CAQH CORE

CAQH CORE Town Hall

April 22, 2020

2:00-3:00 pm EST

Agenda

- CAQH CORE Overview and Industry Update
- ACH Network Update
- Deep-Dive: Value-based Payments
- Deep-Dive: CAQH CORE Connectivity
- Spotlight: CAQH CORE Initiatives
- Q&A

Logistics

Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials
  - You can download the presentation slides now from the "Handouts" section of the GoToWebinar menu.
  - You can download the presentation slides and recording at www.caqh.org/core/events 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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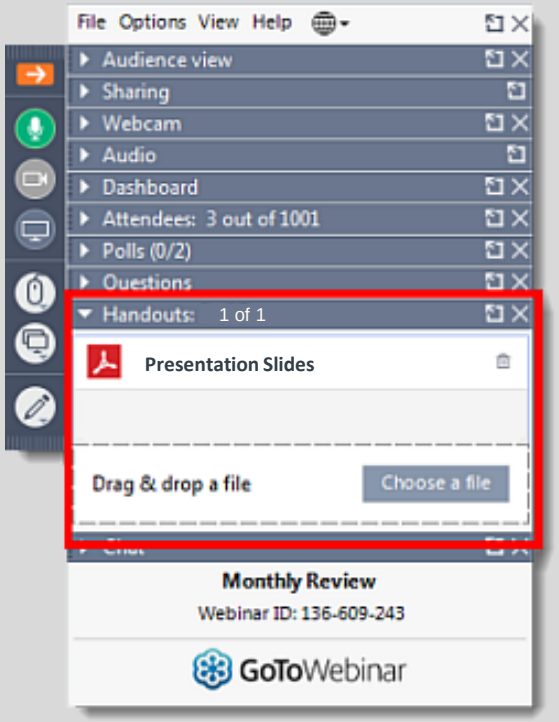


CAQH CORE

Polling Question #1

How do you respond to the following statement: **COVID-19 is impacting current or future resources for IT development projects in my organization.**

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

CAQH CORE Overview and Industry Update

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.

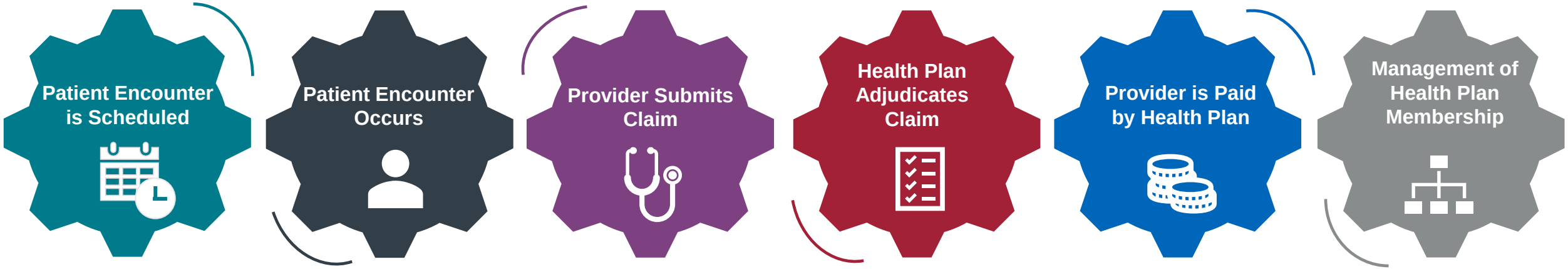
CAQH CORE BOARD **Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.

CAQH CORE

CAQH CORE Operating Rules

Supporting the Revenue Cycle Workflow

Since 2005, CAQH CORE has developed operating rules to ensure seamless and efficient exchange of healthcare information.



Eligibility & Benefit Verification

Prior Authorization

Prior Authorization Attachment

Referral Certification/ Approval

Claim Submission

Claim Acknowledgment

Claim Attachment

Coordination of Benefits/ Crossover Claim

Claim Status Inquiry

Electronic Funds Transfer

Electronic Remittance Advice

Enrollment/Disenrollment

Premium Payment

CAQH CORE Operating Rule Overview

Rule Set	Infrastructure	Data Content	Other	Connectivity Rule Application
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Eligibility (270/271) Data Content Rule*		Connectivity Rule vC.1.0 (PI)* Connectivity Rule vC.2.0 (PII)*
Claim Status	Claim Status (276/277) Infrastructure Rule*			Connectivity Rule vC.2.0 (PII)*
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**	Prior Authorization (278) Data Content Rule**	Prior Authorization Web Portal Rule	Connectivity Rule vC.3.0 (PIV)**
Health Care Claims	Health Care Claim (837) Infrastructure Rule			
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule			
Premium Payment	Premium Payment (820) Infrastructure Rule			

*Indicates rule is federally mandated.
**Indicates rule was proposed in 2020 to NCVHS for federal mandate.

End Goal: Single Connectivity Rule across rule sets

CAQH CORE Rule Package for NCVHS/HHS Consideration

Prior Authorization & Connectivity Operating Rules Increase Value & Use of Electronic Transactions

- In February 2020, the CAQH CORE Board sent a letter to NCVHS proposing a CAQH CORE Prior Authorization and Connectivity Operating Rules package for recommendation to the HHS Secretary for national adoption under HIPAA that includes:
  - CAQH CORE Prior Authorization (278) Data Content Rule v5.0.0 specifies data content requirements for patient identification, error/action codes, communicating with providers regarding needed information and clinical documentation, status/next steps, and decision reasons to streamline the review and adjudication of prior authorization requests and facilitate faster response times.
  - CAQH CORE Prior Authorization (278) Infrastructure Rule v4.1.0 specifies prior authorization requirements for system availability, acknowledgements, companion guides, and response times including time limits for health plans to request supporting information from providers and make final determinations on prior authorization requests.
  - CAQH CORE Connectivity Rule v4.0.0 establishes consistent connectivity requirements for data exchange across HIPAA transactions, improves security through stronger authentication requirements, and reduces complexity by requiring a single envelope standard.
- The Board proposed this rule package for federal mandate for three reasons:
  - The prior authorization operating rules address a pressing need to improve automation and timeliness of the prior authorization process.
  - The connectivity operating rule enhances security and promotes uniform interoperability requirements across administrative transactions.
  - These operating rules set the stage for future operating rules to further enable the critical convergence of administrative and clinical data and support the use of new technologies with existing standards.
- **A NCVHS hearing on the proposed rule package is scheduled for later this year in Washington, D.C.**

Federal Update

CMS and ONC Interoperability/Information Blocking Final Rules

Two major federal rules by CMS and ONC and aimed at stopping information blocking and spurring data sharing have been finalized. The rules are a centerpiece of the 21st Century Cures Act and are designed to drive increased efficiency and will have significant implications for healthcare providers, payers and health IT vendors.

More Information:

CMS Interoperability and Patient Access Final Rule

CMS Enforcement Discretion Statement

ONC's Cures Act Final Rule

ONC Enforcement Discretion Statement

Federal Advisory Committees

NCVHS

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.

Next Full Committee Meeting: June 17-18, 2020

Next Standards Subcommittee Meeting: Scheduled for later this year

HITAC

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.

Next Meeting: May 13, 2020

ICAD TF

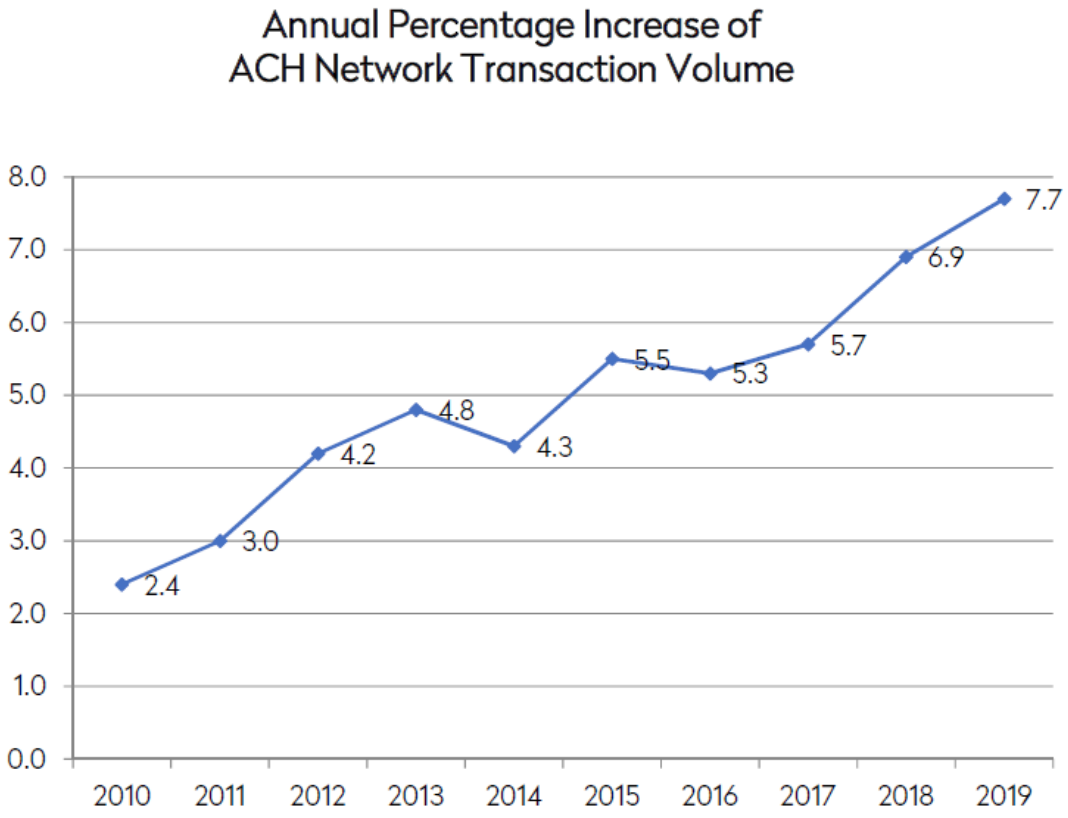
The ONC Intersection of Clinical and Administrative Data Task Force was created to improve data interoperability to support clinical care, reduce burden and improve efficiency. Its overarching charge is to produce information related to the merging of clinical and administrative data, its transport structures, rules and protections, for electronic prior authorizations.

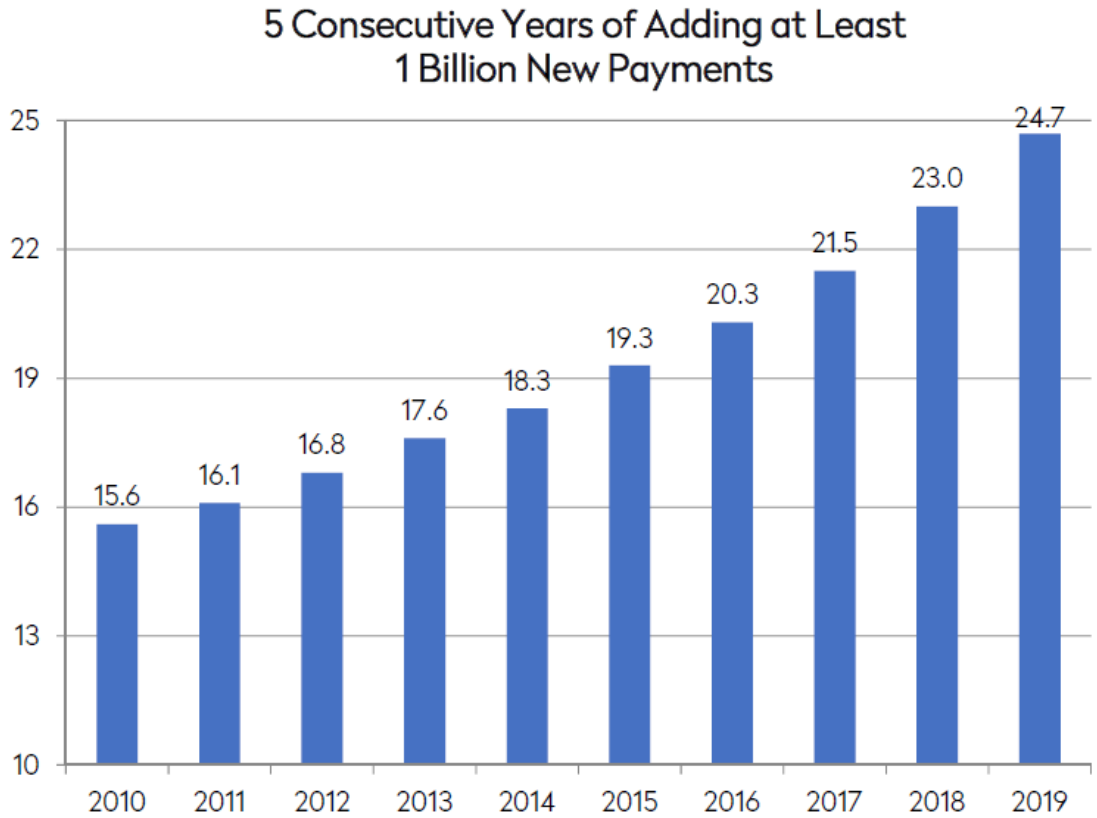
Next Meeting: Every Tuesday, 3:00-4:30pm ET

ACH Network Update

Brad Smith, AAP
Sr. Director, Industry Verticals
Nacha

The ACH Network is Thriving





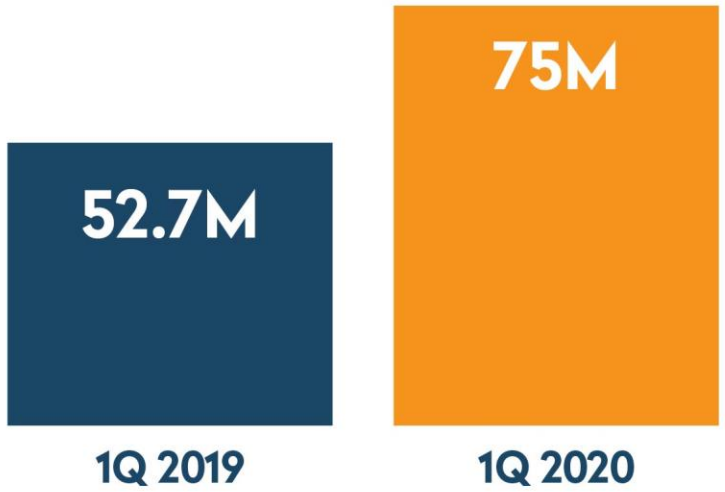
1Q 2020 ACH NETWORK VOLUME TOTALS 6.4 BILLION

423M / 7.1% Volume growth over 1Q 2019

1Q 2020 Volume

- 3.7 Billion Debit
- 2.7 Billion Credit

Same Day ACH volume increased 42% over 1Q 2019



Volume increased across major transaction types compared to 1Q 2019

B2B

+11.7%
1B

DIRECT DEPOSIT

+3.9%
1.9B

HEALTHCARE

+13.5%
88.7M

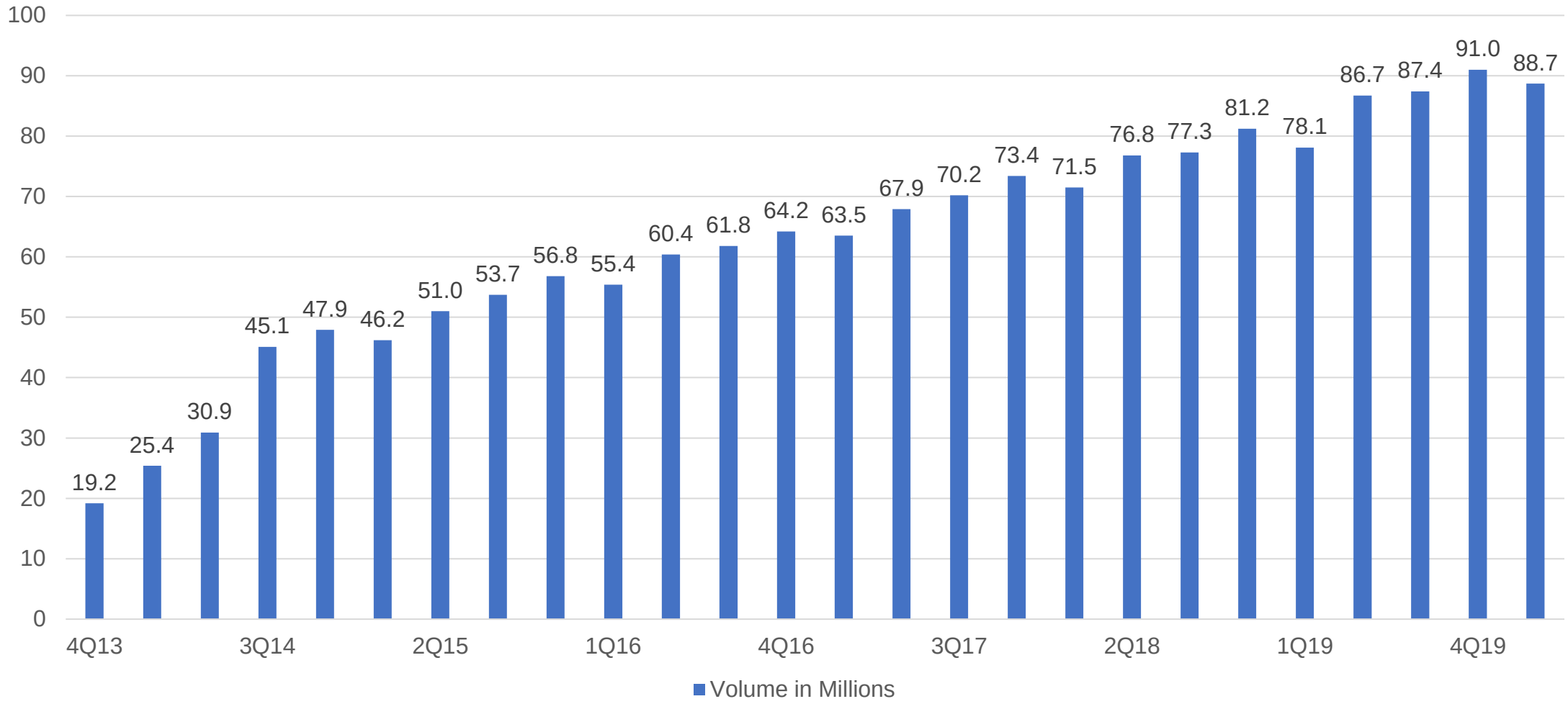
INTERNET

+14.8%
1.8B

P2P

+23.6%
44.5M

Healthcare EFT Quarterly Volumes (millions)



*July 2014 – Medicare system updates add volumes to ACH Statistics

Account Information Security Requirements

Account Information Security Requirements

- The existing ACH Security Framework, which became effective in 2013, established the following requirements:
  - Financial institutions, Originators, Third-Parties Service Providers and Third-Party Senders are required to establish, implement and update, as appropriate, security policies, procedures, and systems related to the initiation, processing and storage of ACH transactions
  - These policies, procedures, and systems must:
    - Protect the confidentiality and integrity of Protected Information
    - Protect against anticipated threats or hazards to the security or integrity of Protected Information; and
    - Protect against unauthorized use of Protected Information that could result in substantial harm to a natural person

Account Information Security Requirements

- The new rule expands the existing ACH Security Framework rules to explicitly require large, non-FI Originators, Third-Party Service Providers (TPSPs) and Third-Party Senders (TPSs) to protect account numbers by rendering them unreadable when stored electronically
  - Aligns with existing language contained in PCI requirements
  - Neutral as to methods/technology – encryption, truncation, tokenization, destruction, data stored/hosted/tokenized by ODFI, etc.

Account Information Security Requirements

- The rule, continued:
  - Applies only to the DFI account number collected for or used in ACH transactions
    - Would not apply to the storage of paper authorizations
  - The rule does not apply to depository financial institutions when acting as internal Originators, as they are covered by existing FFIEC and similar data security requirements and regulations

Account Information Security Requirements

- Implementation begins with largest Originators & TPSPs
  - Initially applies to ACH Originators/TPSPs/TPSs with ACH volume of **6 million** transactions or greater annually
    - Originator/Third-Party that originated 6 million or more ACH transactions in calendar year 2019 will need to be compliant by **June 30, 2021**
  - 2nd phase applies to ACH Originators/TPSPs/TPSs with ACH volume of **2 million** transactions or greater annually
    - An Originator/Third-Party that originated 2 million or more ACH transactions in calendar year 2020 will need to be compliant by **June 30, 2022**

Additional Resources

https://www.nacha.org/rules/supplementing-data-security-requirements

https://www.nacha.org/content/ach-resources-during-coronavirus-pandemic

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Deep-Dive: Value-based Payments

Helina Gebremariam
CAQH CORE Manager

Value-based Payments Advisory Group

Overview

In early 2019, CAQH CORE launched a Value-based Payments Advisory Group as an industry collaboration to guide the development of common approaches for the exchange of data in VBP in order to reduce administrative burden and improve the patient experience of care.

Discussed the FFS revenue cycle workflow and pain points for those participating in VBP.

Reviewed a list of 19 draft opportunity areas to address pain points and relieve administrative burden as related to VBP which were condensed to 15.

#1 Chose a top opportunity area for the focus of a VBP Subgroup which launched in fall 2019.

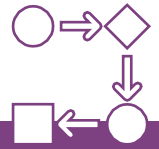
Patient/Provider Attribution Status

Challenge: Providers are often unaware of their **patient's attribution status** within their VBP contracts at the point of service, leaving care gaps and other reporting unclear until well after the patient visit.

Opportunity Area: Health plan electronically shares patient attribution status **at the time of the patient eligibility check.**

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 question:

IS THIS PATIENT IN MY ATTRIBUTED POPULATION?

*National Quality Forum, 2016

VBP Subgroup Roadmap

Achieving Consistent Expectations for Patient/Provider Attribution

There are currently no industry standards for the exchange of patient/provider attribution information. To streamline this business process, the VBP Subgroup will draft a series of operating rules to enable greater uniformity across the industry.

Uniform Data Content Requirements

Draft operating rules which **standardize the maximum data elements a health plan may require when a provider requests** patient/provider attribution status of a patient/roster of patients **and the minimum data elements they must return.** These data elements would be consistent across any exchange mechanism or format.

Improve Exchange Infrastructure

Draft infrastructure operating rule requirements would **improve the reliability and predictability** of the exchange of patient/provider attribution **through requirements such as system availability, exchange frequency, response time, acknowledgements, etc.**

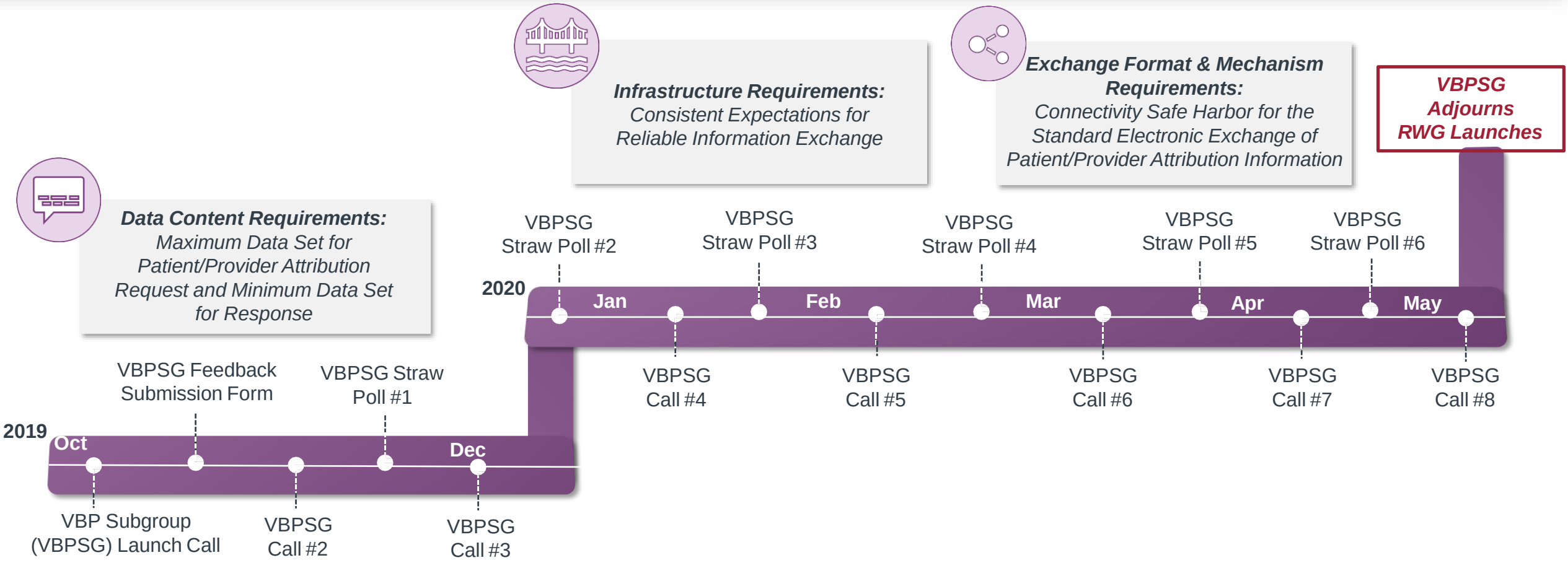
Build Connectivity Safe Harbor

Draft operating rule requirements to create a **connectivity safe harbor for the standard electronic exchange** of patient/provider attribution information; exchange formats may include the X12 270/271 and/or X12 834 transactions, as well as potential for use of FHIR resources.

The VBP Subgroup is meeting now through July to draft these operating rule requirements.

Value-based Payment Subgroup Roadmap

Timeline



In 2020, the VBP Subgroup and Connectivity Task Group Rule efforts will align to build a connectivity safe harbor that supports the exchange of patient/provider attribution information.

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Deep-Dive: CAQH CORE Connectivity

Emily TenEyck
CAQH CORE Senior Associate

CAQH CORE Connectivity

Key Features & Definitions

Connectivity

- Generic term for **connecting devices** such as computers, information systems or networks to **facilitate data access and exchange**.
- Addresses a variety of **protocols and standards.**
- The healthcare industry employs a **variety of communication modes**, each of which has its own protocols or standards.

Features	Definitions	Examples
Network	A group of two or more computer systems linked together	Public Internet
Transport Layer	OSI model responsible for end-to-end communication over a network	HTTP over TCP
Transport Security	Protocol used to secure web (HTTPS) connections	Secure Sockets Layer (SSL) Transport Layer Security (TLS)
Message Envelope(s)	Specification for enclosing transmitted data	MIME Multipart SOAP + WSDL
Message Envelope Metadata	Information about the sender, receiver, and destination of a message	CORE Specified Message Envelope Metadata
Message Interactions	Methods computers use to communicate with each other	Real Time, Batch, Generic Push and Pull Interactions
Submitter (Client) Authentication	Verification that submitting system credentials match the credentials for the receiving system	X.509 Digital Certificate Tokens/OAuth Username + Password
Payloads	Transmitted data that is the actual intended message	ASC X12 Administrative Transactions NCPDP, HL7 v2.x or v3 Messages Other

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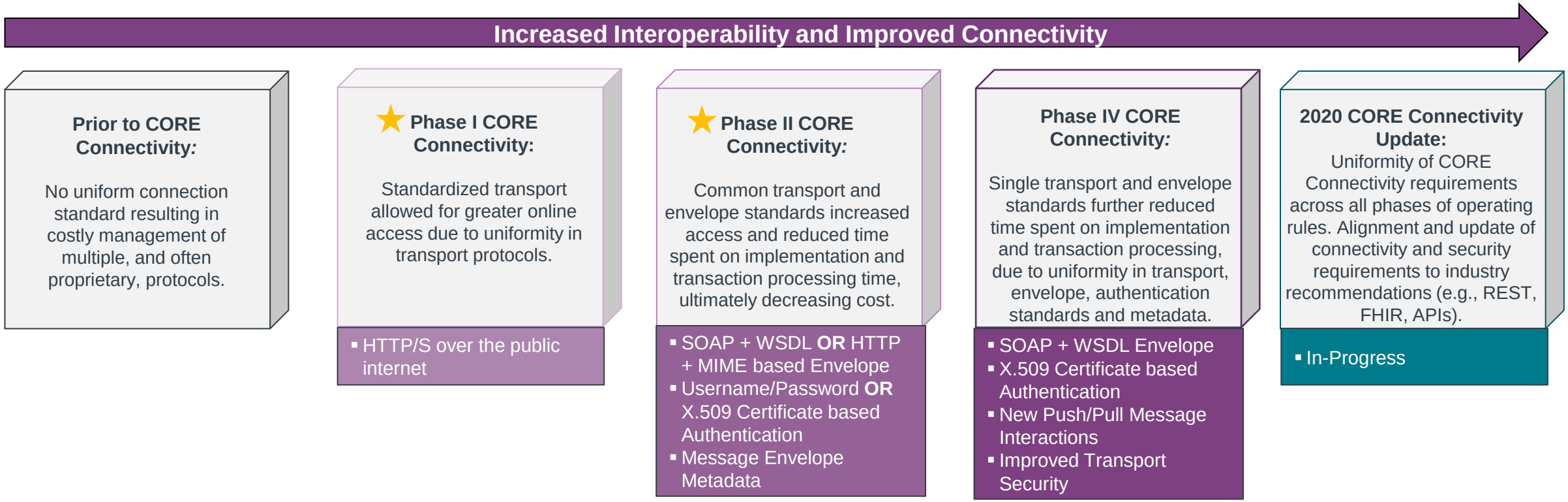
Evolution of CAQH CORE Connectivity

Over the years, healthcare organizations have implemented a multitude of connectivity methods connecting applications, systems and networks to exchange clinical and administrative healthcare data. The CAQH CORE Connectivity Rules address connectivity and security of administrative data exchange and **establish a national base guiding healthcare communication.**



★ **CAQH CORE Phase I & II Connectivity Rules Mandated under the ACA**

CAQH CORE Connectivity Update

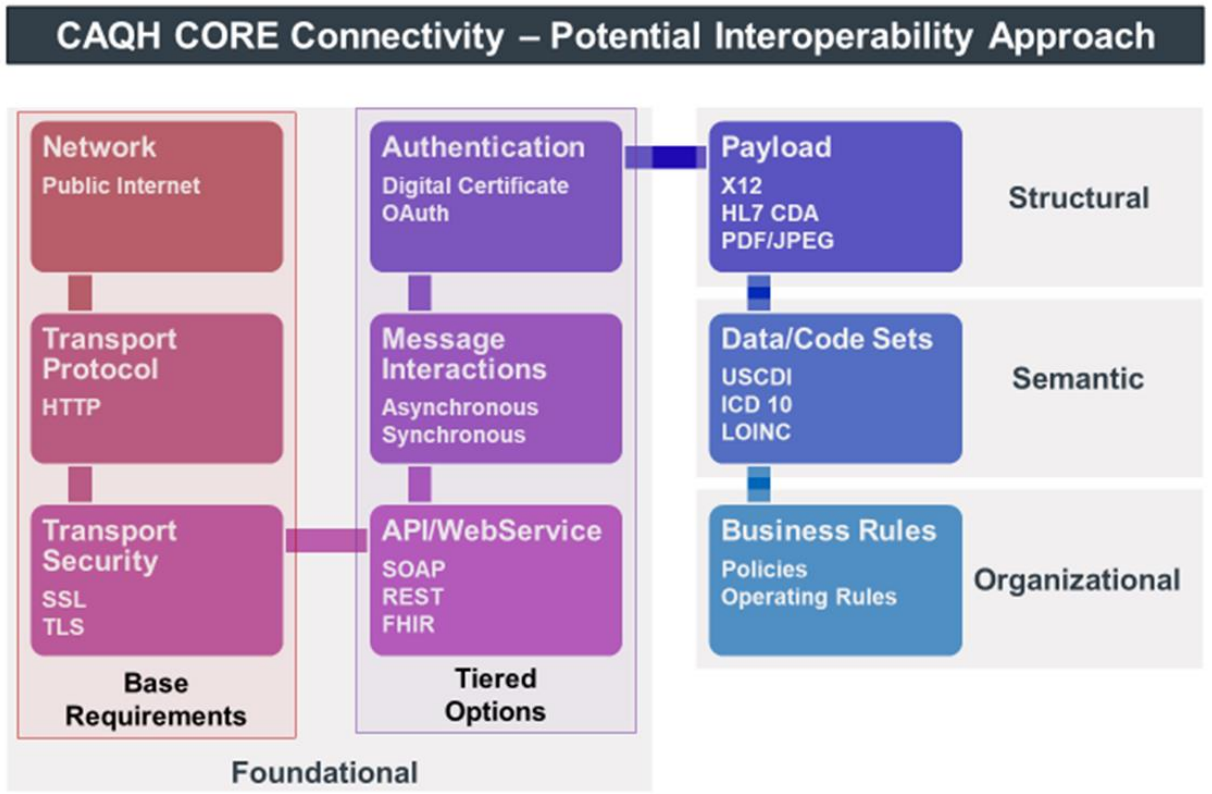
Aligning Connectivity Requirements to Support Industry Advancement

CAQH CORE Connectivity Rule Update Goals:

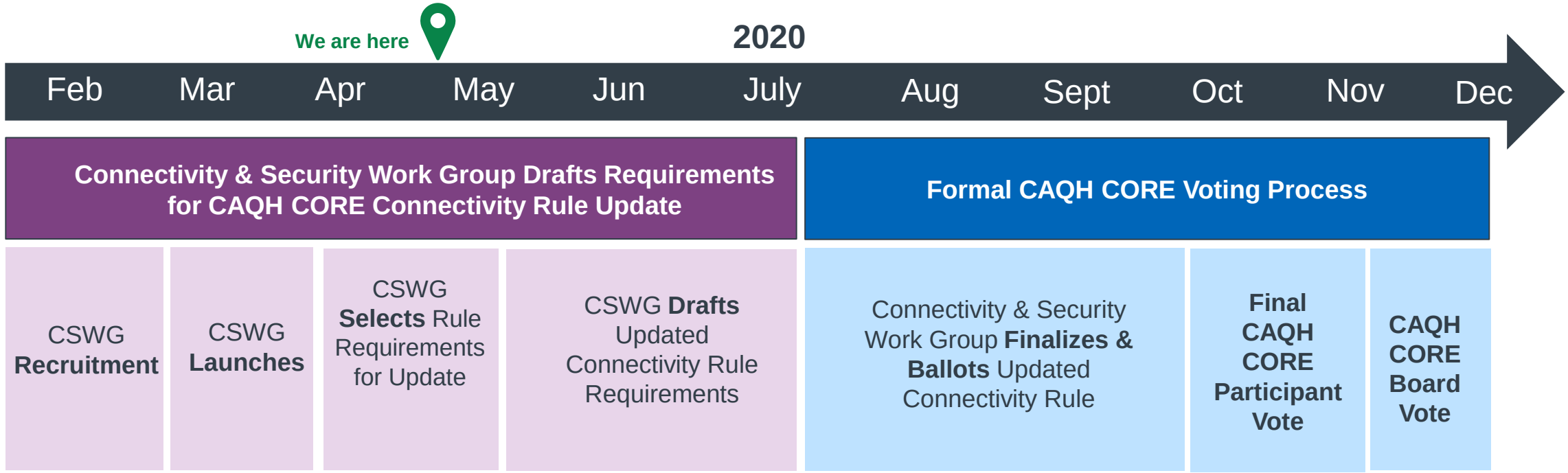
- Align the CAQH CORE Connectivity Rule to support frameworks proposed in the **CMS and ONC interoperability rules.**
- Establish a **Safe Harbor** that aligns with existing IT implementations and supports emerging approaches for exchanging data.
- Develop **single, uniform Connectivity Rule** that support the intersection of administrative and clinical data exchange.

Specific Potential Connectivity Requirements Updates:

- Require the use of **public internet** and **web services for connectivity** and **TLS v1.2 higher for security** for attachment exchange.
- Define **authentication and authorization methods** to establish trust within an attachment exchange such as **OAuth 2.0**.
- Add support for **REST and HL7 FHIR APIs.**



CAQH CORE Connectivity & Security Work Group Roadmap



***NOTE**: Timeline may be subject to adjustments based on Work Group needs*.

The Connectivity & Security Work Group is meeting now through July 2020 to update the CAQH CORE Connectivity Rule.

Spotlight: CAQH CORE Initiatives

Robert Bowman
CAQH CORE Director

CAQH CORE Current Initiatives

#	CAQH CORE Initiative	Focus	Objectives	Co-Chair(s)
1	**Value-based Payments (VBP) Subgroup**	Rule Development	Develop operating rules to support the **exchange of patient/provider attribution information** to enable greater uniformity.	**Troy Smith**, Vice President, Healthcare Strategy and Payment Transformation, BCBSNC
2	**Connectivity & Security Work Group**	Rule Update	Consider a **Safe Harbor for additional connectivity methods** (e.g. REST, APIs) in order to further support the alignment of administrative and clinical data exchange, as well as to align with efforts to support consumer data access.	**Patrick Murta,** Solutions Architect Fellow, Humana **Michael Privat**, VP Digital-Cloud Migration, Availity **Megan Soccorso,** Business Product Senior Specialist, Cigna *Provider TBD*
3	**Prior Authorization Pilot Initiative**	ROI; Opportunity Identification	Apply existing and potential new data content and infrastructure operating rules **to close automation gaps in the prior authorization workflow.** Measure the impact of operating rules and corresponding standards on entities' efficiency metrics.	N/A
4	**Attachments Subgroup**	Rule Development	Develop operating rules to **improve automation of the exchange of attachments/additional medical documentation**; initial focus on prior authorization use case.	TBD
5	**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

CAQH CORE Prior Authorization Pilot & Measurement Initiative

Progress to Date

Initiative Vision: Partner with industry organizations to measure the impact of existing and potentially new CAQH CORE prior authorization operating rules and corresponding standards on organizations' efficiency metrics.

Identify Partners & Design Pilots

- ✓ **Met with over 25 organizations** to identify Pilot Groupings.
- ✓ **Solidified two distinct Pilot Groupings** – comprising at least five health plans, two prior authorization vendors, a major national health system, and other provider partners.
- ✓ **Three other distinct Pilot Groupings in the pipeline,** to potentially launch in second half of 2020.
- ✓ **Focus on diagnostic imaging** category of service.
- ✓ Can compare when the standard prior authorization transaction is **embedded in the EHR workflow vs. not.**
- ✓ **Crafted an ideal state timeline** for measurement, analysis, and reporting windows.

Prepare & Run Pilots

- ✓ **Established uniform measures** across Pilot Groupings to establish baseline.
- ✓ Conducted in depth **Requirements Applicability Assessments and Gap Analyses** to pinpoint where CORE Operating Rules already apply.
- ✓ Conducted an **on-site visit to national health system** with Pilot Grouping partners..

Collect, Analyze & Report

- ❑ **Ongoing meetings planned in Q2 2020 with pilot partners' analysts.**
- ❑ **Pilot partners interested in sharing with industry** through CAQH CORE Webinars, other industry partners and via report to NCVHS/Secretary of HHS, etc.

Sample Measures Across Pilots to Establish Baseline & Measure Impact

Tracking Changes in Volume

- PAs initiated by provider staff per day
- Real-time PA approvals
- PAs pended for additional information
- PAs for peer-to-peer review
- PA approved
- PA denials
- Patient appointment cancellations/reschedules due to waiting on PA response

Tracking Changes in Time

- Staff initiating PA request
- PA request submission to peer-to-peer review
- Resolving pended PA for clinical information to final determination
- Overall processing for PA final determination

Overall Impact

- Annual savings Increased provider staff satisfaction levels
- Reduced time to patient care/treatment

Polling Question #2

Are you interested in the Prior Authorization Pilot Initiative?

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

CAQH CORE Attachments Subgroup Roadmap

Enabling Consistent Electronic Exchange of Additional Clinical Information

The CAQH CORE Attachments Subgroup, launching July 2020, will draft operating rules to reduce administrative burden associated with the exchange of additional documentation/clinical information. This follows the work of the CAQH CORE Attachments Advisory Group, which prioritized Claims Attachments and Prior Authorization Attachments for rule development. **The Attachments Subgroup will begin with the Prior Authorization Use Case, followed by Claims.**

CAQH CORE Attachments Subgroup – Initial Scope

Use Case

Prior Authorization

Primary Business Scenario

Solicited attachments to support the complete adjudication of a prior authorization request.

Technical Scenarios for Sending Solicited attachment:

1. Using the X12 275.
2. *Without* the X12 275 (e.g. HL7 C-CDA).

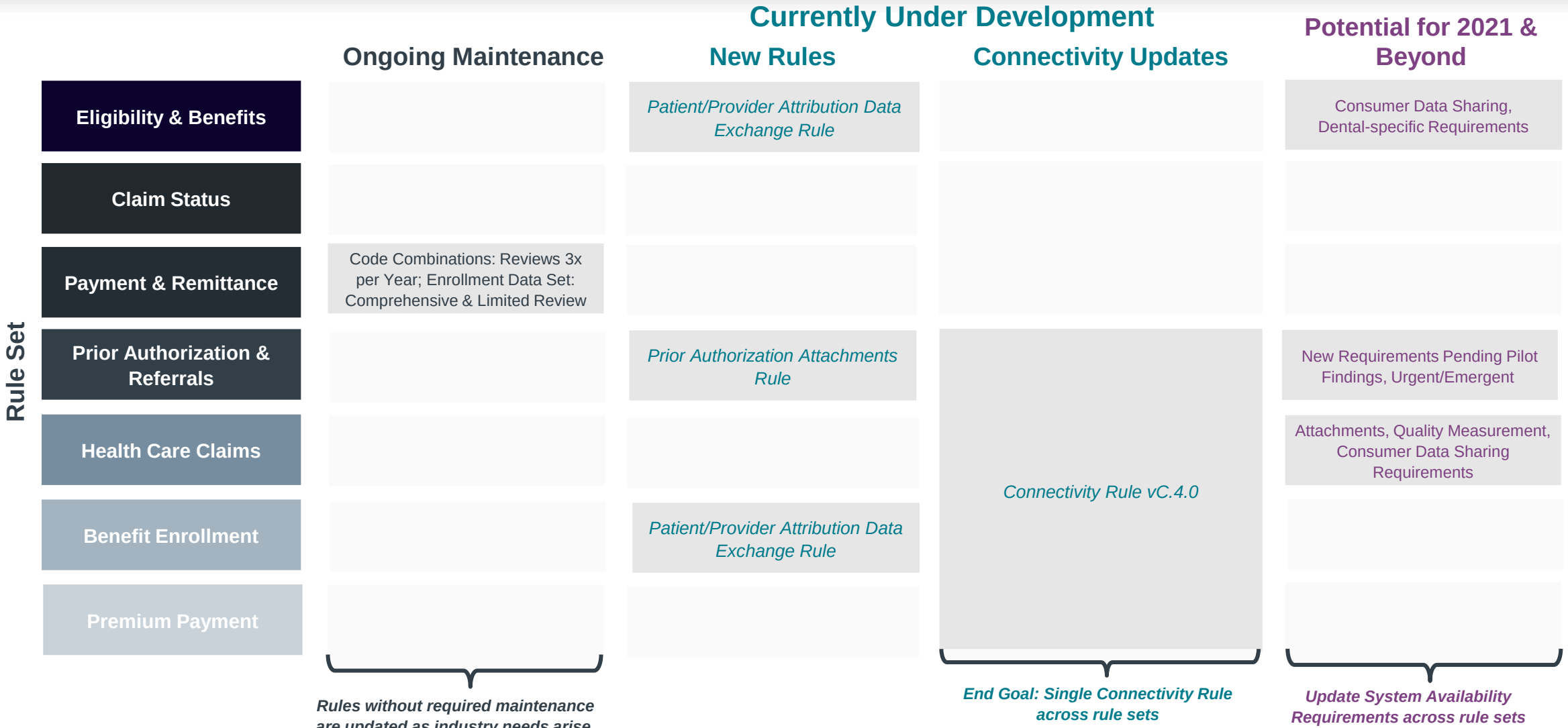
Potential Rule Requirements for Specified Technical Scenarios

- ✓ **Standard system availability** across exchange formats to ensure attachments can be received and processed, regardless of exchange format.
- ✓ **Consistent acknowledgement** of attachment to reduce confusion and probability of duplicate submissions.
- ✓ **Clear reassociation** requirements to ensure that a link between the prior authorization request and the additional information/documentation can be made.
- ✓ **Use of specific data/code sets** to enable automation.
- ✓ **Uniform companion guide** to ease implementation burden and encourage adoption.

Rule requirements align seamlessly with existing prior authorization data content and infrastructure CORE Operating Rules. **These rule requirements encourage adoption as a complete and robust prior authorization process can be automated and thus provide more timely care.**

CAQH CORE Roadmap

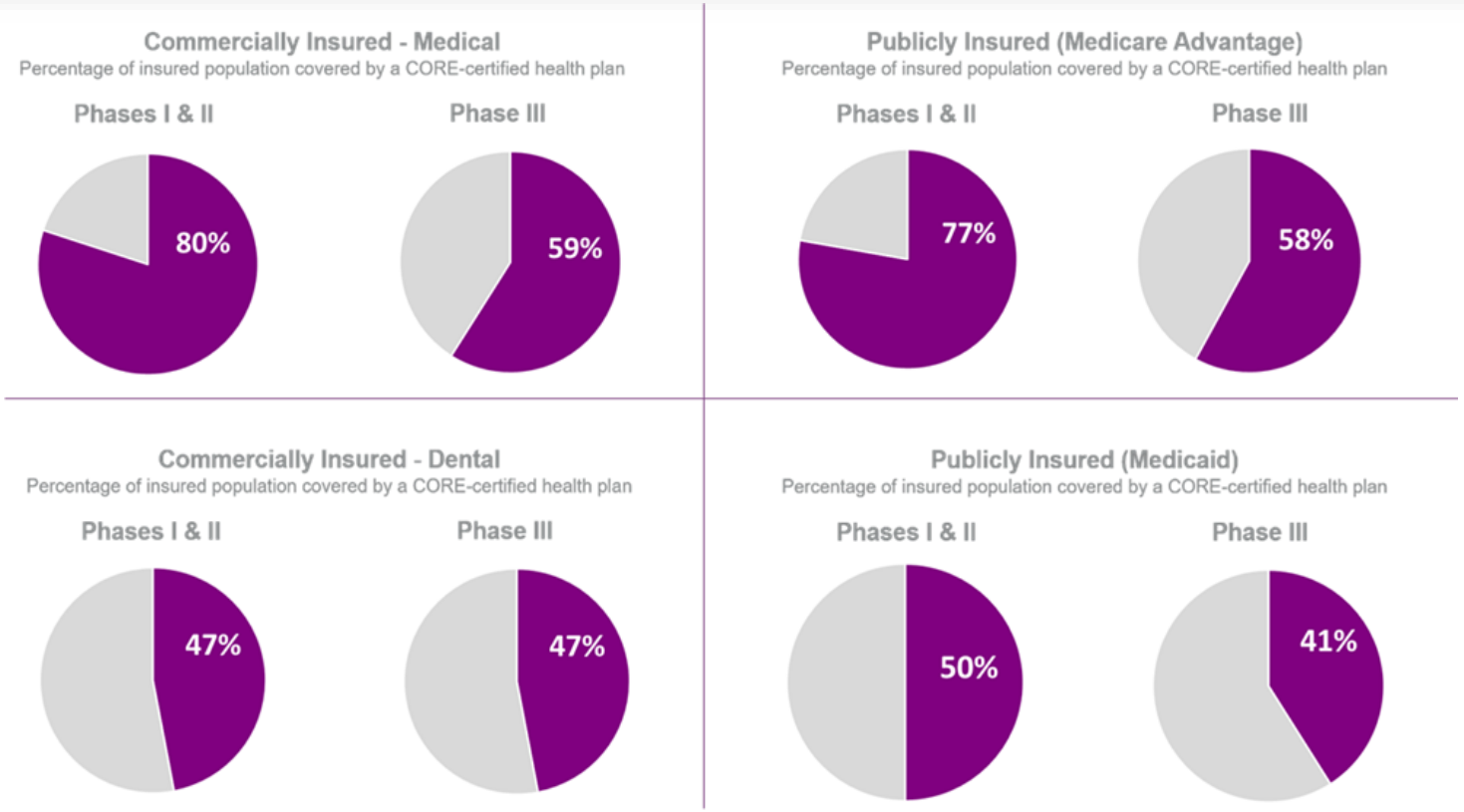
CAQH CORE Operating Rule Roadmap



CORE Certification

CORE Certification – Industry Gold Standard

Majority of American Lives Covered by CORE Certification



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certifications have been awarded.

UnitedHealth Group

Harvard Pilgrim Health Care

Mayo Clinic

Change Healthcare

Human Centered Data Driven

Delta Dental

Georgia Department of Community Health

U.S. Department of Veterans Affairs

CVS caremark

athenahealth

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CORE Recertification Policies

Rationale for Recertification

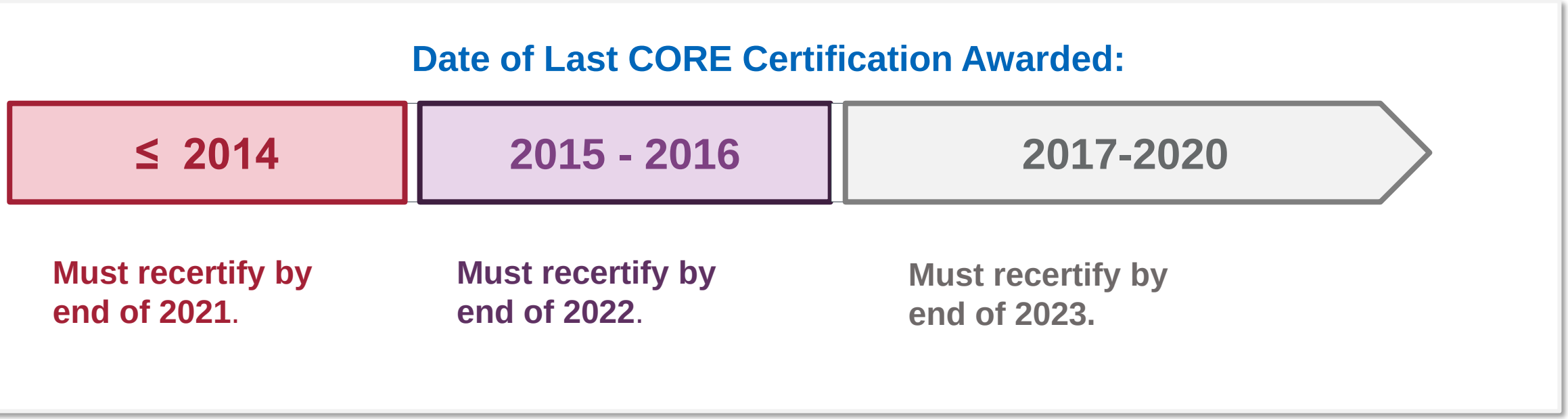
- CORE Certification currently reflects a “snapshot in time” towards adherence to the operating rules.
- With evolving technology, mergers/acquisitions and system upgrades, there is a need to assess ongoing conformance with the operating rules to maintain program integrity (some CORE Certifications are more than 10 years old).
- Recertification enables ongoing conformance when rule requirements are updated over time to align with market needs.

Key Changes

- CORE-certified entities will remain certified for three years. Recertification will be required for an entity to maintain its certification status.
- Recertification testing will have a reduced number of test cases and provide opportunity to recertify across multiple operating rules at one time.
- 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.
- Recertification fees will be 50 percent of initial CORE Certification fee.

CAQH CORE is reaching out to organizations with current CORE Certifications to discuss organization-specific recertification policies, process and timelines in more detail in Q2.

Recertification Timeline



- CORE-certified organizations will be required to recertify their IT systems or products **based on the date of most current certification**.
  - Example: If an organization achieved CORE Certification for Phases I & II in 2010 and Phase III in 2015, the most current certification year, in this case 2015, would be used to set the recertification date.
- Recertification timeframes are set to ensure **older certifications are the first to become updated** and **balance resource requirements** needed to align and recertify across multiple operating rule sets at one time.

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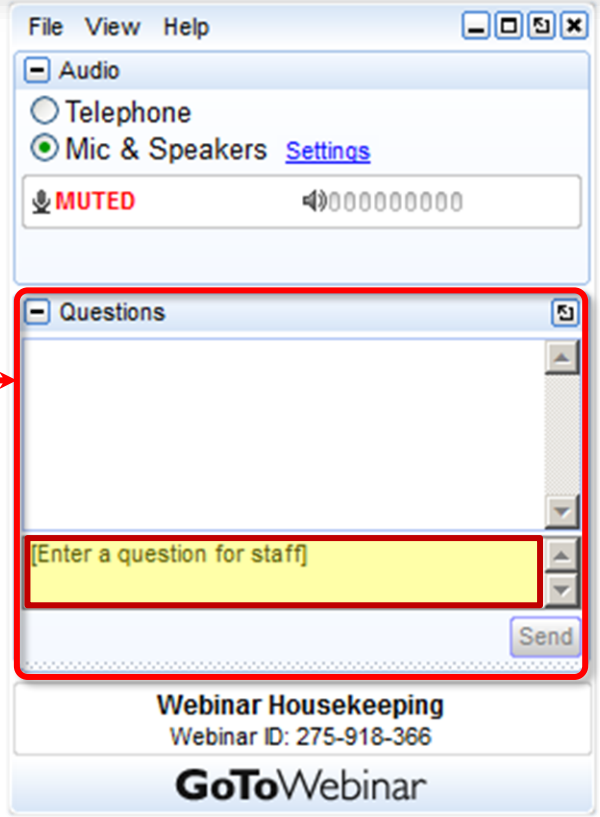
Audience Q&A

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



Download a copy of today’s presentation slides at caqh.org/core/events

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

CAQH CORE

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.

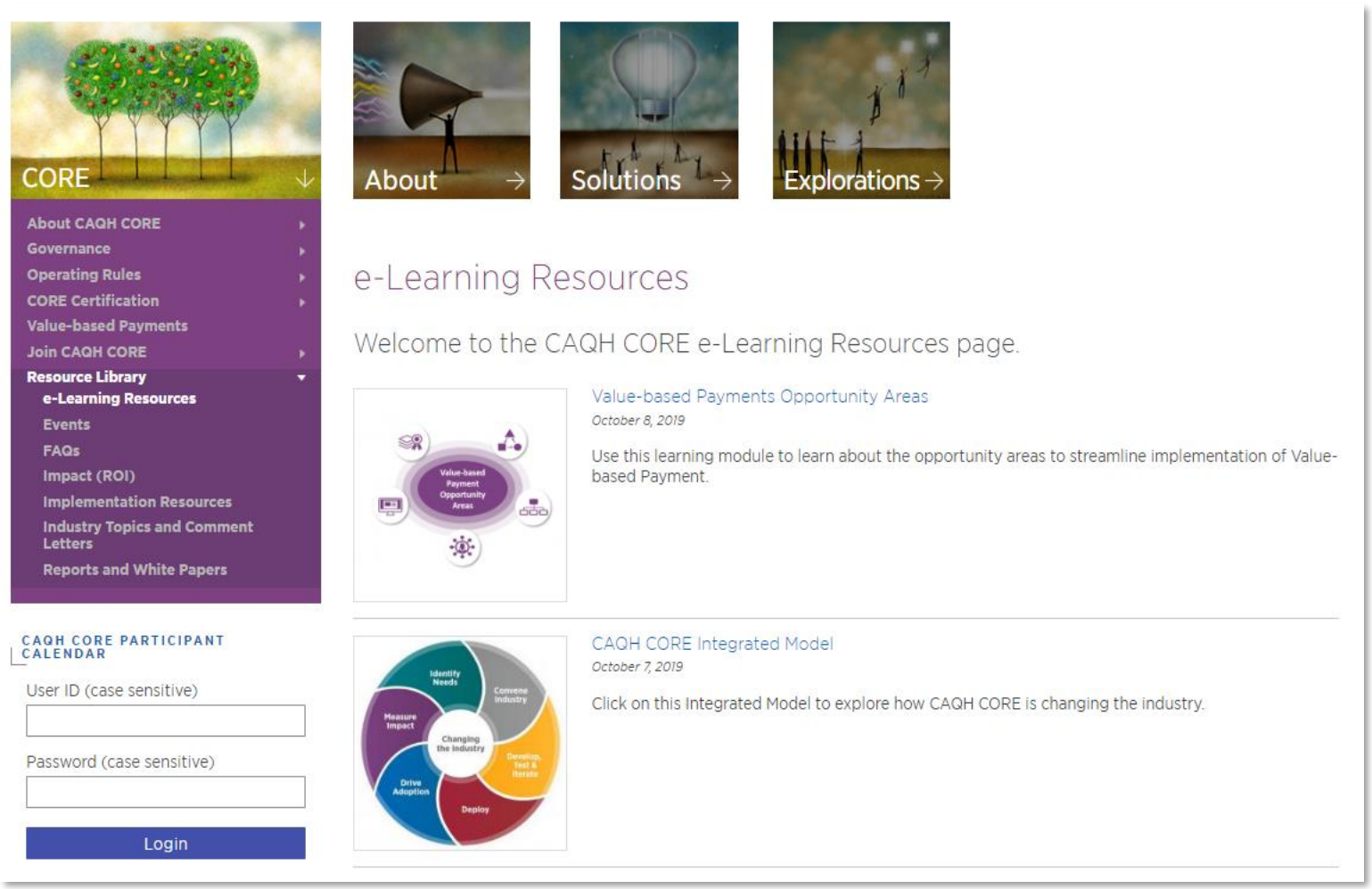
Influence the direction of health IT policy

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.

CAQH CORE

Resource Library



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 our latest white paper "The Connectivity Conundrum: How a Fragmented System is Impeding Interoperability and How Operating Rules Can Improve It."

Upcoming CAQH CORE Education Sessions and Events

X12 and CAQH CORE Webinar Series: Introduction to the 278 Transaction, Standard and Operating Rules

April 30, 2020 2:00-3:00 PM EST

Research + Measurement Insights: A Conversation with CAQH Index and CAQH CORE Staff

May 20, 2020 1:00-1:30 PM EST

Thank you for joining us!

 @CAQH

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.