simplifying healthcare administration

CAQH

# CAQH CORE National Webinar

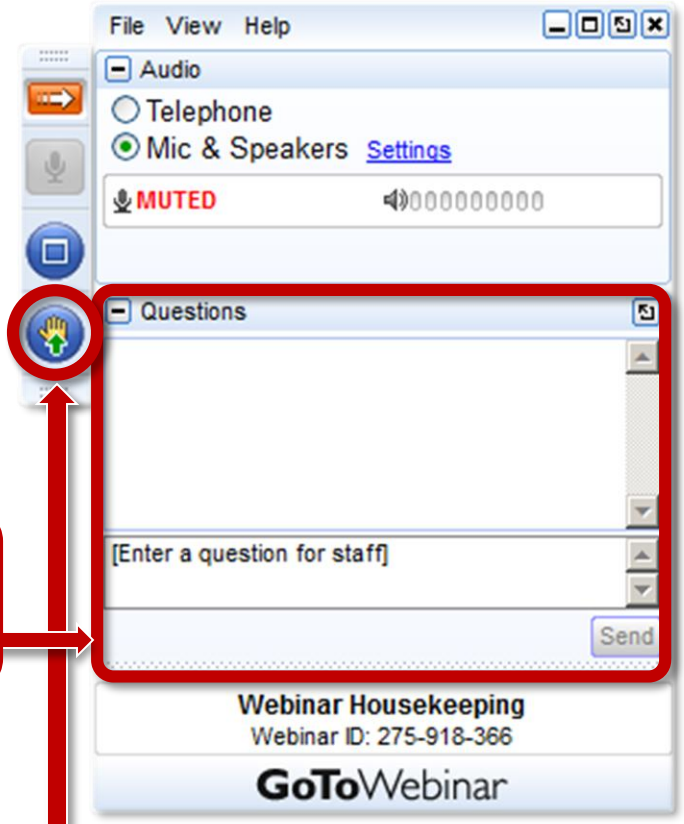
## Streamlining Collections and Reducing Costs Using CAQH CORE 360 Rule: *A Provider's Experience*

January 22, 2015
2:00 – 3:00pm ET

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

# Participating in Today's Session

- Download a copy of today's presentation on the CAQH.org website
  - 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





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# Session Topics

- Welcome Introduction
- CAQH CORE 360 Rule: Uniform Use of CARCs and RARCs
  - Overview
  - *Maintenance Process*
- CORE 360 Rule Implementation Perspective – ***Emory Healthcare***
- Audience Q&A

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# CAQH CORE 360 Rule Uniform Use of CARCs and RARCs

## *Overview and Maintenance Process*

# ACA Mandated Operating Rules and Certification
## *Compliance Dates Reminder*

**Mandated Requirements available and should be in use in market**

**Compliance in Effect as of January 1, 2013**

- Eligibility for health plan
- Claim status transactions

*HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules*

**Compliance in Effect as of January 1, 2014**

- Electronic funds transfer (EFT)
- Health care payment and remittance advice (ERA)

*HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules*

**HHS NPRM and deadline adjustment issued 12/31/13**

*Proposes an adjusted Implementation*: **TBD**

***Proposes health plans*** certify via either CORE certification or HIPAA Credential; applies to Eligibility/ Claim Status/EFT/ERA operating rules and underlying standards

*Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans*

**CAQH CORE in Process of drafting rules**

Implement by **January 1, 2016**
(Draft Rules available in Early 2015)

- Health claims or equivalent encounter information
- Enrollment/disenrollment in a health plan
- Health plan premium payments
- Referral, certification and authorization
- Health claims attachments (HHS Standard not yet mandated)

# CAQH CORE Uniform Use of CARCs and RARCs Rule
# Four Business Scenarios

**Pre-CORE Rules**

351 CARCs × 889 RARCs × 4 CAGCs = Inconsistent Use of Tens of Thousands of Potential Code Combinations

**Post CORE Rules**

## Four Common Business Scenarios

**CORE Business Scenario #1:** Additional Information Required – Missing/Invalid/ Incomplete Documentation (≈380 code combos)

**CORE Business Scenario #2:** Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim (≈347 code combos)

**CORE Business Scenario #3:** Billed Service Not Covered by Health Plan (≈650 code combos)

**CORE Business Scenario #4:** Benefit for Billed Service Not Separately Payable (≈60 code combos)

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

# CAQH CORE Code Combinations Maintenance Process

**CORE Business Scenario #1:** Additional Information Required – Missing/Invalid/ Incomplete Documentation (≈380 code combos)

**CORE Business Scenario #2:** Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim (≈347 code combos)

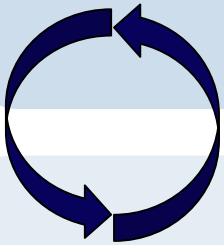
**CORE Business Scenario #3:** Billed Service Not Covered by Health Plan (≈650 code combos)

**CORE Business Scenario #4:** Benefit for Billed Service Not Separately Payable (≈60 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)*

- **Goal**: Ongoing, data-driven focus on bringing uniformity to claim adjustment code
  - See dedicated webpage
- Composed of more than 40 CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:
  - Shannon Baber, *UW Medicine*
  - Heather Morgan, *Aetna*
  - David DuBay, *UnitedHealth Group*
  - Janice Cunningham, *RelayHealth*
- Conducts three Compliance-based Reviews (CBR) and one Market-based Review (MBR) per year
  - **Compliance-based Review Work**:
    - Met deadlines on Completion of all three Compliance-based Reviews
    - Task Group currently conducting CBR in response to code adjustments published on November 1, 2014, with February 1, 2015 deadline
  - **Market-based Review Work**:
    - Completed updates to First Annual 2013 Market-based Review in July 2014
    - Launched 2014 MBR on ***November 26, 2014***; survey incorporates process improvements and lessons learned from the 2013 MBR

# 2014 Market-based Review Process
## *Overview*

- **Basic Information**
  - 60-day Submission Period; launched on 11/26/2014 and all adjustment recommendations must be submitted to CAQH CORE via the online MBR Form by **5pm ET on Monday, 1/26/2015**
  - All submissions must be made via the online *Market Based Review submission form* (MBR Form)
    - Adjustments must be requested using the latest version of the *CORE Code Combinations*

- **Scope of the 2014 MBR**:
  - **Code Combinations Adjustments** – includes code additions/removals/relocations for existing CORE-defined Business Scenarios
  - **Potential new CORE-defined Business Scenarios** – Includes formal call for potential additions of new CORE-defined Business Scenarios
    - In addition to New Business Scenarios, submitters must identify Code Combinations to associate with these requested new CORE-defined Business Scenarios

# 2014 Market-based Review
## *Call to Action*

### Only FOUR DAYS LEFT to Get your 2014 MBR Submissions In!

In order for your organization to receive the full benefits of the CORE 360 Rule, it is beneficial for you to take part in the CORE Code Combination Maintenance Process. Submitting adjustments via the *2014 Market-based Review Submission Form* ensures that the CORE Code Combinations and Business Scenarios:

- Reflect your specific business cases/needs
- Are thorough, precise and accurate
- Address the problem space in the most effective way

### HELPFUL RESOURCES

**2014 MBR Training Session**

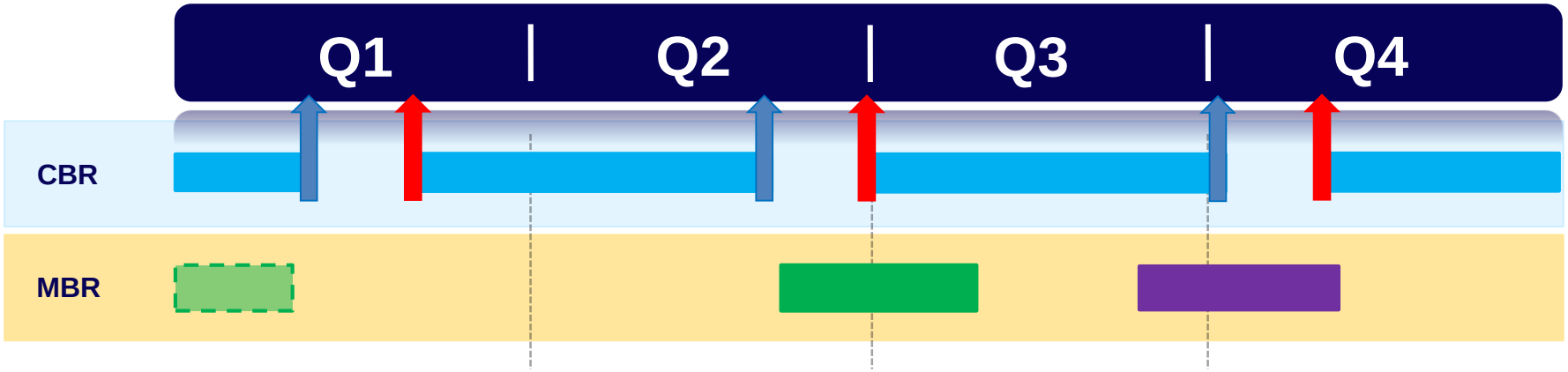
CAQH CORE held a training session on the online MBR Submission Form in December 2014. You can access the Slide Deck and Recording of that training session on our Education Events Page.

**Dedicated CORE 360 Rule Webpage**

For more information please visit CAQH CORE's dedicated webpage for CAQH CORE 360 Rule and the Code Combinations Maintenance Process

Additional resources for the 2014 Market-based Review can be found in the appendix of this presentation

# CAQH CORE Operating Rule Maintenance
## *2015 Timeline*




- Release of Updated CARC & RARC Lists by Code Committees (triggers CBR)
- CORE Compliance Based Review of updated CARC and RARC lists
- Release of Updated CORE Code Combinations List
- 2014 Market-based Review Submission Period (Closes January 26th)
- Expected Release of CORE Code Combination Updates based on 2014 MBR
- Expected Release of New Business Scenario Updates based on 2014 MBR

EMORY
HEALTHCARE

# Streamlining Collections & Reducing Costs Using The CAQH CORE 360 Rule:

## A Provider's Experience – Emory Healthcare


January 22nd, 2015

By Adam Gobin, Ashely Rosiek & Adam Townsend

# PRESENTER BIOGRAPHIES:

## Adam Gobin – The Emory Clinic

- Assistant Director, Patient Financial Services/Accounts Receivables
- Email: adam.gobin@emoryhealthcare.org

## Ashley Rosiek – The Emory Clinic

- Operations Analyst, Department of Accounts Receivables
- Email: ashley.carville@emoryhealthcare.org

## Adam Townsend – The Emory Clinic

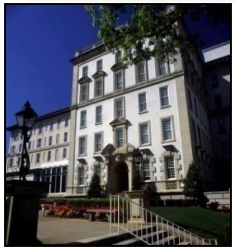
- Operations Analyst, Department of Accounts Receivables
- Email: adam.townsend@emoryhealthcare.org

## Table of Contents:


- Emory Healthcare & The Emory Clinic → the largest & most comprehensive healthcare system in Georgia.
- The PROBLEM & ANSWER Statements → review of the **ACA** & **CAQH CORE** standardization implications.
- Denial Centralization → a whole new way of thinking (**CARCs**, **RARCs**, **Management Engineering, & BIG DATA**)!
- Lessons Learned & Best Practices → the future of healthcare is **NOW**!
- Questions?

EMORY HEALTHCARE

# ORGANIZATIONAL BACKGROUND:
## EMORY HEALTHCARE ENTITIES



**Emory University Hospital**
- *Founded in 1905*
- *579-bed adult, tertiary care facility*
- *Staffed by 1,100 Emory SOM Faculty*
- *24,000 admissions*
- *78,000 outpatient services*


**Emory University Hospital Midtown**
- *Founded in 1908*
- *511-bed adult, tertiary care facility*
- *Staffed by 950 Emory SOM Faculty and 540 community physicians*
- *23,000 admissions*
- *165,000 outpatient services*


**Emory University Orthopedics and Spine Hospital**
- *Founded in 2007*
- *120-bed adult, Orthopedics and Spine specialty hospital*
- *Extension of EUH's acute care services*

**Wesley Woods Center**
- *Founded in 1954*
- *100-bed geriatric specialty facility*
- *25-bed inpatient hospice service*
- *250-bed skilled nursing facility (Budd Terrace)*
- *201-unit residential retirement facility (Wesley Woods Towers)*

**Emory John's Creek Hospital**
- *Founded in 2007*
- *Acquired in 2011 by Emory*
- *110-bed acute care facility*
- *10,000 admissions*
- *50,000 outpatient services*

**Emory St. Joseph's Hospital**
- *Founded in 1880*
- *Joint operating company with Emory in 2011*
- *410-bed acute care facility*
- *Staffed by 750 physicians*
- *20,000 admissions*


**The Emory Clinic**
- ***Founded in 1953***
- ***1,500 clinical providers***
- ***3,000,000+ patient care visits***
- ***125+ locations***

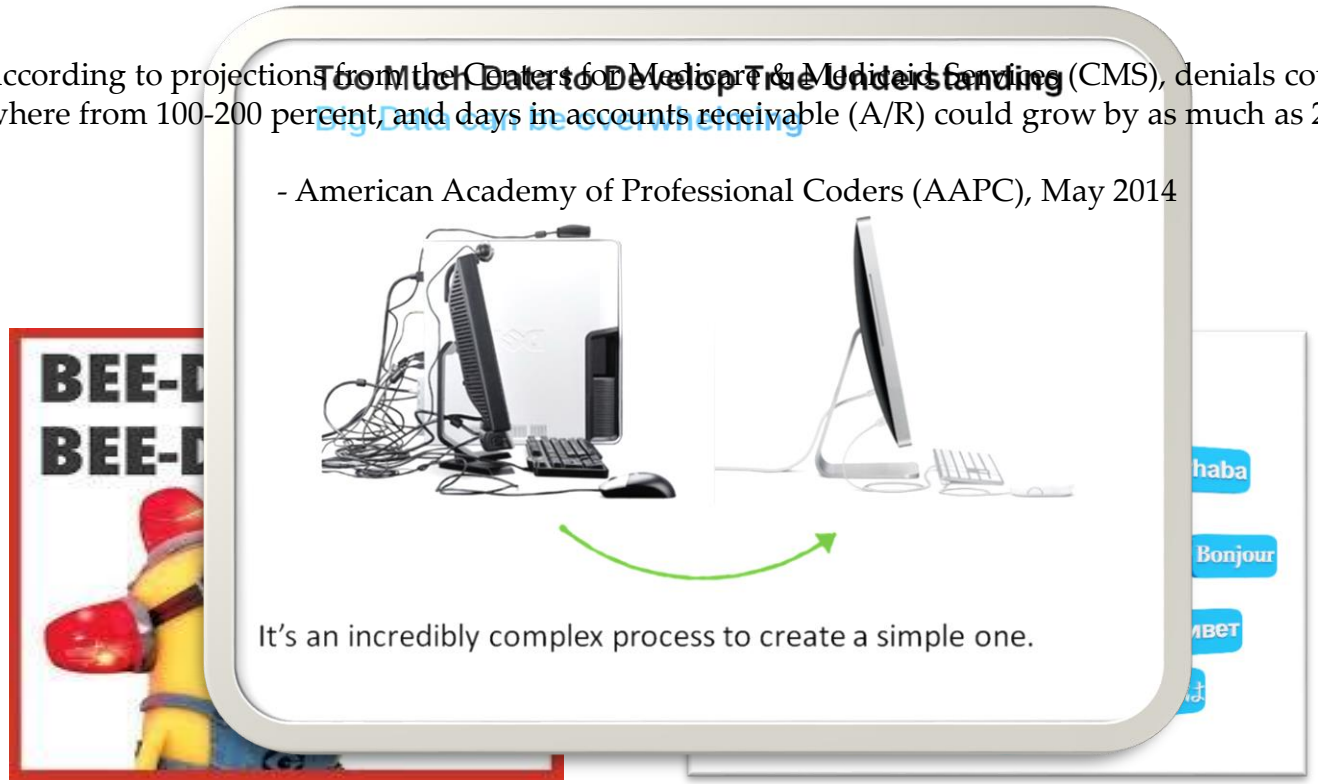
**Emory Specialty Associates**
- ***Established in 2006***
- ***300 clinical providers***
- ***450,000 +patient care visits***
- ***38clinical locations***

# THE PROBLEM STATEMENT:

- There exists a gap between payers & providers – particularly dealing with language of patient billing information.

"According to projections from the Centers for Medicare & Medicaid Services (CMS), denials could increase anywhere from 100-200 percent, and days in accounts receivable (A/R) could grow by as much as 20-40 percent."

- American Academy of Professional Coders (AAPC), May 2014



# THE ANSWER: ACA & CAQH CORE

- **Phase I** - Phase I CORE Rules focused on improving electronic eligibility and benefits verification, as eligibility is the first transaction in the claims process.
- **Phase II** - Phase II CORE should be extended to include rules around the claim status transaction to allow providers to check the status of a claim electronically, without manual intervention, or confirm receipt of claims.
- **Phase III** - CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule.

**ACA Section 1104 Transactions Requiring Operating Rules**

ACA Section 1104 requires HHS to appoint a "qualified non-profit entity" to develop operating rules for the conduct of electronic administrative healthcare transactions. The legislation also includes requirements for the development of three sets of operating rules to address and support a range of administrative transactions.

| | Eligibility and Claims Status | EFT/ERA | Other Transactions |
|---|---|---|---|
| Adoption Deadline | 7/1/2011 | 7/1/2012 | 7/1/2014 |
| Effective Date | 1/1/2013 | 1/1/2014 | 1/1/2016 |

# CAQH CORE CATEGORIZATION:

- **Business Scenarios:**
  - Scenario #1: Additional Information Required-Missing/Invalid/Incomplete Documentation.
  - Scenario #2: Additional Information Required-Missing/Invalid/Incomplete Data from Submitted Claim.
  - Scenario #3: Billed Service Not Covered by Health Plan.
  - Scenario #4: Benefit for Billed Service Not Separately Payable.

**Sparking an innovative idea → using a categorization/classification of denials to drive workflow!**


Categorizing CARCs & RARCs by groups using CORE Code Combinations – increases efficiency of denial follow up and cash turnaround!

# WELCOME TO AR 2.0:
# DENIAL CENTRALIZATION!

*Denial Centralization:* An asserted effort by **The Emory Clinic** to centralize and standardize the AR workflow of denial management, discover root causes across all denial groups, & engage major stakeholders (vendors, payers or providers) to increase efficiency.

**THE IDEA → Payers & Providers work together for mutual benefits!**


**Define** Denial Codes and Remark Codes.

**Measure** through daily and weekly pulse reports.

**Analyze** through concise project charter.

**Improve** through standard operating procedures.

**Control** through quality audits and monitoring "Days to Pay".

# AR 2 .0

## The future is here. Seriously.

We've redesigned the way we think. Team-based work is the new cool. The value of knowing a lot and working a lot is going away because we have Google and not enough time to work all our accounts.


By integrating a team-based component into our daily work-flow, we are now able to spend more time understanding **why** accounts need to be worked instead of spending time completing actions and tasks. We are **discovering** and no longer just doing. **Join the revolution**.

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Part I

# MANAGEMENT ENGINEERING TECHNIQUES:

Twitter Approach to Text data or categorical variables.

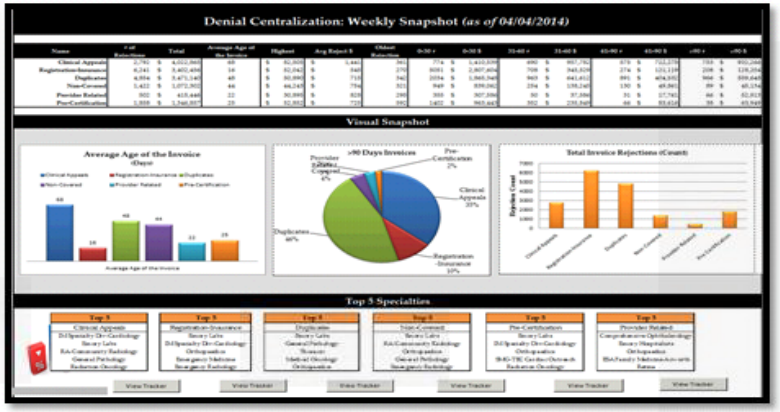
Instagram Approach to Numerical data.

## Qualitative Audits

| | | | | | | |
|---|---|---|---|---|---|---|
| 10:14 am | Rebill | Complete | 26:00 | RMK-DUPLI | IDX Extract | PHONE APPEAL SPK/WSHIRLETA IN APPEALS DEPT MOD 76 APPEND CLM SNT BACK FOR REPROCESSING... |
| 10:14 am | Rebill | Complete | 26:00 | RMK-DUPLI | IDX Extract | PHONE APPEAL SPK/WSHIRLETA IN APPEALS DEPT MOD 76 APPEND CLM SNT BACK FOR REPROCESSING... |
| 10:19 am | Rebill | Complete | 26:00 | RMK-DUPLI | IDX Extract | PHONE APPEAL SPK/WSHIRLETA IN APPEALS DEPT MOD 76 APPND TO PROC AND CLM SNT BCK FOR PROCESSING.... |
| 10:21 am | Rebill | Complete | 26:00 | RMK-DUPLI | IDX Extract | PHONE APPEAL SPK/WKATHY IN APPEALS DEPT MOD 76 APPND PROC AND CLM SNT BCK FOR REPROCESSING.... |
| 10:24 am | Rebill | Complete | 26:00 | RMK-DUPLI | IDX Extract | PHONE APPEAL SPK/WKATHY IN APPEALS DEPT MOD 77 APPND AND CLM SNT BCK FOR REPROCESSING.... |
| 10:26 am | Rebill | Complete | 26:00 | RMK-DUPLI | IDX Extract | PHONE APPEAL SPK/WKATHY IN APPEALS DEPT MOD 76 APPND TO PROC AND CLM SNT BCK FOR REPROCESSING.... |

1. Review trending outcomes – common outcomes for specific denials?
2. Repeated actions – possible automations?

## Quantitative Audits




1. Review trending outcomes for specific denials?
2. Repeated actions – possible automations?



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Part II

# BIG DATA: CONSTRUCTIVE & ACTIONABLE ANALYTICS

The process of examining big data to uncover hidden patterns, unknown correlations and other useful information that can be used to make better decisions.

Data Analytics


**Utilize** both claims and remit data to create predictive and prescriptive models.

**Emory Clinic's Data Analytics Case Study: Administrative Denial Management**

EMORY HEALTHCARE
We're all in this together.

**Big data is now a reality:** The volume, variety and velocity of data coming into your organization continues to reach unprecedented levels.

-SAS.com

# CASE STUDIES:

## UNDERSTANDING & DEVELOPING A COMMON LANGUAGE

- **Payer #1 252 Denials** – TEC scheduled weekly calls with Payer #1 to inquire further into 252 root cause denial.

| PAYOR CASE STUDY | |
|---|---|
| DENIAL CODE & COMBINATION | CENTRALIZED DENIAL GROUP |
| 252 | COORDINATION OF BENEFITS |
| 252 + MA04 | COORDINATION OF BENEFITS |
| 252 + N29 | MEDICAL DOCUMENTATION |
| 252 + N102 | MEDICAL DOCUMENTATION |
| 252 + N463 | MEDICAL DOCUMENTATION |
| 252 + N202 | MEDICAL DOCUMENTATION |
| 252 + M127 | MEDICAL DOCUMENTATION |

| Month | Invoice Count | Invoice Balance |
|---|---|---|
| OCTOBER | 215 | $ 414,522.59 |
| NOVEMBER | 212 | $ 462,446.45 |
| DECEMBER | 304 | $ 296,126.62 |
| **Grand Total** | **731** | **$ 1,173,095.66** |

- **Payer #2 Fax Back**– TEC worked with Payor #2 to gain access to a futuristic fax-back communication device, allowing access to payer raw remit data.


# Department of Orthopaedics

## Case Study

Goal: Decrease days to pay, increase cash flow

Average number of days it takes for denied claims to get paid

**Payor Processing Time + Internal Processing Time + Payor Reprocessing Time**

### Top Cash CPTs

Avg: 13 days

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 27130 | 18 | 13 | 12 | 11 | 12 |
| 27447 | 16 | 14 | 11 | 11 | 13 |
| 20610 | 14 | 12 | 12 | 15 | 14 |
| 29888 | 15 | 15 | 13 | 13 | 11 |
| 29881 | 17 | 15 | 13 | 15 | 16 |

### Resubmitted Claims

Avg: 30 days

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 27130 | 26 | 21 | 39 | 29 | 32 |
| 27447 | 36 | 32 | 27 | 31 | 28 |
| 20610 | 31 | 28 | 26 | 33 | 33 |
| 29888 | 29 | 31 | 31 | 33 | 32 |
| 29881 | 33 | 29 | 32 | 32 | 34 |

Recommendations:

1. Compare paid claims vs denied claims - what's the difference - focus in on the issues!
2. Calculate the Denial TAT by subtracting the claim resubmission date and the reject date

# LESSONS LEARNED:

- **CORE Code Combinations = the Denial Centralization concept is born!**
  - Improving denial management through data analytics and management engineering techniques.
  - Working together to build a foundation for the future!
  - 1st attempt for payors & providers working together for mutual benefit (decreasing overall administrative costs)!

- **General Implementation Considerations & Challenges:**
  - Planning and Resources → reject code & type dictionaries.
  - Implementation Considerations/Steps → identifying centralized denial groups, creating centralized denial teams & members, SOP's & reporting (stage summary, days to pay, etc.)
  - Challenges & Resolution – stakeholder buy in, setting up systematic accountability, generalists v. specialists, equivalent reporting.


# AR 2.0

The future is here. Seriously.

Forbes | 2013 WORLD'S MOST INNOVATIVE COMPANIES

How are companies able to constantly thrive?

Adapt. Innovate. Create.

To continue being ahead of the game, we need to change everything about the way we think and act around accounts receivables follow up. **Period**.



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**Something incredible is coming.**


**The most up-to-date AR trend spotter in the nation.**

*Coming Really Soon, We Promise.*




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# QUESTIONS?

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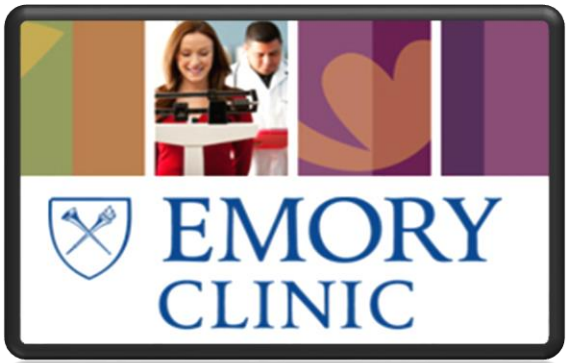
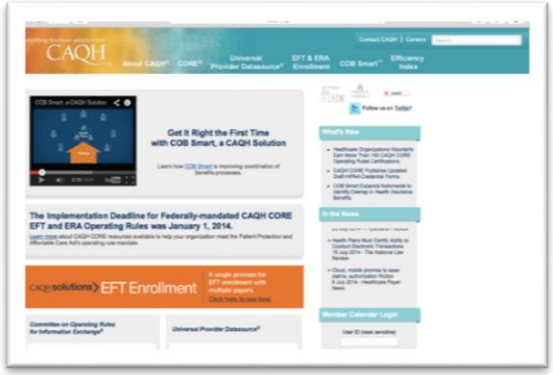
We're all in this together.



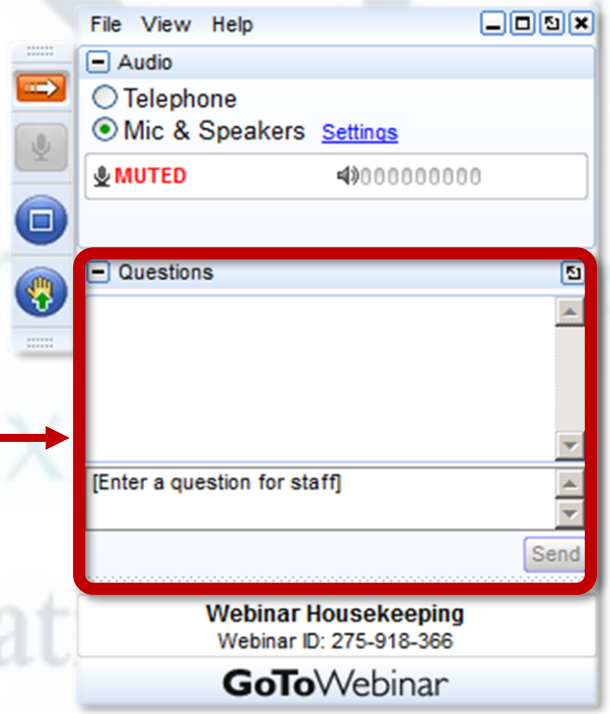

"Every system is perfectly designed to achieve exactly the results it gets."

- Dr. Paul Batalden, Co-Founder of IHI

# Q&A

*Please submit your question:*

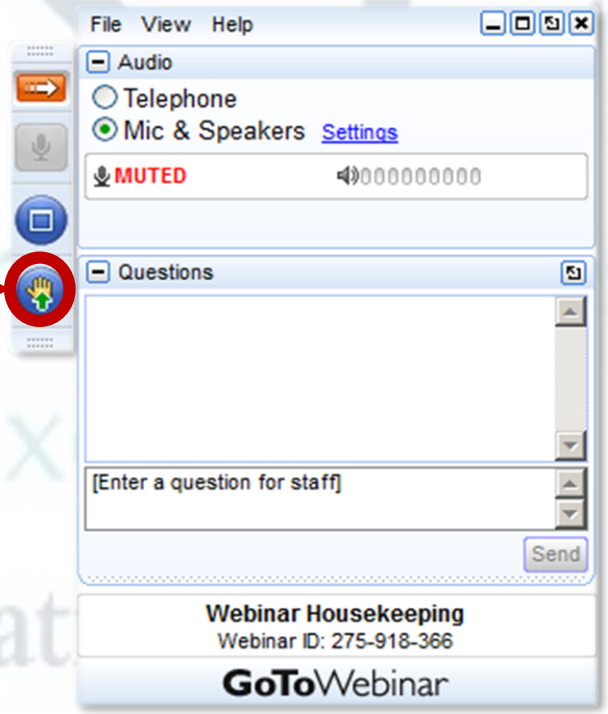
- **Via the Web**: Enter your question into the Q&A pane in the lower right hand corner of your screen



# Q&A

*Please submit your question:*

- **<u>By Phone or VoIP</u>**: When prompted for audio portion of Q&A, please press "Raise Hand" Button to queue up to ask a question




***<u>NOTE</u>**: 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!

website: www.CAQH.org

email: CORE@caqh.org

**@CAQH**





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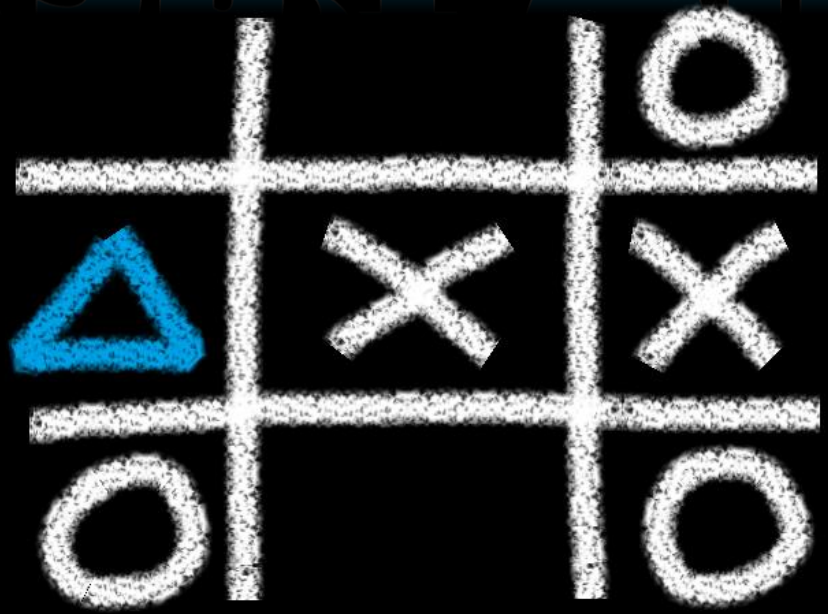
You Can't Win



If You Don't Know The Rules

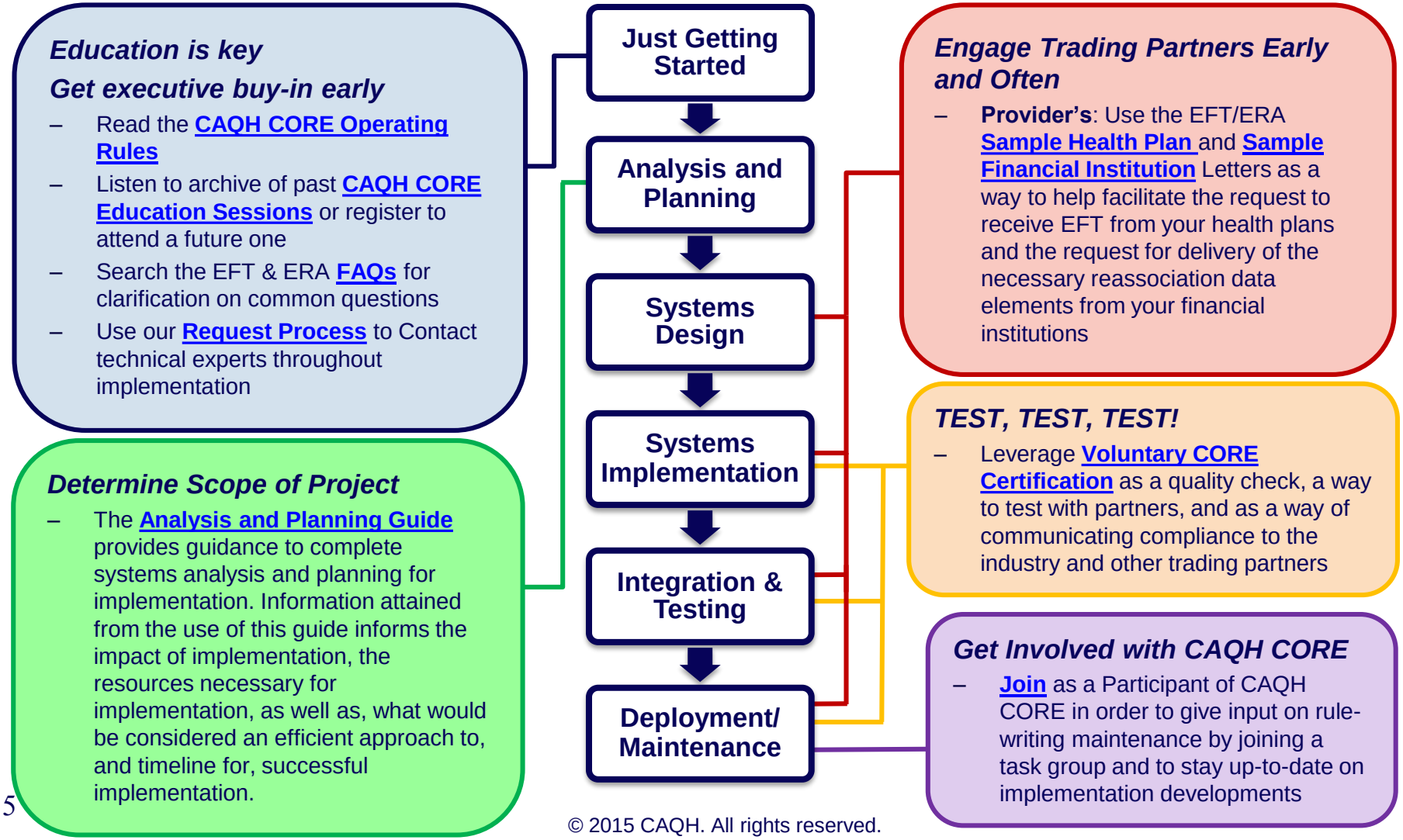
# APPENDIX

*Additional Information and Resources*

# Implementation Steps for HIPAA Covered Entities

## *Free Tools and Resources*

CAQH CORE has a ***NEW*** **Implementation Resources webpage** which contains descriptions of and links to all available free tools and resources including those outlined below and many others!



# Promote Provider Adoption of EFT & ERA Operating Rules

## *Take Action Now!*

### Contact Your Health Plans!

- To benefit from new EFT and ERA mandates, ensure your provider organization has requested the transactions from its health plans and EFT & ERA Operating Rule implementation status
- To help facilitate this request, CAQH CORE developed the ***Sample Provider EFT Request Letter***
- Providers can use this sample letter as template email or talking points with health plan contacts to request enrollment in EFT/ERA and benefits of operating rules
- The tool includes background on the benefits EFT, key steps for providers, an actual letter template, and glossary of key terms

### Contact Your Banks!

- To maximize the benefits available through the CAQH CORE Reassociation Rule, providers must request delivery of the necessary data for EFT and ERA reassociation
- To help facilitate this request, CAQH CORE developed the ***Sample Provider EFT Reassociation Data Request Letter***
- Providers can use this sample letter as template email or talking points with bank contacts to request delivery of the reassociation data
- The tool includes background on the benefits of the letter, key steps for providers, an actual letter template, and glossary of key terms

# Available 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”





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# Available CMS OESS Resources

- 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

# 2014 MBR Submission Process
## *Best Practices*

**Use a Single Email Address for Submissions**

- If possible, create a shared email for the organization team completing the submissions
- If using employee email, forward the email address to another team member if employee is OOO

**Keep a Detailed Spreadsheet of submissions with their Entry ID and All Additional Information**

- This will allow you to easily find the Entry ID for any submitted adjustments that you need to alter or delete

**Deletions:**

- In drop down list for deletions the new scenarios will appear as **EIDXXX_://name of scenario**
- Deleted scenarios will still be shown in list of potential scenarios to be added to; if codes are added subsequent to a scenario deletion, these code combinations will be ignored from the submissions,
  - **INSTEAD:** submit a NEW scenario with a slightly modified name and add codes to that scenario
- Deleted entries will still be listed in the drop down as **EIDXXX_://** without any codes of scenario name

# 2014 MBR Submission Process
## *Additional Resources*

***Is there anything I can download that will walk me through the MBR Submission Process?***

- Detailed instructions to assist in the completion of the online CAQH CORE 2014 Market-based Adjustments Form are available HERE

***Where can I see what a completed 2014 MBR Form looks like?***

- A sample completed CAQH CORE 2014 Market-based Adjustments Form is also available HERE for consultation as entities plan their submission

***Where can I find the materials from this training session?***

- The slide deck and video recording of today's training can be found on the CAQH CORE education session webpage will be offered explaining the MBR submission process

***What if I have any other questions?***

- If you have any questions, please send them to CORE@caqh.org