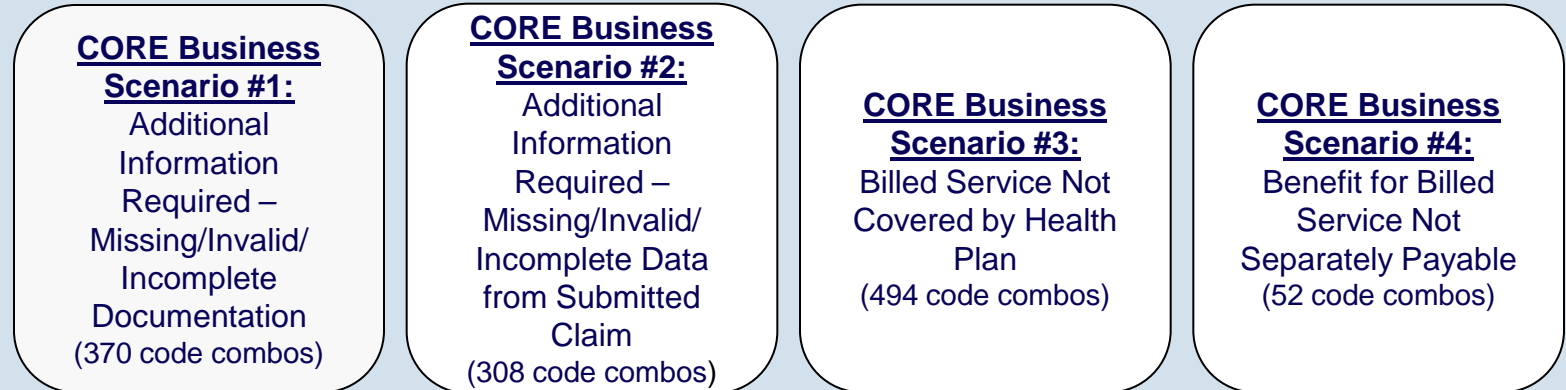
Four Business Scenarios

Pre-CORE Rules



Post CORE Rules

Four Common Business Scenarios



Code Combinations not included in the CORE-defined Business Scenarios may be used with other non-CORE Business Scenarios

CARCs and RARCs Code List Maintenance

External to CAQH CORE

As the recognized Federal standard/code authors, Code Maintenance Committees and ASC X12 are responsible for maintaining CARC/RARC/CAGC definitions and meet in-person on a tri-annual basis. Adjustments to the definition of such codes must be addressed via the specific author. All adjustments will be published by Washington Publishing Company (WPC) on their website three times per year.

CARCs (CARC Code Committee)

- Total # of CARCs: **268**
 - not all in *CORE Code Combinations*
- There are approximately 35 CARC Committee members representing a variety of stakeholder including health plans, associations, vendors, and government entities
- Entities can complete the CARC Change Request Form found [HERE*](#)

RARCs (RARC Code Committee)

- Total # of RARCs: **932**
 - not all in *CORE Code Combinations*
- The RARC Committee members represent various components of CMS
- Entities can complete the RARC Change Request Form found [HERE](#)

CAGCs (ASC X12)

- Total # of CAGCs: **4**
 - All are in *CORE Code Combinations*
- Part of the ASC X12 standard, therefore, **can *only* be revised when a new HIPAA mandated version of X12 standards is issued**; current version is ASC X12 v5010
- Entities can submit a request to ASC X12

*Before submitting a CARC Change Request Form, entities are first encouraged by the Committee to contact a member of the committee to “*facilitate their request by allowing someone familiar with the approval process to discuss an alternate solution (if appropriate) for their need, or enabling that committee member to obtain additional background information which could help with the request*”. Committee list is available [HERE](#).

CAQH CORE Code Combinations Maintenance Process

CORE Business Scenario #1:

Additional Information Required – Missing/Invalid/Incomplete Documentation (370 code combos)

CORE Business Scenario #2:

Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim (308 code combos)

CORE Business Scenario #3:

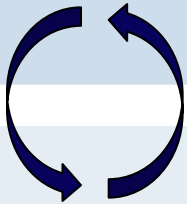
Billed Service Not Covered by Health Plan (494 code combos)

CORE Business Scenario #4:

Benefit for Billed Service Not Separately Payable (52 code combos)

CAQH CORE Compliance-based Reviews

Stability of CORE Code Combinations maintained



- Occur 3x per year
- Triggered by tri-annual updates to the published CARC/RARC lists by code authors
- Include only adjustments to code combinations to align with the published code list updates (e.g. additions, modifications, deactivations)

CAQH CORE Market-based Reviews

Supports ongoing improvement of the CORE Code Combinations

- Occur 1x per year
- Considers industry submissions for adjustments to the *CORE Code Combinations based on business needs* (addition/removal of code combinations and potential new Business Scenarios)
- *Opportunity to refine the CORE Code Combinations as necessary to ensure the CORE Code Combinations reflect industry usage and evolving business needs*

Maintenance: Uniform Use of CARCs and RARCs Rule *CORE Code Combinations Task Group (CCTG)*

- Composed of more than 40 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:
 - Shannon Baber, *UW Medicine* – Heather Morgan, *Aetna*
 - Janice Cunningham, *RelayHealth* – David DuBay, *UnitedHealth Group*
- Conducts three Compliance-based Reviews (CBR) and one Market-based Review (MBR) per year using teleconferences and tools such as online surveys to ensure maximum participation
- Compliance-based Review Work Efforts in 2013 and YTD 2014
 - Successfully met deadlines for Completion of all three Compliance-based Reviews for 2013
 - Completed most recent Compliance-based Review based on the 11/01/13 published code list updates and published the [February 2014 CORE Code Combinations](#)
 - Currently conducting a Compliance-based Review for code adjustments published by WPC on 3/1/2014, which include:
 - Modification of 31 RARC Descriptions
 - Addition of 23 RARCs to 12 existing CARCs for a total of **72 new Code Combinations**
- Market-based Review Work Efforts
 - Launched first MBR on 12/13/2013 and received **1,181 requests** for code combination adjustments from **20 organizations**; currently in the process of reviewing these submissions
- An updated version of the *CORE Code Combination* list, which will include updates based on both the CBR and MBR, will be available on **June 1, 2014**

Maintenance: Uniform Use of CARCs and RARCs Rule

Industry Response to Market-based Review (MBR)

Summary of Total Submissions to Market-based Review by CORE-defined Business Scenario and Additions/Removals

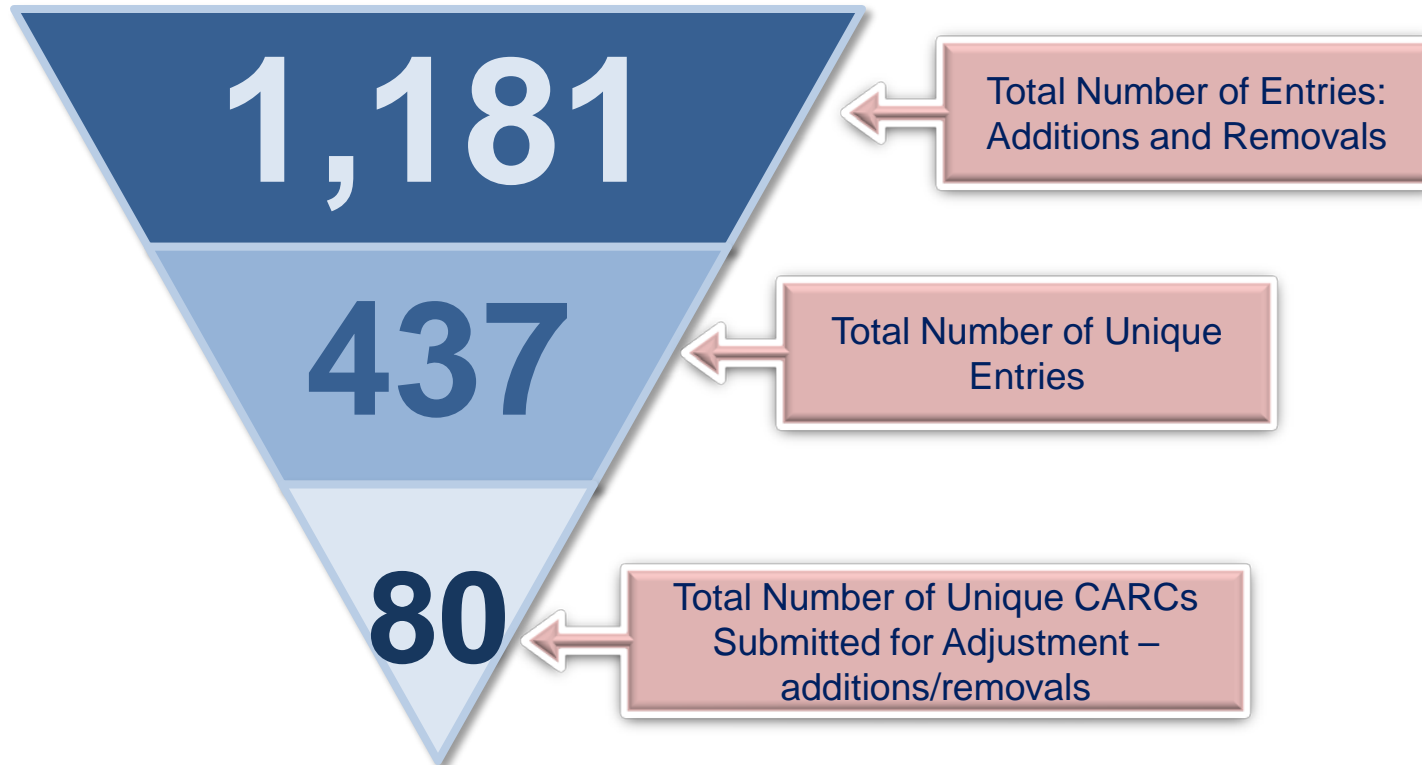
Adjustment Type	Business Scenario #1: Additional Information Required – Missing/Invalid/Incomplete Documentation	Business Scenario #2: Missing/Invalid/Incomplete Data from Submitted Claim	Business Scenario #3: Billed Service Not Covered by Health Plan	Business Scenario #4: Benefit for Billed Service Not Separately Payable	Total	Percentage of Total
Addition	33	79	279	12	403	34%
Removal	483	85	193	17	778	66%
Total	516	164	472	29	1181	100%
Percentage of Total	44%	14%	40%	2%	100%	

Note: This table considers total submissions; there is an inverse effect on percentage of total additions/removals when analyzing unique submissions

Maintenance: Uniform Use of CARCs and RARCs Rule

Industry Response to Market-based Review (MBR) cont'd

Summary of Submissions: Requests for adjustments by unique CARC



- **Next Steps:**

- CCTG issued an Initial Straw Poll to obtain Task Group feedback on the 437 potential *CORE Code Combinations* adjustments submitted via the 2013 MBR, in accordance with the established CAQH CORE Code Combinations Maintenance Process
- Responses to the Initial Straw Poll are due on **5/1/2014**
- A Follow-up Task Group Straw Poll will be issued if needed

Compliance with Updated Versions of the *CORE* Code Combinations

How long do HIPAA covered entities have to comply with the updated versions of the *CORE*-required Code Combinations for the *CORE*-defined Business Scenarios (e.g. the *CORE* Code Combinations)?

HIPAA covered entities have **90 days** from the date of publication of an updated version of the *CORE* Code Combinations until compliance with that version is required. CAQH CORE has established a policy to publish updated versions of the *CORE* Code Combinations on February 1st, June 1st, and October 1st of each year (e.g. approximately 3 months after the code list updates). Thus compliance with the updated versions will be required 3 months after the *CORE* Code Combinations publication dates, e.g. May 1st, September 1st, and January 1st of each year.

NOTE: The timing of the *CORE* Code Combinations publication and compliance dates aligns with the vast majority of start/deactivation dates associated with the individual codes published by WPC thus entities can still focus on updating their code combinations three times per year.

Exceptions: When CARCs and RARCs have modification or deactivation/stop dates after the *CORE* Code Combinations Compliance Date (6 months after publication on the WPC website):

1. Deactivated CARCs and RARCs may continue to be used in the *CORE*-defined Business Scenario in which they were included until their deactivation/stop date. After the deactivation/stop date the code can only be used in derivative business transactions (See FAQs on the WPC website [HERE](#)).
2. Modified CARCs and RARCs may continue to be used with their previous description in the *CORE*-defined Business Scenario in which they were included until the date the modification is effective. After the date modification is effective the previous description can only be used in derivative business transactions.

<i>CORE</i> Code Combinations Timeline		
Projected WPC Code List Updates	CORE Code Combos Publication Date	CORE Code Combos Compliance Date <i>(90 days from date of publication)</i>
~November 1	February 1	May 1
~March 1	June 1	September 1
~July 1	October 1	January 1

Maintenance: Uniform Use of CARCs and RARCs

Task Group that does Maintenance

GET INVOLVED!

- Any CORE Participating Organization can join the CORE CCTG and give their input
 - The CCTG meets bi-weekly on Tuesdays from 3pm – 4:30pm ET
 - The next CCTG meeting will be on **May 13th at 3pm ET**
 - If you are not a CAQH CORE Participating Organization but would like more information on how to become one, please visit our website [HERE](#)



Polling Question #1:

CAQH CORE 360 Rule Implementation Status

Select the response that best describes how far along your organization is with implementing the CAQH CORE Uniform Use of CARCs and RARCs Rule:

1. Not Started
2. Planning & Analysis
3. Well Underway
4. Near Completion
5. Complete

Rule 360: Uniform Use of CARCs and RARCs

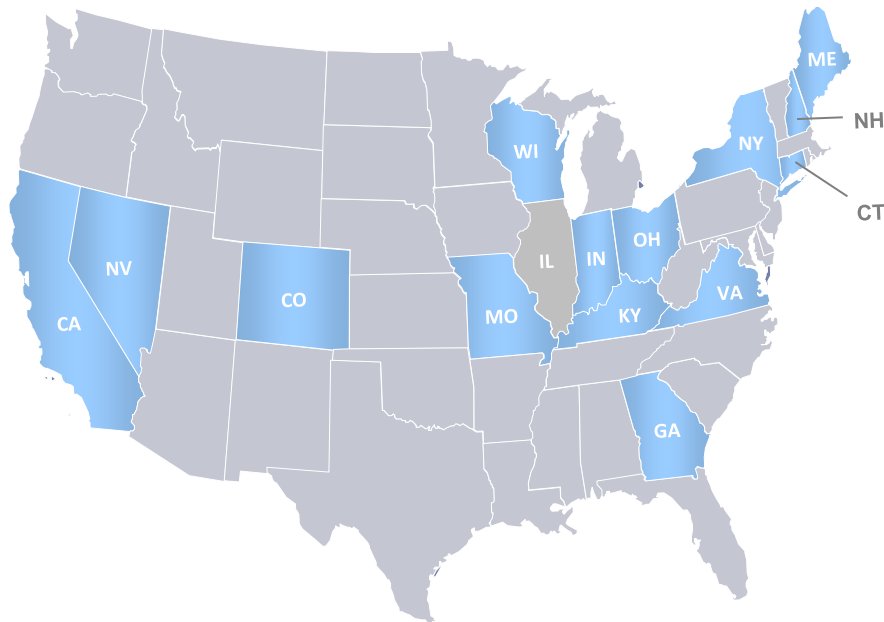
CAQH CORE Education Session – April 30, 2014

Contact Info: Meg Barber
Business Consultant Sr.
E-Solutions Strategy, Compliance and Consulting
Margaret.Barber@WellPoint.com

WellPoint at a Glance

One of the largest US health benefits companies

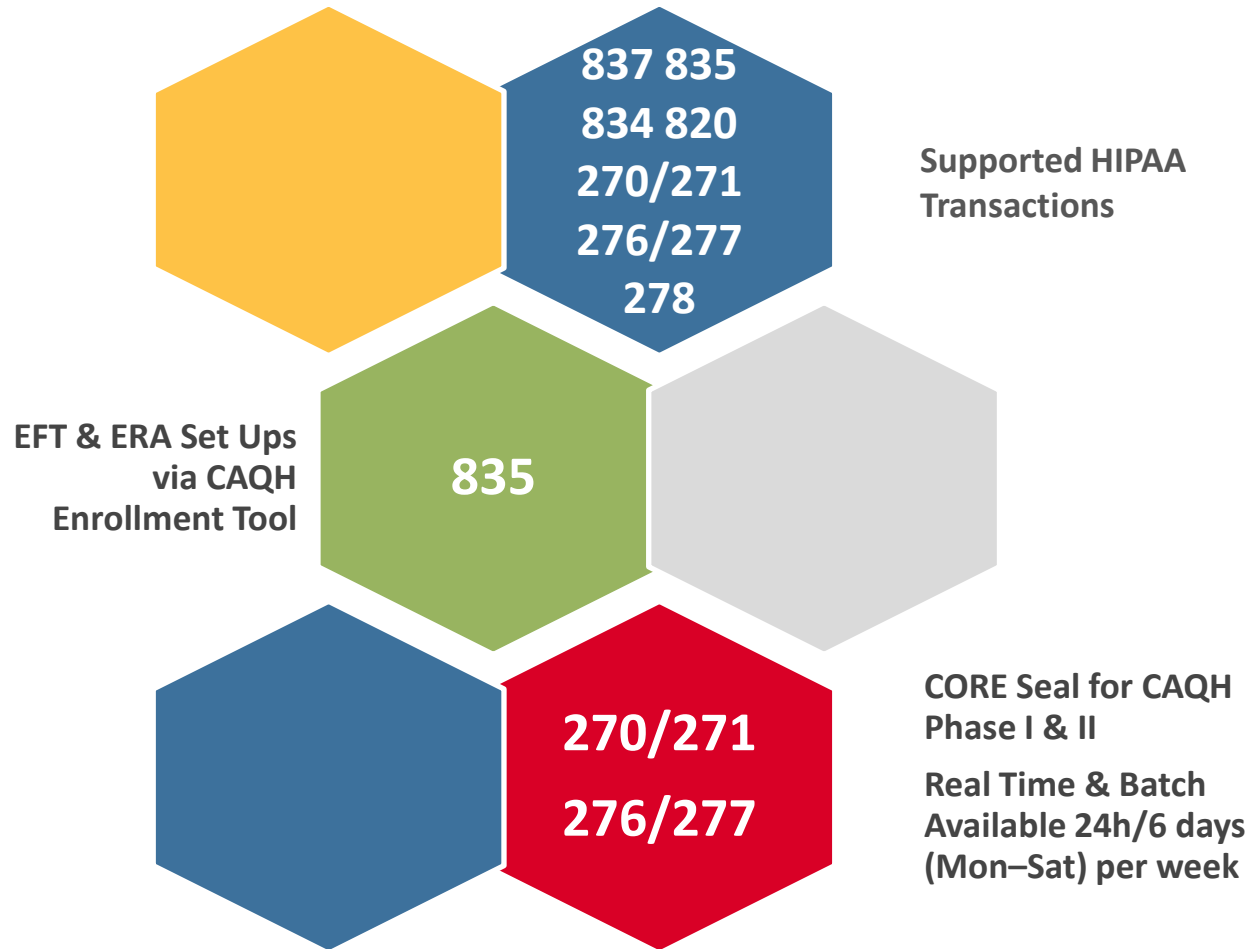
- Approximately 68 million individuals served through our affiliated companies
- More than 36 million members enrolled in our affiliated health plans



**1 in 9 Americans receives
medical coverage through a
WellPoint company**



Current WellPoint EDI Landscape



EFT and ERA Metrics

	ERA	EFT
2013 Average Monthly Transmissions	2.5 Million	700,000
CAQH Tool Enrollment Requests Received	2500+	8000+

**WellPoint implemented mandated operational rules in Q4 2013 and continues to assess impacts*

Resource Structure to Support 360 Rule



The Process

PLANNING

- Analysis began with January 2013 360 mapping publication
- Revised May 2013 360 publication for a combined 2013 Q4 implementation
- Defined maintenance strategy for post 01/01/14 (combined WPC and CAQH)

ANALYSIS

- Reviewed 835 and 277 code mapping
- Assigned CAQH CORE 360 Business Scenarios
- Assessed initial impact in Q3 2012 – 14 States multiple lines of business:
 - 837 inbound/outbound
 - 277 claim status (finalized claims)
 - 835 inbound/outbound
 - Portal & IVR
 - InterPlan
 - Letter writing
 - State mandates

EXECUTION & MAINTENANCE

- Implemented Governance intake process for 835 and 277 mapping
- Further refine categories to support consistency in mapping decisions for:
 - Member Eligibility
 - Insufficient/invalid information (provider)
 - Timely file/duplicate
 - COB
 - Medical Appropriateness
 - Benefit Application
 - Fee Schedule
 - Multiple processing, bundling, splitting rules

Components of Governance Process

Launched process to ensure greater consistency and granularity within WellPoint

- ✓ Created training materials for associates:
 - CAQH CORE 360 rules (as opposed to WPC and 835 TR3)
 - Mapping based on 360 rule, 835 TR3 and WPC publications
- ✓ Inserted mapping analysis at a higher level in the project lifecycle
- ✓ Closed gaps for multiple cross systems across enterprise
- ✓ Automated process for communicating publication updates 6x per year
- ✓ Developed strategy for impact analysis to occur 3x per year

CAQH Response	WPC Publication	WellPoint Analysis
June 1	March 1	Feb 1 + March 1
October 1	July 1	June 1 + July 1
Feb 1	November 1	October 1 + Nov 1

- ✓ Ongoing documentation of business needs as they relate to new CARC /RARC combinations

Gap Analysis for Publications

Prior to any specific changes defined for WellPoint, a gap analysis is completed for WPC and CORE 360 published changes 3 times per year.

WPC Publication

- ✓ Applicable to WellPoint business
- ✓ Applicable to CORE defined business scenarios
 - Yes or not known, document risk to implementing the code change/update prior to CORE compliance based review
 - No, assign low risk and proceed
- ✓ Code Cancelled – provide direction on new code remap
- ✓ Code updated - define if action needed
- ✓ Code added for usage – further define usage guidance from WPC
- ✓ Set priority of code updates for impact assessment

CORE 360 Rule

- ✓ Applicable to WellPoint business
- ✓ CARC/RARC/CAGC combinations removed– provide direction on new code remap
- ✓ CARC/RARC/CAGC combinations updated - define if action needed
- ✓ CARC/RARC/CAGC newly added - further define usage guidance provided by CORE and WPC
- ✓ Capture delta for current and past 2 publications for traceability of changes
- ✓ Set priority of code updates for impact assessment

Managing Interdependencies

Communication

- Reduces risk of missed requirements
 - Highlights areas where other projects can combine mapping efforts
 - Initiates the socialization of the new 360 mapping rules
 - Avoids requirements or code overlay

Other HIPAA Transactions

- 277 claim status (finalized claims)
 - 277 claim status is reviewed concurrently with 835 360 mapping assessment
 - Supports consistency and quality check
- 837 inbound /outbound assessment
 - Assessment done to ensure 360 mapping rules do not negatively impact COB processing

Other Processes

- Provider Paper/Portals & Member Paper/Portals/IVR
 - Combined programs for ERA and paper ensure consistency with reporting ERA
 - CARC/RARC and CAG changes

Documentation

- Ongoing documentation of mapping rules for the Market-based Review
 - State and Federal Mandates
 - Product specific mapping related to liability to support WellPoint business

Lessons Learned from Implementation

Benefits (+)

- Provider organizations sent positive feedback; seeing improvements in reporting payments and claim status
- Internal operational areas welcoming the guidance for usage
- Providing a new refreshed baseline update
- Promoting consistency in reporting to the providers

Challenges (-)

- Managing competing project impacts
- Need to align WellPoint business rules with 360 mapping rules for implementation
 - Market-based Review post 2014 mandate
 - Revise based on Market-based Review
- Finalizing codes still under review by BCBSA and work groups
- WPC and CAQH publication schedules
 - Updates 6 times per year, combined
 - Potential for mapping rework with CAQH review 3 months after WPC's
 - Anticipation for what will be adopted
 - Immediate review of WPC updates for accurate straw poll input

CAQH CORE 360 Rule:
Uniform Use of CARCs and RARCs
Implementation Perspectives

Barry Hillman



**BlueCross BlueShield
of North Carolina**

BlueCross BlueShield of North Carolina

- Headquartered in Chapel Hill with major operations centers in Durham and Winston-Salem
- 3.7 million members
- \$58M annual net revenue in 2012
- Network of healthcare providers includes 97% of medical doctors and 99% of hospitals in North Carolina
- Paid 48.1 million claims in 2012
- Providing leadership at a national level related to healthcare administrative simplification and related transactions including:
 - CAQH and CAQH CORE Board Member
 - CORE Certified for Phased I, II and III
 - Blue Cross and Blue Shield Association



**BlueCross BlueShield
of North Carolina**

EFT and ERA at BCBSNC

- Send 1.5M checks via EFT payments per year (annualized 2013 data)
- Send 2.6M ERAs per year (annualized 2013 data)
- 87% of claim dollars are EFT and 90% of claims dollars are sent via 835
- Most of our hospitals and large professional providers are EFT; gaining in the professional market due to consolidating of large healthcare systems and professional providers
- Barriers to going 100% electronic:
 - Provider choice for the adoption of the EFT and ERA
 - Variation in payer implementation of electronic transactions
 - Lack of trust in the use of electronic transactions
 - System limitations in posting electronic transactions
 - BCBSNC is not willing to force providers to 100% electronic

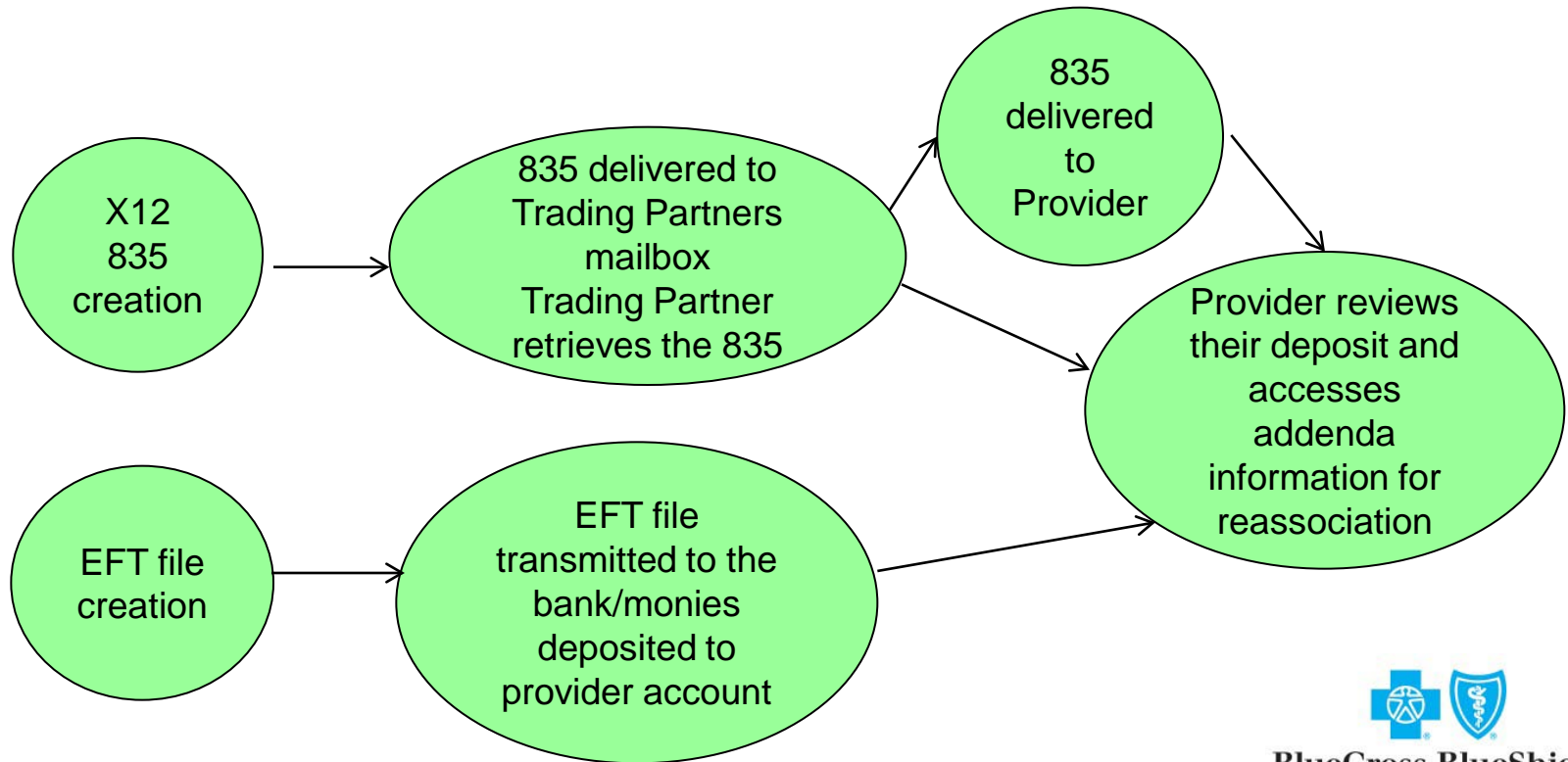


BlueCross BlueShield
of North Carolina

Transaction Flow at BCBSNC

- Key trading partners for EFT/ERA:

- One financial institution for BCBSNC; multiple financial institutions for providers
- 200 vendors/clearinghouses/direct providers for ERA, not all are using EFT



BlueCross BlueShield
of North Carolina

Uniform Use of CARCs and RARCs Rule Implementation

Preparation

- Resources needed
 - We had three analysts from our eSolutions team (two full-time and one 50% allocated) over a 2-3 month period
 - Other analysts from the adjudication systems as needed
- Became involved early
 - Participated in CAQH CORE subgroups and work groups to drive decisions and ensure understanding of business drivers behind the EFT & ERA Operating Rules
- Educated ourselves
 - Re-read the 360 rule and ensured that we had a common understanding of the requirements from an internal perspective
- Mobilized staff
 - Reached out to the business areas to involve their adjudication system and internal code SME's
- Performed gap analysis
 - Reviewed current processes and conducted gap analysis
 - Overlaid Business Scenarios with current internal code mapping



BlueCross BlueShield
of North Carolina

Uniform Use of CARCs and RARCs Rule Implementation

Internal Adjustments

- Modified internal codes
 - Changed our internal codes to align with those outlined for use with Business Scenarios
- Identified and implemented business process changes
 - Changes to manual claims adjudication processes
 - Primarily dealt with adjustments of internal codes
 - Updated business process for Code Maintenance
 - One analyst disseminates information about Code updates
 - One analyst evaluates code changes and updates internal mapping
 - This is done for each adjudication system
- Identified and implemented wraparound system changes
 - Some scenarios were hardcoded for special internal codes that needed to be modified so that they could translate to CARCs



BlueCross BlueShield
of North Carolina

Uniform Use of CARCs and RARCs Rule Implementation

Working with Trading Partners

- Coordinating with trading partners to ensure compliance
 - Communicating with vendors/clearinghouses/providers through email blasts and individual meetings
- Testing with trading partners
 - BCBSNC is not requiring testing with our trading partners
- Driving provider adoption of EFT/ERA
 - Educating providers at every opportunity
- Perform outreach and listen to the feedback



**BlueCross BlueShield
of North Carolina**

Uniform Use of CARCs and RARCs Rule Implementation Challenges

- Complexity and Coordination
 - Business Scenario approach required a deep understanding of our internal business processes
 - Led to lengthy conversations with multiple internal business areas.
 - Some of our business scenarios aren't covered in the operating rule
 - Forced discussions between our business analysts to ensure a full understanding of the rule
 - What is covered and what is not?
 - Where are we still free to allow for our own interpretation?
- Provider Adjustments
 - Communicating changes to Providers
 - Regional industry meetings
 - Individual provider meetings
 - Email blasts
 - Posting on our secure provider web portal and bcbsnc.com
 - Providers may experience some changes at first, as payers change their internal mappings to align with these business scenarios
 - Providers may also not get some of the more detailed response codes that they were used to



BlueCross BlueShield
of North Carolina

Uniform Use of CARCs and RARCs Rule Implementation

Anticipated Benefits

- Reductions in:
 - Administrative expense for back-office payment reconciliation processes
 - Backend programming and maintenance costs
 - Manual follow-up with providers
 - Overall accounts receivable days
 - Variability from payer to payer for Providers
 - Providers will be able to develop a trust that a code combination from BCBSNC is the same as those same codes from other payers

These benefits will reduce the cost of healthcare administration and simplify the processes involved, and ultimately these savings could be passed on to the consumer for a potential overall reduction in healthcare cost.



**BlueCross BlueShield
of North Carolina**

Uniform Use of CARCs and RARCs Rule Implementation

Lessons Learned and Looking to the Future

- Lessons learned
 - Start early, early, early
 - Variability in practice management and patient accounting systems handling of CARCs/RARCs, so be prepared for diverse feedback from providers
 - Do not underestimate the complexity of your systems, the complexity and entrenched nature of one off processes, and the amount of analysis required
 - Eat the elephant in small bites
 - Leverage Voluntary CORE Certification as a quality check
- Looking to the Future
 - Addition of more Business Scenarios
 - More Comprehensive CARC/RARC mapping
 - Allow for more specificity



BlueCross BlueShield
of North Carolina

CAQH CORE Rule 360:
Uniform Use of CARCs and RARCs
Available Resources

CORE 360 Rule: Uniform Use of CARCs and RARCs

Key Implementation Resources

- Access the most current version of the [CORE-required Code Combinations for CORE-defined Business Scenarios](#) is ALWAYS available for free on the CAQH CORE website
 - Formal announcements are sent to all stakeholders through multiple channels when new versions are issued, and a request that stakeholders distribute the update, e.g. sent to ASC X12, WEDI, NUBC
 - Entities may email core@caqh.org to request a marked-up version of the *CORE Code Combinations* that highlights adjustments made between versions
- CAQH CORE launched a [dedicated webpage](#) for the CAQH CORE 360 Rule and the Code Combinations Maintenance Process
 - In addition to current announcements, future versions of the *CORE Code Combinations* will also be announced on the webpage and deprecated versions will be available for reference

Implementation Steps for HIPAA Covered Entities: *Tools and Resources*

Free Tools and Resources Available

Education is key

Get executive buy-in early

- Read the [CAQH CORE EFT & ERA Operating Rules](#)
- Listen to archive of past [CAQH CORE Education Sessions](#) or register to attend a future one
- Search the EFT & ERA [FAQs](#) for clarification on common questions
- Use our [Request Process](#) to Contact technical experts throughout implementation

Determine Scope of Project

- The [Analysis and Planning Guide](#) provides guidance to complete systems analysis and planning for implementation; Information attained from the use of this guide informs the impact of implementation, the resources necessary for implementation, as well as, what would be considered an efficient approach to, and timeline for, successful implementation.

Just Getting Started

Analysis and Planning

Systems Design

Systems Implementation

Integration & Testing

Deployment/
Maintenance

Engage Trading Partners Early and Often

- **Provider's:** Use the EFT/ERA [Sample Health Plan](#) and [Sample Financial Institution](#) Letters as a way to help facilitate the request to receive EFT from your health plans and the request for delivery of the necessary reassociation data elements from your financial institutions

TEST, TEST, TEST!

- Leverage [Voluntary CORE Certification](#) as a quality check, a way to test with partners, and as a way of communicating compliance to the industry and other trading partners

Get Involved with CAQH CORE

- [Join](#) as a Participant of CAQH CORE in order to give input on rule-writing maintenance by joining a task group and to stay up-to-date on implementation developments

Q&A

Please submit your question:

- Via the Web: Enter your question into the Q&A pane in the lower right hand corner of your screen
- By Phone or VoIP: When prompted for audio portion of Q&A, please press **“Raise Hand” Button** to queue up to ask a question



NOTE: *In order to ask a question during the audio portion of the Q&A please make sure that you have entered the “Audio PIN” (which is clearly identified on your user interface) by using your telephone keypad.*

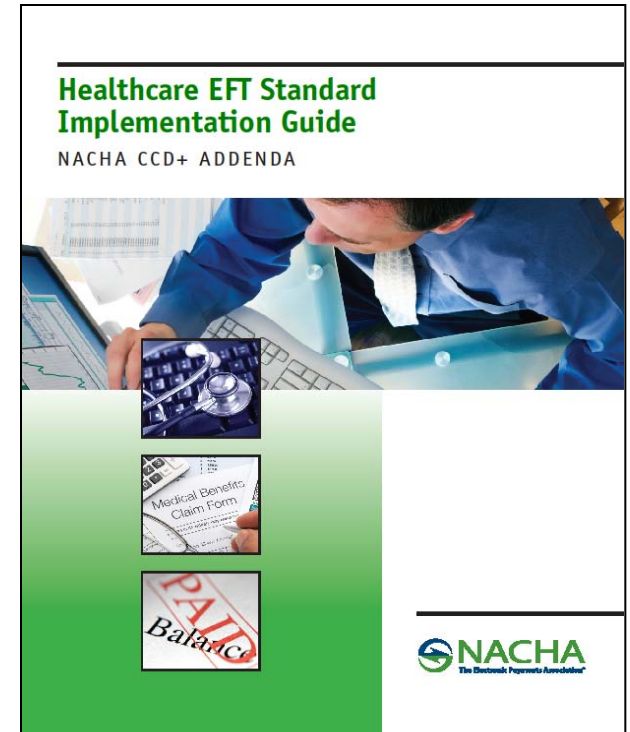
Thank You for Joining Us!

APPENDIX

Additional Information and Resources

Healthcare EFT Standard Implementation Guide

- Healthcare EFT Standard Implementation Guide
 - What is the EFT standard?
 - How does it work?
 - Includes the CCD format
 - How to populate the specific fields
 - What are *NACHA Operating Rules* and how do they impact the standard?
- Available from NACHA at <https://www.nacha.org/nacha-estore-healthcare-payments>



Additional NACHA Resources

- [Healthcare Payments Resources Website](#)
 - Provides a repository of information on a wide variety of topics for both financial institutions and the healthcare industry. Includes links to many other resources, as well as customized information to help “translate” concepts from one industry to the other (FAQs, reports, presentations).
- [Healthcare EFT Standard Information](#)
 - Located within the healthcare industry tab of the above website, specific information can be found on the healthcare EFT standard.
- [Healthcare Payments Resource Guide](#)
 - Publication designed to help financial institutions in implementing healthcare solutions. It give the reader a basic understanding of the complexities of the healthcare industry, identify key terms, review recent healthcare legislation, and discuss potential impacts on the financial services industry.
 - Order from the NACHA eStore “Healthcare Payments” section
- [Revised ACH Primer for Healthcare Payments](#)
 - A guide to understanding EFT payment processing. Introduces the healthcare industry to the Automated Clearing House (ACH) Network, explains ACH transaction flow and applications, and includes two “next steps checklists,” one each for origination and receipt.
- Ongoing Education and Webinars
 - Check the Healthcare Payments Resource Website for “Events and Education”

Available CMS OESS Implementation Tools:

Examples

- [HIPAA Covered Entity Charts](#)
 - Use the HIPAA Covered Entity Charts to determine whether your organization is a HIPAA covered entity
- [CMS FAQs](#)
 - Frequently asked questions about the ACA, operating rules, and other topics
- [Affordable Care Act Updates](#)
 - Updates on operating rules; compliance, certification, and penalties; and engagement with standards and operating rules
- [CMS eHealth University](#)
 - [What Administrative Simplification Does For You](#) – This fact sheet explains the basics behind how Administrative Simplification will help improve health care efficiency and lower costs
 - [Introduction to Administrative Simplification](#) – This guide gives an overview of Administrative Simplification initiatives and their purposes
 - [Introduction to Administrative Simplification: Operating Rules](#) – A short video with information on Administrative Simplification operating rules
- Additional Questions
 - Questions regarding HIPAA and ACA compliance can be addressed to:
 - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov

About *Voluntary* CORE Certification



A CAQH Initiative

- Since its inception, CAQH CORE has offered a *voluntary* CORE Certification to health plans, vendors, clearinghouses, and providers
 - *Voluntary* CORE Certification provides verification that your IT system or product operates in accordance with the federally mandated Operating Rules
 - CORE Certification is stakeholder-specific
 - Each entity completes testing specific to their stakeholder type in order to become CORE Certified
 - **137** CORE Certifications have been achieved with 31 Certifications currently pending. Access a list of these organizations [HERE](#)
- CAQH CORE Certification is available for the following transactions
 - Eligibility and Claim Status (Phase I and Phase II)
 - EFT and ERA (Phase III)
- Key Benefits
 - Provides all organizations across the trading partner network useful, accessible and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
 - Encourages trading partners to work together on data flow and content needs
 - Offers vendors practical means for informing potential and current clients on which of their products – **by versions** - follow Operating Rules, including Practice Management Systems
 - Achieves maximum ROI because all entities in data exchange follow the Operating Rules; once CORE-certified need to follow Operating Rules with all trading partners
 - Means for voluntary enforcement dialog and steps



HIPAA Credential Commenting Period Timeline

Stage	Activities & Timeframe	Description
1. Kickoff	Call 1 Kickoff Version 1 Friday May 2, 2014	Convene CAQH CORE Certification and Testing Subgroup. Introduce the Draft HIPAA Credential forms (version 1), objectives, scope, feedback process and plan, and answer questions about all of the above.
2. Gather and Analyze Input	Elicit Feedback from Industry Friday May 2 – Friday May 23, 2014	After Call 1 completion, an announcement will be placed on CAQH CORE website and issued via email to both CORE participants and the general public soliciting their written feedback on the draft forms. Industry will have 3 weeks provide input.
	Synthesize Feedback Friday May 23 – Thursday June 5, 2014	Subgroup Chairs and Staff will prepare a synthesis and summary of all feedback received within scope and recommend revisions for discussion on calls 2 and 3.
3. Subgroup Reviews Input Agrees to Changes (may extend as needed)	Call 2 Friday June 6, 2014	Present the synthesis and summary of feedback, with recommended revisions where possible, to the Subgroup and develop consensus on revisions.
	Initiate Revisions Friday June 6, 2014	In between calls 2 and 3, begin revisions as appropriate. (Revisions will not be presented until Call 4.)
	Call 3 Friday June 13, 2014	Continued discussion about summary of feedback and development of consensus on revisions.
	Complete Revisions Friday June 13 – Thursday June 26, 2014	After call 3 CAQH CORE Team will complete revisions based on the consensus achieved during calls 2 and 3.
4. Review and Publish Revisions	Call 4 Version 2 Friday June 27, 2014	Present revised Draft HIPAA Credential Forms (version 2). Determine if Subgroup would like to produce support materials, such as a “Tip Sheet,” to help organizations apply for the HIPAA Credential.
	Version 2 Publication to Web Friday July 11, 2014	Publish revised Draft HIPAA Credential Forms (version 2) to CAQH CORE Website.