



## **CAQH CORE April Town Hall Call**

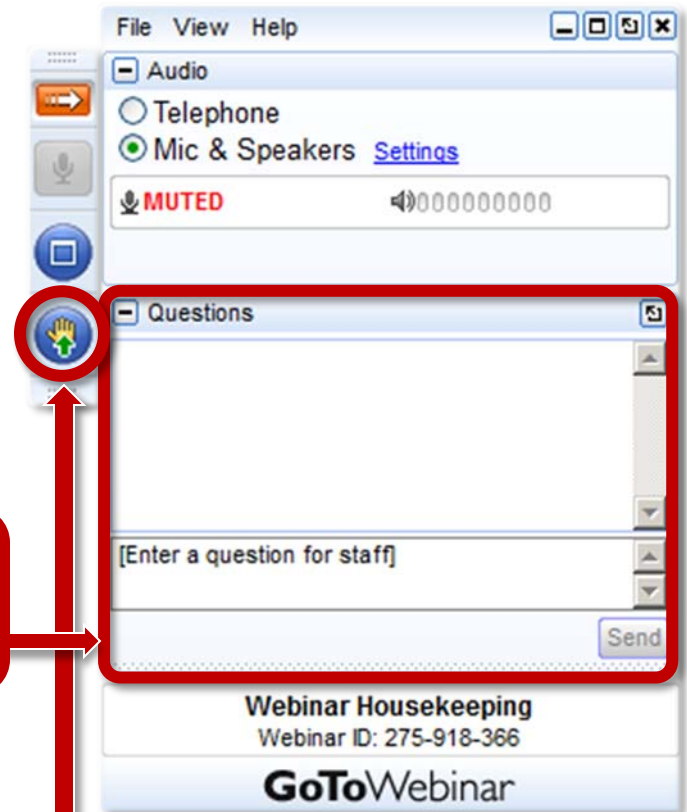
April 9, 2014  
3:00 pm – 4:00 pm ET

Additional information/resources available at [www.caqh.org](http://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 and Introduction
- ACA Mandate and HHS Health Plan Certification NPRM
- Health Plan Identifier (HPID) Discussion with CMS OESS
  - Q&A
- CAQH CORE EFT & ERA Operating Rules
  - Industry Adoption Insights and Implementation Resources
  - Rule Maintenance: *GET INVOLVED!*
    - CORE Code Combinations
    - CAQH CORE EFT & ERA Enrollment Data Rule
- Phase IV Operating Rules
  - Connectivity/Infrastructure and Security
  - Comments on Prior Authorization and Claim Acknowledgement
  - How to get involved
- Q&A

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# ACA Mandate and HHS Health Plan Certification

## *Scope and Update*

# New CAQH CORE Vision, Mission and “About”

The new CAQH CORE Board, which formed last year, revisited the CAQH CORE’s vision, mission and “about” statements. Their review identified a need to include consumers, a desire to seek administrative and clinical alignment, an ongoing multi-stakeholder focus, and continuing to support standards and interoperability through operating rules. The new statements are below, and will be posted to the CAQH CORE website:

## Vision



An industry-wide facilitator of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

## Mission



Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers, and consumers.

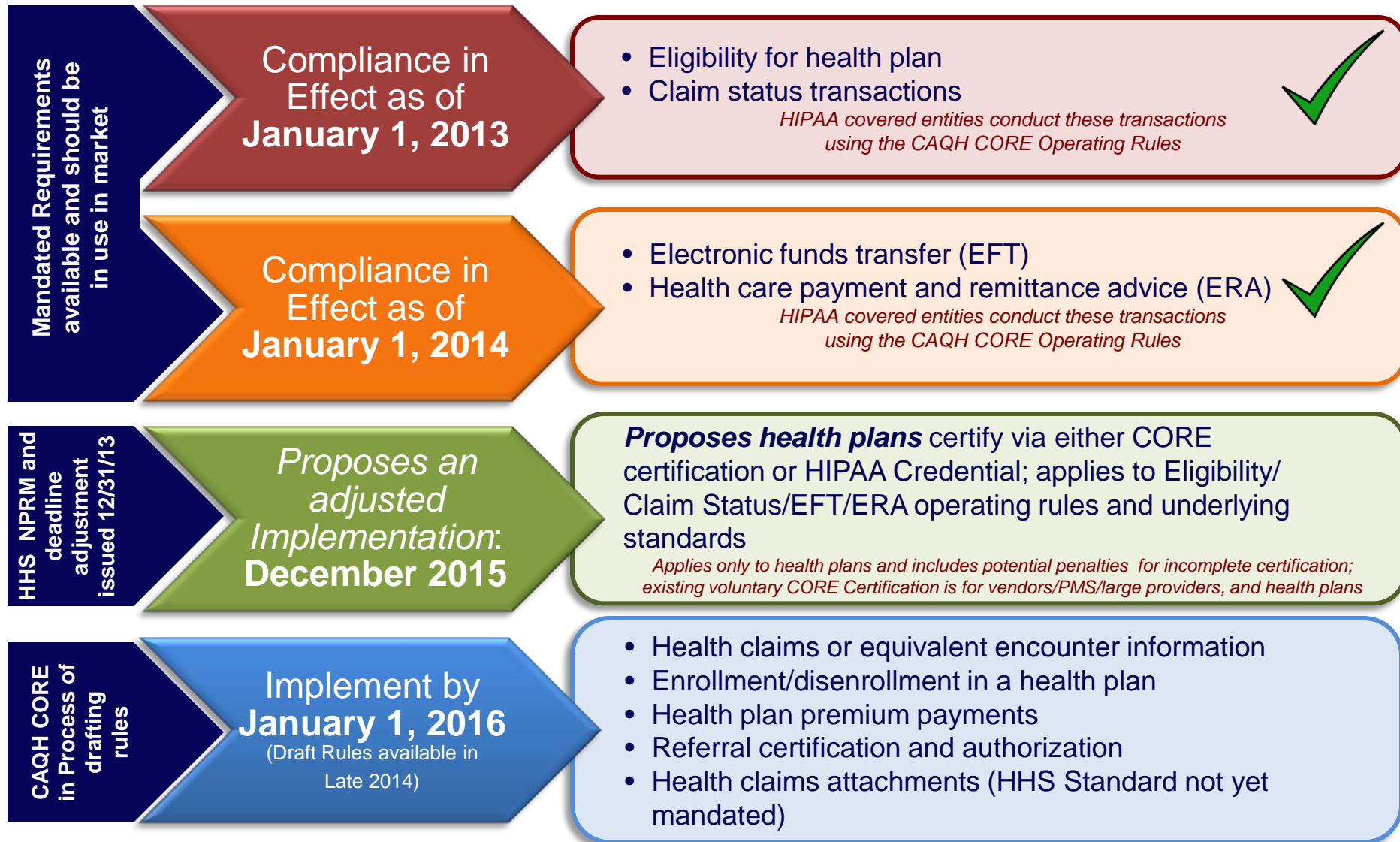
## About CAQH CORE



CAQH CORE is an industry-wide stakeholder collaboration committed to the development and adoption of national operating rules for administrative transactions. The more than 140 CORE Participants represent all key stakeholders including providers, health plans, vendors, clearinghouses, government agencies, Medicaid agencies, banks and standard development organizations.



# 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)
      - Drafts of [three key HIPAA Credential forms](#)\* were developed by CAQH CORE and are now available for comment; see attached slides

# NPRM Certification of Compliance for Health Plans

## *Commenting on the NPRM*

- Based on several steps of feedback from CORE and non-CORE participants, CAQH CORE developed a [Model Comment Letter](#) that both CORE and non-CORE Participants had the opportunity to customize and use as they deemed appropriate to submit comments to HHS
  - The letter contained key substantive areas for comment identified by CAQH CORE using industry input, which included:
    - HPID Use in Certification vs. Other Efforts
    - Engaging Vendors
    - Terminology and Involved Parties
    - Audit and Penalties
    - Stages after Initial Stage
- CMS received over 70 comments during the NPRM public comment period
  - CMS has made the comments available to the public [HERE](#)
- CAQH CORE is now focused on analyzing comments both substantive and non-substantive



# 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. They are **for illustrative purposes only**, based on the proposed requirements in the NPRM; links to the sample forms are below and are publicly available on the CAQH website [HERE](#)
  - [Draft HIPAA Credential - Attestation of HIPAA Compliance Form](#)
  - [Draft HIPAA Credential - Application Form](#)
  - [Draft HIPAA Credential - Attestation of Trading Partner Testing Form](#)
- Gathering industry input
  - CAQH CORE is preparing to temporarily convene its **Certification and Testing Subgroup** to review industry input
  - 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

# CAQH CORE Draft HIPAA Credential Forms

## Next Steps

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

Activity	Tentative Timeframe	Description
<b>Call 1</b> Kickoff on Version 1	April	Convene CAQH CORE Certification and Testing Subgroup. Introduce the draft HIPAA Credential forms, objectives, scope, feedback process and plan, and answer questions about all of the above
Elicit Feedback from Industry	April – May 3 Weeks	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. Entities will be given 3 weeks
Synthesize Feedback	May	Subgroup Chairs and Staff will prepare a synthesis and summary of all feedback received that is <b>within scope</b> .
<b>Call 2</b>	May	Present the synthesis and summary of feedback to the Subgroup and develop consensus on revisions.
Initiate Revisions	June	In between calls 2 and 3, complete revisions as appropriate.
<b>Call 3</b>	June	Continued development of consensus on revisions.
Complete Revisions	June	After call 3 complete revisions based on the call.
<b>Call 4</b>	July	Present revised draft HIPAA Credential Forms (version 2).
Version 2 Publication to Web	July	Publish revised draft HIPAA Credential Forms (version 2) to CAQH CORE Website.

\*All CORE Participants are able to join CORE Certification and Testing Subgroup Calls. If you are not currently a CORE Participating Organization and would like more information on how to become one, please visit our website [HERE](#)

# Relationship between Ongoing HIPAA Enforcement and HHS Health Plan Certification

The complaint-driven HIPAA Enforcement Process is an established and existing program that will be maintained *in addition to* the HHS Health Plan Certification program; the two programs are complementary

	Complaint-Driven HIPAA Enforcement Process	Proposed HHS Health Plan Certification of Compliance
<b>Applicable Entities</b>	All HIPAA covered entities	Health plans
<b>Action Required</b>	Implement CAQH CORE Eligibility & Claim Status and EFT & ERA Operating Rules, and applicable Standards	File statement with HHS that demonstrates health plan has obtained a CAQH CORE Certification Seal for Phase III or HIPAA Credential and thus are in compliance with the standards and operating rules
<b>Compliance Date</b>	<i>First Set – January 1, 2013</i> <i>Second Set – January 1, 2014</i>	<b>December 31, 2015</b> (proposed)
<b>Applicable Penalties</b>	Due to HITECH, penalties for HIPAA non-compliance have increased, now up to <b>\$1.5 million per entity per year</b>	Fee amount equals <b>\$1 per covered life until certification is complete</b> ; penalties cannot exceed \$20 per covered life or \$40 per covered life (for deliberate misrepresentation) on an annual basis
<b>Verification of Compliance</b>	<b>Ongoing</b> complaint-driven process to monitor compliance prompted by anyone filing a complaint via CMS's <a href="#">Administrative Simplification Enforcement Tool</a> (ASET) for non-compliance with the standards and/or operating rules	<b>"Snapshot"</b> of health plan compliance based on when the health plan obtains CORE Certification/HIPAA Credential and files statement with HHS

## Example of complementary nature of HIPAA Enforcement Process and Proposed HHS Health Plan Certification:

An entity could file a complaint for non-compliance against an HHS-certified Health Plan using the HIPAA Enforcement Process if they believe the Health Plan has fallen out of compliance since their certification (e.g. A certified Health Plan acquires another non-compliant Health Plan).

## CAQH CORE Town Hall Call



Gladys Wheeler  
CMS Office of eHealth  
Standards and Services

April 9, 2014

# What is an HPID?

- A standard, unique identifier used in HIPAA covered transactions to identify a health plan

# Who needs to get an HPID?

- All controlling health plans (CHP) **must** obtain an HPID
  - November 5, 2014 (all except small plans)
  - November 5, 2015 (small plans)

# Definitions

- Health plan - an individual or group plan that provides, or pays the cost of medical care
- Medical care – includes insurance covering and amounts paid for:
  - Diagnosis, cure, mitigation, treatment, or prevention of disease
  - The purpose of affecting any structure of the body
  - Transportation to or for medical care described in the two bullets above

# Who needs to get an HPID? (continued)

- Controlling health plans (CHPs) **must** obtain HPIDs
- Subhealth plans (SHPs) **may** obtain HPIDs at the direction of a CHP, use the CHP's HPID, or the CHP may obtain one for the SHP



# Definitions

- Controlling health plan (CHP)
  - A health plan that controls
    - Its own business
    - Its own actions
    - Its on policies, or
    - Is controlled by an entity that is not a health plan
- Subhealth plan (SHP)
  - A health plan whose business activities, actions or policies are directed by a CHP

# Examples

- Health plans
  - Group health plan
  - Health insurance issuer
  - HMO
  - Employee welfare benefit plan (or other arrangement with the purpose of providing benefits to the employees of two or more employers)
  - Any other individual or group plan (or combination) that provides or pays for the cost of medical care
  - Government programs (e.g., Medicare, Medicaid, VA, IHS, FEHB, etc.)

# Where Do You Go to Get an HPID?

- Health Plan and Other Entity Enumeration System (HPOES)
  - Housed within CMS' Health Insurance Oversight System (HIOS)
- <https://portal.cms.gov/>
  - Users must set up an account first
  - Then they will be able to complete the online application process to acquire an HPID

# Now that we have an HPID ... what do we do with it?

- November 7, 2016
  - If you identify a health plan in a covered transaction, you **must** begin using the HPID as the identifier
  - If you **do not** identify a health plan in a covered transaction, then you **do not** have to begin using the HPID
    - You **may** decide that you want to begin using the HPID in covered transactions, but make sure you coordinate with your trading partners first
  - You **may** use the HPID for any other lawful purpose

# What about Educational Materials?

- HPID Website

- <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html>
- HPOES User Manual, HPID application process

- CMS eHealth Website

- <http://www.cms.gov/eHealth/>
- eHealth University, blogs, other resources

# Questions



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# CAQH CORE EFT & ERA Operating Rules

## *Industry Adoption*

# Sources to Track Industry Engagement of EFT and ERA

- **Phase III EFT & ERA CORE Certifications**
  - CORE Certification documents that testing has occurred with CORE-authorized testing vendors using multi-stakeholder approved test scripts
  - Several health plans and a number of vendors have achieved Phase III Certification, e.g. Humana, BCBS Nebraska, Echo Health, Instamed, Emdeon
- **Ongoing CORE Request Process data (more than 1,000 requests in 2013)**
  - In Q4 2013, Request Process saw an increase in the number of in-depth rather than early stage EFT/ERA questions – majority from health plans and vendors/clearinghouses
  - In 2014, requests are transitioning to HHS Certification Program and compliance
- **2013 Provider digital media campaign**
  - Three month digitally-focused EFT/ERA campaign to over three million providers through various channels; over 2,000 resource landing page hits per week
- **CORE education session polling on industry status/challenges**
  - In 2013 CAQH CORE held 33 free webinars; there were 22,000 registrants from over 4,370 unique entities
  - CORE has and will continue to track this information in 2014
- **NACHA EFT transaction volume**
  - Unlike for other HIPAA transactions, use of the ACH network for CCD+ enables tracking of this transaction (if entities use trace number)



# EFT and ERA Adoption

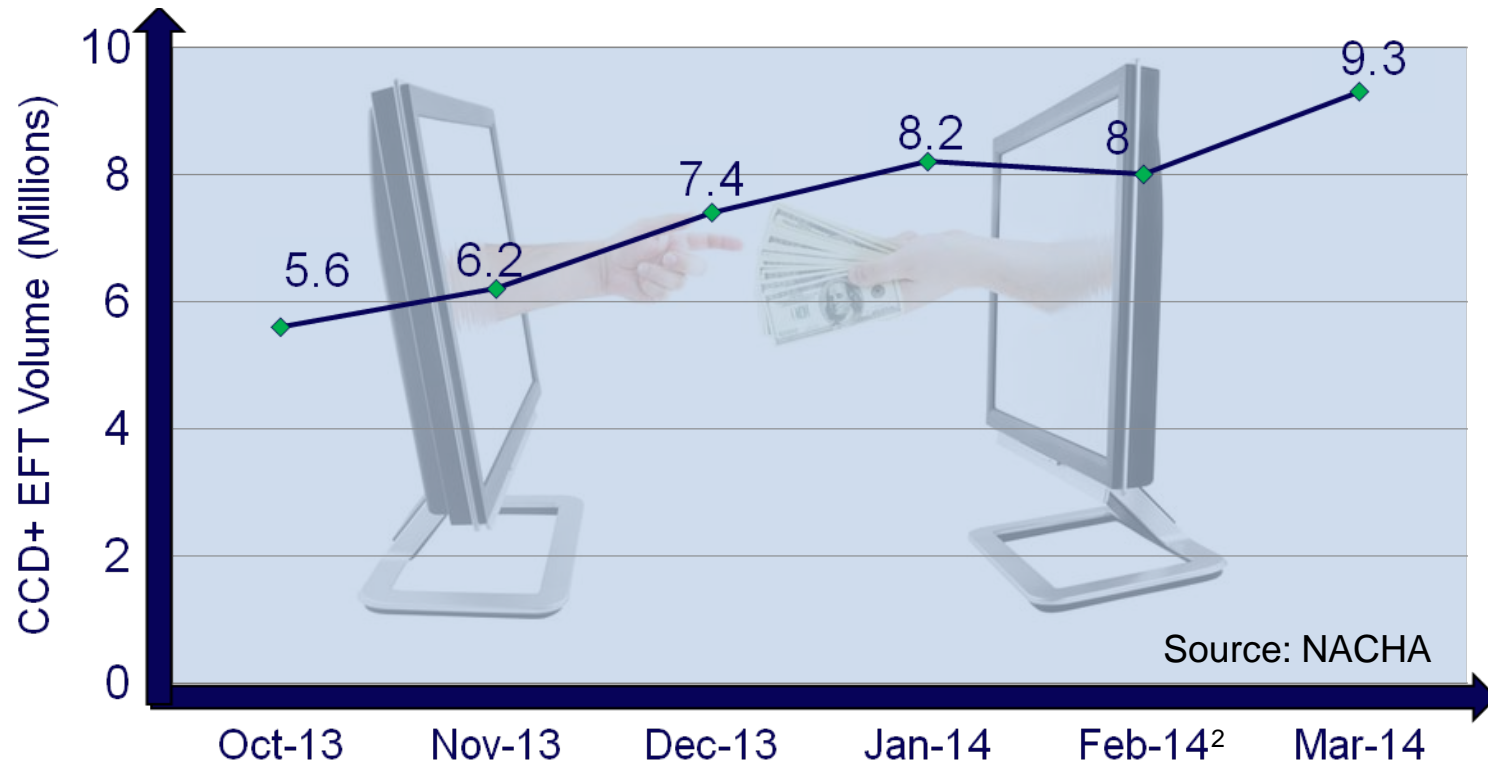
## *Based on CORE Education Polling*

- Polling Data for Q1 2014 shows steady EFT & ERA Operating Rule implementation progress across all stakeholder groups
  - All polling data is BLINDED; it is taken in aggregate to keep attendee information private
- **High-level Insights:**
  - Providers
    - There has been steady progression toward completion when compared with 2013 polling data; many are working closely with vendors on implementation
  - Health Plans
    - With almost 1,000 respondents in 2014 so far, over half of health plans respondents are Nearing Completion/fully Complete, and then remaining are Well Underway or in midst of Planning
    - Medicaid plans have made progress with educating themselves on requirements
  - Clearinghouses
    - Report that over 80% of their implementation are Well Underway, with a little more than half of these being reporting full completion

# Healthcare EFT Transaction Volume

## *Based on NACHA Data*

- These numbers reflect EFT payments that are clearly identified as healthcare payments by the use of the specific identifier “HCCLAIMPMT”<sup>1</sup> in the CCD+ transaction
- There has been steady growth in the use of CCD+ for healthcare EFT payments with roughly a 65% net increase in CCD+ volume from the beginning of Q4 2013 and the end of Q1 2014



<sup>1</sup>NOTE: Some providers are receiving EFT payments without the HCCLAIMPMT identifiers in the CCD+. To identify an EFT payment as a healthcare EFT, originators of the transaction (i.e. Health Plans/Payers) need to include the HCCLAIMPMT identifier in the CCD+Addendum

<sup>2</sup>Fewer processing days in February 2014; may account for lower numbers.

# Polling Question:

## *EFT & ERA Implementation Challenges*

In addition to getting a better sense of the status of industry EFT & ERA Operating Rule implementation—which was a question during registration - it is very important to identify what key barriers to implementation exist

### **Which of the following would you consider to be the biggest challenge to your organization's implementation of the CAQH CORE EFT & ERA Operating Rules:**

1. Fully understanding the EFT & ERA Operating Rules
2. Fully understanding my organization's role and/or responsibility in the implementation process
3. Overcoming resource constraints (i.e. time, staff, internal expertise)
4. Identifying and completing necessary system updates
5. Working and testing with Trading Partners (e.g. lack of communication between your organization and your vendor)

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# CAQH CORE EFT & ERA Implementation

## *Insights and Resources*

# 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

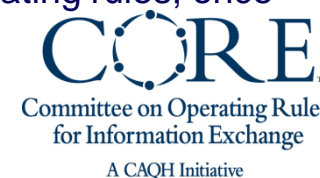
- [Join](#) as a Participant of CAQH CORE in order to give input on rule-writing maintenance by joining a task group and to stay up-to-date on implementation developments

# 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 systems 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
  - Access a list of all organizations that have completed or are pending completion of CORE Certification [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



# CAQH CORE EFT & ERA Operating Rules

## *Rules with Maintenance Processes*

The **Uniform Use of CARCs and RARCs Rule** and the **EFT/ERA Enrollment Data Rules** both include a built-in maintenance component, allowing industry to proactively update operating rule rather than wait for new mandate

# 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 which resulted in:
    - 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
      - CORE Code Combination updates from this CBR are expected to be published on **June 1, 2014**
- 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 MBR submissions and plan to have updated CORE Code Combination list available **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

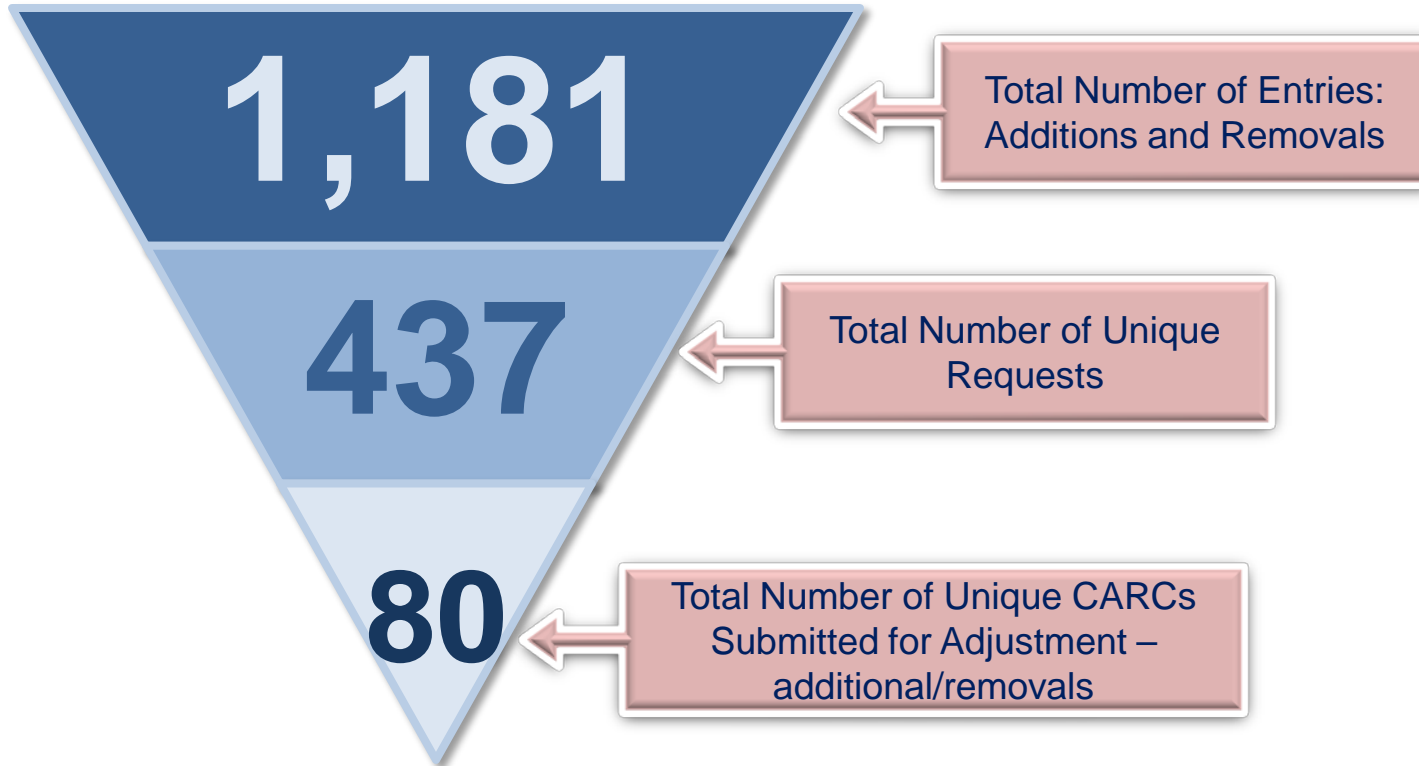
Adjustment Type	Business Scenario #1: Additional Information Required – Missing/Invalid/Incomplete Documentation	Business Scenario #2: Missing/Invalid/Incomplete Data from Submitted Claim	Business Scenario #3: Billed Service Not Covered by Health Plan	Business Scenario #4: Benefit for Billed Service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

**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



Using established processes and evaluation criteria, multi-stakeholder Task Group is on track to analyze, review and publish updated *CORE Code Combinations* by June 2014.

# Maintenance: Uniform Use of CARCs and RARCs

## *Task Group that does Maintenance*

- **GET INVOLVED!** - Any CORE Participating Organization can join the CORE CCTG
  - The CCTG meets bi-weekly on Tuesdays from 3pm – 4:30pm ET
    - The next CCTG meeting will be on **April 15<sup>th</sup> 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](#)

# Maintenance: EFT & ERA Enrollment Data Rules

- These two enrollment operating rules each contain an Enrollment Data Set to achieve uniform and consistent collection of necessary data to assist with the EFT and ERA transactions
  - Data set was developed based on extensive research of existing on-line/paper forms as well as extensive dialog
- Both of these CAQH CORE rules include a direct recognition that the experience and learning gained from increased EFT/ERA enrollment may identify ways in which the maximum data sets need to be modified, e.g.
  - Meet emerging, new or changing industry needs
  - Business rationale to add/remove data elements or adjust definitions
- Per the mandated rule, this maintenance and review of the data sets will occur on an annual or semi-annual basis;
  - First review shall commence in April 2014

# Maintenance: EFT & ERA Enrollment Data Rules

## *Task Group that does Maintenance*

- This month, CAQH CORE will launch the annual Enrollment Data Set Maintenance Process, which includes:
  - Co-Chairs for the CAQH CORE Enrollment Data Maintenance Task Group
  - Reviewing and summarizing feedback received on the data sets from a range of sources, e.g. CORE Request Process, brief element-focused survey
    - To date, many entities of all stakeholder types have successfully implemented
- CAQH CORE Enrollment Data Maintenance Task Group
  - Any individual from a CORE Participating entity can join the Task Group
    - Email [CORE@caqh.org](mailto:CORE@caqh.org) to join
  - Task Group will consider short and long-term goals of Enrollment Data Set Maintenance, including:
    - Processes and policies for ongoing maintenance of the enrollment data sets, e.g. evaluation criteria as done with initial development, etc.
    - Scope of 2014 maintenance review and future reviews based on:
      - Aggregated feedback received to date on data sets
      - Goals of rule, e.g., consistency for providers when working across payers
      - Current industry implementation and market readiness
      - Ensuring low impact of proposed 2015 HHS health plan certification requirement

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# CAQH CORE Phase IV Operating Rules

## *Rule Development Update*

# 3<sup>rd</sup> Set of ACA Mandated Operating Rules: Infrastructure and Content

- Both content and infrastructure will drive ROI and adoption.
  - Infrastructure options were ranked the highest opportunities by many entities
- Lessons learned.
  - *Support agility*: Integrate maintenance into the operating rules where appropriate so improvement is ongoing
  - *Reduce black hole*: Formally include Acknowledgements and requirements such as accepting claims electronically in situation of COB (coordination of benefits)
  - *Require tracking mechanisms*: Include trace numbers, time stamps, etc. where possible; key to claims and attachments.
  - *Support more content if structure available*: Require most valuable ASC X12 fields.
  - *Support realistic implementation*: Write rules with recognition of the limited knowledge base around new areas, e.g., HL7 CDA, and education will be critical.

<b>Connectivity Methods</b>	
<b>Response Time</b> (batch and real-time)	<i>Content</i> Support the further and uniform use of structured content , e.g., X12, Code Sets, HL7
<b>System Availability</b>	
<b>Dual delivery and access</b>	
<b>Companion Guide Format</b>	

Infrastructure

# Third Set of ACA Mandated Operating Rules

- \*Health claims or equivalent encounter information
- \*Referral certification and authorization
- \*\*Enrollment and disenrollment in a health plan
- \*\*Health plan premium payments
- \*\*\*Health claims attachments

- Goal: Draft of operating rules by end of 2014. Key considerations:
  - Infrastructure operating rule development underway
    - Goal is to have common infrastructure requirements that apply to all transactions when appropriate
    - \*Draft rules exist for these transactions; will seek feedback on drafts as Subgroup launches in May
  - Interest to address more uniformity in codes, e.g. prior authorization code
    - Resources to commit to a quality job will be key consideration in adding this content
  - \*\*Both of these transactions are being heavily used in the Insurance Exchanges
    - Significant lessons learned are being identified in Exchange enrollment process that must be taken into consideration; firm being retained by CAQH CORE that can share findings with Subgroup
  - \*\*\*Standard for Attachment not issued by CMS
    - Operating rules always support industry-neutral and HIPAA standards; CAQH CORE interviewed over 40 entities to gain insight on reasonable rule options and is holding call to review with CORE participants on April 17<sup>th</sup> to review finding and help inform potential rule writing steps given status of standard(s)



# Existing Draft Phase IV CAQH CORE Operating Rules

## *For Feedback Based on Public Surveying*

### Health Care Claim Acknowledgment (277) Rule

- **Connectivity:** Requires entities to support the Connectivity Rule
- **System Availability:** Specifies system availability
- **Downtime Reporting:** Includes reporting requirements for scheduled, non-routine, and unscheduled system downtime plus holiday schedule
- **Companion Guide Template:** Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides
- **Acknowledgements:** Includes batch and real time Acknowledgement requirements
- **Response Time:** Specifies response time requirements for availability of Acknowledgement
- **Receivers of the X12 v5010 277:** Requires receivers of Acknowledgments to recognize and pass all error conditions to the end user and display text describing the specific error condition

### Health Care Services Request for Review/Response (278) Rule

- **Connectivity:** Requires entities to support the Connectivity Rule
- **System Availability:** Specifies system availability
- **Downtime Reporting:** Includes reporting requirements for scheduled, non-routine, and unscheduled system downtime plus holiday schedule
- **Companion Guide Template:** Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides
- **Acknowledgements:** Includes batch and real time Acknowledgement requirements
- **Response Time:** Specifies response time requirements when processing in real time and batch processing mode

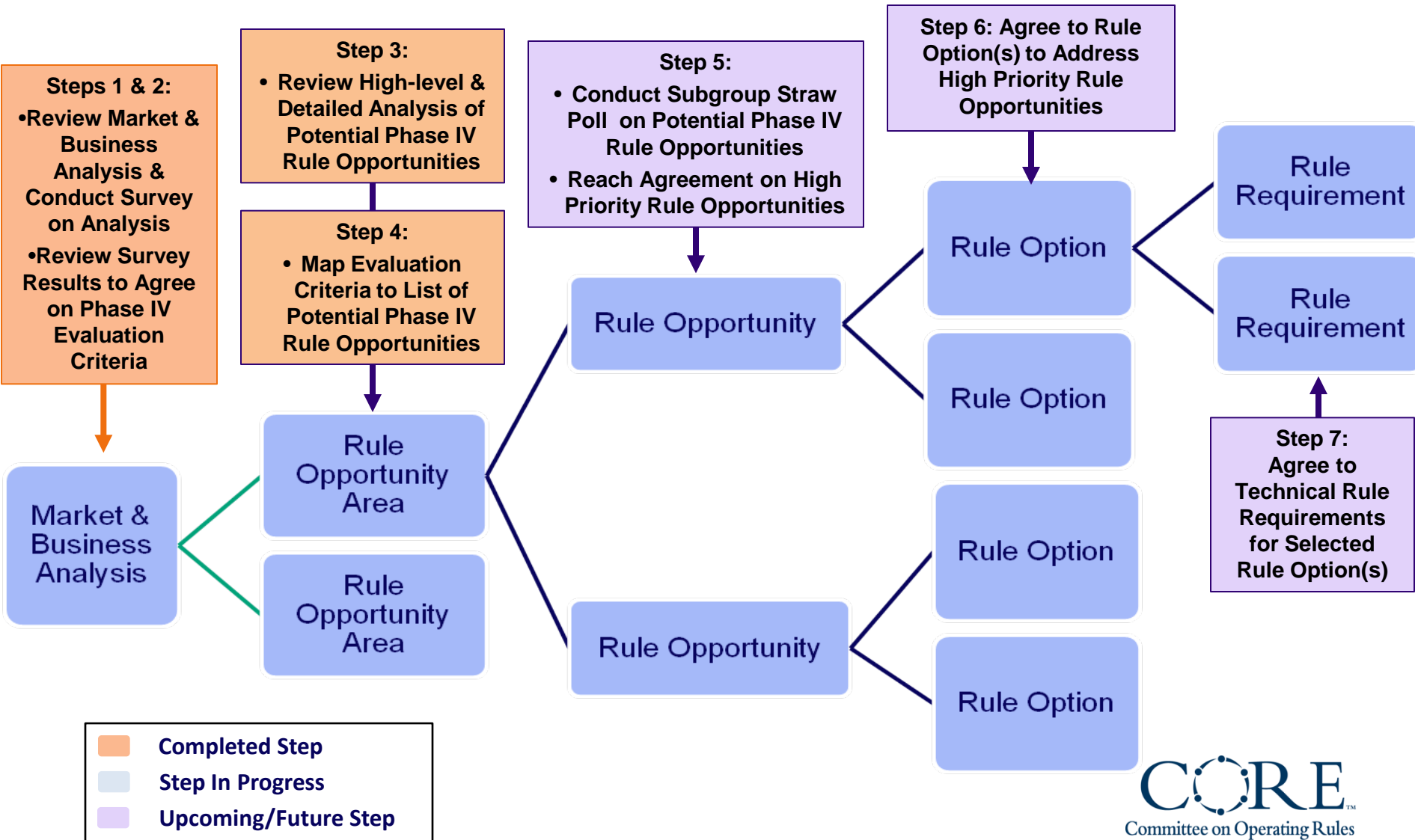
# Phase IV Operating Rules

## *CORE Connectivity & Infrastructure Subgroup*

- In November 2013, the Connectivity & Security Subgroup convened to begin drafting the connectivity and related infrastructure options for Phase IV of the ACA-mandated operating rules
  - Currently over 80 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chair S. Luke Webster, *CHRISTUS*
    - *In process of selecting additional Co-chairs from a Health Plan and a Vendor*
- As part of the Phase IV Rule Opportunities, Subgroup is considering how to potentially align with other large scale industry adoption connectivity initiatives given the CORE Guiding Principles for alignment
- ***Join the Discussion***
  - Subgroup calls are open to all CORE Participating Organizations
  - The Subgroup meets bi-weekly on Thursdays from 2:30 – 4 pm EST
    - Next Subgroup meeting will be held on April 10<sup>th</sup>
  - If you are not a CAQH CORE Participating Organization but would like more information on how to become one, please visit our website [HERE](#)

# Phase IV Operating Rules and Infrastructure/Connectivity

## Rule Development Work Flow



# Approved Evaluation Criteria Specific to This Phase: *Applied Along with Existing/Established\* Criteria*

## Business Evaluation Criteria

- Provide Sufficient Increase in Efficiencies and Returns On Investment (ROI)
- CMS Regulatory Requirement to Support Transactions and their Attachments
- Timeline for Drafting an ACA 3<sup>rd</sup> Operating Rule (end of 2014) and Other Industry Priorities
- Alignment with Clinical Domain's Interoperability Standards
- Align with Major National Initiatives (detailed environmental scan/surveying selected initiatives)
- Facilitate Adoption by Practice Management Systems (PMS) Vendors/Other Non HIPAA-covered Entities

## Technical Evaluation Criteria

- Support for Unstructured Attachments with Movement Towards Structured
- Payload Agnostic
- Support for Large Attachments
- Security of Sensitive Information in Transactions and Attachments is Preserved (Consider security risks as well as costs of HITECH Penalties for security breaches)
- Plug-And-Play Interoperability Through Prescriptive Specification With Fewer Options
- Backward Compatibility

\* Existing criteria include guiding principles such as vendor-agnostic

# Potential Connectivity and Infrastructure Rule Opportunities Identified to Date

Thirteen major rule opportunities identified; each with several options to pursue

## Examples of Identified Rule Opportunities

### Transport and Enveloping

- Convergence of Authentication Standards for Safe Harbor, e.g., SOAP
- Explore support for ONC DIRECT as an additional transport option *for Attachments (not other transactions)*

### Enhancing Reliability and Security/Authentication

- Industry-wide policy for uniform use of digital certificates
- Enhanced envelope level security (e.g., Electronic Signature, SAML Authorization), determining B2B nature of transactions and that some signatures may be applied at the document (payload) level.

### Message Interaction and Response Times

- Define transaction Specific Message Interaction (e.g., Real time, Batch) Requirements; likely will vary by transaction, e.g.
  - Claims may only have batch requirements
  - Prior authorization may have batch and real-time to provide response for approval or clear instructions on *information required (draft rule available)*

# 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.*

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Thank You for Joining Us!

# Upcoming CAQH CORE Webinars and Events

- **CAQH CORE Webinar on Attachments** *(for CORE Participants only)*  
Thursday, April 17, 2014 | 2:00 - 3:00 pm ET
  - **Separate registration information will be sent to CORE Participating Organizations**
  - This special session will provide CAQH CORE Participating Organizations the opportunity to provide feedback on industry usage of attachments and opportunity areas for rule development
- **Edifecs and CAQH CORE Joint Education Session**  
*Featuring: CORE-certified entity*  
Tuesday, April 22, 2014 | 2:00 – 3:30 pm ET
  - **Register for this event [HERE](#) for free**
  - Learn about how you can demonstrate conformance with, and benefit from, the ACA mandated Operating Rules by achieving CORE certification in this special joint session with CORE authorized testing vendor Edifecs and a CORE-certified entity
- **CAQH CORE Education Session on the Uniform Use of CARCs and RARCs Rule**  
*Featuring: Health Plan implementers*  
Wednesday, April 30, 2014 | 2:00 – 3:30 pm ET
  - **Register for this event [HERE](#) for free**
  - Join industry implementer guest speakers for this advanced education session on the Uniform Use of CARCs and RARCs Rule which will focus on implementation considerations, rule requirements, the *CORE Code Combinations* maintenance process, and other essential information



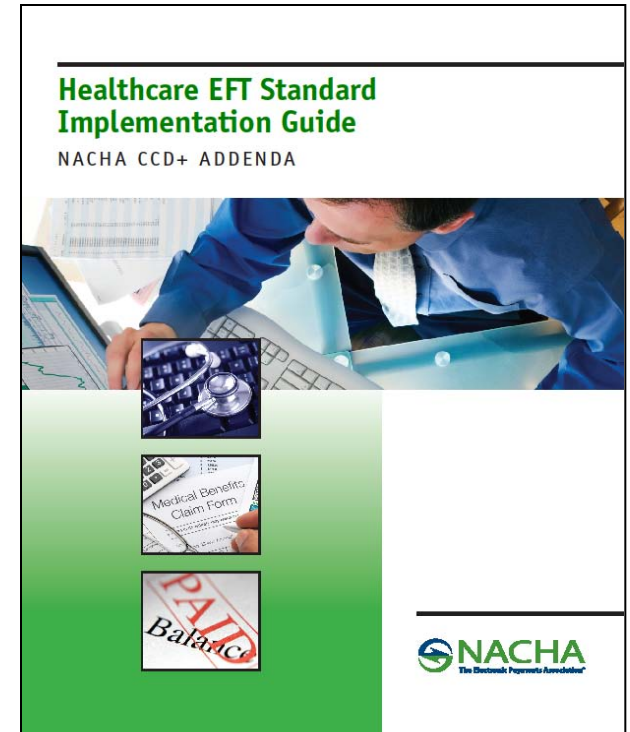
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# APPENDIX

## *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](mailto:Geanelle.Herring@cms.hhs.gov)