



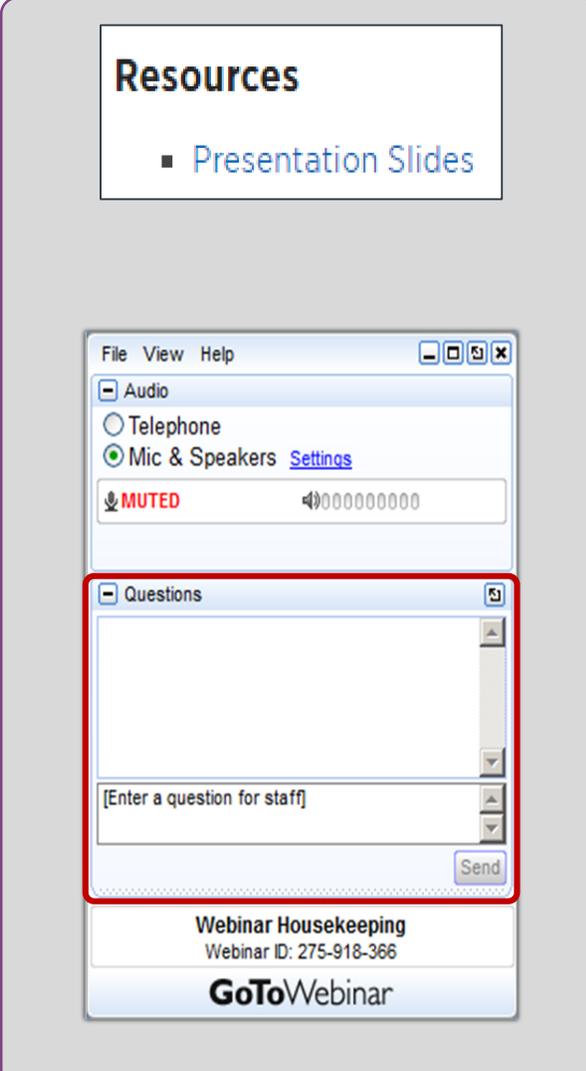
# CAQH CORE Participant Forum

January 31, 2020  
1:00-2:00 PM EST

# Logistics

## *Presentation Slides and How to Participate in Today's Session*

- You can download the presentation slides at [www.caqh.org/core/events](http://www.caqh.org/core/events) after the webinar.
- The slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.
- Questions can be submitted **at any time** using the Questions panel on the GoToWebinar dashboard.



The screenshot displays the GoToWebinar interface. At the top, there is a 'Resources' section with a link to 'Presentation Slides'. Below this, the 'Audio' panel is visible, showing 'MUTED' status and a volume control slider. The 'Questions' panel is highlighted with a red border and contains a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. At the bottom, the 'Webinar Housekeeping' section displays the 'Webinar ID: 275-918-366' and the 'GoToWebinar' logo.

# Session Outline

- Overview of CAQH CORE 2020 Goals
- Key Updates
  - Updated Phase IV Prior Authorization Infrastructure Rule
  - Transition to Business Transaction-based Rule Sets
  - CORE Certification Update
- 2020 Rule Development Focus Areas
  - Overview
  - Spotlight: Value-Based Payments – Payer/Provider Attribution
  - Spotlight: Intersection of Prior Authorization, Connectivity and Attachments
  - Engage with Us

# Overview of 2020 Goals

# CAQH CORE 2020 Goals

1

**Evolve CAQH CORE Integrated Model (rule writing, certification, industry relations) to drive future multi-stakeholder value.**

- Transition from phase-based to business transaction-based rule sets.
- Evaluate and launch processes to update/expand existing rules as needed.

2

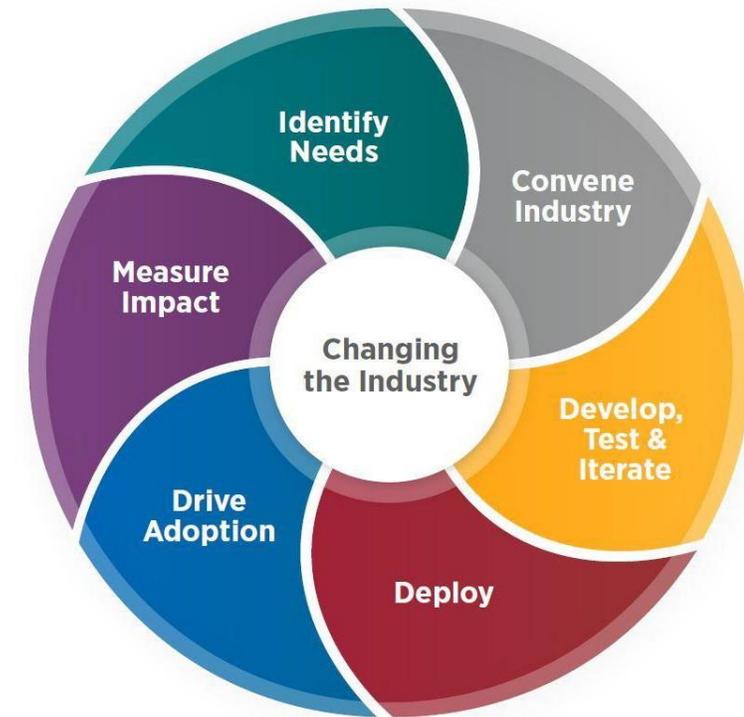
**Effectively serve as the “Gold Standard” industry certifier for operating rules and underlying business standards.**

- Targeted effort to increase certification for Phase III, IV, V and Medicaid.
- Launch re-certification efforts.

3

**Continue to successfully serve as the national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.**

- Prior Authorization
- Attachments
- Value-based Payments
- Connectivity
- Value Enhancement



## Key Updates

- Updated Phase IV Prior Authorization Infrastructure Rule
- Transition to Transaction-based Rule Sets
- CORE Certification Update

# Interest in Enhancing the CAQH CORE Phase IV Operating Rules

Approved by CAQH CORE Participants and published in 2015, the Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response (278) Infrastructure Rule response time requirement represented a **first step to setting national expectations for the completion of a prior authorization request and response exchange**. Since then, industry commitment towards improving prior authorization response times has only strengthened.

- A poll of CAQH CORE Participating Organizations during the Phase V prior authorization rule development indicated 73% of participants support pursuing development of additional time requirements, building on the Phase IV 278 Infrastructure Rule.
- CAQH CORE performed an extensive analysis of national and state-level prior authorization response time requirements. The analysis revealed:
  - 30 states have existing response time requirements in place, ranging from 24 hours to 15 business days and there is a wide variation in the definition of when the clock starts “ticking”. Of these states, 11 have response time requirements of less than 3 business days, with the **most common being 2 business days**.
  - Plans and providers that cover patients from multiple states are faced with varying time requirements, which can lead to timing disparities in care delivery.
  - Response time requirements exist for provider submission of additional information/documentation when a request is pended and for final determination (approval/denial of a prior authorization) by the health plan once all information/documentation has been received.
- CAQH CORE conducted interviews with a diverse mix of industry experts representing CAQH CORE Participating Organizations to gather more details on the feasibility and impact of the Phase IV Update.

# Phase IV 278 Infrastructure Rule Update

## Summary of New and Updated Rule Requirements

Three key enhancements to the Phase IV 278 Infrastructure Rule and Certification Test Suite were approved by 80 percent of voting CAQH CORE Participants and by the CAQH CORE Board. The update enables timelier sending and receiving of batch and real time prior authorizations that are not emergent or urgent:

- 1 Time Requirement for Health Plan to Request Additional Information/Documentation:**
  - **Batch:** The health plan or its agent has **two business days** to review the 5010X217 278 Request and respond with a final determination or with additional documentation needed to complete the Request.
  - **Real Time:**
    - The health plan or its agent has **20 seconds** to review the 5010X217 278 Request and respond with a final determination or additional documentation needed to complete the Request **if additional documentation needs are immediately known.**
    - The health plan or its agent has **20 seconds** to review and pend the 5010X217 278 Request when **additional documentation needs are unknown** at the time of request and then **two business days** to respond with additional documentation needed to complete the Request.
- 2 Time Requirement for Final Determination (Approval/Denial):** The health plan or its agent has **two business days** to review the additional documentation (if additional documentation is required), once it has received all information from the provider, and send a 5010X217 278 Response containing a final determination.
- 3 Time Requirement for a 278 Close Out:** The health plan or its agent **may choose** to close out a pending 5010x217 278 Request if the additional information needed to make a final determination is not received from the provider within **15 business days** of communicating what additional information is needed.

**NOTE:** Each HIPAA-covered entity or its agent must support the *maximum* response time requirements for at least **90 percent** of all 278 Responses returned within a calendar month.

# Phase IV 278 Infrastructure Rule Update

## Scope Updates

**NOTE:** The Phase IV 278 Infrastructure Rule applies when any HIPAA-covered entity or its agent uses, conducts, or processes the 278 Request and Response transactions.

### Updates to Section 3.4: Outside the Scope of this Rule

The response time requirements in Section 4.4 of the Phase IV 278 Infrastructure Rule do not apply to:

1. Emergent<sup>1</sup> review request and associated responses.
2. Urgent review request and associated responses.
3. Review request and associated responses conducted retrospectively (i.e. neither prospectively<sup>2</sup> nor concurrently<sup>3</sup>).
4. Review request and associated responses undergoing the Appeals Review Process (internal or external).

**Rationale for Exclusion of Urgent:** Urgent, emergent and appeal prior authorization use cases often **follow different workflows** than non-urgent or non-emergent prior authorization requests because they are typically conducted **retroactively**. Additionally:

- Urgent and emergent use cases are also excluded in the Phase V 278 Data Content Rule for similar reasons.
- CAQH CORE Participants will consider the urgent use case for future rule development and/or pilot inclusion.

<sup>1</sup> The ACA prohibits requirements for prior authorization to access emergency services under section 29 CFR 2590.715-2719A, patient protections. In line with federal law, a growing number of state laws set additional limits around prior authorizations for emergency and urgent care.

<sup>2</sup> In the context of this CAQH CORE rule “prospective review” is defined as a utilization review conducted before an admission or a course of treatment including any required preauthorization or precertification, including extensions of outpatient treatment.

<sup>3</sup> In the context of this CAQH CORE rule “concurrent review” is defined as a utilization review conducted during a patient’s hospital stay or course of inpatient treatment.

# Prior Authorization Operating Rule Package for NCVHS/HHS Consideration

## *Prior Authorization & Connectivity Operating Rules Increase Value & Use of Electronic Transactions*

- In early 2020, the CAQH CORE Board plans to propose a CAQH CORE Prior Authorization and Connectivity Operating Rules package to the National Committee on Vital and Health Statistics (NCVHS) for recommendation to the HHS Secretary for national adoption under HIPAA that includes:
  - [Phase V CAQH CORE Prior Authorization \(278\) Data Content Rule v5.0.0](#) to enhance prior authorization data content to streamline review and adjudication.
  - [Phase IV CAQH CORE Prior Authorization \(278\) Infrastructure Rule v4.0.0](#) to establish national expectations for prior authorization response timeframes and align transaction infrastructure.
  - [Phase IV CAQH CORE Connectivity Rule v4.0.0](#) to provide a consistent connectivity method for data exchange across all transactions including eligibility, claim status, electronic remittance advice and prior authorization transactions.
- The CAQH CORE Board selected this rule package given the rules:
  - Address immediate industry business needs by enabling greater automation of prior authorizations and bringing consistent connectivity and security requirements across key business transactions.
  - Set the stage for future operating rules to further enable the critical convergence of administrative and clinical standards as well as emerging standards and technological innovation.

# Key Updates

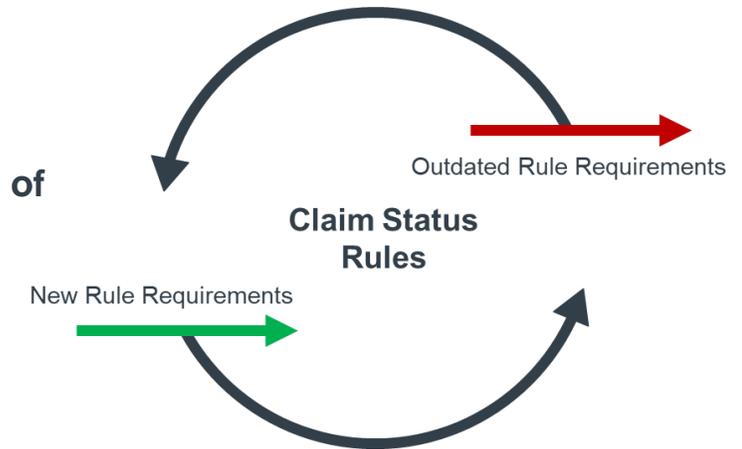
- Updated Phase IV Prior Authorization Infrastructure Rule
- **Transition to Business Transaction-based Rule Sets**
- CORE Certification Update

# Phases to Business Transactions

## Overview and Key Considerations

### Overview

- CAQH CORE is restructuring its operating rules from phase-based rule sets to rule sets based on business transactions.
- A transaction-based model aligns operating rules to the business processes the rules support and:
  - Creates a **flexible framework** for adding new rules/requirements, updating existing operating rules and removing outdated requirements for each business transaction.
  - Eases implementation burden by structuring rules into logical categories with **implementation of a rule set no longer dependent on other rule set implementations.**
  - Enables application of a **uniform connectivity rule** across all operating rules.
  - With new re-certification process, ensures industry stays aligned with most recent updates.
  - Positions operating rules to be **standard-agnostic.**

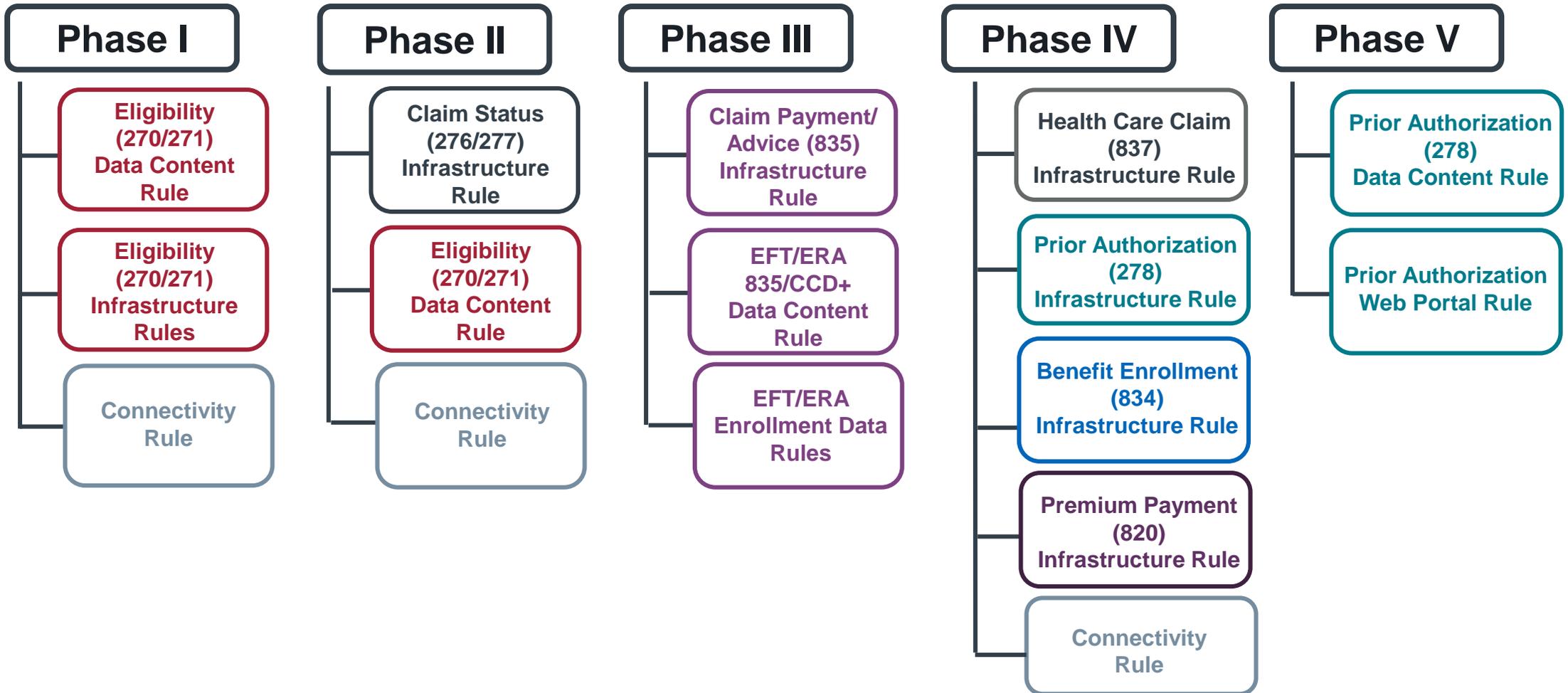


### Key Considerations

- Coordination with CMS to ensure clear communications related to federally mandated rules.
- Inclusion of mandated and non-mandated operating rules within the same rule set and related certification requirements.
- Relationship to re-certification to ensure entities adopt the most recent requirements within each rule set.

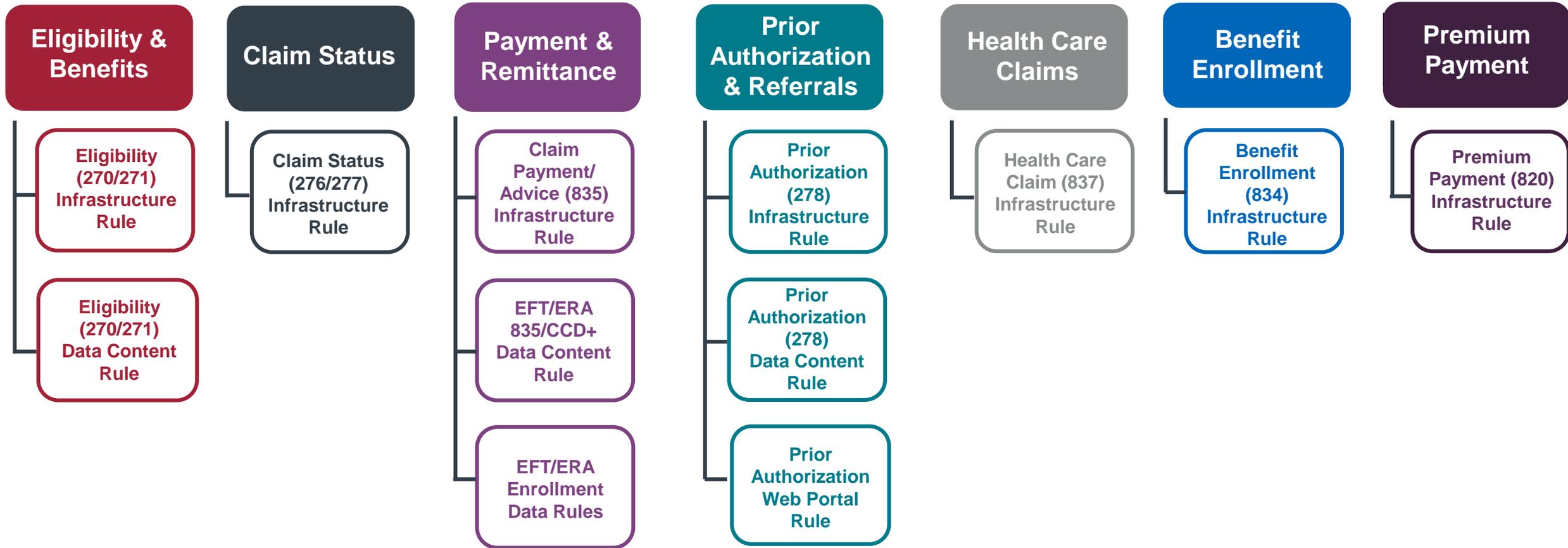
# Current Phase-based Approach

An ongoing phase-based approach creates challenges for industry implementation as business transactions are split across phases and phases cover multiple business transactions. Additionally, an infinite number of operating rule phases is not a sustainable model.



# New Business Transaction-based Approach

A transaction-based model aligns operating rules to the **business processes** the rules support.



## CAQH CORE Connectivity Rules

## Key Updates

- Updated Phase IV Prior Authorization Infrastructure Rule
- Transition to Transaction-based Rule Sets
- **CORE Certification Update**

# Recertification to Launch in 2020 for Newly Certified Entities

## Rationale for Recertification

- CORE Certification currently reflects a “snapshot in time” towards adherence to operating rules.
- With evolving technology, mergers/acquisitions and system upgrades, there is a need to assess ongoing conformance with the operating rules to maintain program integrity (some CORE Certifications are more than 10 years old).
- Recertification enables ongoing conformance when rule requirements are updated over time to align with market needs.

## Key Policies

- CORE-certified entities will remain certified for three years. Recertification will be required for an entity to maintain its certification status.
- Recertification should be completed within six months of renewal date.
- Recertification testing will have a reduced number of test cases and provide opportunity to recertify across multiple operating rules at one time.
- Recertification renewals will be based off the calendar year vs. exact date of initial certification, to allow for flexibility.
- CAQH CORE will engage in the de-certification process if a CORE-certified organization fails to recertify after a six-month lapse in certification.
- At a minimum, CORE-certified organizations must implement versions of CAQH CORE Operating Rules that have been published 24 months prior to the CORE Certification Seal renewal date.

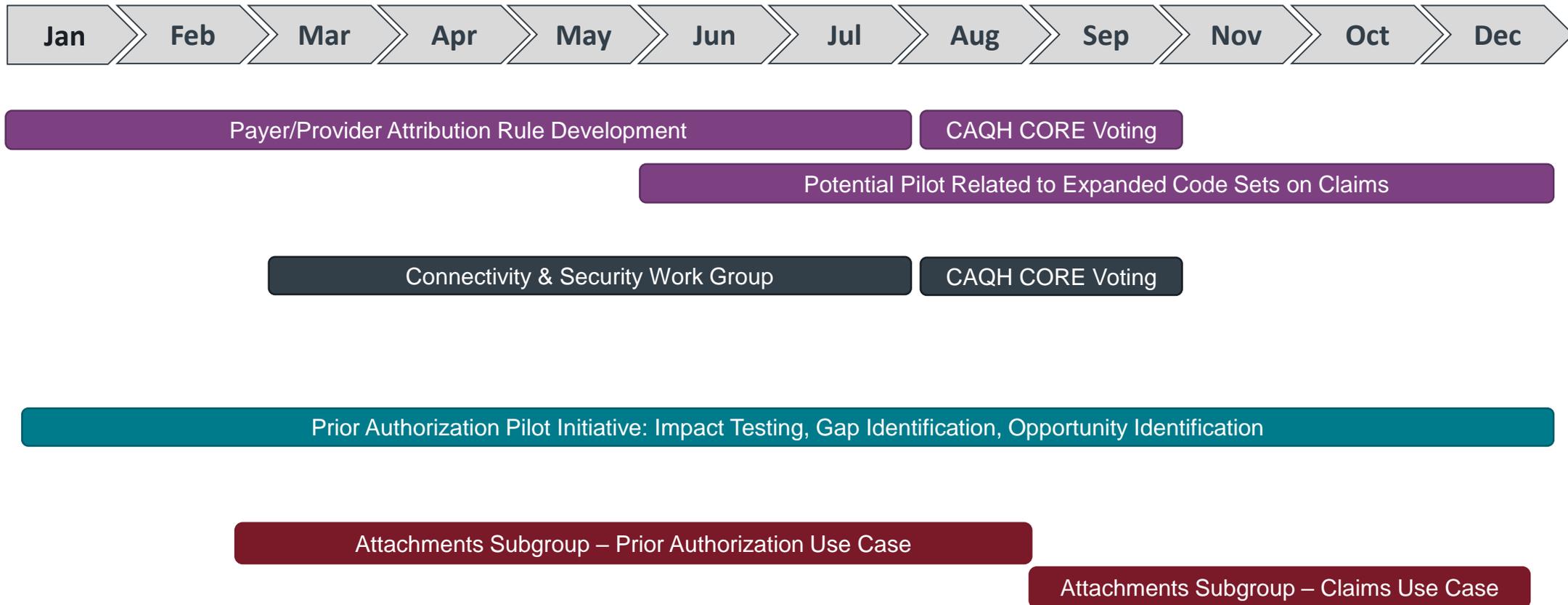
CAQH CORE will reach out to organizations with current CORE Certifications to discuss organization-specific recertification policies, process and timelines in more detail in Q2.

# 2020 Rule Development Focus Areas

- **Overview**
- Spotlight: Value-Based Payments – Payer/Provider Attribution
- Spotlight: Intersection of Prior Authorization, Connectivity and Attachments
- Engage with us

# CAQH CORE 2020 Workstreams

To accelerate interoperability and align administrative and clinical activities across stakeholders, CAQH CORE has prioritized and aligned its work related to value-based payments, connectivity, prior authorization and attachments in 2020.



# 2020 Rule Development Focus Areas

- Overview
- **Spotlight: Value-Based Payments – Payer/Provider Attribution**
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# CAQH CORE Value-based Payments Initiative

*Reminder: Topic Areas for 2020 and Beyond*

CAQH CORE's vision of Value-Based Payments is a common infrastructure that drives adoption of value-based payment models by reducing administrative burden, improving information exchange and enhancing transparency across clinical and administrative verticals.



## Move Forward

**Pursue through CAQH CORE VBP Subgroup**

**Patient/Provider Attribution Status at Time of Eligibility Check**



## Explore

**Explore Synergies with Current CAQH CORE PA Discovery Pilot**

**Provider Notification of Need for Additional Documentation/Information**

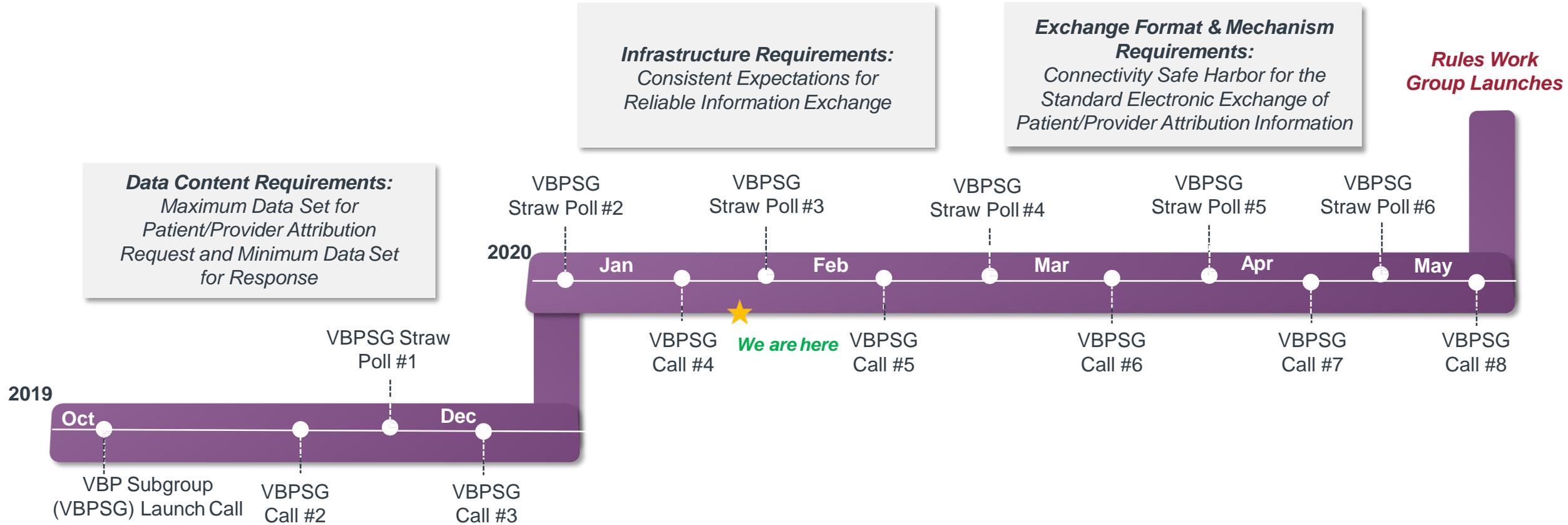


## Align

**Align with CAQH CORE Attachments Initiative**

**Standardization of the Exchange of Additional Documentation**

# Value-based Payment Payer/Provider Attribution Subgroup Roadmap



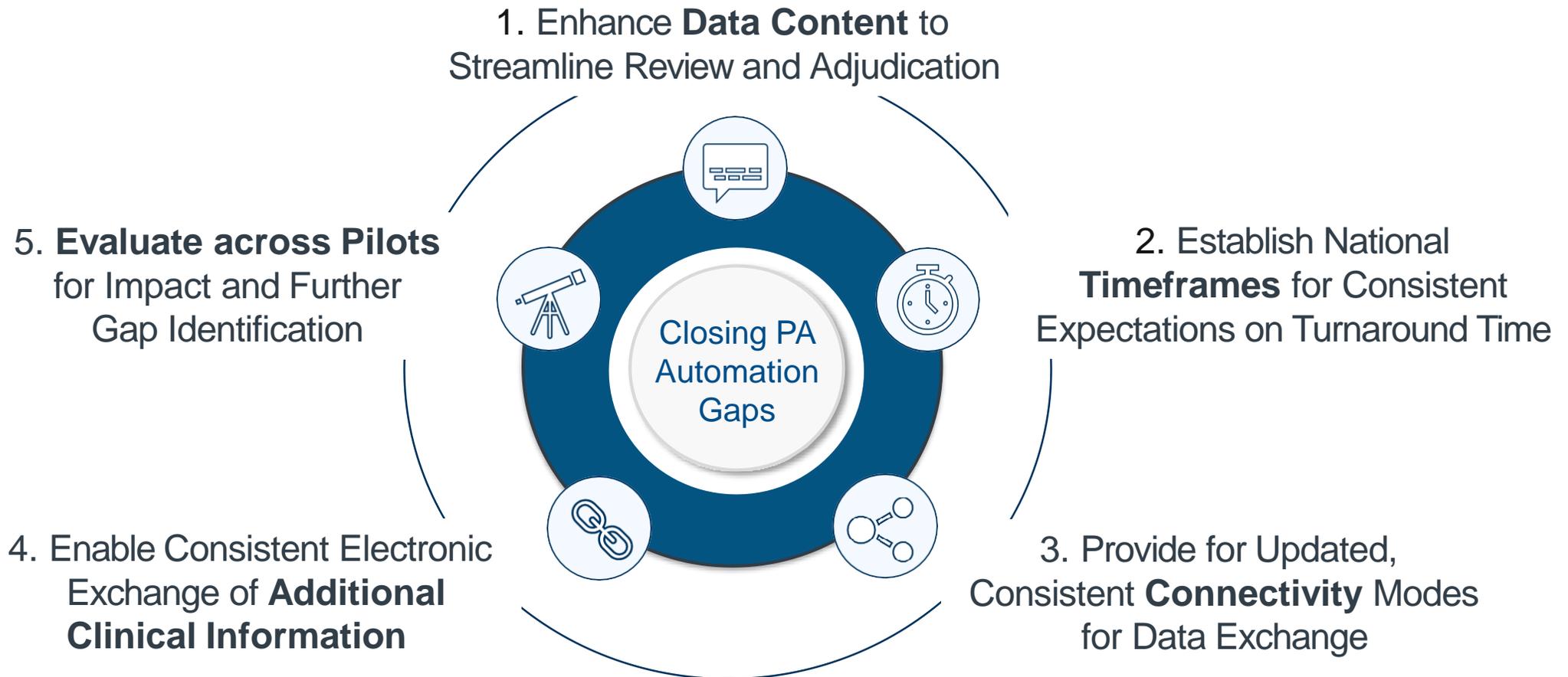
CAQH CORE will align potential Connectivity Rule updates with the VBP Subgroup effort to build a connectivity safe harbor for the exchange of patient/provider attribution information.

# 2020 Rule Development Focus Areas

- Overview
- Spotlight: Value-Based Payments – Payer/Provider Attribution
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# Closing Prior Authorization Automation Gaps through Operating Rules

## The CAQH CORE Approach to Accelerate Automation & Reduce Burden



# Barriers to Industry Adoption of Electronic Prior Authorization

Even when portions of the prior authorization process are conducted electronically, many points along the workflow still drop to manual intervention. Today, 33% of prior authorizations are submitted and responded to manually (phone, fax, email), 54% are partially electronic (portal, interactive voice response system) and 13% are electronic (5010X217 278 Prior Authorization Request and Response\*).

## Top Barriers Identified Through CAQH CORE Research

1. There is a lack of consistency in use of data content across industry and electronic discovery of what information is required for an authorization request to be fully adjudicated.
2. No federally mandated attachment standard to communicate clinical documentation.
3. Lack of integration between clinical and administrative systems.
4. Limited availability of vendor products that readily support the standard transaction.
5. State requirements for manual intervention.
6. Lack of understanding of the breadth of the information available in the 5010X217 278 Request and Response, as well as lack of awareness that this standard prior authorization transaction is federally-mandated – particularly among providers.
7. Varying levels of maturity along the standards and technology adoption curve, making consistent interoperability a challenge.

Engagement with over 100 industry organizations revealed that health plan/vendor use of codes to communicate status, errors, next steps and additional information needs varies widely. Lack of robust information results in confusion/delays.

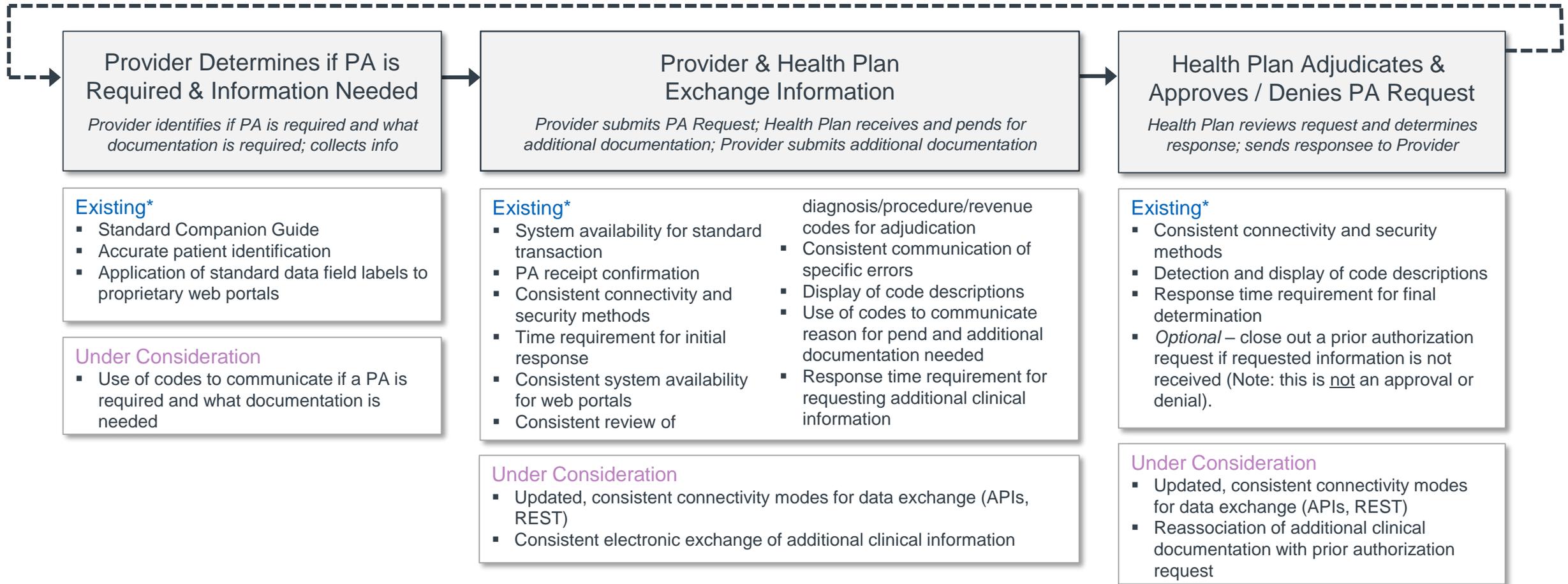
A research supplement for the 2017 CAQH Index found that only 12% of vendors supported electronic prior authorization. For all other electronic transactions, vendor support was between 74% and 91%.

Recent industry polling, as well as CAQH CORE environmental scans, reveal that provider organizations may not be aware of the federal prior authorization standard or that if they want to conduct prior authorization using the standard transaction, health plans are required to accept it.

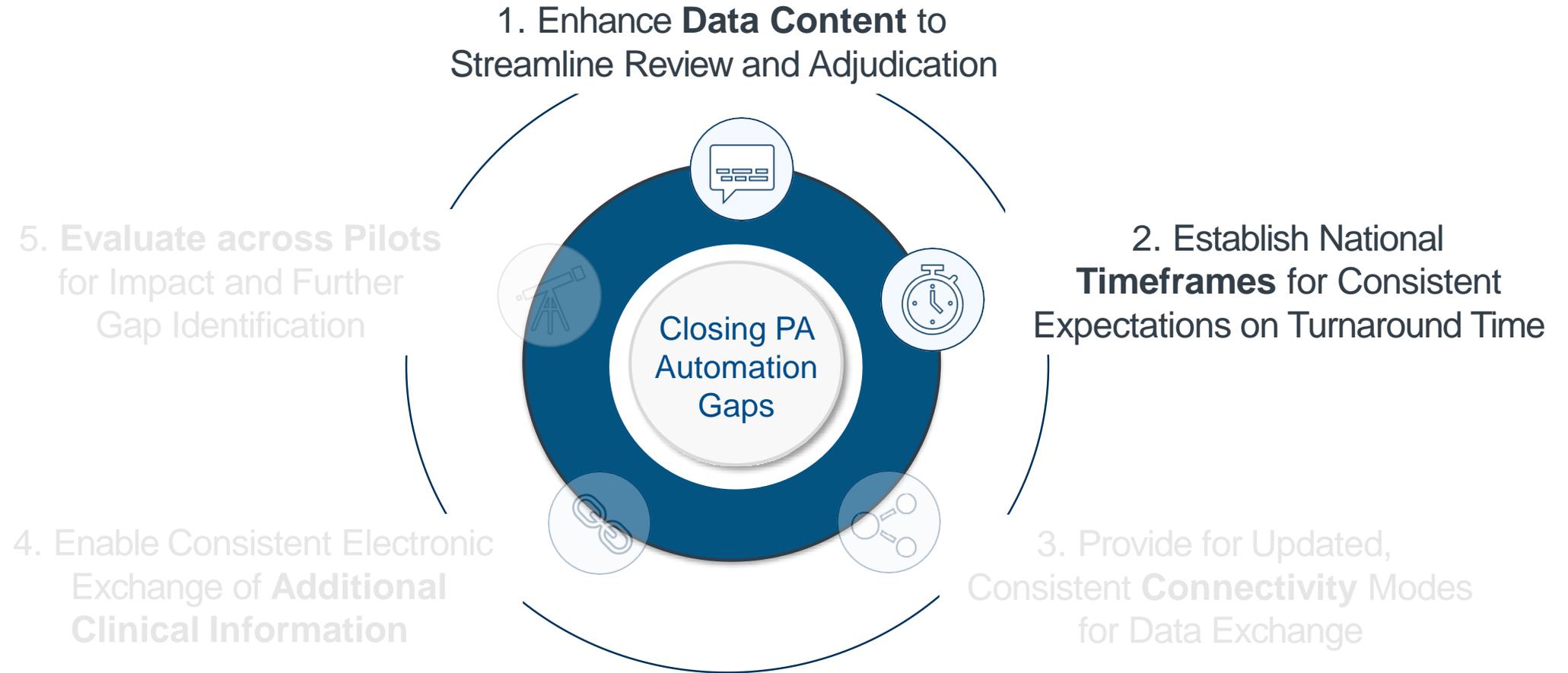
\* Hereafter referred to as “5010X217 278 Request and Response”.

# Status of CAQH CORE Operating Rules Related to Prior Authorization

Prior Authorization Operating Rules reduce administrative burden, close automation gaps and allow for patients to receive more timely care.

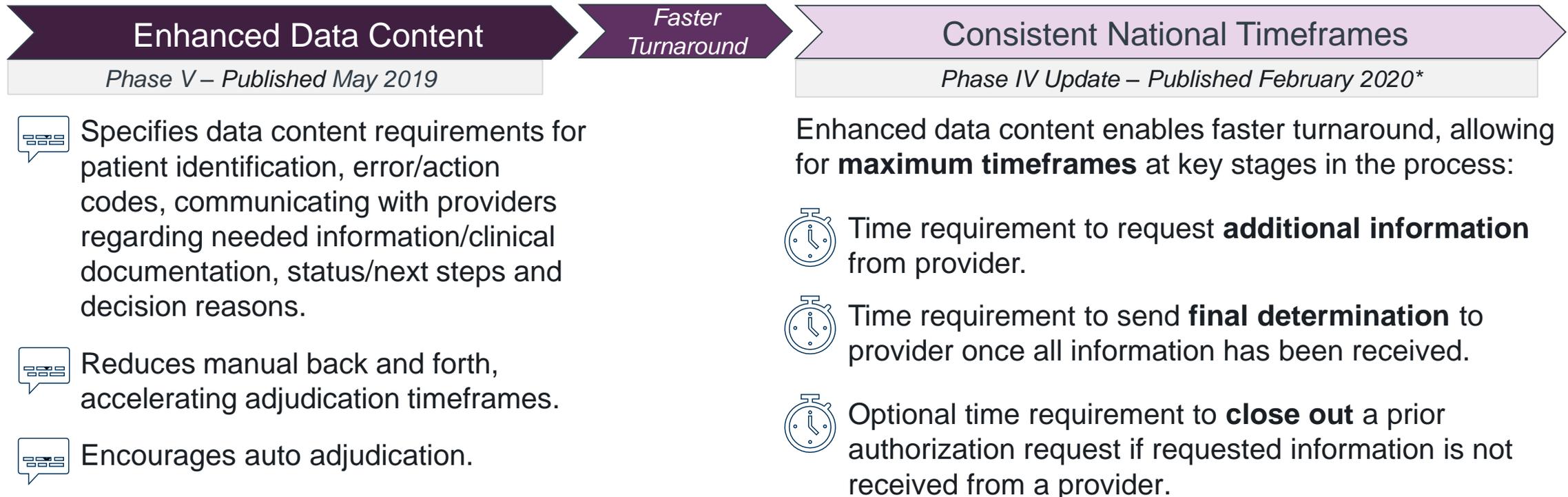


\* Available for CORE Certification.

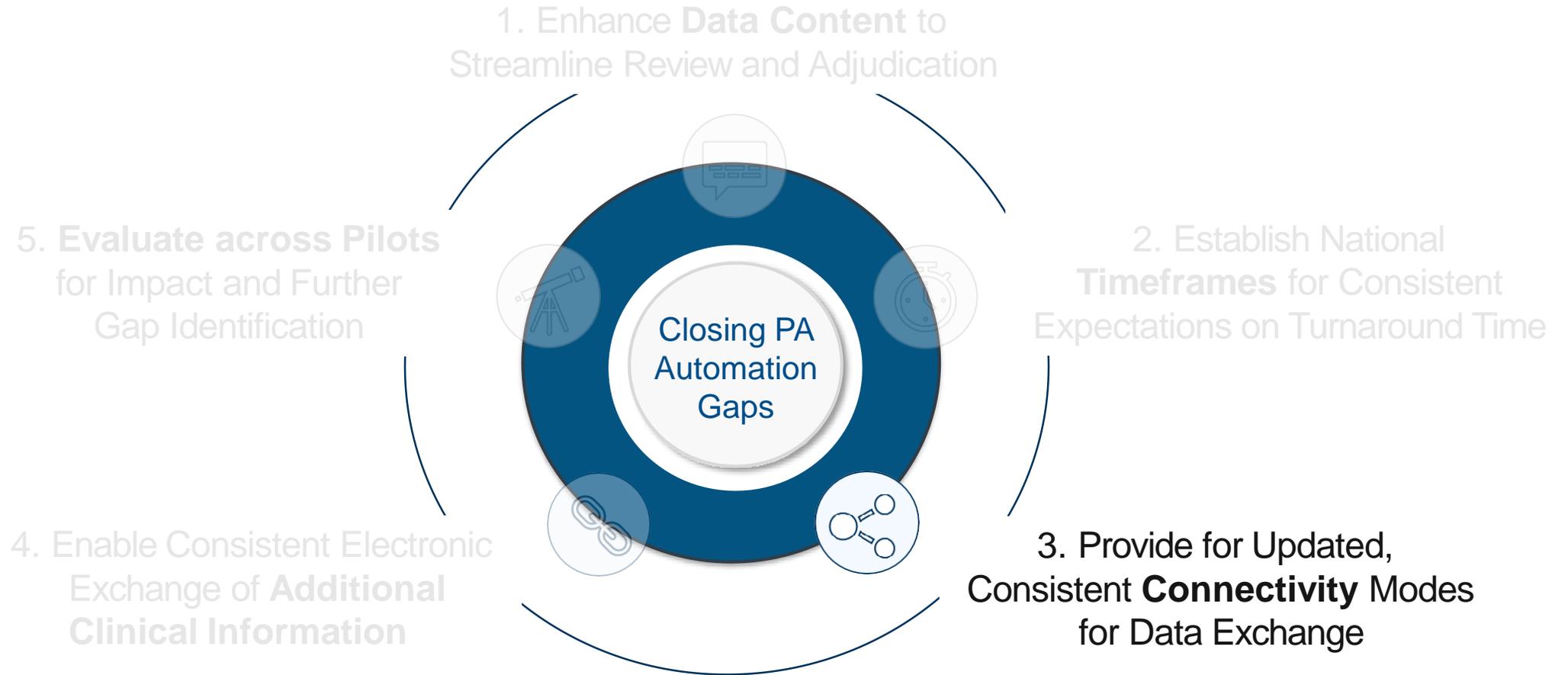


# Enhanced Data Content Enables Consistent Prior Authorization Response Timeframes at a National Level

Together, the updated CAQH CORE Phase IV Infrastructure Rule and the new Phase V Data Content Rule can encourage adoption of the HIPAA-mandated 5010X217 278 Request and Response by providers, plans and vendors.

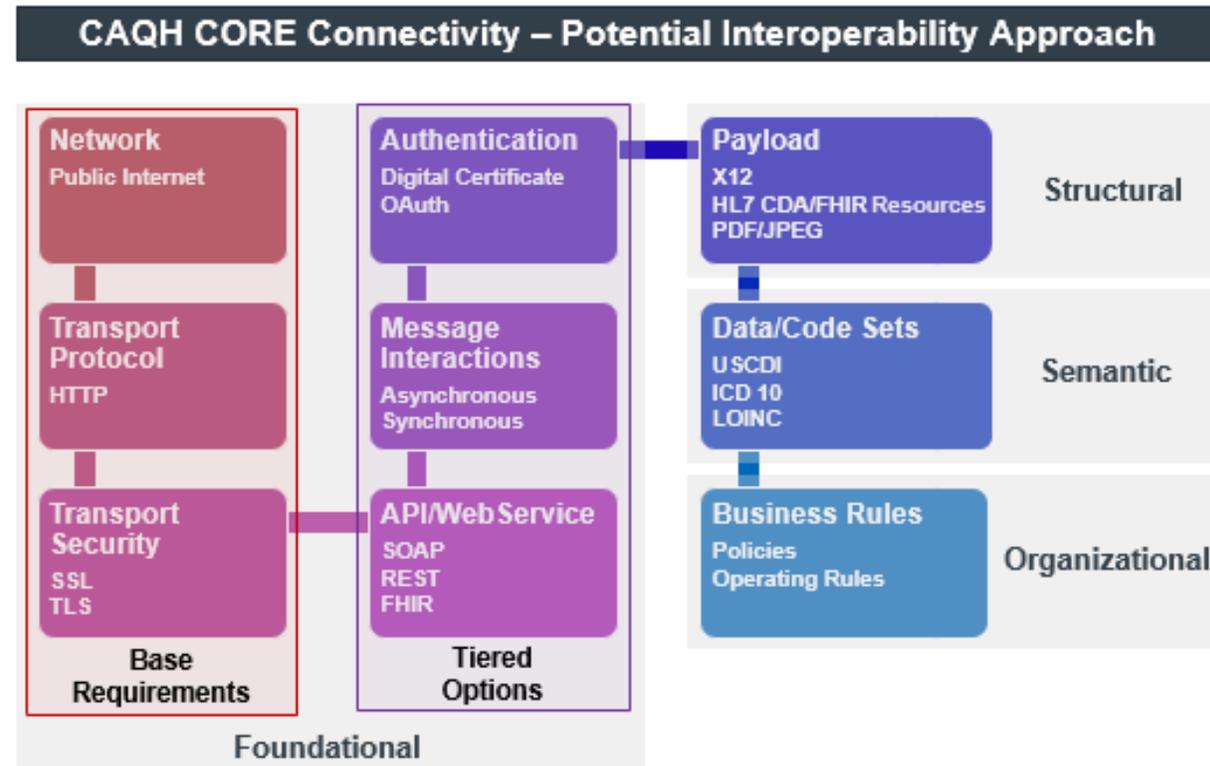


\*The Phase IV CAQH CORE 278 Prior Authorization Infrastructure Rule was initially approved via the CAQH CORE Voting Process in 2015.



# CAQH CORE Connectivity Requirements to Provide Consistent Modes for Data Exchange

Connectivity is fundamental for systems to interoperate. It enables data exchange and allows for subsequent processes to occur, presenting data in ways that can be easily understood by an end user.



**CAQH CORE Connectivity is an industry-trusted method for data exchange.**

The rules drive industry alignment by converging on common transport, message envelope, security and authentication standards to reduce implementation variations, improve interoperability and advance the automation of administrative data exchange.

# CAQH CORE Connectivity

## *Rule Update Effort in 2020*

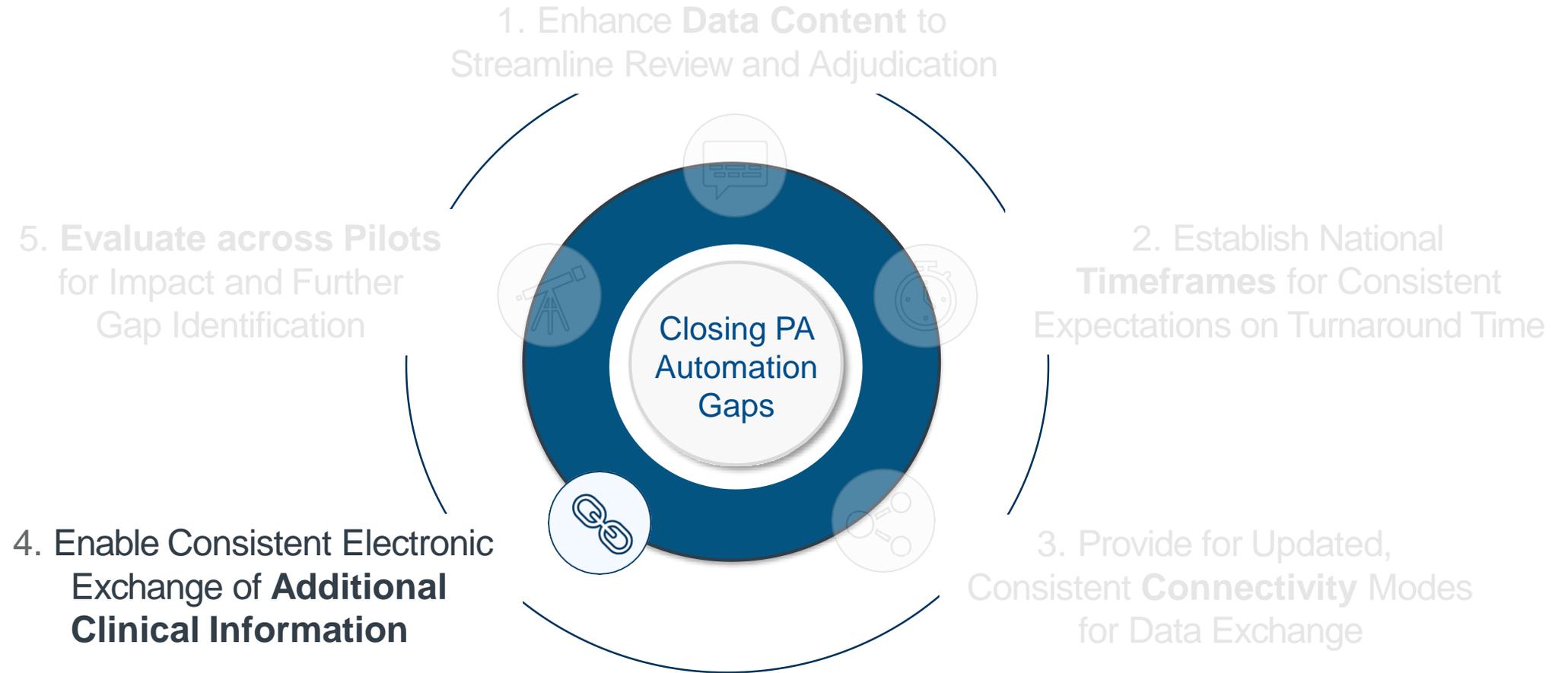
Healthcare organizations have implemented a multitude of connectivity methods to facilitate the exchange of healthcare data. As the industry progresses towards alignment and interoperability across administrative and clinical systems, common methods of connectivity could ease the burden of data exchange. **A strong industry foundation for communication interoperability has been set by the CAQH CORE Connectivity Rules** as demonstrated by a large national install base and federal mandate.

### Update to CAQH CORE Connectivity Requirements

In response to the continued interest across the industry and from CAQH CORE Participants, **CAQH CORE is launching the CAQH CORE Connectivity & Security Work Group in mid-February 2020** to address potential Connectivity Rule updates.

- Build upon the existing set of requirements through a **structured, yet flexible framework**.
- Consider a **Safe Harbor for additional connectivity methods** (e.g. REST, APIs).
- Potential to **support alignment of administrative and clinical data exchange**, as well as align with efforts to support consumer data access under proposed CMS/ONC interoperability rules.

Updating the existing CAQH CORE Connectivity Rule has the potential to address foundational interoperability challenges that create automation gaps in the prior authorization and attachments processes and limit adoption of electronic solutions.



# Development of Operating Rules to Enable Consistent Electronic Exchange of Additional Clinical Information

Exchanging medical documentation for prior authorization is highly manual and a source of significant burden. A HIPAA-mandated standard for attachments has not been named, resulting in lack of industry direction on a uniform approach.

## Scoping of Potential Attachments Operating Rules

As the **HHS-designated author for operating rules**, CAQH CORE is committed to supporting and accelerating industry adoption of electronic attachments, with or without a mandated attachment standard. In Q4 2019, the CAQH CORE Attachments Advisory Group:

**1. Discussed the pain points related to the exchange of additional documentation.**

- Created Attachment-Specific Evaluation Criteria to assess opportunity areas.
- Assessed the five opportunity area categories outlined in the [Attachments White paper](#).

**2. Reviewed a list of 20 draft opportunity areas to address pain points and relieve administrative burden related to Attachments.**

- Modified and reduced the draft list to 15 opportunity areas.

**3. Ranked the remaining 15 opportunity areas in order of priority for a CAQH CORE Rule Development Group to pursue.**

- *Prioritized Prior Authorization as a use case for rule development.*

**4. Rated support for potential attachment operating rule requirements on a Likert scale from “Do Not Support” to “Support”.**

# CAQH CORE Attachment Initiative

## Topic Areas for 2020 and Beyond

In collaboration with CAQH CORE Participating Organizations and industry, CAQH CORE plans to produce guidance materials, educational content and new operating rules for attachments in 2020.

### ✓ Move Forward

### Education

### Align

### Research

Pursue through CAQH CORE Attachments Subgroup (ASG)

Collaborate with Industry to Enhance Awareness

Align with CAQH CORE Connectivity Work Group

Consider for Future Attachments Efforts

#### Exchange Formats

X12 275, X12 277 RFAI, HL7 FHIR

#### Workflows

Highlight industry best practicing for streamlining exchange of attachments

CAQH Connectivity Rule Update  
Connectivity, Security, and Authentication

#### Data Quality

Alignment with USCDI and Sending of Necessary/Required Information

#### Infrastructure

Acknowledgements, Response Times, Processing Modes, System Availability

Align with CAQH CORE VBP Initiative

#### Resources

Improve uniformity of documentation requirements  
Build transparency and ease look up to health plan attachment policies

#### Data Variability

Reassociation and Use of Structured Data

VBP Attachment Operating Rules  
Value-based Payments and Quality Measure Reporting

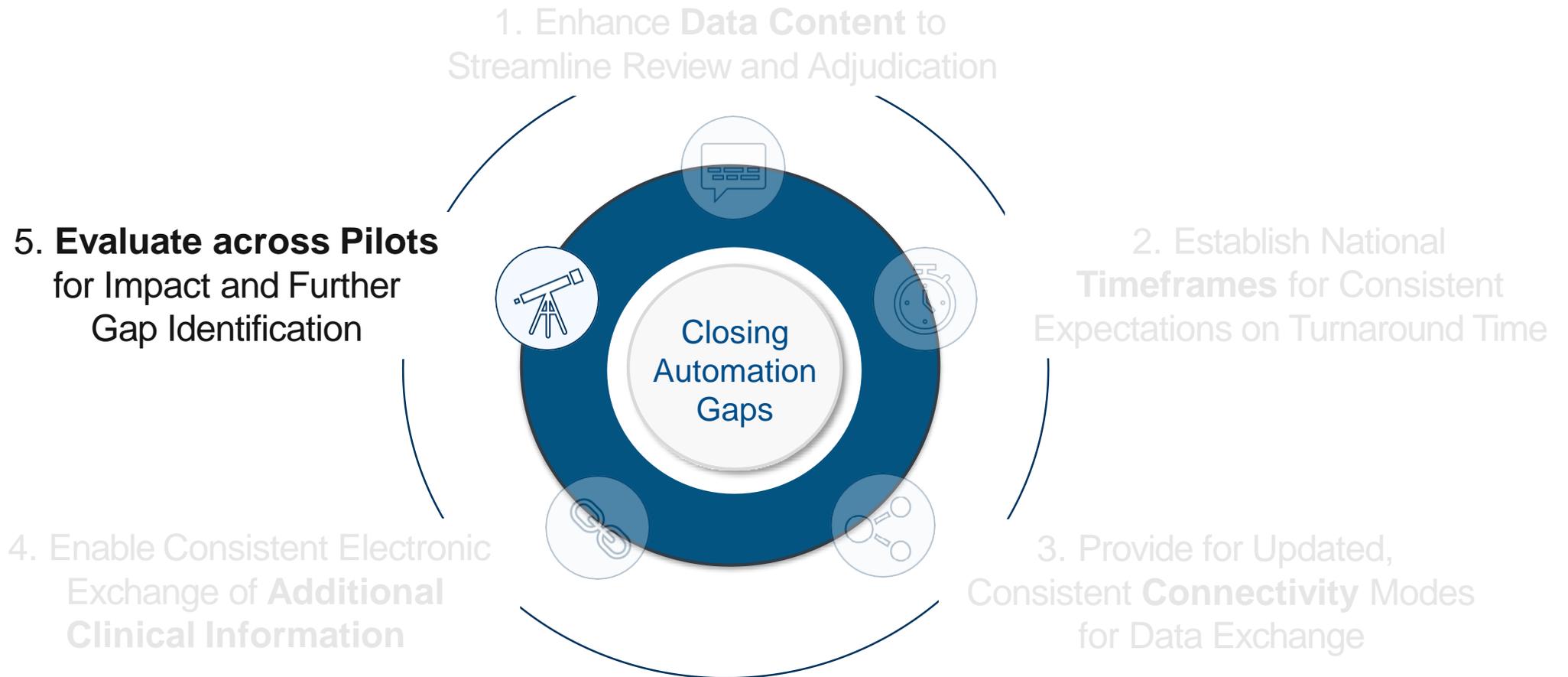
#### HL7 FHIR

HL7 FHIR Profiles and CDS Cards

#### Integration Workflow

Integration of clinical and administrative systems

CAQH CORE is launching an Attachments Subgroup in Q2 2020 to draft operating rules for the prioritized Prior Authorization Use Case.



# Evaluating Impact of Existing and Potential Operating Rules

## Prior Authorization Pilot Initiative Vision

Partner with industry organizations to measure the impact of existing and new CAQH CORE prior authorization operating rules and corresponding standards on organizations' efficiency metrics.

## Goals for Initiative



**Apply existing and test new operating rules** that support greater automation of the end-to-end PA workflow.



**Ensure that operating rules support industry organizations** in varying stages of maturity along the standards (existing and emerging: X12, HL7 FHIR, etc.) and technology adoption curve.



Identify opportunities to **refine existing rules and prioritize new rules** to continue to close critical automation gaps.



Quantify impact to support potential rule recommendations for **national implementation** to NCVHS and HHS.

## Participation Options



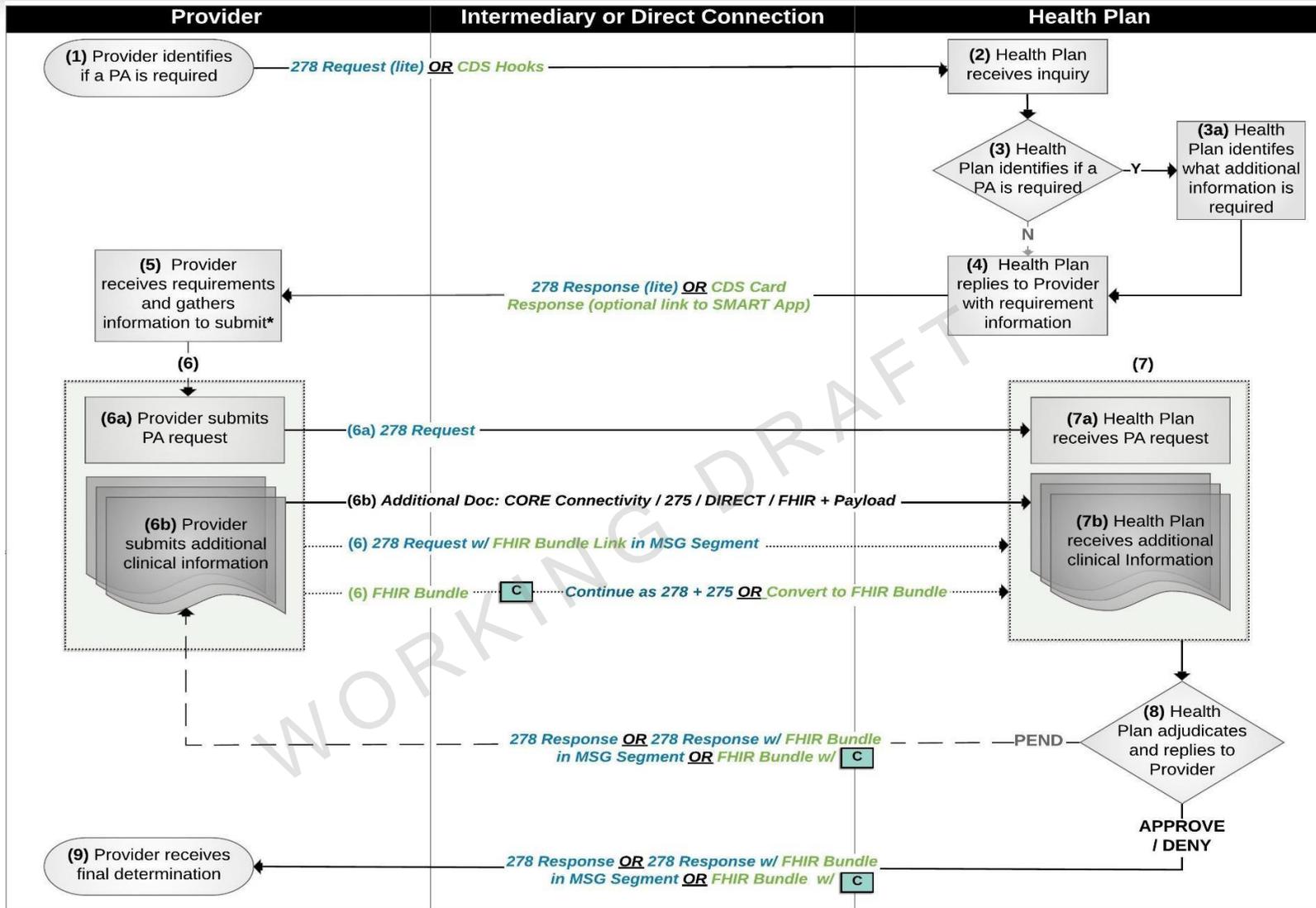
Work with CAQH CORE subject matter and measurement experts to:

**Option 1.** Track and articulate the impact of an *existing* prior authorization automation project within your organization.

**Option 2.** Track and articulate the impact of a *new* implementation of operating rules and standards.

# CAQH CORE Prior Authorization Pilot Initiative

## Potential Pilot/Testing Ideas



### CAQH CORE Operating Rule Requirements\*\*

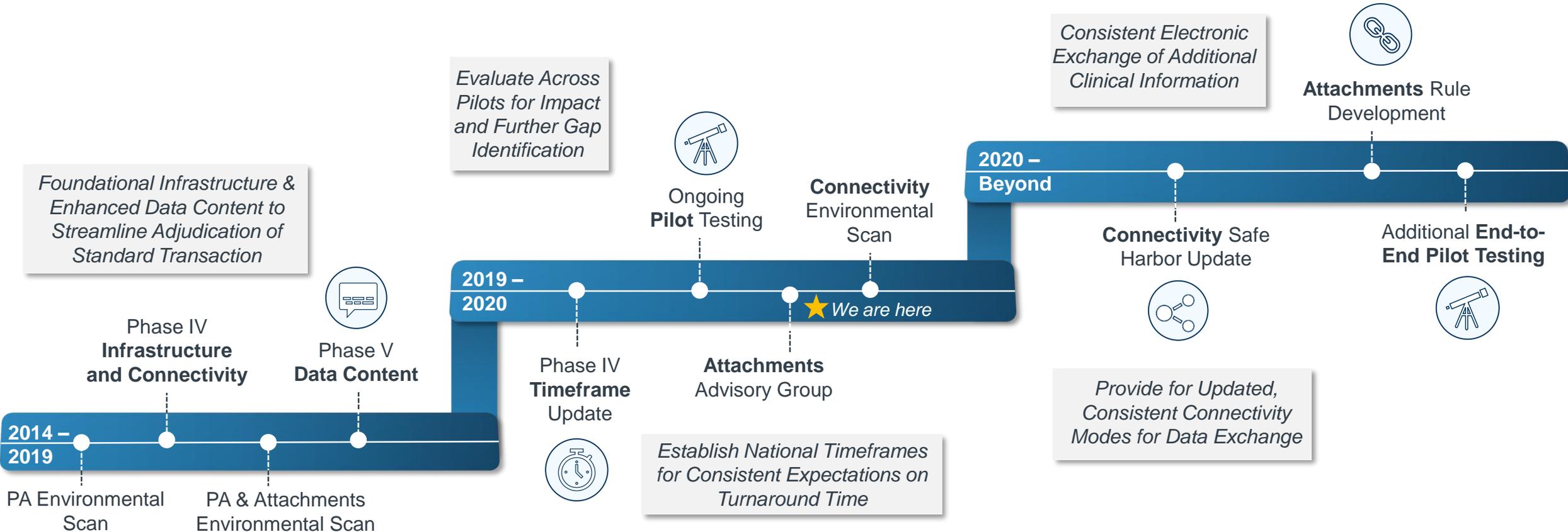
NOTE: May not apply to both X12 278 and HL7 FHIR

- (All) Security / Authentication; Connectivity / Transfer • System availability
- (1) Accurate patient / subscriber identification • *Required procedure / diagnosis / revenue codes*
- (2) Acknowledge receipt within set timeframe • *Patient matching • Consistent codes to communicate errors*
- (3) Process procedure / diagnosis / revenue codes
- (4) Use of codes to communicate PA requirements and documentation needs • *Response time requirement (real-time, batch) • Use of codes to communicate benefits coverage and patient financials*
- (5) Detection and display of codes
- (6) Re-associate additional documentation with PA request
- (6a) Accurate patient / subscriber identification • *Required procedure / diagnosis / revenue codes*
- (6b) CORE Connectivity • *Resolution quality requirements for non-text attachments*
- (7) Process procedure / diagnosis / revenue codes • *Patient matching • Re-associate additional documentation with PA request • Acknowledge receipt • Consistent codes to communicate errors*
- (8) Use of codes to communicate reason for pend, and if applicable, additional documentation needed • *Detection and display of codes • Final determination response time*

# CAQH CORE Roadmap to Accelerate PA Automation & Reduce Burden

## The CAQH CORE Roadmap to Accelerate PA Automation & Reduce Burden

Roadmap ensures that CAQH CORE Operating Rules and corresponding standards address the process, close critical automation gaps and support industry organizations at varying levels of maturity on the standards and technology adoption curve.



# 2020 Rule Development Focus Areas

- Overview
- Spotlight: Value-Based Payments – Payer/Provider Attribution
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- **Engage with us**

# CAQH CORE Current Initiatives

*Engage with Us*

CAQH CORE Initiative	Focus	Objectives	Status	Cadence
<b>CAQH CORE Value-based Payments (VBP) Subgroup</b>	Rule Development	Develop operating rules to create uniform expectations for the exchange of <b>provider attribution information</b> . Operating rules will focus on data content, infrastructure and exchange method and format requirements.	Active	Once monthly, from Oct 2019 to May 2020 (8 calls)
<b>CAQH CORE Connectivity Work Group</b>	Rule Update	Consider a <b>Safe Harbor for additional connectivity methods</b> (e.g. REST, APIs) in order to further support the <b>alignment of administrative and clinical data exchange</b> , as well as to align with efforts to support consumer data access.	Upcoming	Q1 2020
<b>CAQH CORE Attachments Prior Authorization Subgroup</b>	Rule Development	Develop operating rules to improve <b>automation of the exchange of attachments/additional medical documentation</b> ; initial focus on prior authorization use case.	Upcoming	Q2 2020
<b>CAQH CORE Prior Authorization Pilot Initiative</b>	Rule Opportunity Identification; ROI	Apply existing and potential new data content and infrastructure operating rules <b>to close automation gaps in the prior authorization workflow</b> (relating to discovery of services requiring PA, exchange of PA requests and responses, information needs, etc.). Measure the impact of operating rules and corresponding standards on entities' efficiency metrics.	Active	N/A
<b>CORE Code Combinations Task Group</b>	Rule Maintenance	Ensure compliance with the <b>base standard code list (CARCs and RARCs)</b> . Conduct bi-annual industry survey to collect suggestions for potential market-driven adjustments to code combinations.	Active	Once every 2-3 months, for a total of 6 times a year

# CAQH CORE Call for SMEs and Executive Sponsors

*Engage with Us*

**CAQH CORE is seeking Subject Matter Experts (SMEs) and Executive Sponsors from Participating Organizations to engage in the *Connectivity & Security Workgroup* and the *Attachments-Prior Authorization Subgroup*.**

## **Subject Matter Expert (SME)**

- Possess knowledge of their organization's capabilities and processes and be able to address how potential requirements would impact their organization, both in terms of feasibility to implement and value.
- Primary Representatives of CAQH CORE Participating Organizations should encourage the appropriate department or individual within their organization participate as well.

## **Executive Sponsor**

- Along with a designated SME, Participating Organizations must designate an Executive Sponsor to be aware of their organization's involvement.
- A leader or decision-maker in the organization.
- Interested in the goal of updating the CAQH CORE connectivity and security requirements and/or developing attachments rules to align with industry need.
- Supportive of their SME's time commitment to this effort.

**JOIN: *Connectivity & Security Work Group* – complete this [form](#) by Weds 02/12/20  
*Attachments Subgroup* – stay tuned for Call for Participants, coming soon**

# Poll Question #1

**Does your organization want to engage in these CAQH CORE Initiatives? (Check all that apply)**

- CAQH CORE Value-based Payments Subgroup
- CAQH CORE Connectivity Work Group
- CAQH CORE Attachments Prior Authorization Subgroup
- CAQH CORE Prior Authorization Pilot Initiative
- CORE Code Combinations Task Group

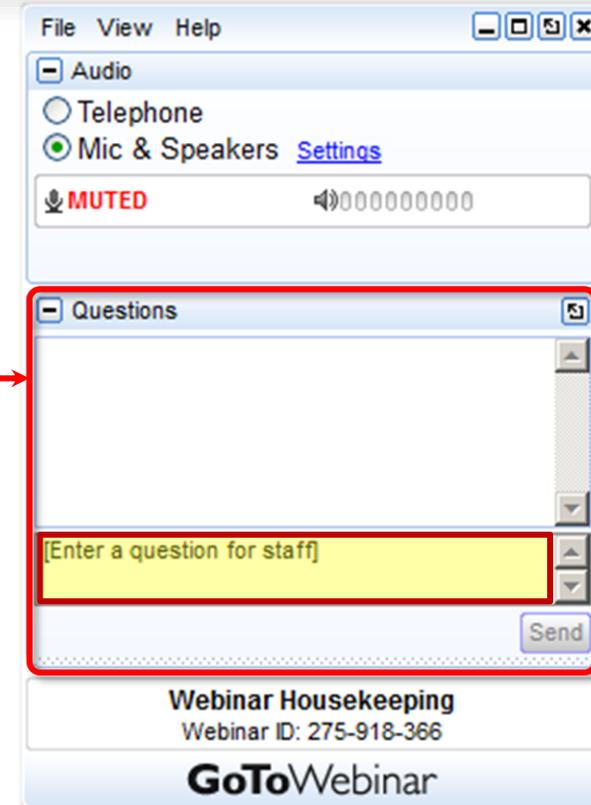
**Note:** No need to respond if you are already engaged in an initiative.

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**



**Download a copy of today’s presentation slides at [caqh.org/core/events](https://caqh.org/core/events)**

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

# Upcoming CAQH CORE Education Sessions and Events



[CAQH CORE: Town Hall National Webinar](#)  
**February 6, 2020 2:00-3:00 PM EST**



[CORE Certification: Best Practices for Success](#)  
**March 26, 2020 1:00-2:00 PM EST**



[Conference Presentation - 29th National HIPAA Summit](#)

CAQH CORE Director Erin Weber will be speaking at the 29th National HIPAA Summit on March 5, 2020. The session is titled *Improving Prior Authorization: An Update on Operating Rules*.

# Thank you for joining us!



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

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

## **The CAQH 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.