



# Streamline Prior Authorization: CORE Certification for Prior Authorization with HealthTrio

August 18, 2021

2:00-3:00 pm ET

# Agenda

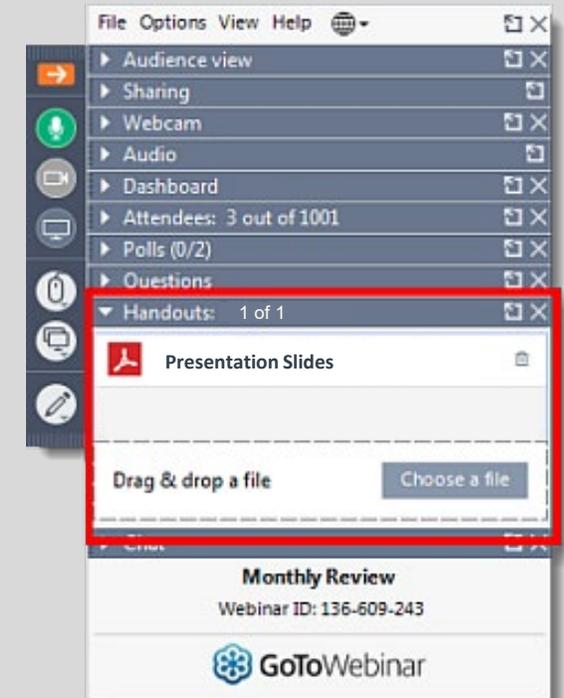
- CAQH CORE & Certification Overview
- HealthTrio Overview
- Conversation with CAQH CORE & HealthTrio
- Q&A

# Logistics

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

- Accessing webinar materials
  - You can download the presentation slides now from the “Handouts” section of the GoToWebinar menu.
  - You can download the presentation slides and recording at [www.caqh.org/core/events](http://www.caqh.org/core/events) after the webinar.
  - A copy of the slides and the webinar recording will also 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**.

### Download the Slides Now



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# CAQH CORE & Certification Overview

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# CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population**.

**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.

**DESIGNATION** CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

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

**CAQH CORE BOARD** **Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



# What are Operating Rules?

## Definition and CAQH CORE Role

Operating Rules are the **necessary business rules and guidelines** for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted.

CAQH CORE is the [HHS-designated Operating Rule Author](#) for all HIPAA-covered transactions.

## Operating Rules are Crucial in a Technology-driven World

- To effectively share electronic healthcare data, stakeholders from across the industry – **CAQH CORE Participants** – have come together to develop and adopt common sets of operating rules.
- Operating Rules **do not** specify how a payer/provider structures a business process supported by an electronic transaction.
  - ❖ Example: Operating rules do not stipulate when or how prior authorization is used by a health plan; if prior authorization is used, operating rules indicate how information regarding that transaction is electronically exchanged.

# Examples of Operating Rules

Industry Use Case	Standard	Operating Rule
<b>Healthcare</b>	Providers and health plans must use the ASC X12 v5010 270/271 Eligibility Request and Response transaction to exchange patient eligibility information.	When using the eligibility transaction, health plans must return patient financial information including copay and deductible in real-time.
<b>Finance</b>	Financial organizations must use ASC X9 standards in all ATM transactions with their clientele, standardizing layout, data content and messaging.	Financial organizations must use NACHA, the Electronic Payments Association, and the Federal Reserve operating rules for every automated clearinghouse (ACH) Transaction which allows consumers to use any debit card in any ATM around the world regardless of bank affiliation.

# Who Develops the CAQH CORE Operating Rules?

Over 120 CAQH CORE Participating Organizations work together to develop and implement rules of the road that streamline the business of healthcare, across all components of the revenue cycle.

## A Sample of Organizations that Participate in CAQH CORE

(See full list [here](#))



# Current CAQH CORE Operating Rules

Rule Set	Infrastructure	Connectivity Rule Application	Data Content	Other
<b>Eligibility &amp; Benefits</b>	Eligibility (270/271) Infrastructure Rule	Connectivity Rule vC1.0.0 Connectivity Rule vC2.0.0	Eligibility (270/271) Data Content Rule	Single Patient Attribution Data Rule
<b>Claim Status</b>	Claim Status (276/277) Infrastructure Rule	Connectivity Rule vC2.0.0		
<b>Payment &amp; Remittance</b>	Claim Payment/ Advice (835) Infrastructure Rule		EFT/ERA 835/CCD+ Data Content Rule	EFT/ERA Enrollment Data Rules
<b>Prior Authorization &amp; Referrals</b>	Prior Authorization (278) Infrastructure Rule	Connectivity Rule vC3.0.0	Prior Authorization (278) Data Content Rule	Prior Auth Web Portal Rule
<b>Health Care Claims</b>	Health Care Claim (837) Infrastructure Rule			
<b>Benefit Enrollment</b>	Benefit Enrollment (834) Infrastructure Rule			
<b>Premium Payment</b>	Premium Payment (820) Infrastructure Rule			
<b>Attributed Patient Roster</b>	Attributed Patient Roster (834) Infrastructure Rule	Connectivity Rule vC4.0.0*	Attributed Patient Roster (834) Data Content Rule	

Rules in purple boxes are federally mandated.

\*Connectivity Rule vC4.0.0 can be used to support all rule sets for CORE Certification.

# CORE Certification



CORE Certification program was developed **by industry, for industry** by CAQH CORE Participating Organizations including health plans, providers, vendors, government agencies and associations.



CORE Certification program allows organizations to **certify on specific transactions** related to their products or solutions.



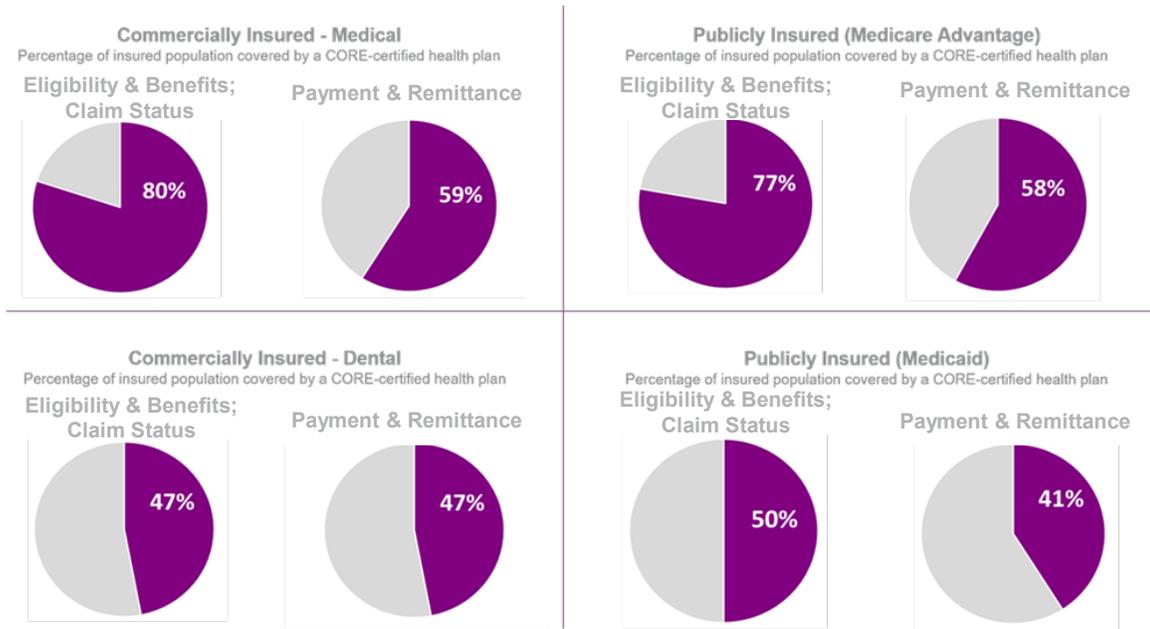
Many health plans **require** their vendors to be CORE-certified prior to contracting.



**Recertification** enables ongoing conformance when rule requirements are updated over time to align with market needs.

# Drive Adoption: CORE Certification

CORE-certified health plans cover approximately 80% of totally US insured lives



394

certifications have been awarded.

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HEALTH PLAN



UNITEDHEALTH GROUP®

eMEDIX



# At A Glance: The Benefits of the Prior Authorization Operating Rules

Join the Adopters of the Prior Authorization & Referral Infrastructure Operating Rules Who Represent 14% of the Commercial Market



- Reduce **administrative burden** and **cost** associated with manual and partially electronic prior authorizations.

- A survey of the Cleveland Clinic caregiver team found that the rules led to an increase in **staff satisfaction** and an increase in automated **real-time** interaction.

- Improves **member matching**, **provider matching**, **error messaging**, and ability to specifically identify needed additional documentation to support the prior authorization request.

# Components of the Prior Authorization Operating Rules

**1**

**The CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule**

**2**

**The CAQH CORE Prior Authorization & Referrals (278) Data Content Rule**

**3**

**The CAQH CORE Prior Authorization & Referral Web Portal Rule**

**4**

**The CAQH CORE Connectivity Rule**

# 1. The CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule

## *Establishes Consistent Infrastructure and National Turnaround Timeframes*

- **The CAQH CORE Prior Authorization & Referrals (278)**  
Infrastructure Rule aligns with other federally mandated infrastructure rules and specifies prior authorization requirements for:
  1. Standard companion guide template
  2. System availability expectations
  3. Safe harbor connectivity and security
  4. Uniform use of acknowledgements
  5. Processing mode and response timeframes
  
- In 2019, CAQH CORE Participants updated the rule to include new turnaround time requirements\*:
  - a. **Two-Day Additional Information Request:** A health plan, payer or its agent has two business days to review a prior authorization request from a provider and respond with additional documentation needed to complete the request.
  - b. **Two-Day Final Determination:** Once all requested information has been received from a provider, the health plan, payer or its agent has two business days to send a response containing a final determination.
  - c. **Optional Close Out:** A health plan, payer or its agent may choose to close out a prior authorization 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.

Infrastructure Requirement	Prior Authorization
Processing Mode	<i>Batch OR Real Time Required</i>
Batch Processing Mode Response Time	<i>If Batch Offered</i>
Batch Acknowledgements	<i>If Batch Offered</i>
Real Time Processing Mode Response Time	<i>If Real Time Offered</i>
Real Time Acknowledgements	<i>If Real Time Offered</i>
Safe Harbor Connectivity and Security	✓
System Availability	✓
Companion Guide Template	✓

\*Each HIPAA-covered entity or its agent must support the *maximum* response time requirements for at least **90 percent** of all X12 278 Responses returned within a calendar month.

## 2. The CAQH CORE Prior Authorization & Referrals (278) Data Content Rule

### *Enhances Data Content to Streamline Review and Adjudication*

- **The CAQH CORE Prior Authorization & Referrals (278) Data Content Rule** targets one of the most significant problem areas in the prior authorization process: requests for medical services that are pended due to missing or incomplete information, primarily medical necessity information.
- The rule reduces unnecessary back and forth between providers and health plans and enables shorter adjudication timeframes and less manual follow up.
- Key rule requirements include:
  1. Consistent patient identification and verification.
  2. Receipt and processing of diagnosis/procedure/revenue codes for specified categories of services.
  3. Return of Health Care Service Decision Reason Codes.
  4. Use of PWK01 Code (or Logical Identifiers Names and Codes & PWK01 Code).
  5. Return of specific AAA error codes and action codes when certain errors are detected on the Request.
  6. Detection and display of all code descriptions.

# 3. The CAQH CORE Prior Authorization & Referrals (278) Web Portal Rule

## *Addresses Uniformity for Data Fields and Provides System Availability*

- **The CAQH CORE Prior Authorization & Referrals (278) Web Portal** builds a bridge toward overall consistency for referral and prior authorization requests and responses by addressing fundamental uniformity for data fields, ensuring confirmation of the receipt of a request and providing for system availability.
- This rule supports an interim strategy to bring greater consistency to web portals given current widespread industry use, with a long-term goal of driving adoption of standard transactions.
- Key rule requirements include:
  1. Use of the 5010X217 278 Request / Response TR3 Implementation Names or Alias Names for the web portal data field label to reduce variation.
  2. System availability requirements for a health plan to receive requests, to enable predictability for providers.
  3. Confirmation of receipt of request to reduce manual follow up for providers.
  4. Adherence to the requirements outlined in the 278 Request / Response Data Content Rule when the portal operator maps the collected data from the web portal to the 5010X217 278 transaction.

## 4. The CAQH CORE Connectivity Rule

*Provide for Updated, Consistent Connectivity Modes Across Transactions*

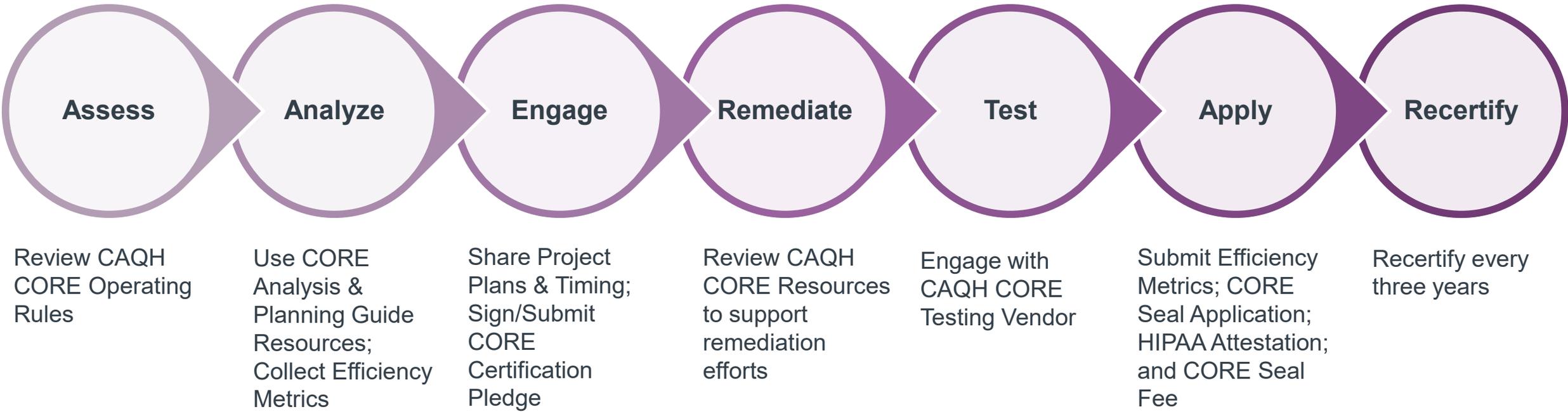
**CAQH CORE Vision for Connectivity:** The CAQH CORE Connectivity Rules address connectivity and security of administrative data exchange and establish a **national base** guiding healthcare communication.

### CAQH CORE Connectivity Rule vC4.0.0 Goals:

- Align the CAQH CORE Connectivity Rule vC4.0.0 to support frameworks proposed in the **CMS and ONC interoperability rules**, including the use of REST and other API technology.
- Establish a **Safe Harbor** that aligns with existing IT implementations and supports emerging approaches for exchanging data by **continuing to support SOAP** as an exchange method and **adding support for data exchanged using REST**.
- Develop **single, uniform Connectivity Rule** that supports the intersection of administrative and clinical data exchange by adding support for the attachments transaction and publishing a **single updated rule to include all transactions that are addressed in CAQH CORE Operating Rules**, including those in development.
- **Update the national floor** guiding connectivity communication in the industry.

**Connectivity Requirement:** At a minimum, CORE-certified entities must support CORE Connectivity v.3.1.0 but are encouraged to support CORE Connectivity v.4.0.0.

# CAQH CORE Operating Rule Implementation Approach



On average these steps take 3-6 months to complete from start to finish.

# Next Steps and Resources



[CAQH CORE Analysis and Planning Guides](#): Identifies system/software gaps and helps create a project plan to complete any necessary system remediation.



[CAQH CORE Certification Test Suites](#) & [CAQH CORE Master Test Bed Data](#): Identifies stakeholder-specific conformance testing requirements of the CAQH CORE Operating Rules for voluntary CAQH CORE Certification.



CAQH CORE staff support via phone (202.517.0362) and email ([CORE@CAQH.org](mailto:CORE@CAQH.org)).



Free resources from Edifecs, CORE-authorized Testing Vendor ([Info.CoreCertification@edifecs.com](mailto:Info.CoreCertification@edifecs.com)).

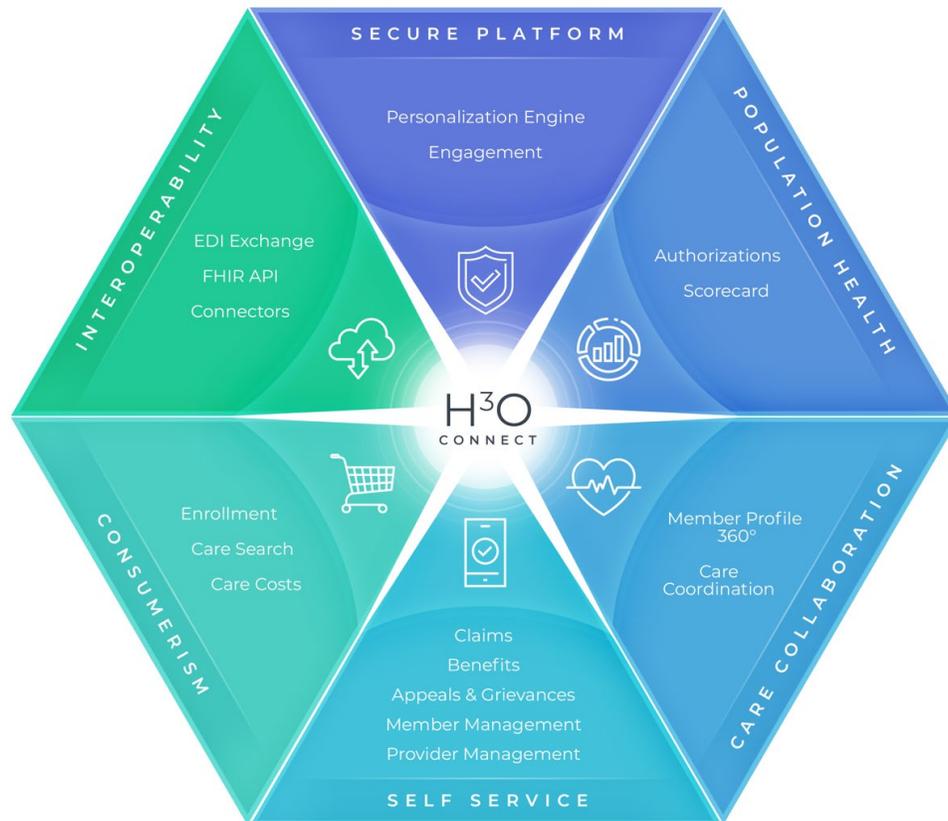


[CAQH CORE FAQs](#): Addresses questions pertaining to technical rule requirements and stakeholder specific implementation on the CAQH CORE Operating Rules.



[e-Learning Tools](#): Provides interactive dashboards and modules to learn about CORE Certification.

# We are HealthTrio



## Interoperability

EDI Exchange  
FHIR API  
Connectors

## Secure Platform

Personalization Engine  
Engagement

## Population Health

Authorizations  
Scorecard

## Care Collaboration

Member Profile 360  
Care Coordination

## Self Service

Claims  
Benefits  
Appeals & Grievances  
Member Management  
Provider Management

## Consumerism

Enrollment  
Care Search  
Care Costs

# We are masters of integration



CAQH CORE Certified for Six Business-Transaction Operating Rules

270/271 Eligibility/Benefits

276/277CA Claims Status

837 Claims Submission

278 Referrals/Auths

835 Remittance Advice

999 Acknowledgement

275 Patient Information

820 Payment Order

834 Enrollment

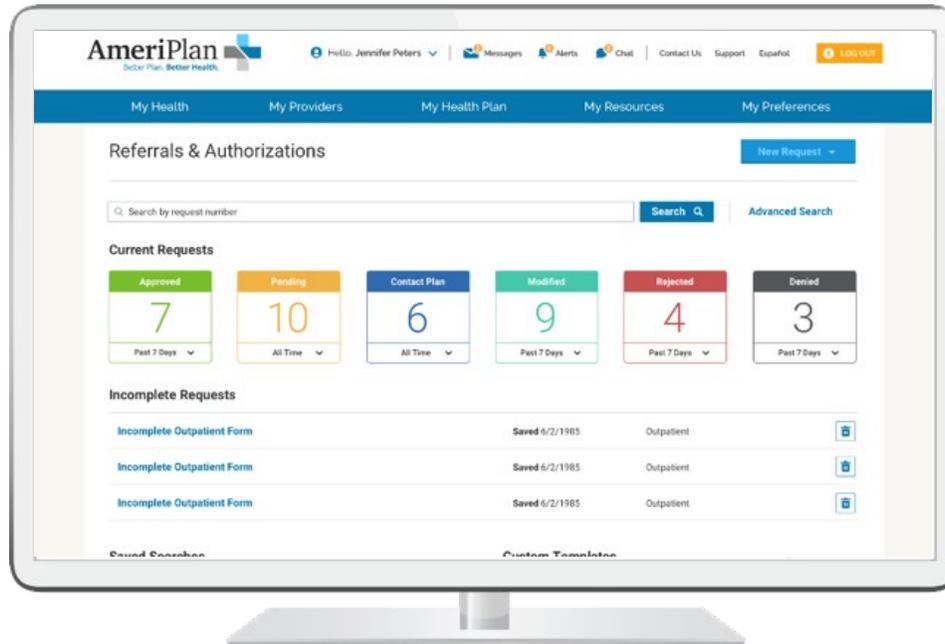
834 ID Card Request

834 Demographic Change

834 PCP Change

# We support end-to-end authorization management

Streamline and automate transactions, workflows, and communications



- Reduce unnecessary requests with our pre-check feature
- Increase auto-determination
- Integrate medical policy
- Streamline manual review
- Support compliance with more complete data and real-time approvals
- Improve the provider experience with auto-full forms, embedded patient info and more

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# Conversation with CAQH CORE and HealthTrio

# Conversation with HealthTrio & CAQH CORE

**Taha Anjarwalla**  
Associate Director  
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**Adam Nichols**  
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CAQH CORE

**Sherri Yandell**  
Vice President of  
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HealthTrio

**Jessica Porras**  
Associate Director  
CAQH CORE

**Moderator**

# Polling Question #1

## Are you interested in the CORE Certification for Prior Authorization?

- Yes, I'm interested.
- Unsure, I would like to learn more about it.
- No, I am not interested.

## Polling Question #2

### What barriers do you face when considering pursuing CORE Certification?

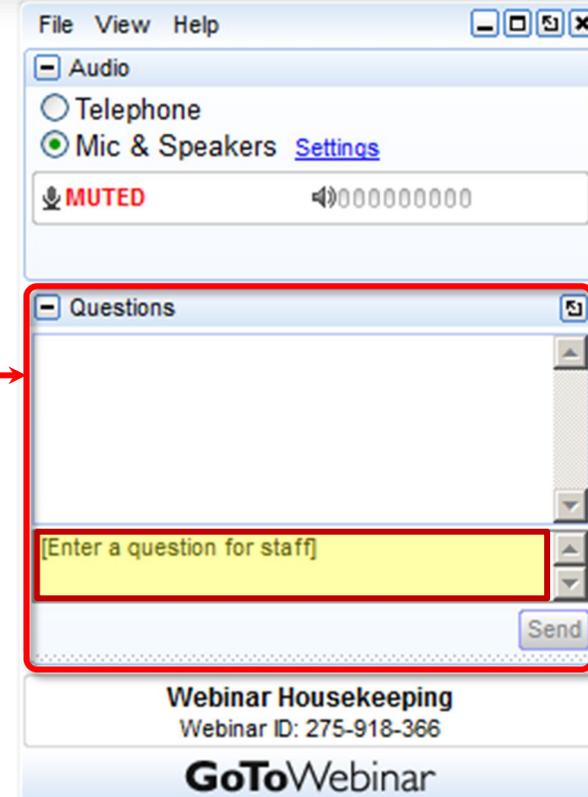
- Budget constraints.
- Leadership buy in.
- Knowledge gaps.
- Technical obstacles.
- Trading partner misalignment.

# 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.
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# Upcoming CAQH CORE Education Sessions and Events



**CAQH CORE Town Hall**  
**September 14, 2021 | 1-2 pm EST**



**NACHA & CAQH CORE Webinar Series, Part 2: How Operating Rules Can Improve Dental Practice Financials**  
**October 7, 2021 | 2-3 pm EST**



**Prior Authorization Automation Case Study Webinar with Cleveland Clinic, PriorAuthNow & CAQH CORE**  
**October 14, 2021 | 1-2 pm EST**

# Healthcare administration is rapidly changing.



## Join Us



Collaborate across stakeholder types to develop operating rules.



Present on CAQH CORE education sessions.



Engage with the decision makers that comprise 75% of the industry.



Represent your organization in work groups.



Influence the direction of health IT policy



Drive the creation of operating rules to accelerate interoperability

Click [here](#) for more information on joining CAQH CORE as well as a complete list of Participating Organizations.

# 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.