



# CORE Town Hall

November 1, 2023

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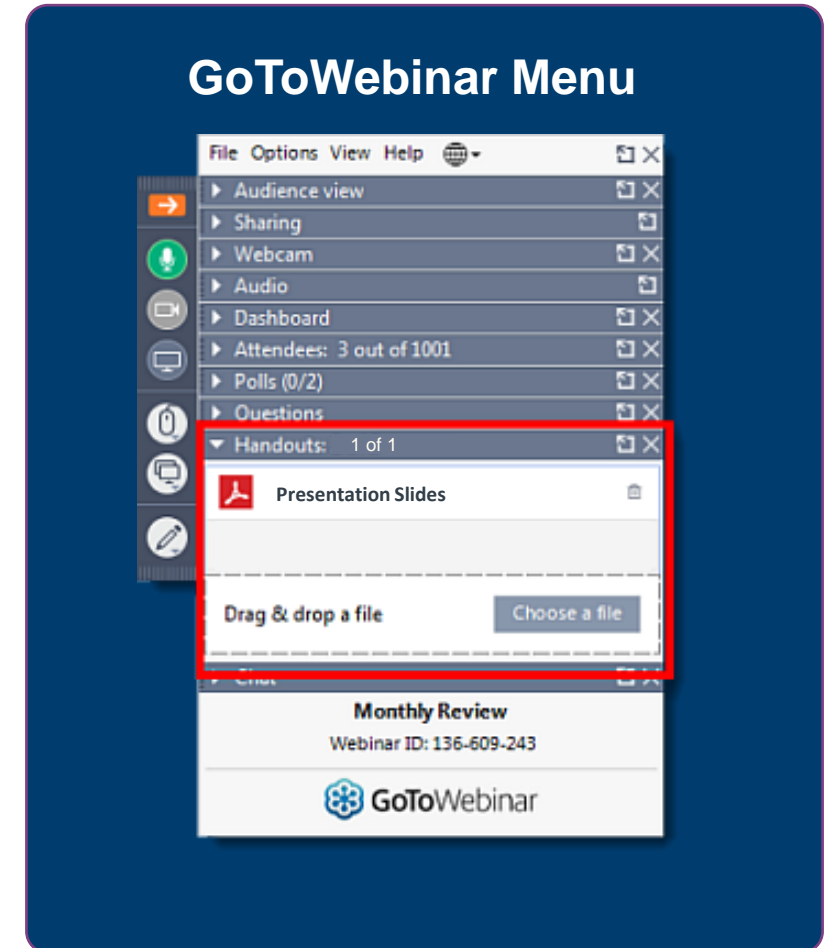
**Bob Bowman**, Principal, Interoperability & Standards  
**Kaitlin Powers**, Sr. Associate  
**Erin Weber**, Vice President, CORE

# Agenda

- CORE Overview
- 2023 in Review
- 2024 Looking Forward
  - CORE Participant Priorities
  - CORE Goals
- Federal Regulatory Reminder
- Questions
- Call to Action

# Webinar Logistics

- Accessing webinar materials:
  - Download the presentation slides from the “Handouts” section of the GoToWebinar menu.
  - An e-mail will be sent to all attendees and registrants in the next 1-2 business days with information on how to access slides and today’s recording.
- Have a question?
  - Submit your question **at any time** using the Questions panel on your GoToWebinar menu.



# CORE Overview

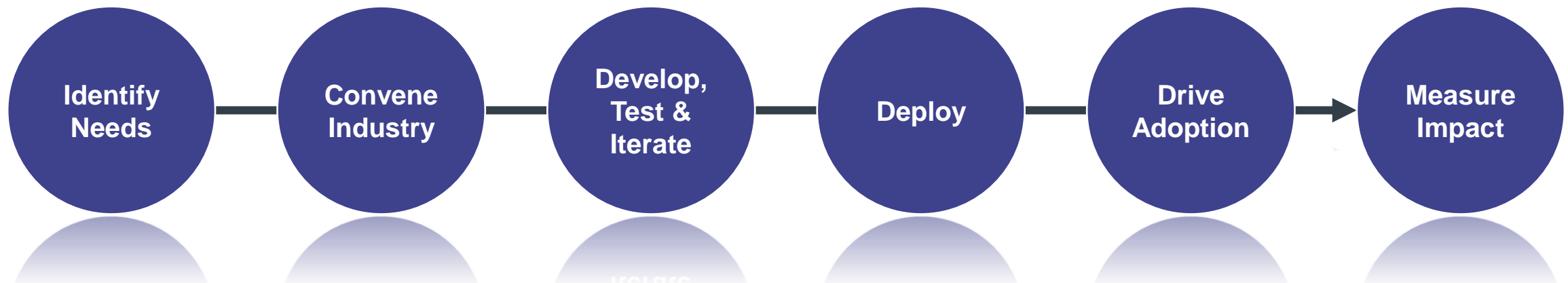
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## Mission

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.

## Vision

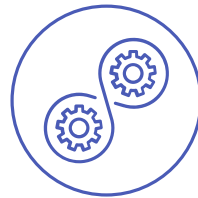
An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.



## Committee on Operating Rules for Information Exchange



**Federally Designated** by the Department of Health and Human Services (HHS) as the National Operating Rule Authoring Entity for all HIPAA mandated administrative transactions.



**Develop business rules** to help industry effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.



**Multi-stakeholder** Board Members include health plans, providers, vendors, and government entities. Advisors to the Board include SDOs.

# More than 100 CAQH CORE Participating Organizations

## Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

## Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

## Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

## Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Averhealth
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduit
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- JP Morgan Healthcare Payments
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

## Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

## Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

**Account for 75% of total American covered lives.**

# CAQH CORE Operating Rules Support Key Revenue Cycle Functions

**Operating Rule Definition:** The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



*\*Rule Set Contains Federally Mandated Operating Rules*



# CORE Certification

## Ensuring Conformance with Operating Rule Requirements

What is  
CORE  
Certification?

CORE Certification was developed by industry, for industry by CAQH CORE Participating Organizations.

Certification obtained when an entity has demonstrated that its **IT system or product is operating in conformance** with CAQH CORE Operating Rules for specific transaction(s).

Which  
organizations  
can become  
CORE-  
Certified?

CAQH awards CORE Certification Seals to entities that **create, transmit or use** the healthcare administrative and financial transactions addressed by the CAQH CORE Operating Rules.

What are the  
benefits of  
becoming  
CORE-  
Certified?

CORE Certification offers transaction-based testing; providing an **end-to-end testing** suite that is robust and comprehensive.

CORE Certification demonstrates commitment to streamlining administrative data exchange and enables us to **lower costs and improve the efficiency** of health care delivery for our clients, customers, members and the nation.

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## 410 Certifications have been awarded to date.

# CAQH CORE-Certified Health Plans and Vendor Products

## Health Plans

- Aetna
- Alabama Medicaid Agency
- Alaska Department of Health and Social Services
- All Savers Insurance
- American Postal Workers Union Health Plan
- Anthem
- Anthem Colorado
- Anthem Connecticut
- Anthem Indiana
- Anthem Kentucky
- Anthem Maine
- Anthem Nevada
- Anthem New Hampshire
- Anthem Ohio
- Anthem Virginia
- AultCare
- Blue Cross of California
- Blue Cross Blue Shield of Georgia
- Blue Cross Blue Shield of Missouri
- Blue Cross Blue Shield of Nebraska
- Blue Cross Blue Shield of North Carolina
- BlueCross BlueShield of Tennessee
- Blue Cross Blue Shield of Wisconsin
- Boston Medical Center Health Plan
- CalOptima
- Centene Corporation
- Cigna

- ConnectiCare
- Contra Costa Health Plan
- County of Riverside – Exclusive Care
- Delta Dental of California
- Delta Dental of Delaware
- Delta Dental District of Columbia
- Delta Dental Insurance Company
- Delta Dental of New York
- Delta Dental of Pennsylvania
- Delta Dental of Puerto Rico
- Delta Dental of West Virginia
- Dentegra
- Empire Blue Cross Blue Shield
- Excellus Health Plan
- Georgia Department of Community Health
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Net
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Inland Empire Health Plan
- Kaiser Permanente Colorado
- Kaiser Permanente Washington

- MaineCare
- Medical Card System
- Medical Mutual of Ohio
- MVP Health Care
- National Association of Letter Carriers Health Benefit Plan
- Nebraska Medicaid
- New Hampshire Medicaid
- North Dakota Department of Human Services
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Rocky Mountain Health Plans
- Sanford Health Plan
- Santa Clara Family Health Plan
- Security Health Plan
- SummaCare
- Sutter Health Plus
- Texas Medicaid
- Trillium Community Health Plan
- UnitedHealthcare Life Insurance Company
- UnitedHealthGroup

## Clearinghouses/Vendors

- Ability
- AdminisTEP, LLC
- Alight Solutions, LLC
- assertus
- Athenahealth
- Availity, LLC
- Avizzor Health Solutions
- Capario
- Cerner/Healthcare Data Exchange
- Change Healthcare
- Claim.MD
- Conduent EDI Solutions
- CVS Health
- Data Dimensions
- Dorado Systems
- ECHO Health, Inc.
- EIXSYS
- Eldorado, Inc.
- Eligibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- Experian Health
- FrontRunnerHC
- GE Healthcare
- Gi4
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHelink
- HeW
- HealthFusion
- HealthTrio
- HFMI LLC
- HIPAAsuite
- HMS
- ikaSystems

- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Loxogon
- Medical Present Value, Inc.
- National Electronic Attachment, Inc.
- NAviNet
- Navicare
- NextGen Healthcare
- NoMoreClipboard.com
- NTT DATA Services. LLC
- Office Ally
- Optum
- OptumInsight
- Orbograph
- Palmetto GBA
- Pay Span
- Phreesia
- PNS
- PNT Data
- PokitDok
- pVerify
- RealMed Corporation
- Recondo Technology
- Retrace
- Smart Data Solutions
- SS&C Health
- TransUnion Healthcare, LLC
- The SSI Group, Inc
- TriZetto Provider Solutions
- UHIN
- Tallan
- Ventanex
- Veuu
- XIFIN
- Waystar
- Zelis Payments

# 2023 In Review

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# 2023 Operating Rule Development Efforts

Initiative	Identify Opportunities	Develop Rule Requirements	Ballot Rules
Health Care Claims Data Content	✓	In Progress	
Value-based Payments	✓	In Progress	
CORE Code Combinations	✓	<i>Ongoing Maintenance</i>	
EFT/ERA Enrollment Data	✓	In Process	
NCPDP/CORE Medication Eligibility	✓	Launching Soon	
Claim Status	Launching Soon		

# Just Launched: Review Work Group

**SCOPE:** SMEs and industry leaders are convening to further refine operating rules updated and drafted in 2023:

1

## Value-based Payments

4 New & Updated Operating Rules

1 Industry Resource

2

## Health Care Claims

2 New Operating Rules

3

## Payment & Remittance

2 Updated Operating Rules

# Review Work Group

## Rules Under Review



### Value-based Payments

#### Draft Operating Rules and Industry Resource

- **New:** Draft CORE Benefit Enrollment (834\*) Data Content Rule
- **Updated:** Draft CORE Benefit Enrollment (834\*) Infrastructure Rule
- **Updated:** Draft CORE Attributed Patient Roster (834\*\*) Data Content Rule
- **Updated:** Draft CORE Attributed Patient Roster (834\*\*) Infrastructure Content Rule
- **New:** Draft CORE Framework for Semantic Interoperability in Value-based Payment Models

\*X12 005010X220 834

\*\*X12 005010X318 834



### Health Care Claims

#### Draft Data Content Rules

- **New:** Draft CORE Health Care Claims (837) Data Content Rule
- **New:** Draft CORE Health Care Claims Acknowledgment (277CA) Data Content Rule



### Payment & Remittance

#### Draft Enrollment Data Rules

- **Updated:** Draft CORE Payment & Remittance EFT Enrollment Data Rule
- **Updated:** Draft CORE Payment & Remittance ERA Enrollment Data Rule

# EFT/ERA Enrollment Data Task Group Update

In Collaboration with Nacha, the Task Group is finalizing updates to the EFT & ERA Enrollment Data Operating Rules:



- ✓ Updating **data** elements
- ✓ Externalizing the enrollment data sets from the Operating Rules to help **facilitate updates**
- ✓ Adding process-oriented measures to **enhance fraud detection**
- ✓ Incorporating language that aligns with Nacha's Operating Rules to **minimize the opportunity for fraud** in the ACH network
- ✓ Providing specific language to allow for data elements to be repeated to **support bulk enrollment**
- ✓ Creating new requirements that **establish confirmation of receipt** for health plans and their agents to acknowledge that an enrollment, disenrollment, or update was received and successfully processed. This new sub-section also includes **timeframe requirements for processing enrollment, disenrollment, and updates.**
- ✓ Requiring **disclosure of applicable EFT fees**
- *Under consideration:* adding a requirement to opt in/out of alternative electronic payments

# 2024: Looking Forward

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2023 Annual CORE Participant Survey Highlights

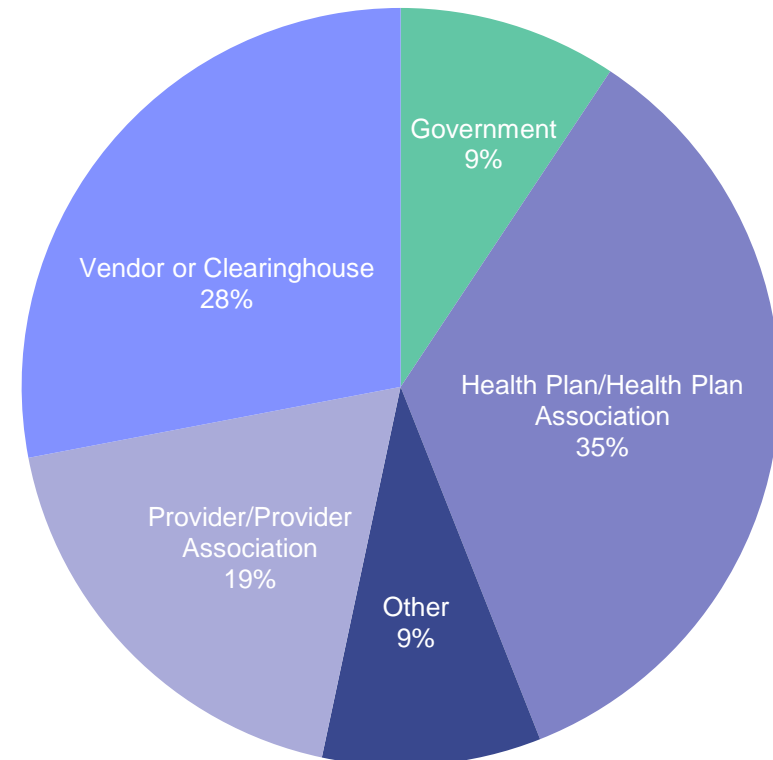
2024 CORE Goals



## Overview

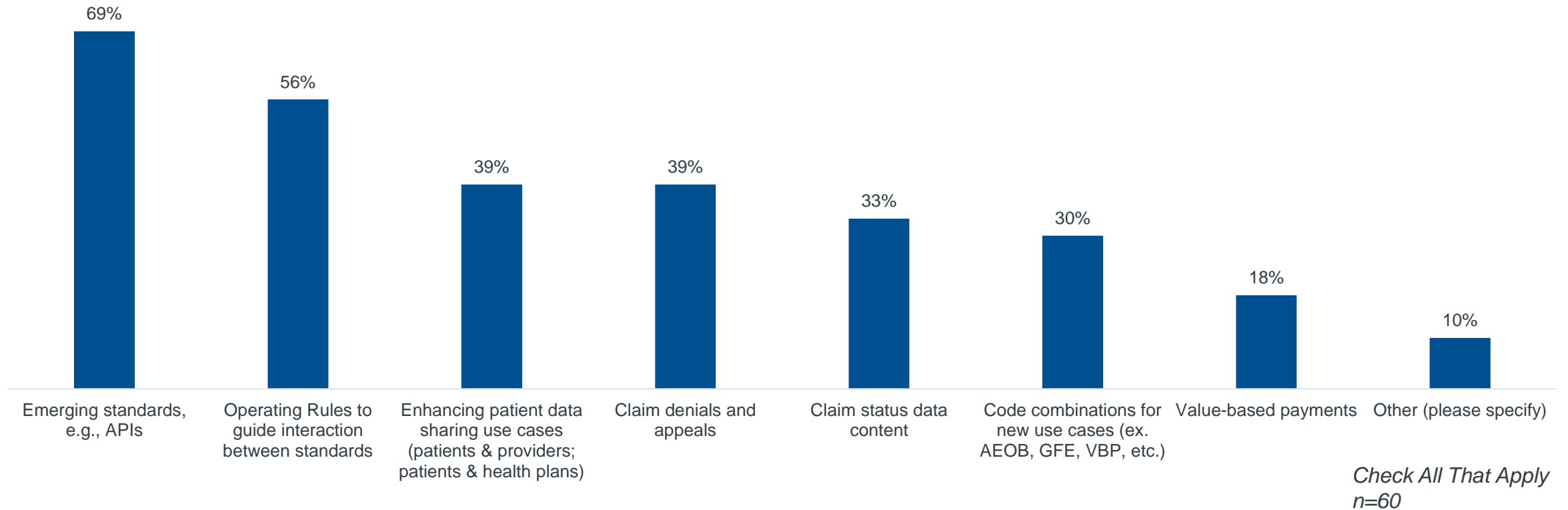
- Fourth Annual **CORE Participant Survey** to gather feedback on priorities, opportunities, areas for organizational improvement, and challenges.
  - Responses represented 43% of Participating Organizations.
- Survey results used to inform proposed 2024 goals and three-year strategy.

## Stakeholder Type



*n=75*

# Support for Operating Rule Development Areas



# Summary of Cross Collaborative Challenges

## Issues that Require Health Plans, Providers and Vendors to Solve



The speed of technology developments conflicting with the slower pace of regulation.



Increase of claim denials and appeals.



Lack of standardization, specifically with FHIR prior authorization.



Competing regulations.

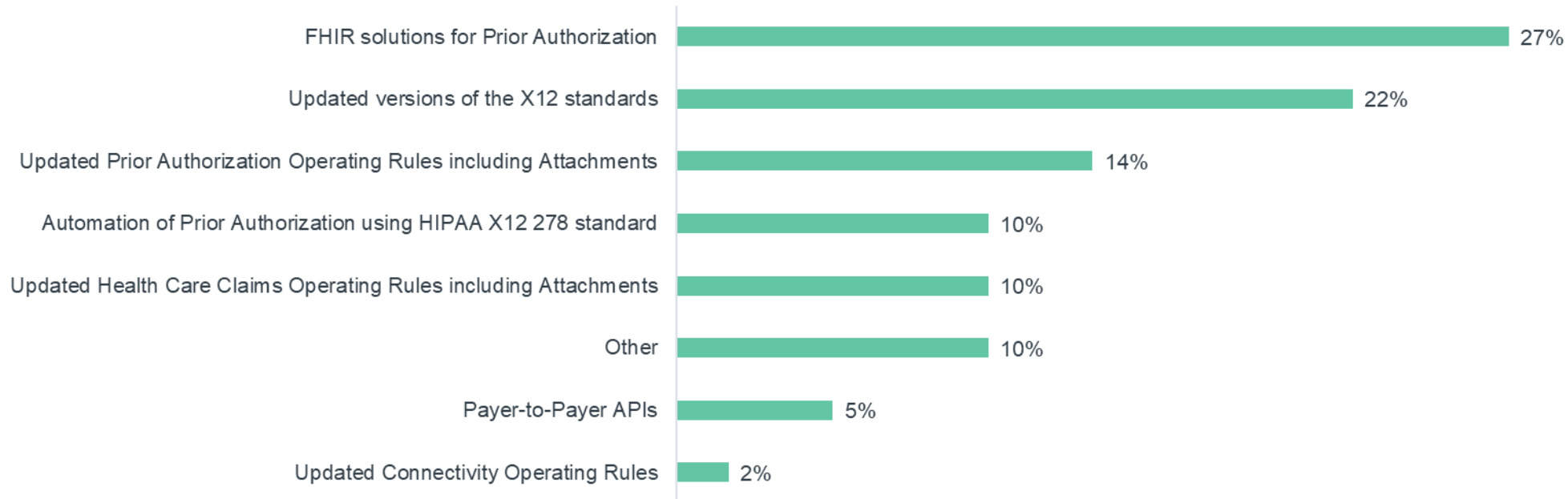


Interoperability between providers serving the same patient; sharing of electronic medical records.

# Implementation Preference

## Prompt:

**“If resource constraints and federal/state mandates/deadlines were a non-issue, in which of the following would your organization prioritize investment and implementation first?”**



*Choose One  
n=59*

# Industry Feedback

## Enhancing CORE's Influence and Impact on Interoperability

<b>Industry Feedback</b>	Lack of standardization to support emerging industry trends in technology; i.e., standard agnostic, interaction between standards, and APIs.	Desire for a framework to support informed decision-making for both industry stakeholders and regulators.	Growing need for education and outreach efforts across industry audiences to explore emerging trends in health IT.
<b>Focus Areas</b>	<b>Double-down on operating rule development</b>	<b>Provide resources to support rule adoption, interoperability, and burden reduction efforts</b>	<b>Provide industry thought leadership</b>

# CORE 2024 Goals & Strategy

## Aligning Long-term Strategy with Immediate Next Steps

**1 Be the trusted, independent national operating rule author.**

**2 Drive rule adoption, interoperability and burden reduction efforts.**

**3 Lead industry in thought leadership and education.**

**4 Collaborate across CAQH to achieve mission and vision.**

# Federal Regulatory Reminder

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# Final Step to Federal Mandate

## CAQH CORE Sends Letter to NCVHS\*:

- On 5/23/22 the CAQH CORE Board sent a [letter](#) to the HHS\*\* Federal Advisory Committee (NCVHS) proposing a set of new and updated operating rules for federal adoption.

## NCVHS Collects Industry Feedback:

- NCVHS Standards Subcommittee published a [Request for Comment](#) due by 12/15/22 and held an [industry hearing](#) on 1/19/23 to review and solicit feedback on the proposed rules.

## NCVHS Makes Recommendation to HHS:

- [NCVHS sent a letter to the HHS Secretary](#) on 6/30/23 recommending the proposed operating rules for adoption under HIPAA except those for attachments.

## Expedited HHS Interim Final Rule Making

- If a federal adoption is the approach, HHS will issue an Interim Final Rule (IFR) to the industry with a public comment period. With no major objections, HHS then adopts the final rule and mandates the operating rules.\*\*\* Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

CORE has launched a [dedicated website](#) for all NCVHS recommended rules to keep industry up to date and informed.



# NCVHS Recommendation to HHS

On **June 30, 2023** NCVHS made the following rulemaking recommendation in a [letter](#) to HHS:

	Recommended Operating Rules	Overview
Data Content	<p><b>UPDATED:</b>  <a href="#">CORE Eligibility and Benefits (270/271) Data Content Rule vEB.2.0</a></p>	<ul style="list-style-type: none"> <li>For services and procedures, requires a health plan return:               <ul style="list-style-type: none"> <li>Requirements for prior authorization.</li> <li>Details about benefit structure and patient financial responsibility.</li> <li>Telehealth coverage defined by CMS Place of Service.</li> </ul> </li> </ul>
	<p><b>NEW:</b>  <a href="#">CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0</a></p>	<ul style="list-style-type: none"> <li>For patients aligned to a population health value-based contract, returns:               <ul style="list-style-type: none"> <li>Patient attribution status to a provider using standardized language.</li> </ul> </li> </ul>
Infrastructure	<p><b>UPDATED:</b>  <a href="#">CORE Eligibility and Benefits (270/271) Infrastructure Rule vEB.2.0</a>  <a href="#">CORE Claim Status (276/277) Infrastructure Rule vCS.2.0</a>  <a href="#">CORE Payment and Remittance (835) Infrastructure Rule vPR.2.0</a></p>	<ul style="list-style-type: none"> <li>Enhances frequency and consistency of electronic exchange by:               <ul style="list-style-type: none"> <li>Increasing weekly system availability requirements to 90%.</li> <li>Strengthening security and connectivity requirements.</li> <li>Promoting uniformity, regardless of the Standard used.</li> </ul> </li> </ul>
Connectivity	<p><b>UPDATED:</b>  <a href="#">CORE Connectivity Rule vC4.0.0</a></p>	<ul style="list-style-type: none"> <li>Modernizes security and transfer requirements by:               <ul style="list-style-type: none"> <li>Updating certification and authentication protocols</li> <li>Facilitating exchange of multiple versions of standards.</li> <li>Expanding support for REST APIs, applicable to HL7 FHIR.</li> </ul> </li> </ul>

# CORE Policy Roadmap

Date	Rules and Requests for Information	CORE / CAQH Action
March 2023	CMS Interoperability and Electronic Prior Authorization (ePA) Proposed Rule (Interop-3)	CORE stated the need for real-world testing. Final rule on long-term agenda.
	CMS Electronic Attachments Standard Proposed Rule	CORE encouraged finalization and simultaneous adoption of operating rules. Final rule on long-term agenda.
September 2023	Congressional HIPAA Privacy RFI	CAQH stressed the need for speedier standards adoption for its positive impact on the protection of health information.
October 2023	Interoperability Standards Advisory (ISA) Annual Submission	CORE submitted proposed ISA updates.
	Disincentives for Providers Committing Information Blocking	CORE reviewing proposed rule establishing information blocking disincentive.
November 2023	Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule	CORE awaiting HTI-1 Final Rule that, among other things, would adopt the USCDI version 3 vocabulary standards.
	ONC Proposed Rule for Public Health Interoperability and Standards Adoption for ePA	CORE anticipating proposed rulemaking including standards adoption and use of APIs for ePA.
TBD 2024	Interim Final Rule (IFR) with Comment Period for Adoption of CORE Operating Rules Recommended by NCVHS	CORE monitoring release timeframe for CMS IFR adopting the operating rules recommended by NCVHS in their June 30, 2023 letter.
TBD 2024	Consolidated Appropriations Act (No Surprises Act) Implementation: Requirements for Advanced Explanation of Benefits (AEOB)	CORE awaiting rulemaking clarifying generation of Advanced Explanation of Benefits.

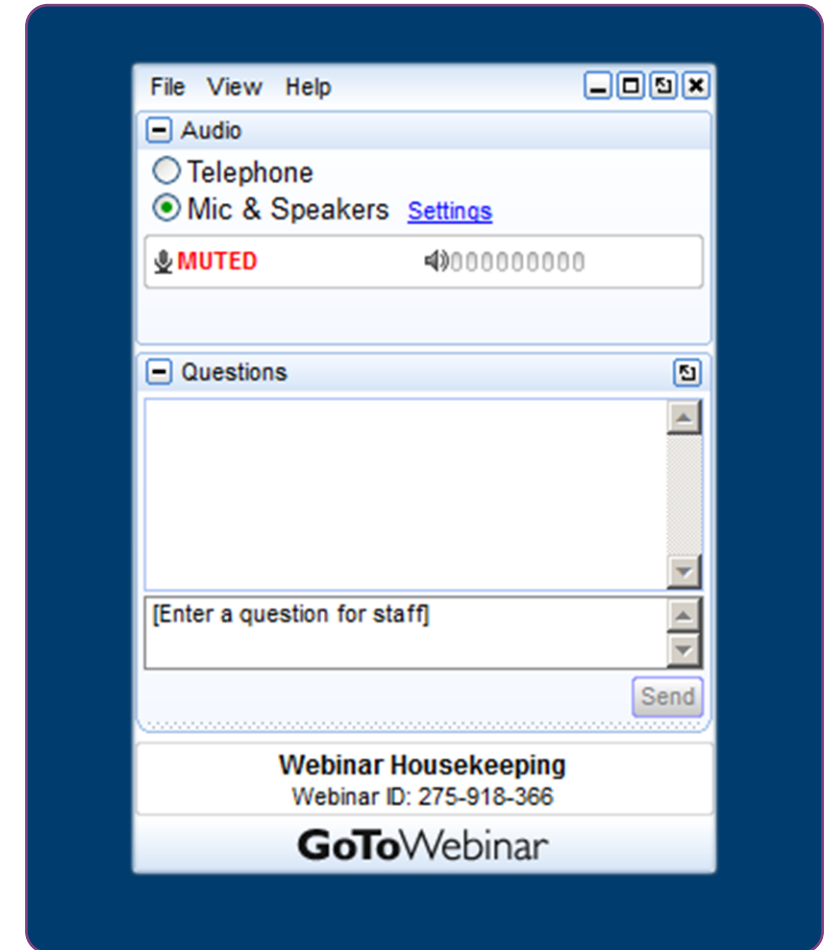
## Other rulemaking monitored for informational purposes:

1. Health equity proposals in CMS Prospective Payment System (PPS) rules (On-going)
2. Streamlining Medicaid and its relevance to redetermination (Winter 2024)
3. Rulemaking easing access to sensitive information (Fall 2023).
4. Mandatory alternative payment model (APM) rulemaking out of CMS (Summer 2024).

# Questions

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**Reminder:** Ask our speakers your questions by typing in the “Questions” pane on the lower right hand corner of your screen.



# Call to Action

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*E-mail [CORE@CAQH.ORG](mailto:CORE@CAQH.ORG) to Get Involved!*



## **Become a CORE Participant**

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



## **Become CORE Certified**

Demonstrate conformance and commitment to streamlining administrative data exchange.



## **Be an Advocate**

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.

# Upcoming Events



## Webinars

### **Operating Rules: An Essential Conduit for Administrative and Clinical Interoperability**

- November 30<sup>th</sup>, 2:00-3:00pm

### **X12 and CORE Education Series: X12/CORE Education Series: 275 Transaction & Attachments Operating Rules**

- December 7<sup>th</sup>, 2:00-3:00pm ET



## Conferences

### **2023 WEDI National Conference**

- *Washington, DC*
- Healthcare Standard Development Organization (SDO) Updates
- November 7<sup>th</sup>, 3:30-5:00pm ET

# Thank you for joining us!

Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CORE 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.