CAQH CORE
May Town
Hall

Thursday, May 12th, 2016

2:00 – 3:00 PM ET

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Session Outline

- Welcome and Introduction

- CAQH CORE Strategic Focus

- Existing Rules: Maintenance Activities

- Newly Approved Rules: Phase IV

- Driving Adoption of Existing Rules: Voluntary CORE Certification

- Audience Q&A

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CAQH CORE
Strategic Focus

Gwendolyn Lohse
CAQH CORE Managing Director

CAQH CORE Mission and Vision

- ***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. Key goals include:
    - Enable providers to submit transactions from the system of their choice (vendor agnostic) and quickly receive a standardized response.
    - Ensure the rules can be implemented in phases that encourage feasible progress.

- ***Vision***: An industry-wide facilitator of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.
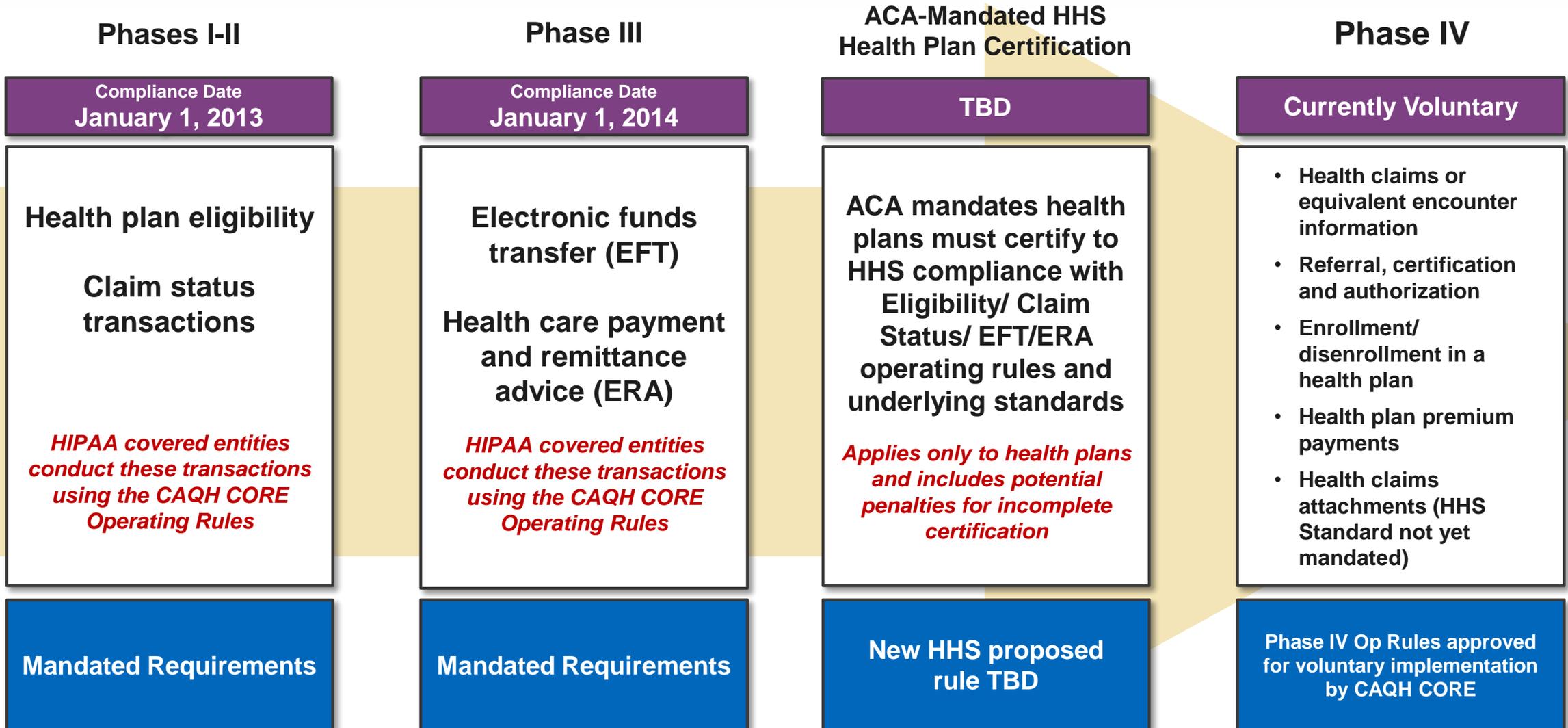
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CAQH CORE Board: What Drives Focus and Priorities?

The Board continues to support a strong emphasis on evaluation criteria, whether CAQH CORE is considering how to voluntary expand its existing operating rules, e.g. additional eligibility data content as outlined in NCVHS testimony, or to develop and adopt initial collective action on value-based payments.

Goal and expected impact	ROI: Benefit to provider, health plan and system – immediate or long-term *Requires detailed research*	Ability to drive participation/ adoption/ease of implementation
Strategic and organizational fit (CAQH CORE Guiding Principles)	Existing players or critical partnerships required	Timing considerations

CAQH CORE

ACA Mandated Operating Rules and Certification
Significant Change over Short Period of Time

Phases I-II

Compliance Date January 1, 2013

Health plan eligibility

Claim status transactions

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Mandated Requirements

Phase III

Compliance Date January 1, 2014

Electronic funds transfer (EFT)

Health care payment and remittance advice (ERA)

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Mandated Requirements

ACA-Mandated HHS Health Plan Certification

TBD

ACA mandates health plans must certify to HHS compliance with Eligibility/ Claim Status/ EFT/ERA operating rules and underlying standards

Applies only to health plans and includes potential penalties for incomplete certification

New HHS proposed rule TBD

Phase IV

Currently Voluntary

- Health claims or equivalent encounter information
- Referral, certification and authorization
- Enrollment/ disenrollment in a health plan
- Health plan premium payments
- Health claims attachments (HHS Standard not yet mandated)

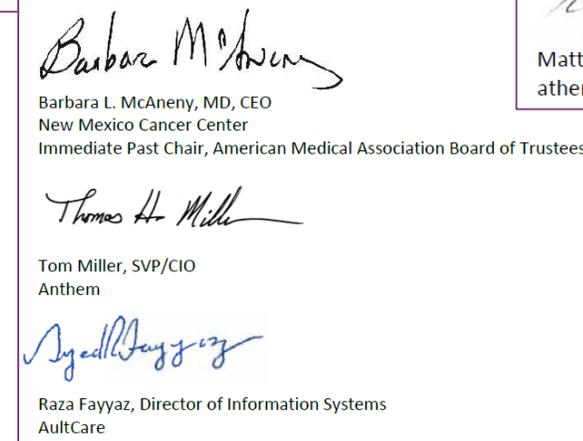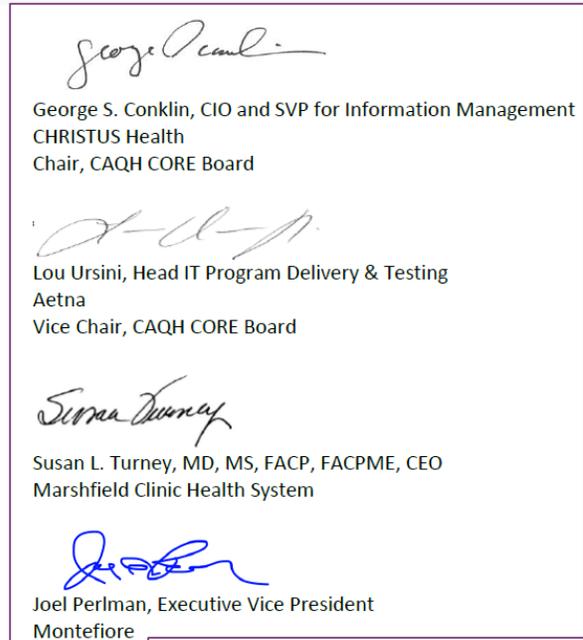**Phase IV Op Rules approved for voluntary implementation by CAQH CORE**

CAQH CORE

Phase I - IV CAQH CORE: Establishing National Expectations*

X = Required Optional = If entity offers, must follow CORE rules so minimum expectations are the same nationally	Addressed as part of Phase I-III				Addressed as part of Phase IV			
	Eligibility*	**Claim Status**	**ERA*** (aligns with EFT)	**EFT** (aligns with ERA)	**Prior Authorization**	**Claims**	**Enrollment/ Disenrollment**	**Premium Payment**
Processing Mode	*Real Time Required; Batch Optional*		*Batch Required*		*Batch OR Real Time Required*	*Batch Required; Real Time Optional*		
Batch Processing Mode Response Time	If Batch Offered		X	CORE EFT Rules support the ACH CCD+. The CCD+ transaction uses the ACH Hub/Network. NACHA writes Operating Rules that refer to/are aligned with CAQH CORE operating rules, e.g., the NACHA Operating Rules require delivery of key data required for EFT/ERA reassociation.	If Batch Offered	X	X	X
Batch Acknowledgements	If Batch Offered		X		If Batch Offered	X	X	X
Real Time Processing Mode Response Time	X	X	N/A		If Real Time Offered	If Real Time Offered	If Real Time Offered	If Real Time Offered
Real Time Acknowledgements	X	X	N/A		If Real Time Offered	If Real Time Offered	If Real Time Offered	If Real Time Offered
Safe Harbor Connectivity and Security	X	X	X		X	X	X	X
System Availability	X	X	X		X	X	X	X
Companion Guide Template	X	X	X		X	X	X	X
Other Infrastructure	Enhanced patient identification and error reporting requirements	N/A	Dual delivery with paper remittance Access to key EFT/ERA reassociation data Elapsed time between release of EFT & ERA Max set of enrollment data and electronic enrollment method	Elapsed time between release of EFT & ERA Max set of enrollment data and electronic enrollment method Access to key EFT/ERA reassociation data	N/A	Include guidance for COB in companion guide	Timeframe requirements to process data after successful receipt and verification of transaction	Timeframe requirements to process data after successful receipt and verification of transaction

*CAQH CORE Operating Rules for Eligibility and ERA also address data content requirements, e.g. year to date deductibles, claim denial/remark code combinations.

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Phase IV: CORE Board Letter to NCVHS

- The CORE multi-stakeholder, executive-level Board [submitted a letter to NCVHS on March 31, 2016](#) reiterating the strong industry support for and basic needs addressed by the Phase IV.

- Board letter responds to some comments made at the February 16, 2016 NCVHS hearing on Phase IV; comments related to 'waiting' for various reasons.

- The letter outlines:
  - CORE's open and transparent operating rule development, drafting and voting process.
  - Phase IV as being an *achievable and necessary foundational start* and the need to implement these basics while - as committed to by the Board before - simultaneously defining more advanced next steps.
  - Phase IV**'s compatible safe harbor,** flexibility in being **payload agnostic** and support of existing **best practice**.
  - Phase IV as **enforceable** and CORE's commitment to adoption as demonstrated via CORE voluntary certification.

George S. Conklin, CIO and SVP for Information Management
CHRISTUS Health
Chair, CAQH CORE Board

Lou Ursini, Head IT Program Delivery & Testing
Aetna
Vice Chair, CAQH CORE Board

Susan L. Turney, MD, MS, FACP, FACPME, CEO
Marshfield Clinic Health System

Joel Perlman, Executive Vice President
Montefiore

John Fong, MD, MBA, Executive Medical Director
Blue Cross Blue Shield North Carolina

Tim Kaja, SVP, Optum Cloud/Link
United Health Group

Mitchell Icenhower, VP of Solutions Management
Allscripts

Matthew Levesque, Vice President, Product Management
athenahealth

Barbara L. McAneny, MD, CEO
New Mexico Cancer Center
Immediate Past Chair, American Medical Association Board of Trustees

Tom Miller, SVP/CIO
Anthem

Raza Fayyaz, Director of Information Systems
AultCare

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CAQH CORE Future Focus: Board Discussions

Commitment to CAQH CORE mission, vision and integrated model is strong.	CAQH CORE ACA-driven efforts to continue and evolve, such as: - Ensure innovative maintenance and tracking of existing operating rules. - Provide implementation support for existing Phases I-IV; emphasis on studying ROI. - Voluntarily work on Attachments to inform formal development. - Support and participation in ACA Review Committee (NCVHS).
CAQH CORE plays a critical and unique role in the marketplace, and is evolving.	To achieve full cost savings of existing transactions, more work is needed to achieve market adoption and to create an ongoing industry model: - Assessment of existing ecosystem development/adoption/maintenance process as well as need for voluntary enforcement/compliance efforts. - Drive CORE Certification to ensure adoption, support evolving work flows and align trading partners on cost savings and available benefits. *(Market share analysis of CORE certified entities underway.)*
CAQH CORE began as voluntary and will move forward with its HHS role and voluntary efforts.	Future impetus: - Payment model is changing; work flows and transactions that support the adjudication of the payment models must change. Partnerships will be critical. - Voluntary extensions of existing operating rules with evaluation criteria that consider the new models. New areas for operating rules beyond existing. *(Board proposing timeline on next steps with Prior Authorization.)*

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Future Focus: Dual Focus of FFS and VBP

CAQH CORE must continue its focus on driving down unnecessary costs from fee-for-service (FFS) data exchange, and begin to address data exchange needs for what is evolving as value-based payments (VBP)
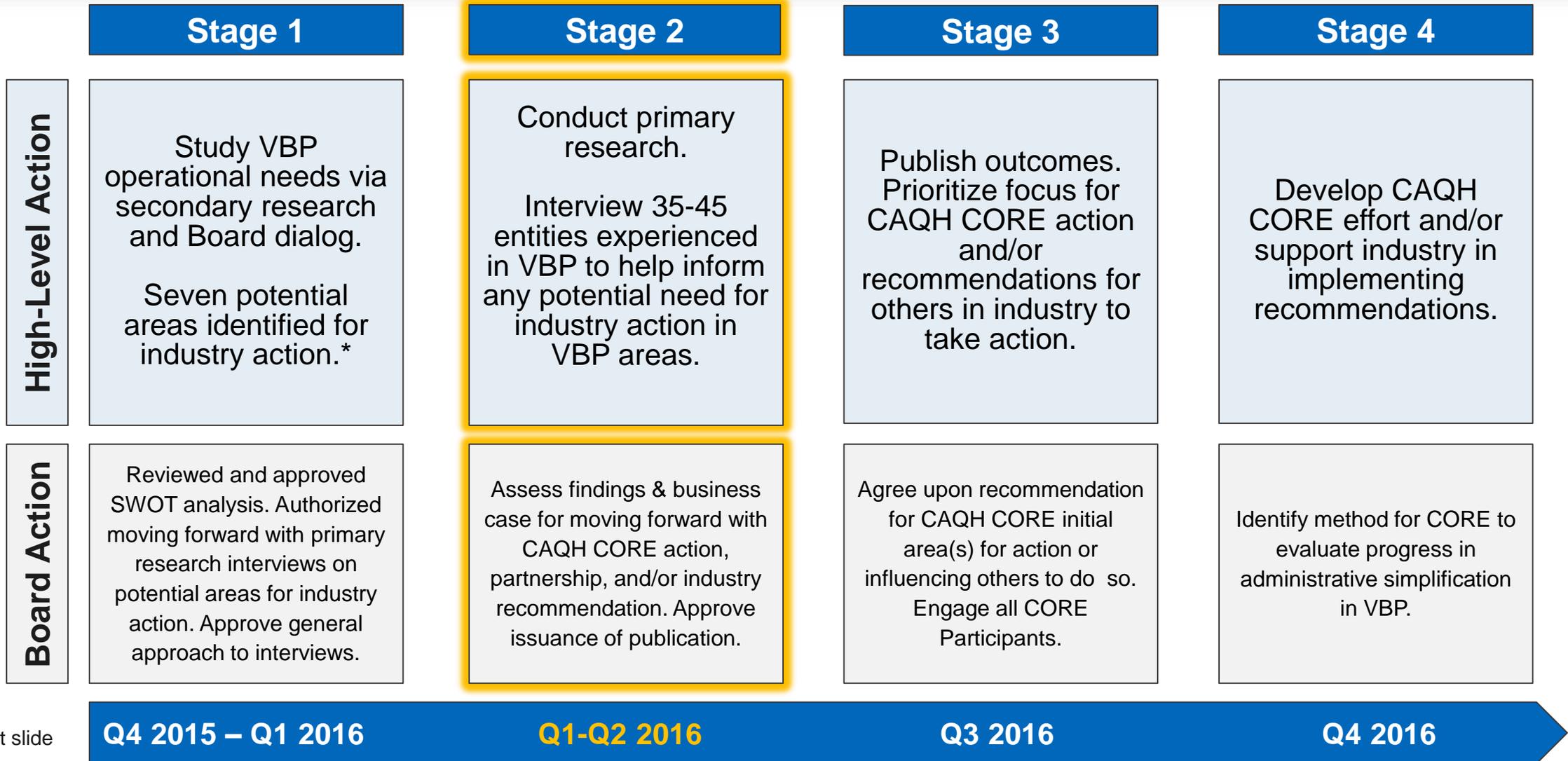
Fee-For-Service	Pay-For-Performance	Patient-centered Medical Home	Shifting Financial Risk/ACO				Provider-Sponsored Health Plan
			One-Sided (Shared Savings)	Bundled (Episode) Payments	Two-Sided (Shared Risk)	Full Risk (Capitation)	
	Incentive Payment		Transfer of Risk				

The CORE evaluation of the potential needs for value-based payment is moving forward based upon initial 2015 Board-driven assessment.

CAQH CORE Participating Organizations and industry engagement are essential to this effort. Participants will need to prioritize potential VBP efforts and consider alignment with prioritization of ongoing FFS needs.

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VBP Research Areas
Stages and Timeline

	Stage 1	Stage 2	Stage 3	Stage 4
High-Level Action	Study VBP operational needs via secondary research and Board dialog. Seven potential areas identified for industry action.*	Conduct primary research. Interview 35-45 entities experienced in VBP to help inform any potential need for industry action in VBP areas.	Publish outcomes. Prioritize focus for CAQH CORE action and/or recommendations for others in industry to take action.	Develop CAQH CORE effort and/or support industry in implementing recommendations.
Board Action	Reviewed and approved SWOT analysis. Authorized moving forward with primary research interviews on potential areas for industry action. Approve general approach to interviews.	Assess findings & business case for moving forward with CAQH CORE action, partnership, and/or industry recommendation. Approve issuance of publication.	Agree upon recommendation for CAQH CORE initial area(s) for action or influencing others to do so. Engage all CORE Participants.	Identify method for CORE to evaluate progress in administrative simplification in VBP.

*See next slide

Q4 2015 – Q1 2016	Q1-Q2 2016	Q3 2016	Q4 2016

12

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Examples of Questions for Potential VBP Areas for Industry Action

Seven potential areas for industry action plus others identified by SMEs:

1. Common data sets (e.g., numerators and denominators for defining patient, population, etc.)
2. Standard terms/processes for patient/beneficiary/provider identification
3. Infrastructure rules needed (e.g., security, connectivity, etc.)
4. Process rules (e.g., task definitions, workflows)
5. Library of strategies for patient risk stratification (including rules used and scenarios for patient attribution)
6. Directory of VBP best practices
7. Catalog for VBP (quality and/or business) measures
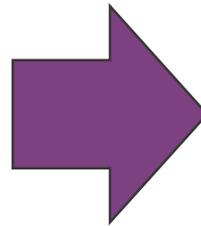
- What VBP types may value from industry collaboration and why?
- Importance (e.g., return on investment or successes experienced)?
- Multi-stakeholder impact (who?)
- Likelihood of adoption?
- Others addressing (who?) and opportunity for collaboration?
- Potentially viewed as proprietary or other barrier to adoption?
- Other operational areas that would simplify administration of VBP?
- Unexpected outcomes (good or bad)?

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Scope of Target Interviewee on VBP Areas for Industry Action

- Different types of organizations (including a few that have discontinued VBP):

Providers	Health Plans	Vendors	Consumers	Policy Leaders
-Hospitals -Systems -Physicians	-Medicare/Medicaid/MA -Blues -Commercials	-Data banks/ analytics -HIEs -Population health	-Employers -Patients	-CMS Innovation Center -Associations -Think Tanks

- Different types of VBP structures:

Fee-For-Service	Pay-For-Performance	Patient-centered Medical Home	Shifting Financial Risk/ACO				Provider-Sponsored Health Plan
			One-Sided (Shared Savings)	Bundled (Episode) Payments	Two-Sided (Shared Risk)	Full Risk (Capitation)	
	Incentive Payment		Transfer of Risk				

- Mix of organizations that are/are not part of an ACO, Clinically Integrated Network (CIN), Patient Centered Medical Home (PCMH).

- Mix of duration of VBP experience; proportion of patients/beneficiaries included in VBP; market types (e.g., competitive/not competitive); and level of success by available or proposed benchmarks.

- Geographical diversity and affiliation with/without HIEs.

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Polling Question #1: Value-Based Payments

Is your organization offering, receiving or helping to manage any type of value-based program(s)?

- Yes

- No

- Not Sure

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Polling Question #2: Value-Based Payments

If yes, is the department in which you work helping with the development, management or processing of those programs?

- Yes

- No

- Not Sure

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Existing Rules: Maintenance Activities

Omoniyi Adekanmbi
CAQH CORE Project Manager

CAQH CORE Code Combinations Maintenance Process

CORE Business Scenario #1:
Additional Information Required – Missing/Invalid/ Incomplete Documentation
(~370 code combos)

CORE Business Scenario #2:
Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim
(~375 code combos)

CORE Business Scenario #3:
Billed Service Not Covered by Health Plan
(~720 code combos)

CORE Business Scenario #4:
Benefit for Billed Service Not Separately Payable
(~60 code combos)

CAQH CORE Compliance-based Reviews

Stability of *CORE Code Combinations* maintained

- Occur 3x per year
- **Triggered by tri-annual updates to the published CARC/RARC lists** by code authors
- Include only adjustments to code combinations to align with the published code list updates (e.g. additions, modifications, deactivations)

CAQH CORE Market-based Reviews

Supports ongoing improvement of the *CORE Code Combinations*

- Occur 1x per year
- Considers industry submissions for adjustments to the *CORE Code Combinations based on business needs*
- Opportunity to refine the *CORE Code Combinations* as necessary to ensure the *CORE Code Combinations* reflect industry usage and evolving business needs

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Maintenance: Uniform Use of CARCs and RARCs Rule
CORE Code Combinations Task Group (CCTG)

- Responsible for ongoing review and adjustment of the *CORE Code* Combinations via the CORE Code Combinations Maintenance Process.

- Composed of more than 40 CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:

– **Shannon Baber,** *UW Medicine*	– **Lynn Franco,** *UnitedHealth Group*
– **Heather Morgan,** *Aetna*	– **Erica Zendell,** *RelayHealth*

- Status:
  - Currently conducting concurrent:
    - Compliance-based Review in response to code adjustments published on March 1, 2016,
    - > **AND**
    - Market-based Review to address 2015 industry submissions for potential adjustments to code combinations in *existing* CORE-defined Business Scenarios.
  - Publication of updated version of CORE Code Combinations on June 10, 2016.
    - Will include both Compliance-based and Market-based Adjustments.

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2015 Industry Market-based Adjustments Submission Period
Overview

- **Basic Information:**

  - 60-day Submission Period; launched on 12/10/15 and closed on 02/10/16.

  - Required all adjustment recommendations to be submitted via online CAQH CORE 2015 Market-based Adjustments Form.

  - Any interested entity could submit; publicly available.

- **Scope:**

  - Via online form, entities could only submit potential adjustments (additions, removals, or relocations) to the code combinations in the existing CORE-defined Business Scenarios.

  - For each code combination adjustment, submitters required to provide evaluation criteria, a strong business case and, at their discretion, real world usage data.

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2015 Industry Market-based Adjustments Submission Period
Summary of Submissions

173

Total Number of Submitted Adjustments to the Code Combinations in the Existing CORE-defined Business Scenarios

⬇

171

Total Number of Unique* Requests

⬇

162

Total Number of Unique & Valid** Requests
(Includes 145 code combination additions & 17 code combination removals)

⬇

62

Total Number of Unique CARCs Addressed by the 162 Unique & Valid Requests
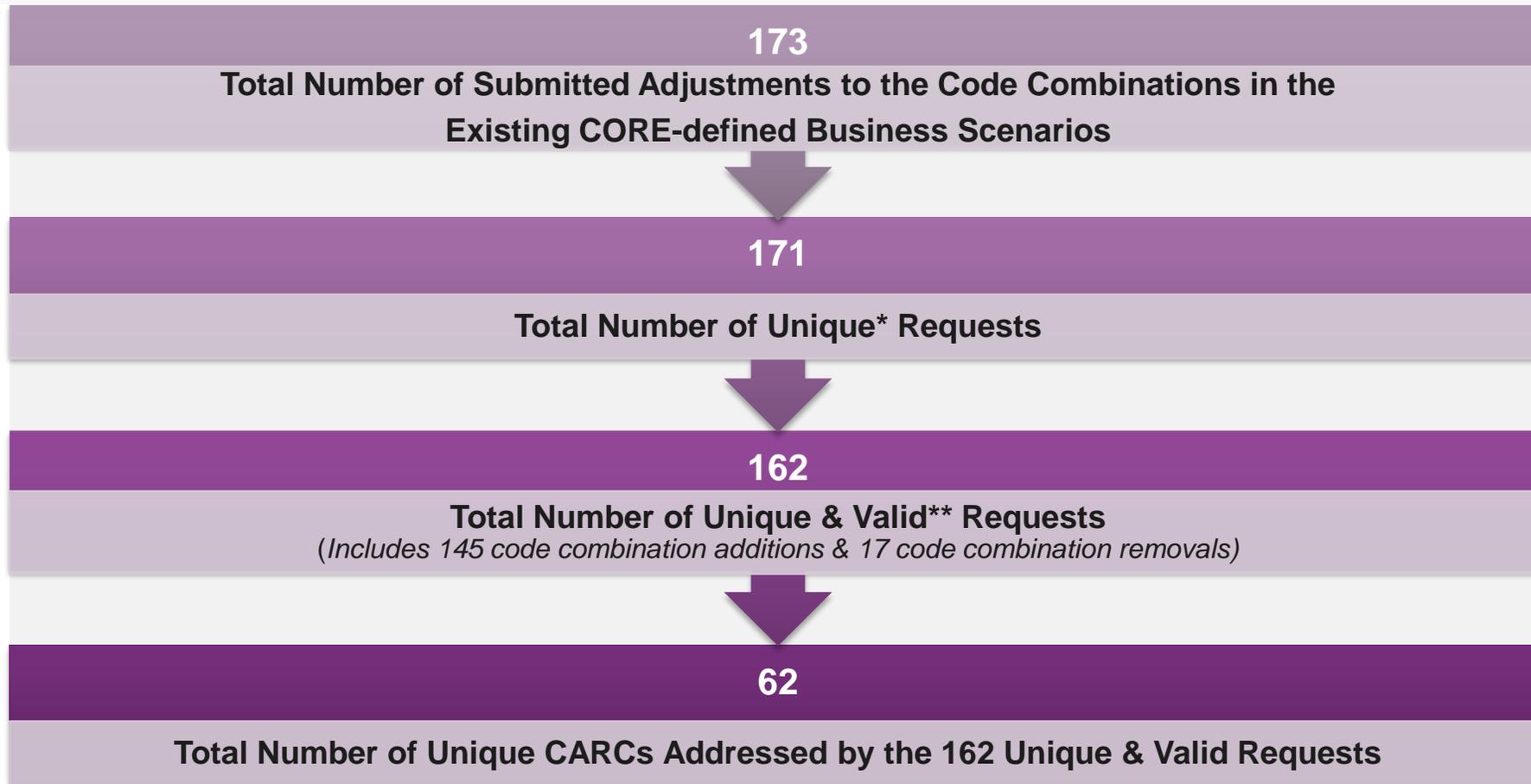
NOTE:
*A unique submission is defined as a single concept that can be submitted by multiple respondents.
**An invalid submission is defined as an adjustment that cannot be applied because it already exists in the February 2016 CORE Code Combinations or because it is noncompliant.

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2015 Industry Market-based Adjustments Submission Period
Comparison to 2013 & 2014

Number of Submitted Unique & Valid Adjustments by Category: 2013 - 2015

	2013	2014	2015
■ Additions	258	255	145
■ Removals	171	130	17
■ Relocations	8	2	0

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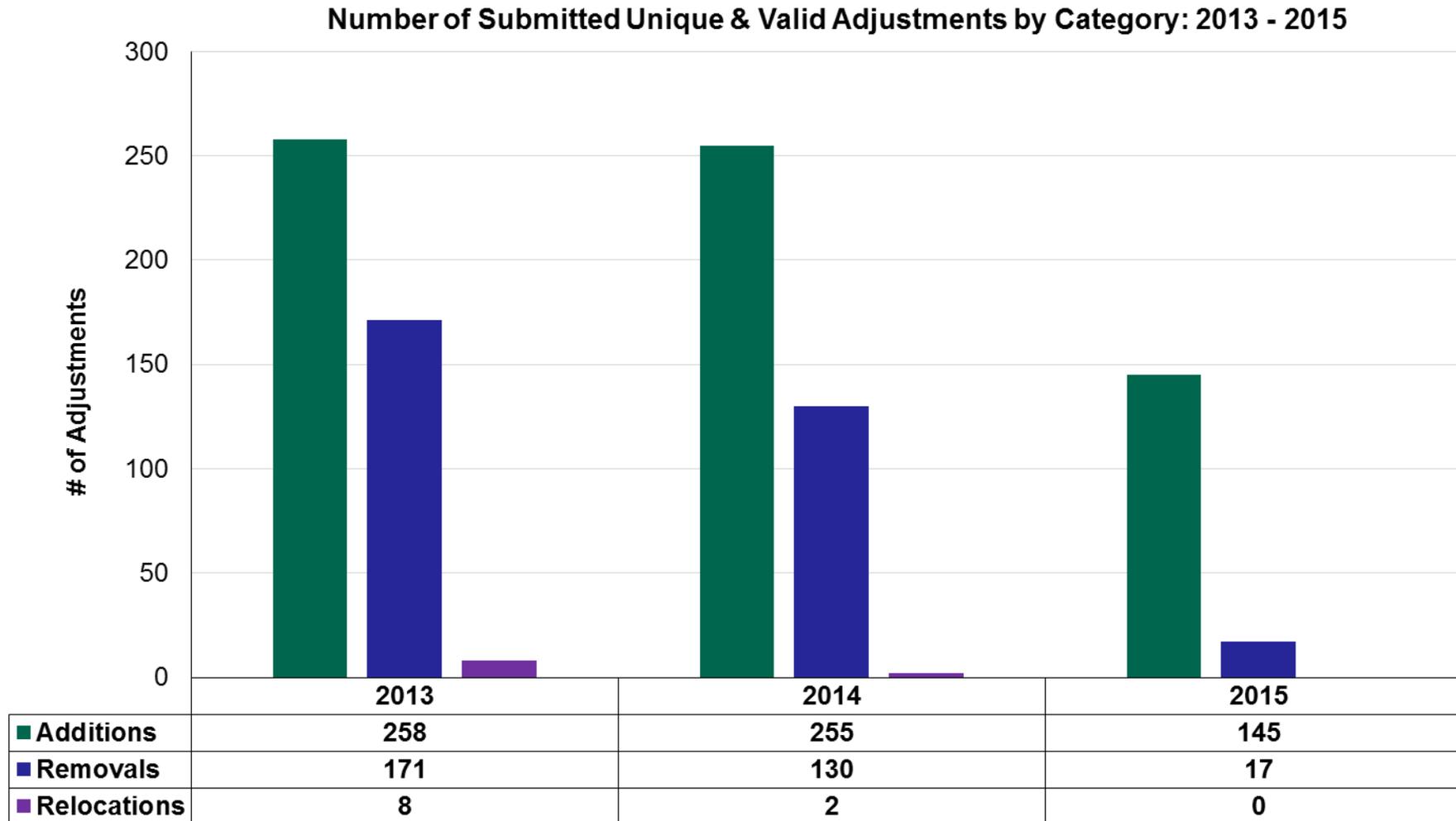
Polling Question #3: CARC/RARC Maintenance Updates

What benefits has your organization experienced from the past three years of CORE Code Combinations and CORE-defined Business Scenarios implementation? (Select all that apply)

- Reduction in unnecessary manual provider follow-up

- Decreases in Faulty electronic secondary billing

- Fewer inappropriate write-offs of billable charges

- Improved billing of patients for co-pays and deductibles

- Unaware of measurable benefits experienced

Has your organization experienced any benefits? Has it not? We want to hear from you! Reach out to us at CORE@caqh.org.

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Newly Approved Rules: Phase IV

Robert Bowman
CAQH CORE Associate Director

Phase IV Implementation

"Please indicate whether your organization intends to voluntarily implement the Phase IV CAQH CORE Operating Rules."

Date	Yes, implementing all	Yes, implementing some	Not at this time	Need to learn more	Attendees
1/7/16	36%	18%	10%	36%	211 Attendees
12/10/15	27%	16%	16%	41%	199 Attendees

- Yes, we plan on implementing all of them
- Yes, we plan on implementing some of them
- Not at this time
- Need to learn more

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Phase IV Implementation

CAQH CORE Open Mic National Webinar – 2/29/16

QUICKPOLL

Which stages of implementation of the Phase IV CAQH CORE Operating Rules are you planning to complete in 2016?

Poll Results (multiple answers allowed):

Internal Education and Awareness	50%
Analysis and Planning/System Design	48%
Systems Implementation/Integration and Testing	25%
Deployment/Maintenance	13%
N/A, we do not plan to implement in 2016	25%
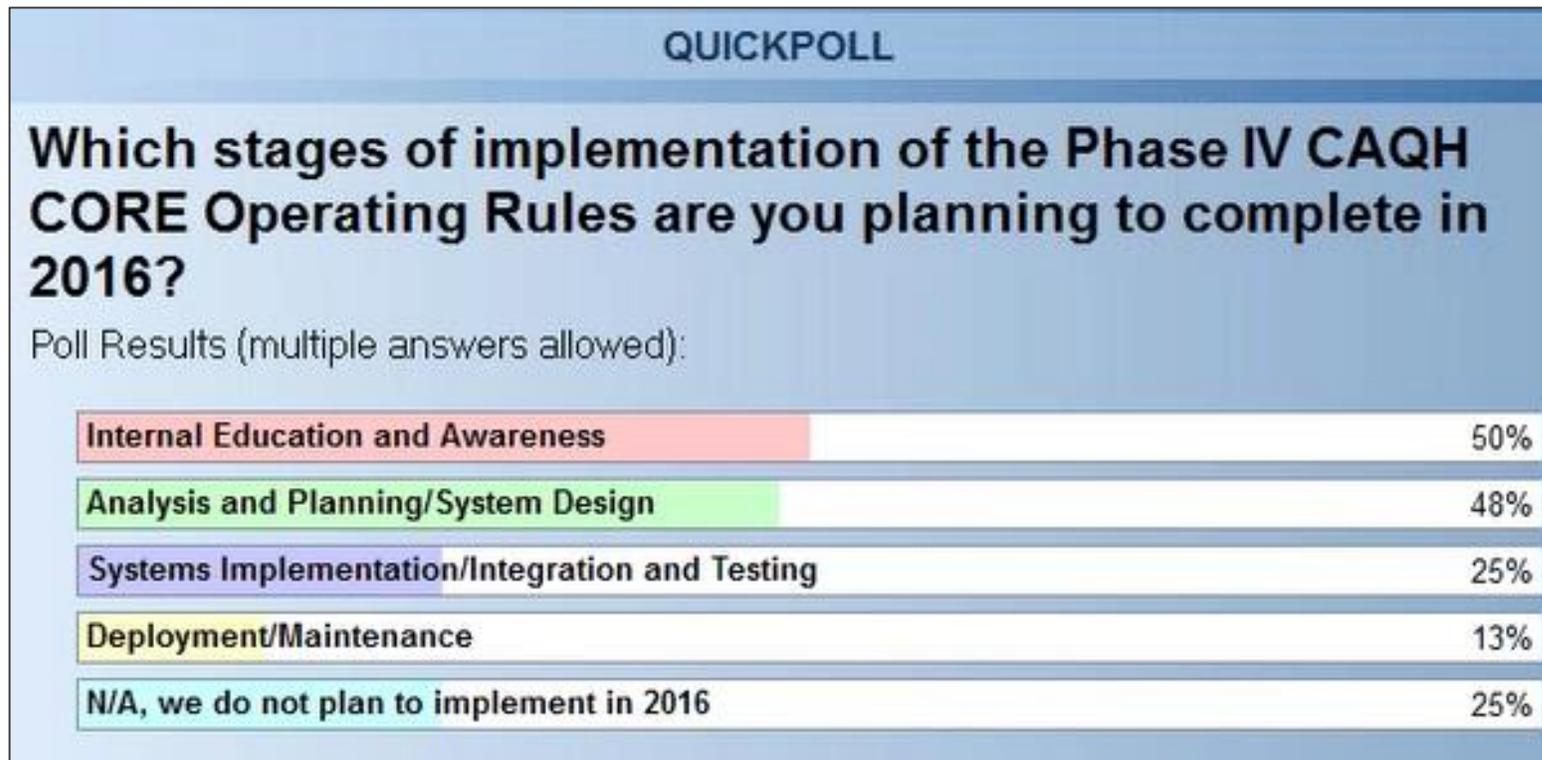
81 Attendees

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Complete Set of Phase IV CAQH CORE Operating Rules

Phase IV CAQH CORE **450 Health Care Claim (837) Infrastructure Rule v4.0.0**

Phase IV CAQH CORE **452 Health Care Services Review – Request for Review and Response (278) Infrastructure Rule v4.0.0**

Phase IV CAQH CORE **454 Benefit Enrollment and Maintenance (834) Infrastructure Rule v4.0.0**

Phase IV CAQH CORE **456 Premium Payment (820) Infrastructure Rule v4.0.0**

Phase IV CAQH CORE **470 Connectivity Rule v4.0.0**

Final versions of each rule are available for free on our website - www.CAQH.org/CORE

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Scope of Phase IV CAQH CORE Rule Requirements

Reminder: Health Claims Attachments transaction not included; there is no formal HIPAA Health Claims Attachments standard(s).

Infrastructure Requirement	Prior Authorization	Claims	Enrollment/ Disenrollment	Premium Payment
Processing Mode	*Batch OR Real Time Required*	*Batch Required; Real Time Optional*	*Batch Required; Real Time Optional*	*Batch Required; Real Time Optional*
Batch Processing Mode Response Time	*If Batch Offered*	X	X	X
Batch Acknowledgements	*If Batch Offered*	X	X	X
Real Time Processing Mode Response Time	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*
Real Time Acknowledgements	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*
Safe Harbor Connectivity and Security	X	X	X	X
System Availability	X	X	X	X
Companion Guide Template	X	X	X	X
Other	N/A	Include guidance for COB in companion guide	Timeframe requirements to process data after successful receipt and verification of transaction	Timeframe requirements to process data after successful receipt and verification of transaction

X = Required

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CAQH CORE Phase IV Analysis & Planning Guide Assists in Understanding Applicability of Rules to Various Trading Partners

*As with previous Phases, CAQH CORE now has an **Analysis & Planning Guide** for the Phase IV CAQH CORE Operating Rules*

Planning Guide should be used by project staff to:

Understand applicability of the Phase IV CAQH CORE Operating Rule requirements to organization's systems and processes that conduct the transactions

Identify all impacted external and internal systems and outsourced vendors that process the transactions

Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business processes which may be impacted

Planning Guides includes three tools to assist entities in completing analysis and planning:

1. Stakeholder & Business Type Evaluation
2. Systems Inventory & Impact Assessment Worksheet
3. Gap Analysis Worksheet

New CAQH CORE FAQ Website

Driving Adoption of Existing Rules: Voluntary CORE Certification

Matthew Albright
CAQH CORE Senior Manager

CORE Certifications Awarded by Stakeholder Type

Over 270 CORE Certifications to date!

Health Plans	Gold Coast Health Plan	San Francisco Health Plan	UPMC Health Plan	HealthPlan of San Mateo	GroupHealth	Kaiser Permanente
Providers	Department of Veterans Affairs	Mayo Clinic	Montefiore Medical Center	Wake Forest University Health Sciences	Summit Group Medical	Spectrum Laboratory Network
Clearinghouses	TriZetto Provider Solutions	PostnTrack	SSI	Optum	Change Healthcare	InstaMed
Vendor Solutions	Meditech	NextGen Healthcare	GE Healthcare	PNC Healthcare	athenahealth	RelayHealth

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CORE-certified Medicaid Entities

Legend:

No CORE-certified Medicaid Agency or Managed Medicaid Plan	(light grey)
At Least One Managed Medicaid Plan is CORE-certified (Medicaid Agency is not CORE-certified)	(blue)
Medicaid Agency is CORE-certified (*At least one Managed Medicaid Plan is also CORE-Certified)	(yellow)

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Make Phase IV CORE Certification a part of your Phase IV Implementation & Testing

Conformance is Defined BY Industry, FOR Industry

- CORE Certification is the most robust and widely-recognized industry program of its kind.
  - Its approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards.
  - Requirements developed by broad, multi-stakeholder representation through transparent discussion and polling process.
  - Requires conformance testing by third party testing vendors that are experts in EDI and testing.

- CAQH CORE serves as a neutral, non-commercial administrator:
  - Authorizes the conformance testing vendors.
  - Reviews and approves the Certification applications and conformance test reports before Certification Seal is awarded.

Phase IV CORE Certification

Be an industry leader and become Phase IV Certified in 2016!

As in previous Phases

- Health plans

- Clearinghouses

- Providers

- Vendor products

- Vendor solutions

can become CORE-Certified for Phase IV

If you're a health plan, clearinghouse, provider, or if you have a product or solution that helps those entities conduct transactions, **be the first** of your competitors to be CORE-certified in the Phase IV CAQH CORE Operating Rules in late summer 2016!
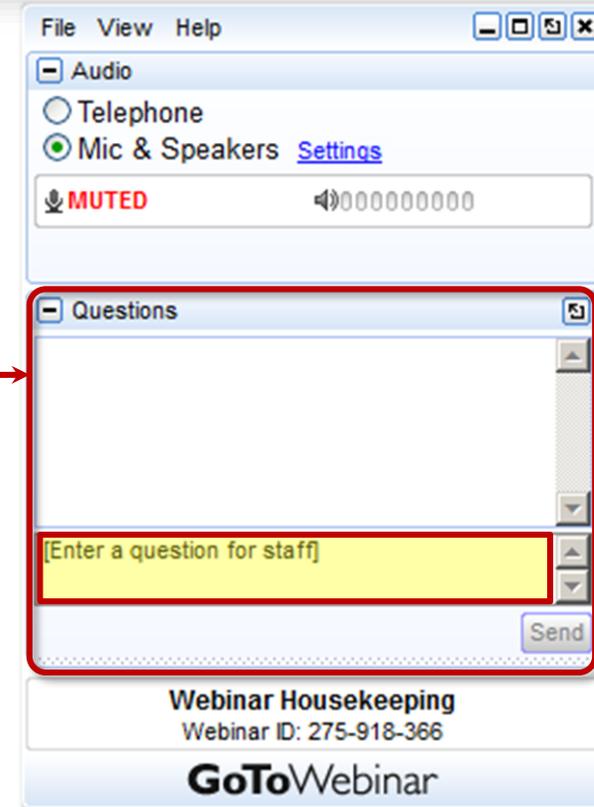
Contact CORE@CAQH.org if you're interested, or if you have further questions about CORE Certification.

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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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Resources
- Presentation Slides

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Upcoming CAQH CORE Education Sessions

> **Dialog with PokitDok – How a Healthcare Vendor Has Successfully Implemented the CAQH CORE Operating Rules**
> **FRIDAY, MAY 20, 2016 – 2 PM ET**

> **CAQH CORE Phase IV Operating Rules National Webinar – Infrastructure Requirements & Value Proposition**
> **THURSDAY, JUNE 9, 2016 – 2 PM ET**

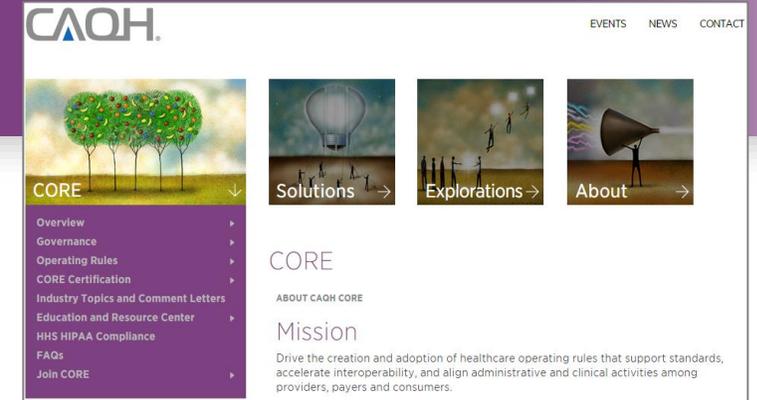To register, please go to **www.caqh.org/core/events**

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Engage With Us!

Visit us at the [CAQH CORE Website](#) or contact us at [CORE@CAQH.org](#)

Participate in the CAQH CORE Code Combinations Task Group (CCTG) or the Enrollment Data Task Group

Become a [CAQH CORE Participating Organization](#)

Explore Voluntary CORE Certification

Register for upcoming [webinars](#)

Dedicated webpages:

- ✓ [Code Combination Maintenance](#)
- ✓ [EFT/ERA Enrollment Maintenance](#)
- ✓ [Voluntary CORE Certification](#)
- ✓ [CAQH CORE Phase IV Operating Rules](#)

Thank you for joining us!

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org

@CAQH