



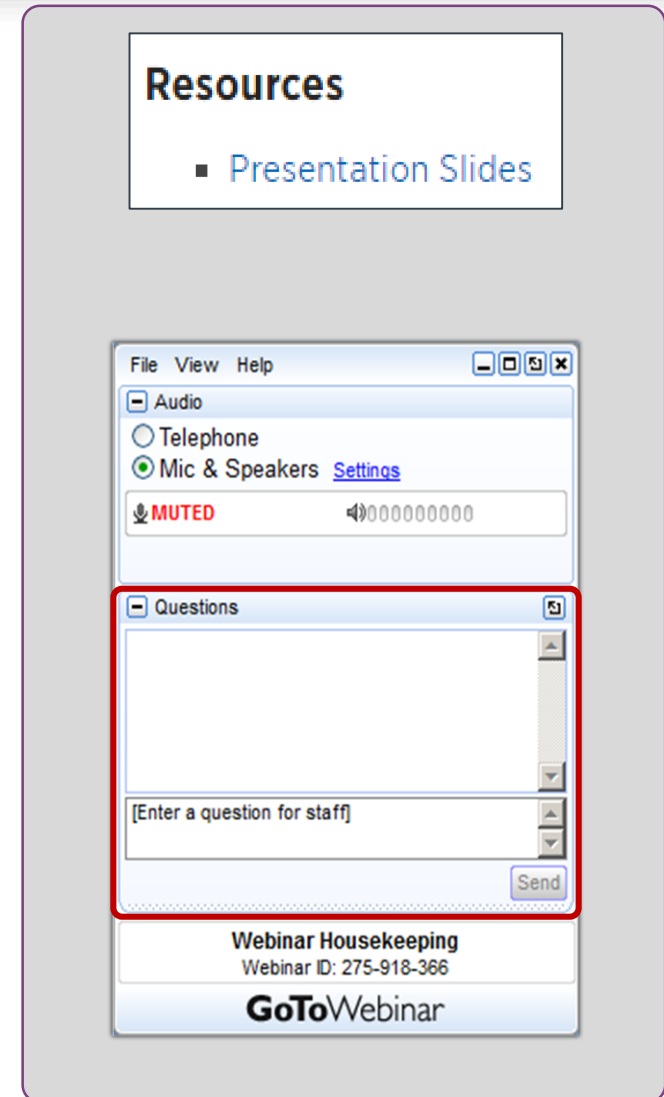
# CAQH CORE National Town Hall

October 10, 2019  
2:00 – 3:00 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.
- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the presentation slides.
- A copy of 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.**



# Session Outline

- CAQH CORE Overview and Industry Activities
- Industry-wide Effort to Address Prior Authorization
- Defining a Path to Electronic Exchange of Medical Documentation
- Streamlining Adoption of Value-based Payments
- Operating Rule Maintenance in Response to Industry Needs
- CORE Certification: Demonstrate Commitment to Administrative Efficiency
- Q&A

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# CAQH CORE Overview and Industry Activities

**Erin Weber**  
CAQH CORE Director

# 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

CAQH CORE is the [HHS-designated Operating Rule Author](#) for all HIPAA-covered transactions, including Claims Attachments.  
*HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules.*

	Phase I & Phase II	Phase III	Phase IV	Phase V	Phase VI
<b>Transactions</b>	Eligibility Claims Status	Electronic Funds Transfer Electronic Remittance Advice	Health Claims Referral, Certification and Authorization	Prior Authorization	Attachments
<b>Manual to Electronic Savings per Transaction (2018 CAQH Index)</b>	Eligibility: \$6.52 Claims Status: \$9.22	EFT: \$0.65 ERA: \$2.32	Claim Submission: \$1.32 Prior Authorization: \$7.28	\$7.28	N/A
<b>Active</b>					<b>In Progress</b>

Notes: (1) All Active Phases include requirements for acknowledgements, e.g., 999 Functional Acknowledgement, 277CA Claims Acknowledgement. (2) **CAQH CORE is evaluating maintenance areas and opportunities to build on existing rules to support value-based payment.**

# CAQH CORE Collaboration with HL7



The two organizations will initially collaborate in three areas:

- **Prior Authorization:** Currently, the prior authorization process is a labor intensive, time consuming, and costly administrative burden for providers and payers. It also frustrates patients and, in some cases, delays care.
- **Exchange of Medical Documentation:** According to the CAQH Index, 84 percent of attachments, or documents that prove medical necessity, are exchanged manually and often contain too much, too little, or the wrong type of information. This delays prior authorizations, hinders the transition to value-based payments, and costs plans and providers time and money.
- **Value-Based Payments:** The transition to value-based payment models has been slowed by a patchwork of administrative and technical approaches and work-arounds.

# CMS Compliance Review Program

## Compliance Review Program

- CMS is launching a [Compliance Review Program](#) to ensure covered entities are following HIPAA Administrative Simplification rules for electronic health care **transaction formats, code sets and unique identifiers**.
  - ✓ Participants will attest to whether they comply with federally mandated **operating rules**.
- To file a complaint or test a transaction, use the online tool, [ASETT](#).



## CAQH CORE Webinar Collaboration with CMS and WEDI

- [Webinar 1](#): CMS Division of National Standards presented findings from its investigation of complaints received of non-compliance related to the HIPAA Administrative Simplification requirements.
- [Webinar 2](#): CMS provided an overview of the Compliance Review Program.
  - ✓ [CMS Response to Q&A](#)



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# Industry-wide Effort to Address Prior Authorization (PA)

**Bob Bowman**  
CAQH CORE Director

# The Prior Authorization Challenge

**Prior authorization (PA)** is a process to obtain health plan approval for provision of specific healthcare services to a patient covered by the health plan. The process is intended to manage utilization of healthcare resources, reduce overuse or misuse of services, improve the quality of care and control healthcare spending.

## Barriers to Automated Prior Authorization:

1. Need for consistent use of data content across industry.  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 robustness of the information results in confusion and delays.
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.  A CAQH CORE Vendor Assessment of the major prior authorization vendors showed usage of the 278 is limited by lack of health plan support, despite providers wanting to take advantage of it.
5. State requirements for manual intervention.
6. Lack of understanding of the breadth of the information available in the standard PA transaction, as well as lack of awareness that the standard PA transaction is federally-mandated.  Provider organizations may not be aware that if they want to conduct prior authorization using the standard transaction, health plans are federally mandated to accept it.

# Polling Question #1

**Are you aware that under the HIPAA Administrative Simplification provisions health plans are required to support the standard prior authorization electronic transaction (Version 5010 of the ASC X12N 278) if a provider wishes to conduct the transaction?**

- Yes
- No

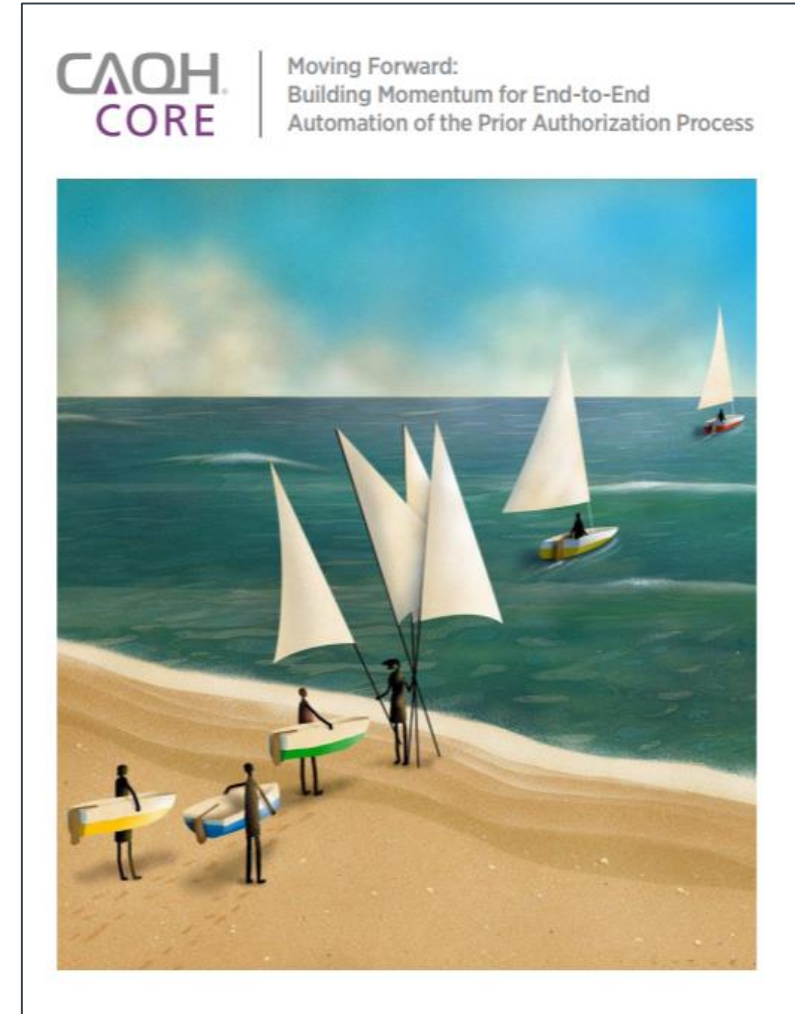
# CAQH CORE® Report on Prior Authorization

[\*Moving Forward: Building Momentum for End-to-End Automation of the Prior Authorization Process\*](#), a CAQH CORE white paper published in July 2019, identifies six barriers to adoption of electronic prior authorization, and initiatives that leverage standards and operating rules to accelerate automation. Prior authorization has been used for decades and yet significant operational challenges still exist. This white paper outlines how we got to where we are today and offers a roadmap for collaborative solutions.

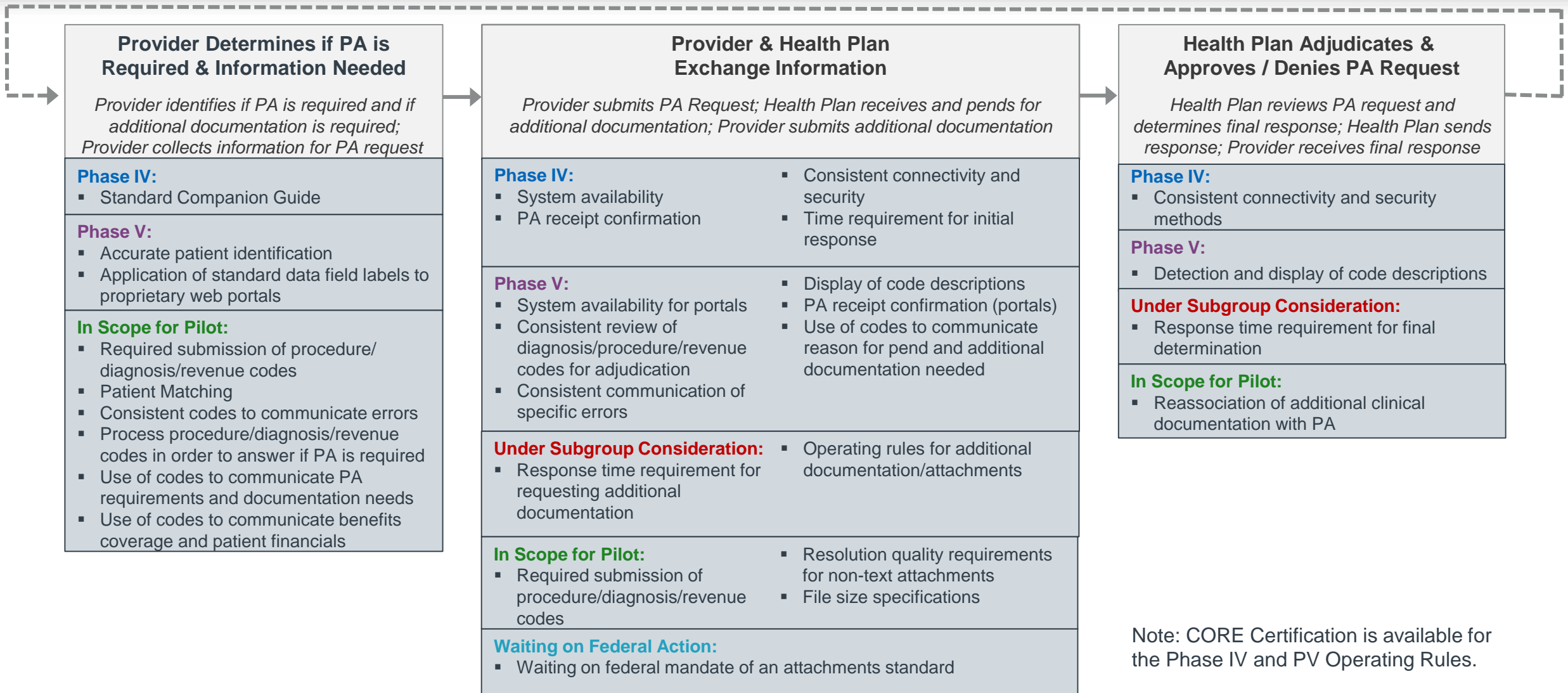
[Full Report](#)

[Executive Summary](#)

[Press Release](#)



# CAQH CORE Prior Authorization Operating Rules



Note: CORE Certification is available for the Phase IV and PV Operating Rules.

# Phase IV Prior Authorization Response Time Requirement Enhancements

## Draft Updates to the Draft Phase IV 278 Infrastructure Rule

- Time requirement for health plan to request additional information/documentation from provider
- Time requirement for health plan to send final determination to provider once all documentation has been received
- Time requirement to close out a prior authorization request if requested information is not received from a provider

## Why is this Important?

- The updates to the Phase IV Prior Authorization Rule focus on establishing **maximum timeframes** at key stages in the prior authorization process.
- Applying a **national approach**, rather than inconsistent efforts at the state level, for greater uniformity and consistency to reduce administrative burden for providers and health plans enabling **shorter overall time to final adjudication and more timely delivery of patient care**.

**NOTE:** The Phase IV Rules/Technical Work Group is reviewing and refining the draft updates to the Phase IV 278 Infrastructure Rule Requirements. Per the [CAQH CORE Voting Process](#), review will continue until the formal Work Group Ballot. While in the review process, draft rule requirements are subject to change.

# CAQH CORE Prior Authorization Pilot Project

## Pilot Vision



Reduce administrative burden for providers and health plans by **applying existing and new data content and infrastructure operating rules to close automation gaps in the PA workflow.**

## Pilot Goals



- **Work in concert with industry standards** (existing and emerging: X12, HL7, FHIR, etc.).
- **Rapidly apply existing and develop new CAQH CORE Prior Authorization (PA) 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 and technology adoption curve.
- **Identify opportunities to refine existing rules and develop additional operating rule requirements** to meet automation needs.
- **Measure the impact of operating rules** and corresponding standards on entities' efficiency metrics.
- **Recommend operating rules to the Secretary of the Department of Health and Human Services (HHS)** for national implementation, given CAQH CORE's designation as the national operating rule author.

# CAQH CORE Call to Action – Prior Authorization

- **Start planning efforts and talking with your vendors about CORE Certification for the Phase IV & V Prior Authorization Operating Rules:**
  - Phase IV Certification is currently available; Phase V will be available before the end of the year.
  - Several major healthcare organizations have already adopted the first phase of CAQH CORE Prior Authorization Operating Rules – [see if your vendor is one of them.](#)
- **Stay engaged in prior authorization requirements development:**
  - **Consider a pilot project.** Is your organization already working on prior authorization or attachments process improvements? CAQH CORE can assist with measures of success tracking and operating rule integration support. In a recent poll, 80% of responding organizations indicated interest in the pilot. CAQH CORE can match your organization to your trading partners based on these known interests and provide technical and measurement support.
  - **Stay tuned to CAQH CORE’s work on Attachments** (i.e. medical information/supplemental documentation) to support PA.
- **Tune in to the Participant-only Phase IV Webinar.** This webinar will provide education on CAQH CORE’s efforts to update the Phase IV 278 Infrastructure Rule and associate Certification Test Suite, as well as prepare Participants for the Final CORE Vote.
  - **Final CAQH CORE Vote dates: 11/11/19 – 11/27/19**

Contact us at [core@caqh.org](mailto:core@caqh.org) to get involved with these initiatives.



## Polling Question #2

**Which of the following areas within our Prior Authorization initiative should we continue to focus on?**  
(Select all that apply)

- Understanding when is a PA required.
- Best practices for building auto-adjudication in the PA process.
- Universal definition of an “Urgent PA”.

# Defining a Path to Electronic Exchange of Medical Documentation

**Taha Anjarwalla**  
CAQH CORE Senior Manager

# Attachments Overview

**Attachments** refer to the exchange of patient-specific medical information or supplemental documentation to support an administrative healthcare transaction.

## Use Case Examples



Claims and Reimbursement



Prior Authorization



Value-based Payment



Audits

## Exchange Methods



Manual



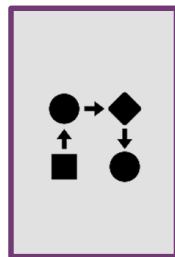
Partially Electronic



Electronic

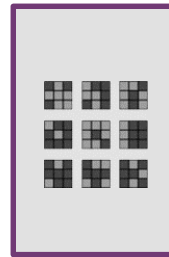
# Opportunities to Improve the Exchange of Attachments

The CAQH CORE Attachments Environmental Scan has identified five opportunity areas that can support and accelerate industry adoption of electronic attachment transactions by creating a more uniform approach.



## #1 Workflows

- Workflows map out chronological processes to accomplish complex tasks, often detailing sequential steps by parties in different organizations or locations.



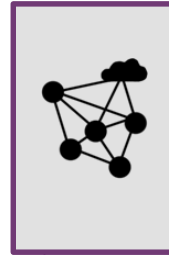
## #2 Data Variability

- Data variability is the format in which data shared between parties diverges from the expected structure.



## #3 Exchange Mechanisms

- Exchange mechanisms refer to the means of data exchange for a transaction between a health plan and provider.



## #4 Infrastructure

- The fundamental instructions every data exchange system needs to work: how to connect with other machines, negotiate security protocols and basic expectations for each transaction.

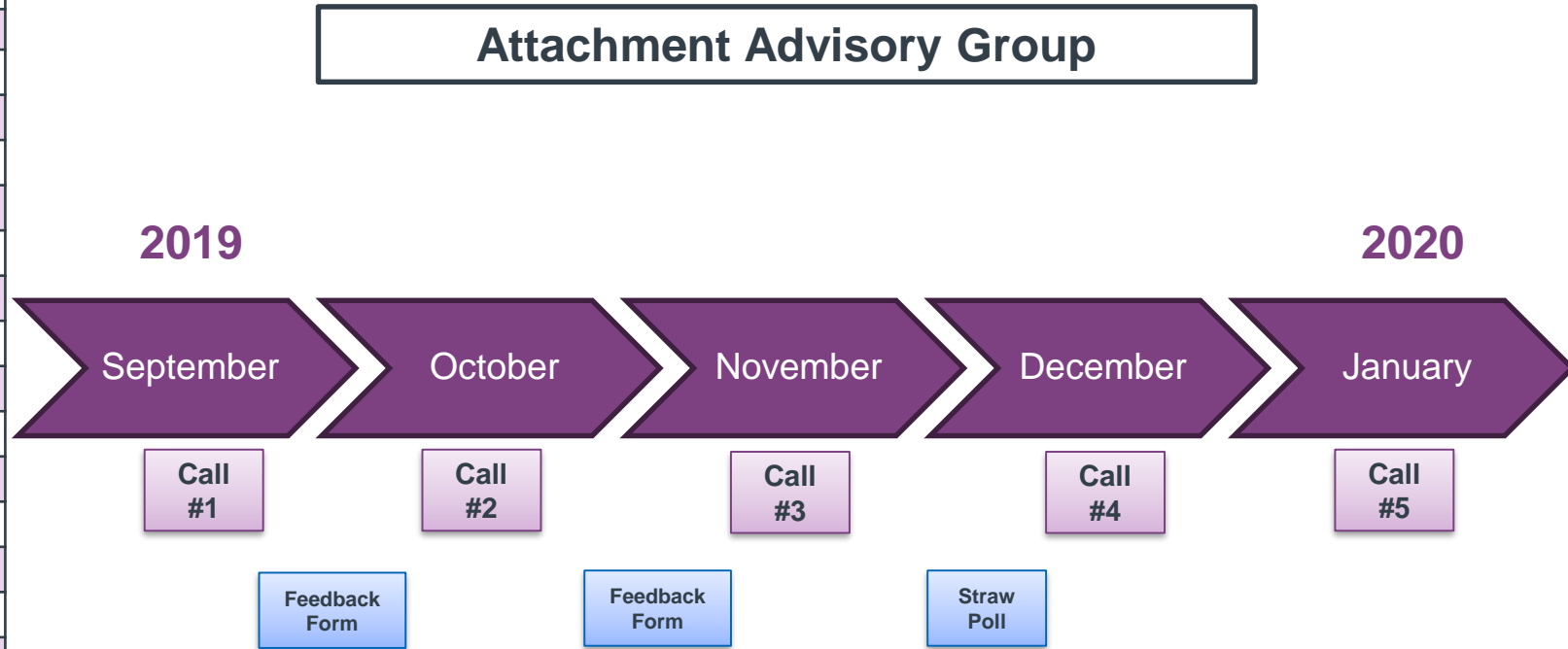


## #5 Resources

- Resources are “single-source-of-truth” utilities maintained for the use of industry by a trusted party capable of facilitating collaboration and driving consensus among parties.

# CAQH CORE Attachment Efforts

	#	Organization
Health Plans	1	Aetna
	2	Anthem
	3	Blue Cross Blue Shield Alabama
	4	Harvard Pilgrim
	5	Health Care Service Corp
	6	Humana
	7	UnitedHealthcare
Vendors	8	AIM Specialty Health
	9	athenahealth
	10	Availity
	11	Change Healthcare
	12	Edifecs
	13	Epic
	14	Jopari
	15	Vyne
	16	Xifin
Providers	17	American Medical Association
	18	LabCorp
	19	Medical Group Management Association
Government	20	Mayo Clinic
	21	Michigan Medicaid



# CAQH CORE Industry Survey on Exchanging Medical Documentation

While most HIPAA-mandated electronic transaction standards have been federally adopted, and industry implementation is well underway, an **electronic attachments standard** to simplify the exchange of necessary medical information and support the broad use of automation in the attachment workflow **has not yet been federally adopted.**

- CAQH CORE is launching this survey to better understand the variability and utilization of exchange mechanisms across four attachment use cases:
  - Prior authorization
  - Healthcare claims
  - Quality measures
  - Value-based payments
- If you need additional assistance in navigating the survey or have any questions, please email [caqhcoresurveys@caqh.org](mailto:caqhcoresurveys@caqh.org).

**DUE DATE:** Responses to the [CAQH CORE Industry Survey on Exchanging Medical Documentation](#) must be received by **5 pm PT on Friday, October 18, 2019.**

# CAQH CORE Call to Action - Attachments

- **Consider joining CAQH CORE and engaging in the Attachments Subgroup.**
  - The Subgroup will begin meeting early 2020 to develop requirements for business rules to support uniform, consistent, and meaningful exchange of electronic attachments to support prior authorizations, claims, etc.
- **Consider a pilot project.** Is your organization already working on improvement processes for prior authorization and attachments?
  - CAQH CORE can assist with measures of success tracking and operating rule integration support.
  - CAQH CORE can match your organization to your trading partners based on these known interests and provide technical and measurement support.
- **Sign up for CAQH CORE Education Events.** CAQH CORE hosts a variety of webinars that educates and updates attendees on the latest attachment topics and trends (e.g. publication of a mandated attachment standard, developments to emerging standards such as FHIR).
  - Join our listserv so you can register for these webinars when announced.
- **Complete the CAQH CORE Industry Survey on Exchanging Medical Documentation.** This survey asks respondents questions about the exchange of medical documentation at their organization for different clinical services.

Contact us at [core@caqh.org](mailto:core@caqh.org) to get involved with these initiatives.

# Polling Question #3

**Which opportunity area does your organization think the CAQH CORE Attachments Advisory Group should prioritize?**

- Workflows
- Data Variability
- Exchange Mechanisms
- Infrastructure
- Resources



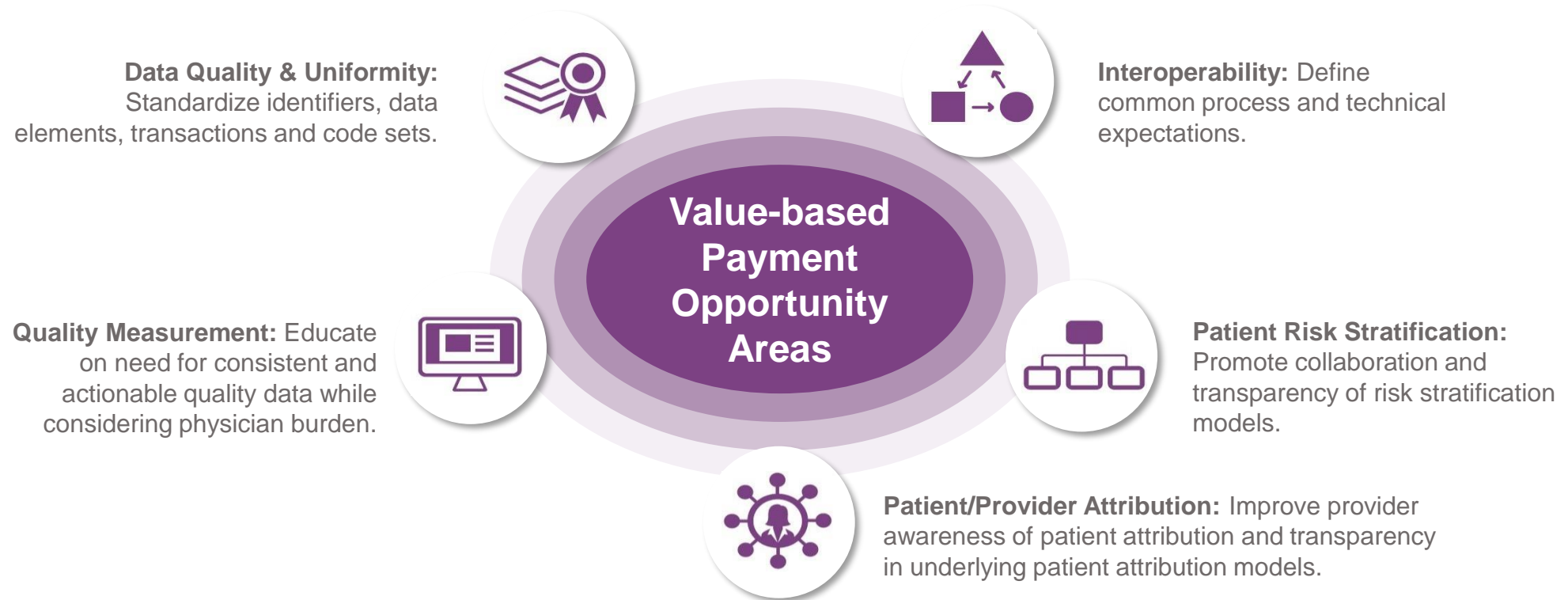
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# Streamlining Adoption of Value-based Payments

**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

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.

# CAQH CORE VBP Initiative

Topic Areas for 2020 and Beyond



## Move Forward

**Pursue through CAQH CORE VBP Subgroup**

**Patient Risk identification Prior to Point of Service**

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

**Pursue through Potential VBP Pilot**

**Inclusion of Expanded Code Sets on Claims**



## Explore

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

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



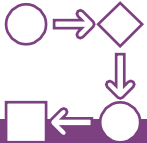
## Align

**Align with CAQH CORE Attachments Initiative**

**Standardization of the Exchange of Additional Documentation**

# Patient/Provider Attribution

Attribution matches individual patients in a population with providers, which ultimately determines the patients for which a provider (as an individual or as a group) is responsible. Attribution forms the basis of analysis for metrics underpinning VBP, such as total costs of care and quality measures. While health plans supply attribution information on a regular basis, providers are often left with several questions:\*



## Why are they in my population?

VBP contracts between health plans and providers may include information on the methodology for assigning patients to a population. However, clinicians providing care often do not have insight into those contracts and may not know why a patient is in their population, especially if it is a patient without a prior relationship.



## Who is on first?

Patients may be attributed to a singular provider or a group of providers which may leave ambiguity as to who is the primary care provider (PCP) responsible for the patient. Furthermore, patients with chronic conditions such as heart disease may have a specialist who acts as their PCP which may or not be reflected in the attribution model.



## Who else is involved?

In some VBP models, providers are penalized when patients in their population visit other providers. Providers may not have insight as to where else their patient is seeking care. Preventing “leakage” is a large incentive in VBP contracts, but without visibility into patient utilization, providers are often unaware when this occurs until after the contract period.

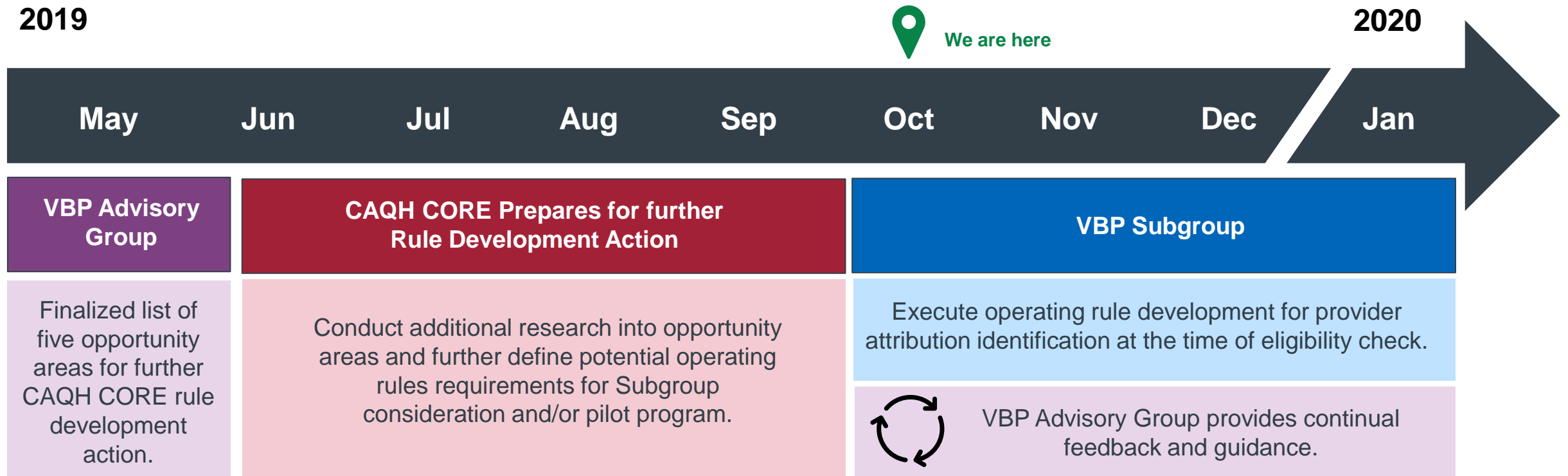
Provider success under VBP models requires knowing the answers to all these questions, but before asking these questions a provider needs to know the answer to the most important:




## IS THIS PATIENT IN MY ATTRIBUTED POPULATION?

\*National Quality Forum, 2016

# Next Steps for Value-based Payment Initiative

The Value-based Payment (VBP) Advisory Group adjourned in mid-May. CAQH CORE staff is now conducting additional research on the chosen opportunity areas with a plan to launch rule development efforts this September.



	VBP Advisory Group
	CAQH CORE Staff
	VBP Rule Development Group

# CAQH CORE Call to Action – Value-based Payments

- **Consider joining CAQH CORE and engaging in the Value-based Payments Subgroup.** The Value-based Payments Subgroup is open to all CAQH CORE Participating Organizations.
  - The Subgroup is specifically recruiting Subject Matter Experts (SMEs) in provider attribution and those familiar with the HIPAA-mandated transactions.
  - Multiple individuals from the same organization may join.
- **Explore CAQH CORE resources on Value-based Payments.** Utilize our online resources such as our new [interactive module](#) to learn more about key opportunity areas in VBP.

Contact [core@caqh.org](mailto:core@caqh.org) to get involved with this initiative.

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# CAQH CORE Operating Rule Maintenance in Response to Industry Needs

**Emily TenEyck**  
CAQH CORE Senior Associate

**Robert Bowman**  
CAQH CORE Director

# CAQH CORE Phase III Operating Rules

## Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules

Phase III CAQH CORE Operating Rules for the EFT and ERA transactions are federally mandated, except for rule requirements pertaining to Acknowledgements.

INFRASTRUCTURE			DATA CONTENT
<b>Health Care Claim Payment/Advice (835) Infrastructure Rule</b> <ul style="list-style-type: none"><li>▪ Includes CAQH CORE Master Companion Guide.</li><li>▪ Requires CAQH CORE Connectivity Rule.</li><li>▪ Details batch acknowledgement requirements.</li></ul>	<b>EFT/ERA Reassociation (CCD+/835) Rule</b> <ul style="list-style-type: none"><li>▪ Addresses provider receipt of the CAQH CORE-required minimum ACH CCD+ Data Elements required for re-association as well as elapsed time between sending and receipt.</li><li>▪ Determines requirements for resolving late/missing EFT/ERA transactions.</li></ul>	<b>EFT &amp; ERA Enrollment Data Rules</b> <ul style="list-style-type: none"><li>▪ Identifies a maximum set of standard data elements for EFT/ERA enrollment.</li><li>▪ Requires health plan to offer electronic EFT/ERA enrollment.</li><li>▪ Requires providers to specify how payments should be made.</li></ul>	<b>Uniform Use of CARCs &amp; RARCs (835) Rule</b> <ul style="list-style-type: none"><li>▪ Identifies four CAQH CORE-defined Business Scenarios with a set of required code combinations that convey details of the claim denial or payment to the provider.</li></ul>



# CAQH CORE EFT/ERA Enrollment Data Sets Maintenance

Section 3.4 of the CAQH CORE EFT/ERA Enrollment Data Operating Rules requires a policy and process to review the Enrollment Data Sets on an annual basis.

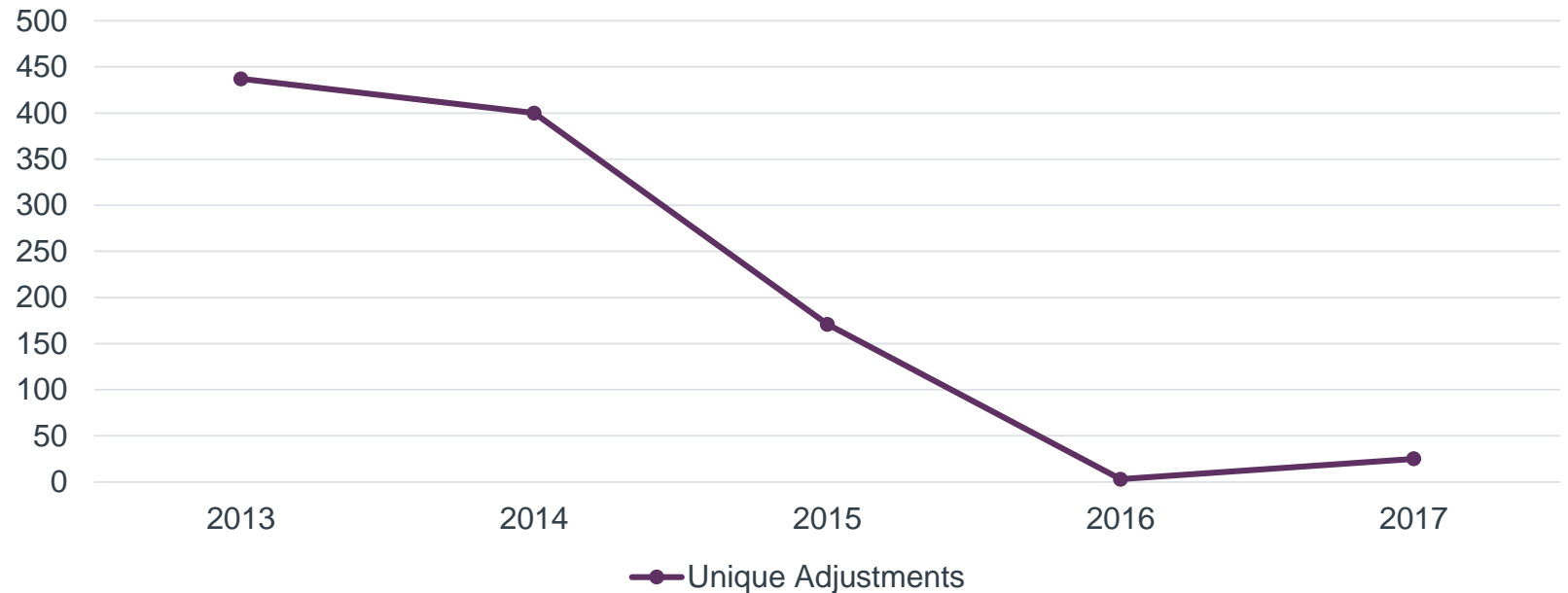
<b>Maintenance Goal</b>	<ul style="list-style-type: none"><li>▪ Address emerging, new, or changing industry business needs to the CAQH CORE EFT &amp; ERA Enrollment Data Sets through an annual review process.</li></ul>
<b>Review Requirements</b>	<p>There are two types of reviews:</p> <ul style="list-style-type: none"><li>▪ <b>Limited Review:</b> Address only non-substantive adjustments; HIPAA-covered entities do not need to update enrollment forms/systems.</li><li>▪ <b>Comprehensive Review:</b> Address substantive <u>and</u> non-substantive adjustments; if substantive adjustments are approved, HIPAA-covered entities are required to update enrollment forms/systems.</li></ul>
<b>Timeline &amp; Commitment</b>	<ul style="list-style-type: none"><li>▪ <b>The 2019 Enrollment Data Maintenance Process is a Comprehensive Review. The review is scheduled to take place Q4 2019.</b></li><li>▪ CAQH CORE Participants who identify potential substantive and/or non-substantive adjustments to the EFT and/or ERA Enrollment Data Sets to address changing business needs will have the opportunity to submit recommendations through an online feedback form.</li></ul>

The [EFT & ERA Enrollment Data Sets Maintenance Process](#) webpage provides more details on past reviews, key policies and procedures and how to get involved with the CAQH CORE Enrollment Data Task Group.

# CORE Code Combinations

- The latest published version of the [CORE Code Combinations](#) from the most recent **Compliance Based Review (CBR)** included 31 total adjustments and was released October 1, 2019 for implementation.
- The **Market Based Review (MBR)** closes October 11, 2019, and results will be published on February 3, 2020.

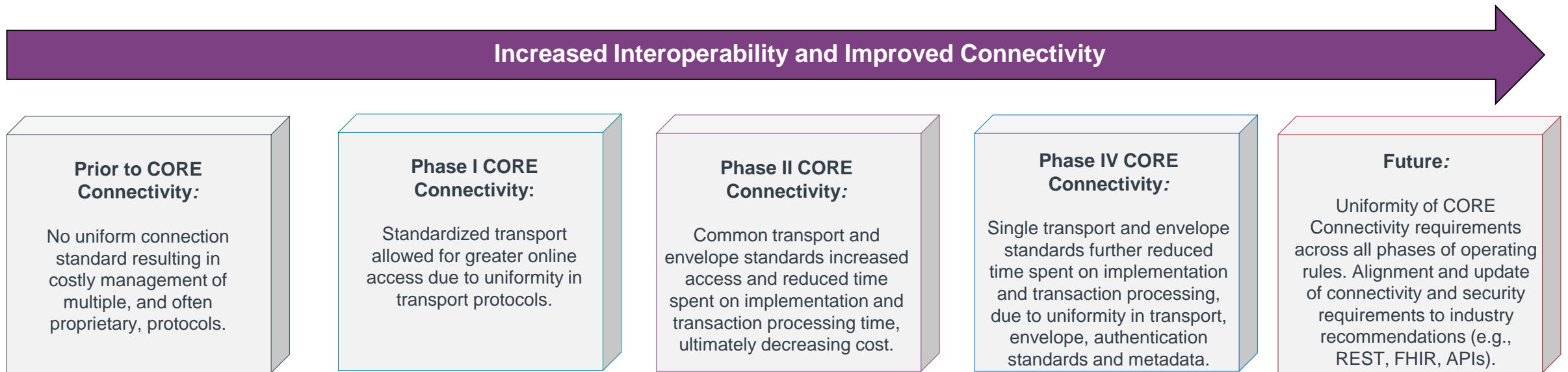
## Total Number of Adjustments from Submissions to MBR



Over time, MBR submissions have decreased dramatically; CORE Code Combinations are being used consistently by the industry, requiring fewer modifications that could not be addressed during CBRs.

# CAQH CORE Connectivity

The CAQH CORE Connectivity Requirements enable common transport and envelope standards, reducing implementation variations and improving interoperability and efficiency of administrative transactions.



# CAQH CORE Connectivity

## Future Timeline

Uniformity of CORE Connectivity requirements across all phases of operating rules. Alignment and update of connectivity and security requirements to industry recommendations (e.g., REST, FHIR, APIs).

November 2019

### Publish Connectivity White Paper

- Highlights connectivity as a key driver that is foundational for interoperability.
- Provides an overview of various standards and protocols that enable connectivity.
- Outlines CAQH CORE's approach to align existing and emerging needs for healthcare connectivity.

Q4 2019 – Q1 2020

### Connectivity Environmental Scan

- Evaluate trends in adoption of various connectivity and security methods that support the exchange of healthcare information.
- Identify gaps and opportunity areas to support interoperability and adoption of uniform connectivity methods.

Q2 – Q4 2020

### CAQH CORE Connectivity Task Group

- Review environmental scan findings and identify opportunity areas for operating rules.
- Update the CAQH CORE Connectivity rule to address industry gaps and align with new opportunity areas.

# CAQH CORE Call to Action – Rule Maintenance

- **Sign up for CAQH CORE and X12 Industry-Wide EFT/ERA Webinar on November 5<sup>th</sup>.**
- **CAQH CORE Participants may choose to complete the EFT/ERA Enrollment Data Comprehensive Review Survey** which gives organizations who have identified new, emerging or changing industry business needs to the EFT/ERA Enrollment Data Sets the opportunity to submit potential substantive or non-substantive adjustments.
  - The EFT/ERA Enrollment Data Comprehensive Review Survey opens Monday, November 15, 2019, and closes Friday, December 13, 2019, at 5pm PT.
  - Stay tuned for the official call for participants to join the **Enrollment Data Task Group (EDTG)** in its review of the EFT/ERA Enrollment Data Survey submissions.
- **CAQH CORE Participants may join the CAQH CORE Code Combinations Task Group** which is responsible for maintaining the CORE-required Code Combinations. Individuals with knowledge of the related business process and usage of the CARCs and RARCs are encouraged to join.
  - Responsible for **Compliance-based Reviews** which occur 3x per year -- Most Recent Publication: [October 2019 v3.5.4](#).
  - **Submit response to the industry-wide [2019 Market-based Review](#) -- Survey closes October 11, 2019 at 5 pm PT**
- **Participate in the connectivity environmental scan** to evaluate trends in adoption of various connectivity and security methods and identify gaps and opportunity areas to support interoperability.

Contact [core@caqh.org](mailto:core@caqh.org) to get involved with these initiatives.

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# **CORE Certification: Demonstrate Commitment to Administrative Efficiency**

**Taha Anjarwalla**  
CAQH CORE Senior Manager

# CORE Certification

*Developed by Industry, for Industry to Promote Administrative Efficiency*

CORE Certification is the most robust and widely-recognized industry program of its kind – the Gold Standard. The approach allows organizations to demonstrate their ability to reduce administrative costs through adoption of operating rules.



Requirements are developed by broad, multi-stakeholder industry representation via transparent discussion and balloting processes.



Requirements testing is conducted by third party vendors that are experts in EDI and testing.



CAQH CORE serves as a neutral, Certification administrator.

# CORE Certification

Entities Recognizing the Benefits Continue to Grow

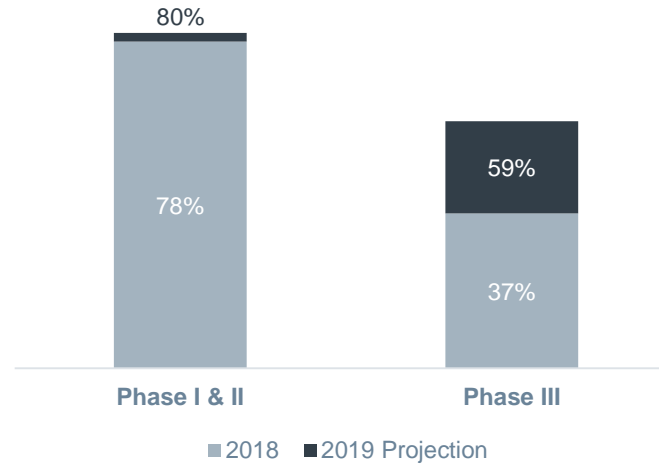
**368**  
**Certifications have**  
**been awarded**  
**since the program's**  
**inception.**

Phase IV Certified  
 Organizations:



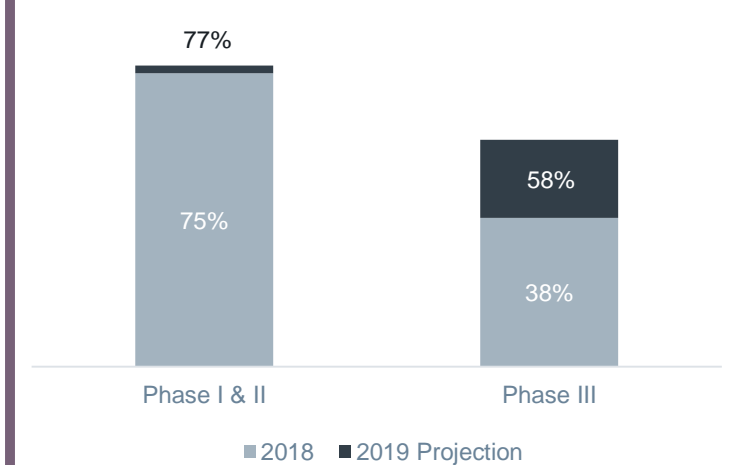
## Commercially Insured- Medical

Percentage of insured population covered by a CORE-certified plan



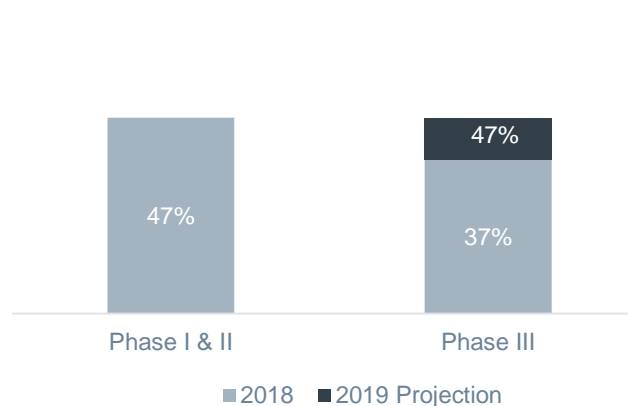
## Publicly Insured (Medicare Advantage)

Percentage of insured population covered by a CORE-certified plan



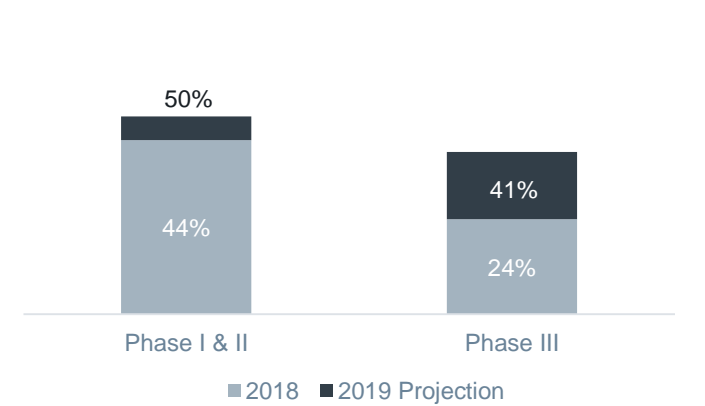
## Commercially Insured - Dental

Percentage of insured population covered by a CORE-certified plan



## Publicly Insured (Medicaid)

Percentage of insured population covered by a CORE-certified plan





# Demonstrate Due Diligence with CORE Certification

## *Prepare for Potential Compliance Reviews*

- Compliance with Administrative Simplification requirements yields benefits to the healthcare industry; **\$12.4 billion in potential savings** according to the [CAQH Index](#).
- Healthcare providers, health plans, payers and other [HIPAA-covered entities](#) **must comply with operating rules and adopted standards**, according to [federal regulation](#).
- Entities selected to participate in the CMS Compliance Review Program must attest compliance with federally mandated operating rules.
- CORE Certification helps entities demonstrate, document and certify conformance with federally mandated standards and operating rules and engenders confidence in attestations.
- CORE Certification allows the industry to prepare for enforcement audits and avoid penalties – **instances of non-compliance could cost up to \$1.5 million.**



# 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

- Recertification will launch for newly certified entities beginning in 2020.
- 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.
- Any updates to the CAQH CORE Operating Rules will be incorporated within the recertification process.

# Polling Question #4

**Do you anticipate your organization will pursue CORE Certification in 2019/2020?**

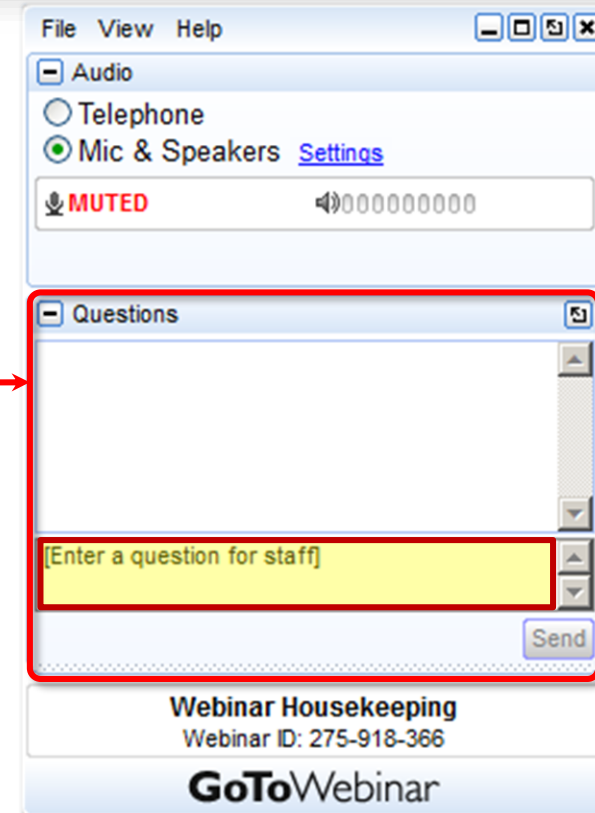
- Yes, in 2019.
- Yes, in 2020.
- Unsure or need more information.
- No, or already CORE Certified in Phases I-IV.

# 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](http://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.

**Resources**

- [Presentation Slides](#)

# Healthcare administration is rapidly changing.



## Join Us



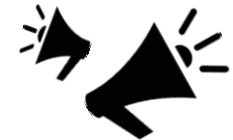
Collaborate across stakeholder types to develop operating rules.



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.



CORE

- About CAQH CORE
- Governance
- Operating Rules
- CORE Certification
- Value-based Payments
- Join CAQH CORE
- Resource Library**
  - e-Learning Resources**
  - Events
  - FAQs
  - Impact (ROI)
  - Implementation Resources
  - Industry Topics and Comment Letters
  - Reports and White Papers



## e-Learning Resources

Welcome to the CAQH CORE e-Learning Resources page.



Value-based Payments Opportunity Areas  
October 8, 2019

Use this learning module to learn about the opportunity areas to streamline implementation of Value-based Payment.



CAQH CORE Integrated Model  
October 7, 2019

Click on this Integrated Model to explore how CAQH CORE is changing the industry.

Utilize our [interactive online tools](#) to learn more about the CORE Certification process and the CAQH CORE model.

Explore our [YouTube](#) page to access over 75 CAQH CORE tutorials and webinar recordings.

Listen to a tutorial on the [Phase V Operating Rules](#).

Go to our [FAQs](#) page for answers to questions on topics such as operating rule implementation and CORE Participation.

Read out our recent white paper “[Moving Forward: Building Momentum for End-to-End Automation of the Prior Authorization Process](#).”

# Upcoming CAQH CORE Education Sessions



[CAQH CORE Value-based Payment Webinar Series: Overview of LAN Roadmap for Driving High Performance in Alternative Payment Models](#)

**October 22, 2019 2-3 PM EST**



[X12 and CAQH CORE Webinar Series: Introduction to the 835 Transaction, Standard and Operating Rules](#)

**November 5, 2019 3-4 PM EST**

# 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.