



CAQH CORE Town Hall

January 21, 2021
2:00-3:00 pm EST

Agenda

- CAQH CORE Overview & Industry Update
- 2021 Roadmap
- New Operating Rules for Industry Implementation
 - Value-based Payment Attribution Rules Package Overview
 - Connectivity Rule vC4.0.0
- CAQH CORE Operating Rules in Development
 - Attachments
 - Claims
- CORE Certification & Measurement
- Q&A

Logistics

Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials
 - You can download the presentation slides and recording at 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.**

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CAQH CORE Overview & Industry Update

Robert Bowman
Director, CAQH CORE

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.



CAQH CORE Operating Rule Overview

Revenue Cycle Business Processes Supported by Operating Rules

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

- *Rule is federally mandated.
- ***Connectivity Rule vC4.0.0 can be used for all rule sets once available for implementation.

Federal Update

CMS Prior Authorization Final Rule (CMS-9123-F)	Federal Advisory Committees	
<p>CMS published a Notice of Proposed Rulemaking requiring implementation of new systems of health data exchange. This rule would require Medicaid, CHIP and Federally facilitated Exchange (FFE) payers to create new APIs to facilitate the electronic exchange of health data for prior authorizations. The APIs mandated by the rule will be required to conform to the FHIR standard. Its proposed effective date is January 1, 2023. The rule's comment period closed on January 4, 2021, which is shorter than the customary 30-day minimum comment period for most proposed rules.</p> <p>Read the CAQH CORE comment letter.</p>	 <p>The National Committee on Vital and Health Statistics serves as the public advisory body to the HHS Secretary for health data, statistics, privacy, and national health information policy and the Health Insurance Portability and Accountability Act.</p> <p>Next Meeting: March 31 – April 1, 2021</p>	 <p>The Health IT Advisory Committee makes recommendations to ONC on policies, standards, implementation specifications, and certification criteria relating to the implementation of a health IT infrastructure that advances the electronic access, exchange and use of health information.</p> <p>Next Meeting: February 10, 2021</p>

Update on NCVHS Hearing and Letter to the HHS Secretary

- In February 2020, the CAQH CORE Board sent a [letter](#) to the National Committee on Vital and Health Statistics (NCVHS) proposing a set of CAQH CORE Prior Authorization and Connectivity Operating Rules for federal mandate under HIPAA.
- On August 25th and 26th NCVHS held a hearing to review and hear industry feedback on the proposed rules.
 - April Todd, SVP of CORE & Explorations, Tim Kaja, Board Chair, and Sue Turney, Immediate Past Board Chair, presented on behalf of CAQH CORE.
 - The [agenda](#) also included presentations from CMS National Standards Group, X12, a patient advocate, four health plans/associations, six providers/associations, and four vendors/associations.
 - 36 organizations submitted [written comment letters](#).
- The perspectives and comments presented at the hearing and submitted in comment letters match closely to those shared, debated, and voted on during the rule development process.
- NCVHS finalized its recommendation to the Secretary of HHS at its November 18th and 19th meeting and submitted its [recommendation letter](#) on November 23rd.

NCVHS Recommendations on Proposed Prior Authorization & Connectivity Operating Rules

1. **Adopt an attachments standard.**

- Stated that an attachment standard is needed to significantly increase use of the prior authorization transaction.

2. **Support and encourage voluntary use of the two proposed operating rules for prior authorization prior to an action for adoption.**

- Recommended a 12-month voluntary use phase, during which HHS could identify measures and evaluate real world experience with the operating rules. Based on the results, HHS could consider adopting the operating rules through the notice and rulemaking process without needing further NCVHS review.
- Recognized strong industry support for and value of the proposed rules, while also acknowledging other HHS and industry efforts related to prior authorization. A 12-month voluntary use and evaluation phase would allow HHS to consider these rule recommendations as part of a larger strategic plan.

3. **Do not adopt the proposed operating rule for connectivity and encourage CAQH CORE to complete its new version.**

- The committee encouraged CAQH CORE to complete its connectivity rule under development to bring forward newer security standards and support for emerging technologies including REST, APIs, and OAUTH.

4. **Increase visibility of enforcement information related to operating rules.**

- Recommended HHS increase transparency of enforcement data and efforts to evaluate operating rules compliance.

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CAQH CORE 2021 Roadmap

Robert Bowman
CAQH CORE Director

2021 Approach to Align with Mission, Vision, and Industry Role

Create operating rules that **address market needs** expressed by the industry to support more efficient, predictable and uniform business processes.

Develop operating rules that facilitate the **alignment of administrative and clinical activities** in an environment where healthcare data exchange is evolving.

Drive adoption of operating rules to **support standards and accelerate interoperability** across an industry with varied levels of maturity.

Help industry align across standards and technologies to **ensure consistent expectations for data exchange** that close automation gaps and address changing business needs.

CAQH CORE Approach to 2021 Goals



1. Build Upon Existing Rules to Enhance **Value-based Payment**



2. **Engage and Inform** Industry Stakeholders.



3. Enable Consistent Electronic Exchange of **Additional Clinical Information**



4. Support Emerging Needs for more Robust **Eligibility and Benefit** Information



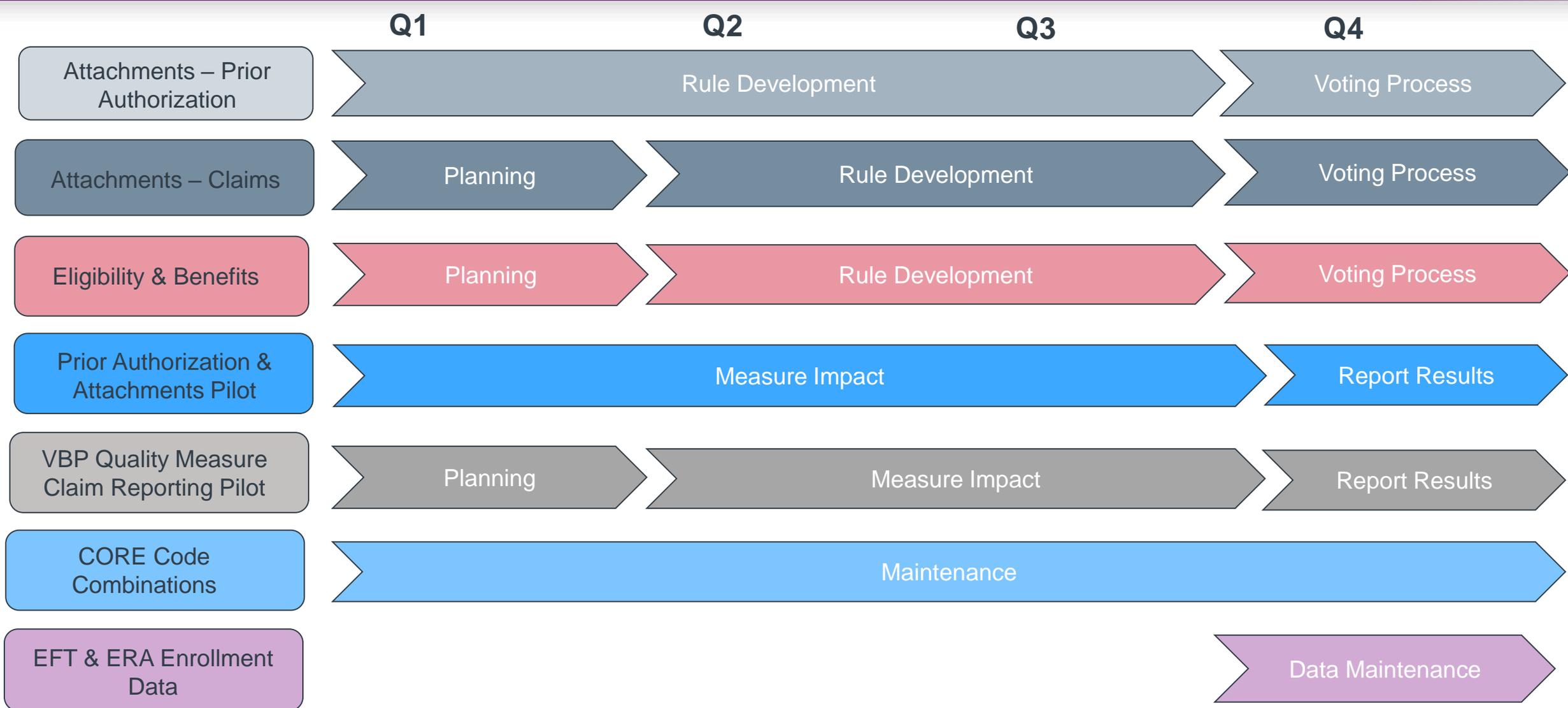
5. **Measure across Pilots** for Impact of Rules

CAQH CORE Current Initiatives

#	CAQH CORE Initiative	Focus	Objectives	Co-Chair(s)
1	Attachments Subgroup (Prior Authorization Use Case)	Rule Development	Develop operating rules to improve automation of the exchange of attachments/additional medical documentation ; initial focus on prior authorization use case	Mahesh Siddanati , Centene Bob Gross , Cleveland Clinic Santo Carino , Epic
2	CORE Code Combinations Task Group	Rule Maintenance	Ensure compliance with the base standard code lists – CARCs and RARCs . Conduct annual industry survey to collect suggestions for potential market-driven adjustments to code combinations.	Shannon Baber , UW Medicine Nathan Fisk , Change Healthcare Lynn Franco , UnitedHealth Group Heather Morgan , Aetna
3	Pilot & Measurement Initiative	ROI; Opportunity Identification	Work with other CORE Participating Organizations and CAQH to measure the impact of potential operating rules and corresponding standards on entities' efficiency metrics . Focus: Prior Authorization & Attachments; Quality Measures Reporting	N/A
4	Attachments Subgroup (Claims Use Case) – Upcoming	Rule Development	Following the prior authorization use case, continue developing operating rules to improve automation of the exchange of attachments/additional medication document with a focus on claims attachments.	TBA
5	Eligibility & Benefits Task Group – Upcoming	Rule Update	Update the Eligibility & Benefits Data Content Rule to address emerging industry needs (such as support more STC codes, tiered benefits, procedure-level, # of remaining visits/services, telemedicine).	TBA

2021 CAQH CORE Roadmap – Tactical Approach

Timeline



Polling Question #1

Are you interested in getting involved in/learning more about the following active CAQH CORE Initiatives?
(Check all that apply)

- Attachments Subgroup
- Pilot Initiative – VBP & Claims
- Eligibility & Benefits Task Group
- CORE Code Combinations Task Group

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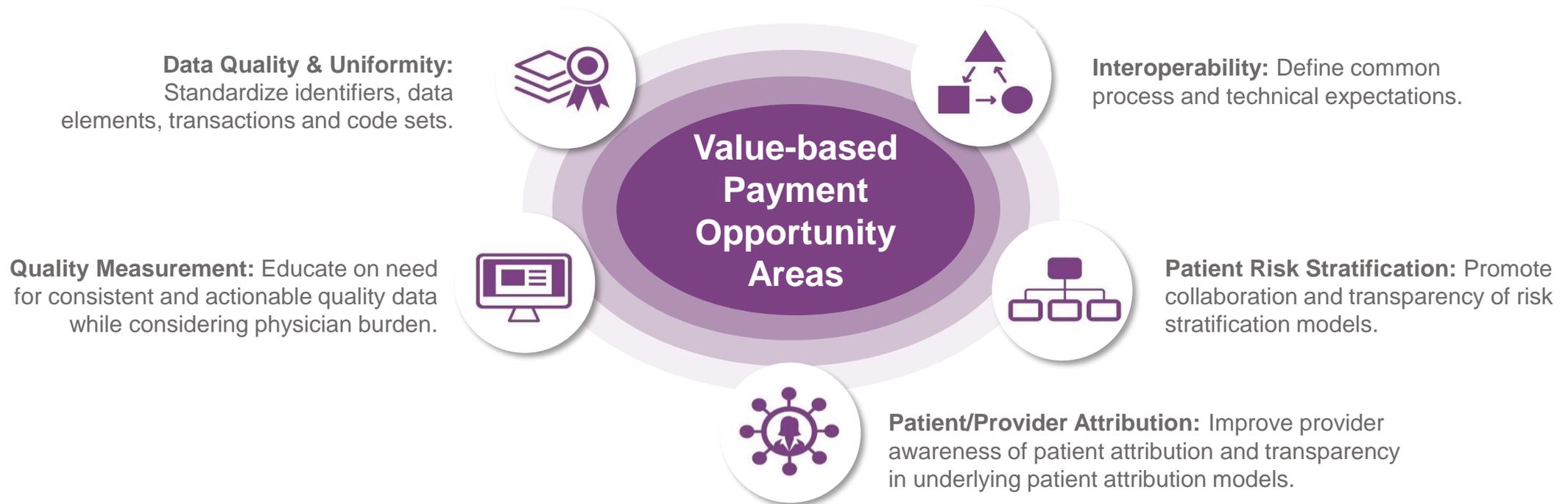
New CAQH CORE Operating Rules for Industry Implementation

- Value-based Payments
- Connectivity

Helina Gebremariam
CAQH CORE Manager

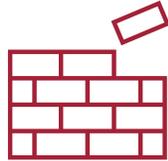
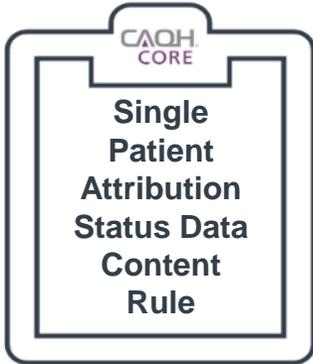
Streamlining Adoption of Value-based Payments

CAQH CORE conducted over two years of research and [identified five opportunity areas](#) in the industry that could **smooth the implementation of value-based payments**. Stakeholders must act decisively and collaboratively to prevent value-based payment from confronting the administrative roadblocks once encountered in fee-for-service.



CAQH CORE VISION FOR VBP | 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.

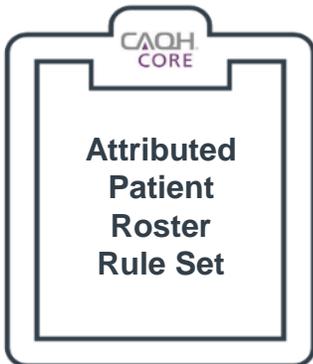
Value-based Payments Attribution Rules Package Overview



Builds upon the mandated CAQH CORE Eligibility & Benefits (270/271) Data Content and Infrastructure Rules.



Requires a health plan (or its agent) to return the **patient attribution status (yes/no/partial) and effective dates of attribution.**



Data content rule **standardizes the minimum data elements a health plan must return** to identify patients within the VBP population, including a VBP contract name and effective dates of attribution.



Infrastructure rule **standardizes expectations for exchange and requires health plans to send providers an updated attributed patient roster (including updated dates of effective attribution) at least once per month.**

CAQH CORE continues to monitor industry adoption and other emerging industry efforts – including those led by HL7 related to FHIR bulk data – by tracking usage and lessons learned to align data content needs among stakeholders.

Exchanging Attribution Status of a Single Patient

Rule Requirements

The Draft CAQH CORE Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule consists of **four rule requirements** which enable the return of patient attribution information in the X12 271 Response.

Rule Requirement 4.1: *Basic Requirements for Providers, Information Receivers, Health Plans & their Agents*

- Requires conformance with current Eligibility & Benefits Operating Rule Set..

Rule Requirement 4.2: *Identification of Subscriber/Dependent Attribution*

- Requires return of explicit attribution status and effective dates of attribution for each of the CORE service type codes required by the CAQH CORE Eligibility & Benefits (270/271) Data Content Rule submitted in a X12 270 Request.
- Requires a health plan and its agent to develop and make available to the healthcare provider specific written instructions and guidance for the healthcare provider on its implementation of this operating rule and the following definitions of attribution and attribution status:

Attribution Status	Definition
Attribution Status: Yes	Patient is attributed to requesting provider.
Attribution Status: No	Patient is not attributed to requesting provider. If determined permissible by counsel, health plan and its agent should return the contract Single Patient Attribution Data including attributed provider information (e.g. provider name, NPI and address).
Attribution Status: Partial	Patient is attributed to more than one provider, including the requesting provider. If determined permissible by counsel, health plan and its agent should return the contract Single Patient Attribution Data including attributed provider information (e.g. provider name, NPI and address).
Attribution Status: Not Applicable	Patient attribution does not apply. Patient does not belong to a value-based care population.

Rule Requirement 4.3: *Attribution Basic Requirements for Receivers of the X12 271 Response*

- Requires a product extracting the data from the X12 271 Response for manual processing to make available to the end user the exact wording of the text included in the MSG segment.

Exchanging Attributed Patient Rosters

Data Content Rule Requirements

The Draft CAQH CORE Attributed Patient Roster (0050510X318 834) Data Content Rule consists of **three rule requirements**.

Rule Requirement 4.1: *Basic Requirements for Providers, Information Receivers, Health Plans & their Agents*

- Requires conformance with current published and adopted CAQH CORE Connectivity Rule.
- Requires a health plan or its agent delivering a current roster of patients covered by the VBP contract using the X12 v5010X318 834 transaction to
 - Identify the provider receiving the roster
 - Identify the Subscribers and Dependents covered by the value-based health plan

Rule Requirement 4.2: *Identification of Health Plan Contract*

- Requires a health plan or its agent delivering a current roster of patients covered by the VBP contract using the X12 v5010X318 834 transaction to identify the details of the value-based health plan.

Rule Requirement 4.3: *Identification of Attributed Provider for Subscriber/Dependent*

- Requires a health plan or its agent delivering a current roster of patients covered by the VBP contract using the X12 v5010X318 834 transaction to return the appropriate Attributed Provider Information for each Subscriber and Dependent.

Exchanging Attributed Patient Rosters

Infrastructure Rule Requirements

The Draft CAQH CORE Attributed Patient Roster (0050510X318 834) Infrastructure Rule consists of **five rule requirements**.

#	Rule Requirement	Requirement Description
1.	Connectivity	Requires conformance with the most current version of the CAQH CORE Connectivity Rule
2.	System Availability	Requires health plans and their agents to adhere to 86% system availability per calendar week and specifies reporting requirements
3.	Acknowledgements	Requires receivers to return X12 v5010 999 Implementation Acknowledgement
4.	Companion Guide	Published companion guides must follow CAQH CORE v5010 Master Companion Guide Template
5.	NEW for Attribution: Monthly Exchange Requirement	Requires health plans and their agents to make an updated patient roster available via the X12 v5010X318 834 transaction at least once per month. Updated patient rosters must also include updated effective dates of attribution where applicable.

New CAQH CORE Operating Rules for Industry Implementation

- Value-based Payments
- **Connectivity**

Emily TenEyck
CAQH CORE Manager

CAQH CORE Connectivity Update

Aligning CAQH CORE Connectivity Requirements to Support Industry Advancement

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.

Future Connectivity Opportunities: Once a single Connectivity Rule is established across all CAQH CORE operating rule sets, CAQH CORE Participants will continue to update the rule to align with current interoperability, privacy and security standards.

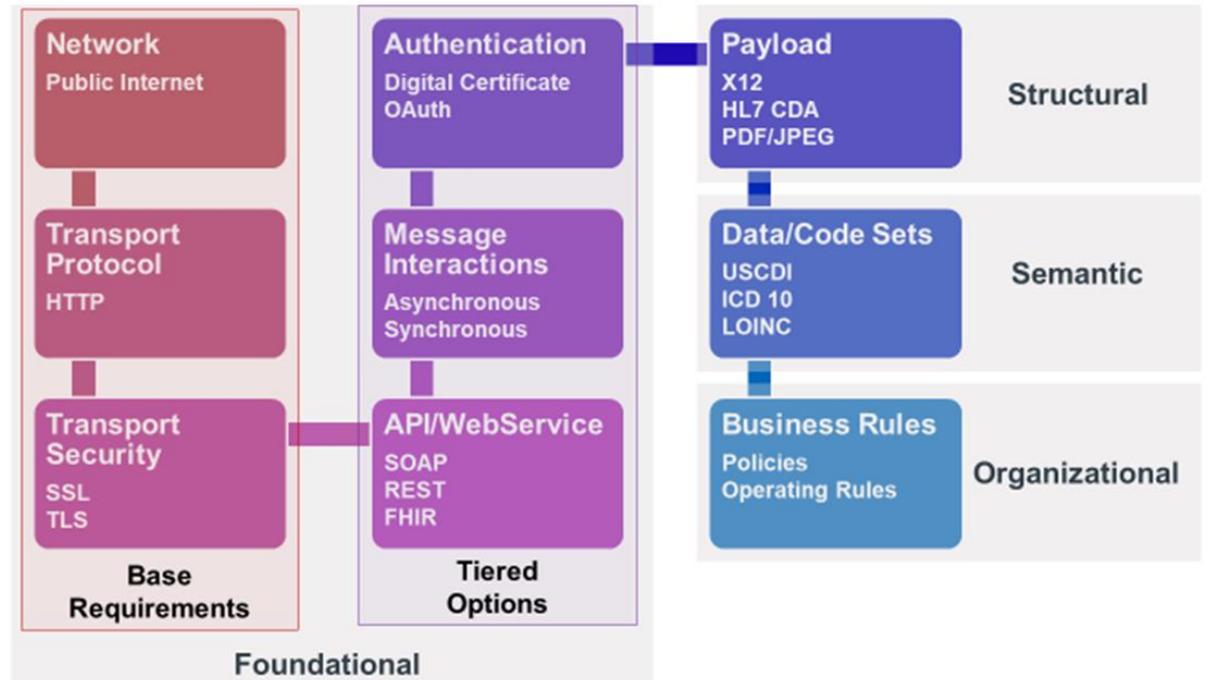
CAQH CORE Connectivity Update

Aligning CAQH CORE Connectivity Requirements to Support Healthcare Interoperability

Key Updates to CORE Connectivity Requirements:

- Require the use of **TLS v1.2 higher for security** over the public internet for increased and modernized security.
- Define **authentication and authorization methods** to establish trust within an exchange including the addition of **OAuth 2.0** as an emerging authorization standard.
- Add support and requirements pertaining to **REST APIs** including specifying **API endpoint naming conventions for X12 and non-X12 payload types** to ensure CORE Connectivity serves as a bridge between existing and emerging standards.
- Add support for the exchange of **attachments transactions** to advance the intersection of clinical and administrative interoperability.

CAQH CORE Connectivity – Potential Interoperability Approach



Summary of CAQH CORE Connectivity Update

The Draft CAQH CORE Connectivity Rule vC4.0.0 is a single Connectivity Rule that supports administrative and clinical data exchange. The rule updates CAQH CORE connectivity & security requirements to support REST and other API technology, building on prior versions of CAQH CORE Connectivity.

1 Updates to CORE Connectivity vC3.1.0 SOAP Requirements:

- Add support for the exchange of **Attachments transactions**
- Specify **TLS 1.2 or higher** for security
- Add **OAuth 2.0** as an authorization standard

2 New REST Requirements:

- Support for **REST** style web resources for X12 and non-X12 exchanges.
- Use of **JSON** to exchange REST messages
- Support for specific **HTTP Methods (e.g., POST and GET)**
- Support for **REST API and CORE Connectivity Rule Versioning**
- Use of specific **HTTP Error/Status Codes** and specifications for **REST Error Handling**
- Specify **API Endpoint Naming Conventions**

Like previous CAQH CORE Connectivity Rules, v4.0.0 is a Safe Harbor and the following conformance requirements apply:

- Health Plans or Clearinghouses (Server) must support all connectivity methods included in the rule (SOAP and REST).
- Providers or Vendors (Client) must support at least one connectivity method included in the rule (SOAP or REST).

CAQH CORE Operating Rules in Development

- Attachments
- Eligibility

Emily TenEyck
CAQH CORE Manager

CAQH CORE Attachments Initiative

Attachments refer to the exchange of patient-specific **medical information or supplemental documentation** to support an administrative healthcare transaction and are a **bridge between clinical and administrative data**.

- While attachments can be exchanged electronically, partially electronically and manually, exchanging medical documentation for prior authorization and claims is **often highly manual** and a source of significant administrative burden.
- A range of **standards and specifications currently support the exchange of attachments** (e.g., X12 275, HL7 C-CDA, HL7 FHIR, SOAP, REST, etc.)
- **A HIPAA-mandated standard for attachments has not been named**, resulting in lack of industry direction on a uniform approach in the supporting clinical documentation requested by health plans.
- CAQH CORE launched an Attachments Subgroup in July 2020. **The Subgroup has begun its work addressing the Prior Authorization Use Case; will be followed by Claims Use Case in Q2 2021.**

NOTE: The HHS Unified Agenda announced that an [Attachments NPRM](#) may be published early 2021. The NPRM is expected to adopt standards for health care attachments transactions and electronic signature used with the transaction, among other standard and operating rule adoptions.

CAQH CORE Attachments Initiative

Prior Authorization Use Case Scope & Key Requirements

Attachments Subgroup (PA Use Case) evaluated opportunity areas prioritized by the Attachments Advisory Group and voted to move forward with draft rule requirements on those opportunity areas.

Scope: CAQH CORE Attachments Subgroup (PA Use Case)

Exchange Formats include both the X12 275 and Non-X12 275.

Draft CAQH CORE Attachments Infrastructure Rule Requirements

System Availability, Acknowledgements, Response Times, Processing Modes, File Size, Master Companion Guide Template

- **System availability** must be no less than 86% per calendar week; health plans must publish downtimes.
- **Electronic standard method for acknowledging** receipt of an X12 v6020 275 (X12 v6020 999) and maximum allowable **response times** (Real-time: 15 seconds and Batch: 2 days).
- **Minimums for document size and amount of data** that must be supported and accepted by systems (64MB).
- **Common format and flow of information for implementation of attachment transactions.**

Draft CAQH CORE Attachments Data Content Rule Requirements

Data Error Handling & Reassociation

- Standard method and **response time for receiving system to return errors** to the provider.
- **Consistent reference numbers or common metadata** between PA request transaction & attachment(s).

CAQH CORE Operating Rules in Development

- Attachments
- **Eligibility**

Taha Anjarwalla
CAQH CORE Senior Manager

Eligibility & Benefits Rule Update

The **CAQH CORE Eligibility & Benefits Data Content Rule** enhances the exchange of eligibility information between health plans and providers through requirements including **providing financial information**, especially co-insurance, co-payment, deductible, remaining deductible amounts, and **coverage information** for a set of service types.

- In Fall 2020, CAQH CORE Participants identified the eligibility and benefits business process as an area for CAQH CORE to prioritize operating rule development for 2021.
- The following **opportunity areas for operating rule enhancements** were recommended to be considered as part of updating the CAQH CORE Eligibility & Benefits Data Content Rule:
 - Including **additional STC Codes** beyond the current 51 CORE-required STC Codes.
 - Addressing the emergent need to communicate **telemedicine** specific eligibility and benefit information.
 - Providing more granular level data for members of **tiered benefit** plans.
 - Responding to eligibility requests at the **procedure level**.
 - Requiring the communication of the **number of remaining visits/services** left on a benefit.
 - Adding support for **dental-specific** eligibility and benefit requirements.
 - Leveraging standard cost sharing transaction data for **patient data sharing** applications.

Next Steps

- CAQH CORE will be launching an **environmental scan in February 2021** to garner industry insights and perspectives across each opportunity area being considered for the eligibility and benefit rule update.
- In April 2021, CAQH CORE will be launching an **Eligibility & Benefits Task Group** to draft requirements for the rule update.

Polling Question #2

How would you like to receive information from CAQH CORE on the topic of Telemedicine?

- General Education, such as Webinars
- Rule Development via Workgroups, such as Eligibility & Benefits
- Collaborations with Other Industry Organizations

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CORE Certification

Taha Anjarwalla
CAQH CORE Senior Manager

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.

381
certifications have been
awarded.



CORE Recertification

Alignment with Industry Needs



Rationale for Recertification

- 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.
- CAQH CORE convened a multi-stakeholder focus group to gather insights and perspectives on how Recertification can positively impact the industry.



Overview of Key Recertification Policies

- CORE-certified entities will remain certified for three years. Recertification will be required for an entity to maintain its certification status.
- A CORE-certified entity may become decertified and have their CORE Certification Seal revoked if there is a lapse in renewing certification.
- 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.

Organizations with certifications issued prior to 2014 must recertify by end of year in order to remain CORE-certified.

CORE Certification

Measurement

CORE Certification, is an industry-developed program for driving and tracking market adoption and adherence to the operating rules and their underlying standards.

Ongoing Measurement

- **Market Share:** CAQH CORE tracks the number of covered lives by health plans that are CORE-certified, that benefit from the administrative efficiencies afforded by the operating rules and underlying standards. These results are published in the annual [CORE Certification Progress Report](#) that captures the market reach and impact of CORE Operating Rules on the healthcare system.

New Measurements

- **Efficiency Tracking:** To enhance the value of CORE Certification, CAQH CORE will embed the collection of base efficiency metrics as part of the certification process to support organizations in measuring impact of operating rule implementations. This effort will support priorities to track and articulate the impact of operating rules have on operational and workflow improvements. CORE-certified organizations will be provided options to receive benchmark reports and engage in case studies to compare progress, identify barriers and receive recommendations on how to further streamline with operating rules and standards.

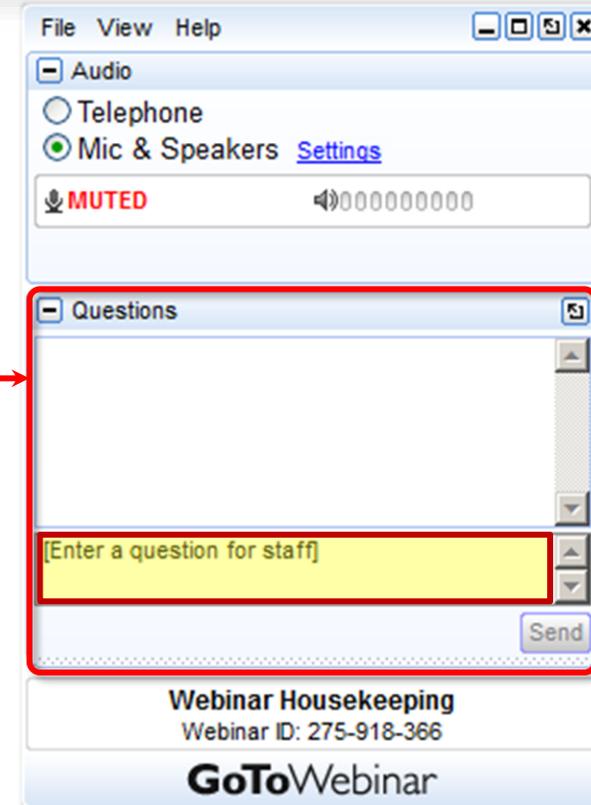


Audience Q&A

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



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- The slides and 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 Index Webinar:

Coming Soon

CAQH CORE MBR Webinar:

February 23, 2021 2:00-2:30 PM EST

Healthcare Payments Innovations Conference

March 9-10, 2021



HIPAA Summit

March 22-25, 2021

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

Email: 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.