

American Medical Association Endorses CAQH CORE Effort to Standardize and Streamline Patient Administrative Data Exchange

Washington, DC (October 29, 2008) – CAQH, a nonprofit alliance of health plans and trade associations working to simplify healthcare administration, announced today that the American Medical Association (AMA) has endorsed its Committee on Operating Rules for Information Exchange (CORE) initiative.

Joseph M. Heyman, MD, chair of the AMA Board of Trustees, offered the following statement of support for CORE: “The standardized operating rules created by the CAQH CORE multi-stakeholder initiative is an important effort that will dramatically improve the efficiency and accuracy of electronic communications between patients, physicians and payers. This initiative complements the AMA’s Heal the Claims Process™ campaign, which has made the elimination of waste and confusion from the medical claims process a top priority.”

In addition to endorsing the initiative, the nation’s largest physician’s group will work with CAQH to educate AMA members about the efficiencies that the CORE rules can bring to provider practices. AMA also will help communicate strategies to its members for discussing CORE with their affiliated vendors and health plans.

CORE is a multi-phase initiative focused on improving provider access to electronic patient administrative information before or at the time of service, using any technology they choose. CAQH has brought together more than 100 [industry stakeholders](#) to collaborate on a set of uniform business rules to achieve that goal. Built upon national standards such as HIPAA, each phase of CORE expands the pool of available data and advances system interoperability.

CAQH launched the second phase of CORE rules in September. With these rules, providers for the first-time can receive consistent electronic information about patient deductible balances from potentially any health plan before or at the point of care. The CORE Phase II rules also provide requirements for electronic connectivity, patient identification, claims status and reporting of patient financial responsibility for an increased number of service codes – uniformly adopting existing standards to do so.

Development has begun on the CORE Phase III rules, which may include steps to determine in- or out-of-network status of a provider, alternative search requirements for eligibility transactions when member ID information is missing, data regarding claims payment and status, and continuing to harmonize CORE with other industry standardization efforts. CAQH expects to launch those rules in 2009.

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About CAQH

CAQH serves as a catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers. CAQH solutions help promote quality interactions between plans, providers and other stakeholders, reduce costs and frustrations associated with healthcare administration, facilitate administrative healthcare information exchange and encourage administrative and clinical data integration. Visit www.coreconnect.org for more information about CORE.

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