simplifying healthcare administration

CAQH

Second in a Series of Joint Webinars to Delta Dental Members

Fundamentals of ACA Mandated Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Operating Rules

Tuesday, April 16, 2013
1:00 pm to 2:00 pm ET

Participating in Today's Interactive Event

- Download a copy of today's presentation [HERE](#)
- The phones will be muted throughout the presentation
- You may communicate with panelists by submitting your questions directly into the Q&A panel on the right-hand side of your desktop
- Panelists will address audience questions at the end of today's presentation

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Session Topics

- Welcome and Introductions
- Overview of CAQH CORE
- Affordable Care Act (ACA) Section 1104: Mandated Operating Rules
  - Timeline & Compliance
- Mandated EFT & ERA Operating Rule Requirements
- Implementing EFT & ERA Operating Rules
- Overview of CAQH Initiatives and How to get Involved
- Questions and Answers
- Wrap-up

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Polling Question #1:
CAQH CORE and Healthcare Operating Rules

How would you rate your overall level of familiarity with CAQH CORE and healthcare Operating Rules?

1. Very Strong
2. Strong
3. Fair
4. Limited
5. Very Limited

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Trading Partner Conformance Testing:
Eligibility and Claim Status Operating Rules

- Conformance testing with your trading partners is a critical aspect to making your operating rules implementation a success

- HIPAA covered entities can quickly communicate their organization's readiness to testing their conformance with trading partners by adding their company information to the [CORE Partner Testing](#)* page of the CAQH website
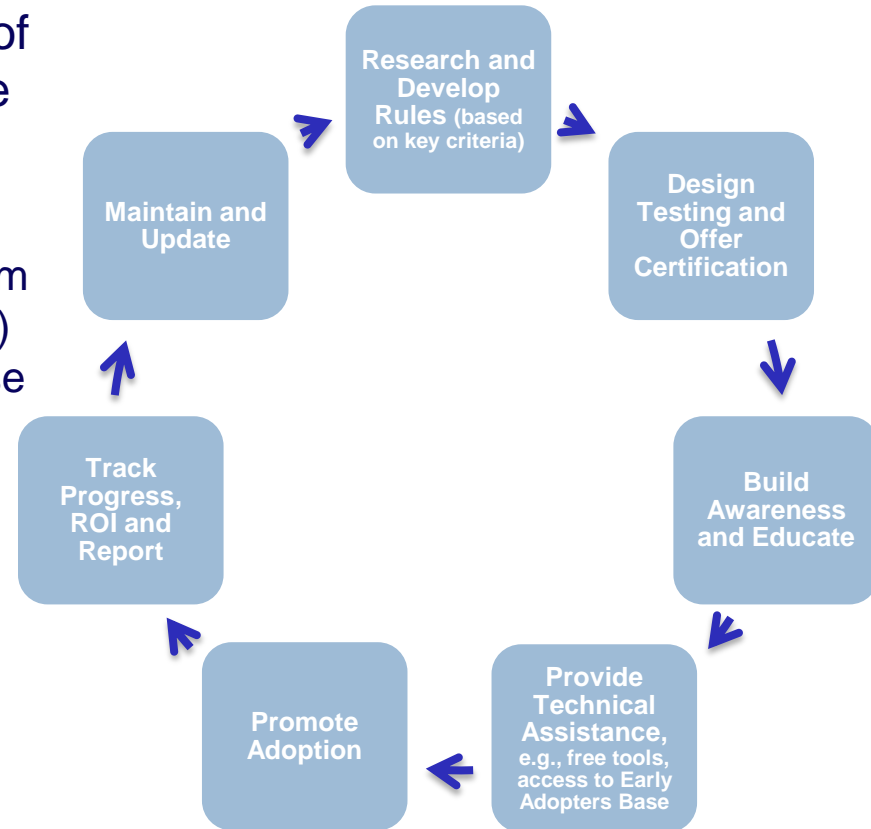
If you are ready to test with trading partners, take 5 minutes and add your organization to the CAQH CORE list!

* Includes other key IT system/service vendors that support them, such as Practice Management Systems

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Introduction to CAQH CORE and
ACA § 1104 Operating Rules Mandate

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CAQH CORE Background

- A multi-stakeholder collaboration established in 2005

- Mission: To build consensus among healthcare industry stakeholders on a set of operating rules that facilitate administrative interoperability between providers and health plans

  – Enable providers to submit transactions from the system of their choice (vendor agnostic) and quickly receive a standardized response

  – Facilitate administrative and clinical data integration

- Recognized healthcare operating rule author by NCVHS and HHS

Research and Develop Rules (based on key criteria)

Design Testing and Offer Certification

Build Awareness and Educate

Provide Technical Assistance, e.g., free tools, access to Early Adopters Base

Promote Adoption

Track Progress, ROI and Report

Maintain and Update

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Examples: CAQH CORE Participants

CORE Participants represent 130 organizations across the healthcare industry, including health plans that cover more than 150 million commercially insured lives plus Medicare and Medicaid beneficiaries.

- Health Plans
  - Aetna
  - Cigna
  - Delta Dental Plans Association
  - HealthNet
  - Humana Inc.
  - Medical Mutual of Ohio
  - United Healthcare
  - WellPoint, Inc.

- Providers
  - Healthcare Partners Medical Group
  - John Hopkins Medicine
  - Mayo Clinic
  - Montefiore Medical Center
  - New York Presbyterian

- Government Entities
  - Arizona Healthcare Cost Containment System
  - Centers for Medicare and Medicaid Services (CMS)
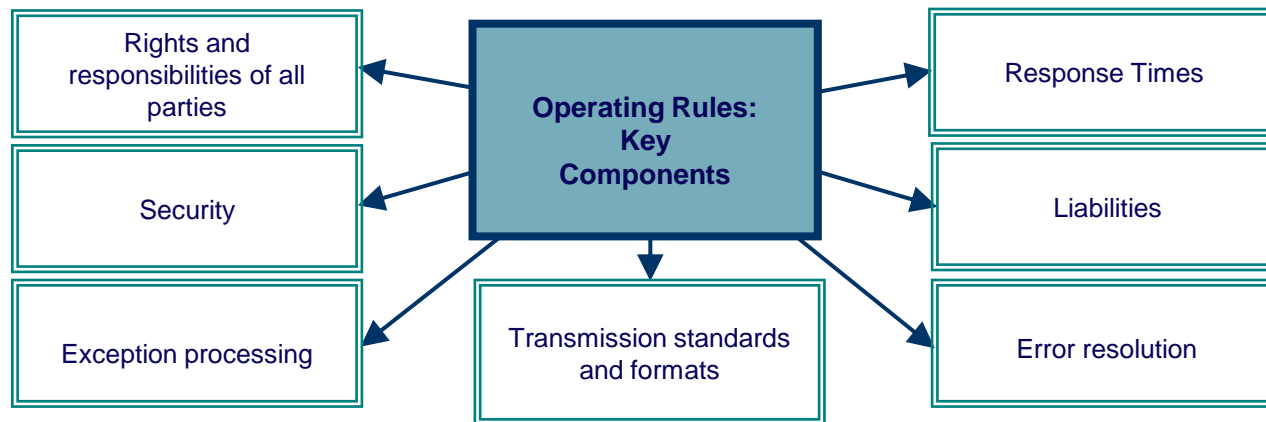 - Department of Veterans Affairs
  - TRICARE

- Vendors/Clearinghouses
  - athenahealth
  - Epic
  - GE Healthcare
  - InstaMed
  - Relay Health
  - Siemens/HDX

See full list of all CAQH CORE Participating Organizations.

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What are Healthcare Operating Rules?

- The Patient Protection and Affordable Care Act (ACA) defines operating rules as *"the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications"*

  – Operating rules address gaps in standards, help refine the infrastructure that supports electronic data exchange, and recognize interdependencies among transactions; they do not duplicate standards

  – Operating rules and standards work in unison; current healthcare operating rules build upon a range of standards – healthcare specific (e.g., ASC X12) and industry neutral (e.g., OASIS, W3C, ACH CCD+) – and support the national HIT agenda

- Operating rules encourage an interoperable network and, thereby, are vendor agnostic

	Operating Rules: Key Components	
Rights and responsibilities of all parties		Response Times
Security		Liabilities
Exception processing	Transmission standards and formats	Error resolution

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ACA Mandated Operating Rules Compliance Dates:
Required for all HIPAA Covered Entities

Operating rules encourage an interoperable network and, thereby, are vendor agnostic

Compliance in Effect as of January 1, 2013

- Eligibility for health plan
- Claims status transactions
  HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Implement by January 1, 2014

- Electronic funds transfer (EFT) transactions
- Health care payment and remittance advice (ERA) transactions

Implement by January 1, 2016

- Health claims or equivalent encounter information
- Enrollment and disenrollment in a health plan
- Health plan premium payments
- Referral certification and authorization
- Health claims attachments

Rule requirements available.

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Healthcare Payments and Remittance:
A Call to Action

- The Department of Health and Human Services (HHS) estimates that there are 708,842 healthcare provider organizations in the U.S. that may be impacted by the EFT & ERA Operating Rules (234,222 offices of physicians, 5,764 hospitals, 66,464 nursing and residential care facilities, 384,192 other providers, 18,000 independent pharmacies, and 200 pharmacy chains) [1]

- Current usages of EFT by the healthcare industry is at 33% and will rise to 84% by 2023[2]

- Nearly **2 Billion** healthcare claims payments are on the path to being converted to ACH payments[3]

- HIPAA covered entities and financial service providers need to be aware of their requirements today and future requirements to ensure a fluid transformation

[1]IFC Adoption of Operating Rules for Health Care Electronic Funds Transfers (EFT) and Remittance Advice Transactions – August 10, 2012
[2]ibid.
[3]Estimated 1.75B Private Sector claims payments, and 13M Medicare claims payments

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Polling Question #2:
EFT & ERA Awareness

How would you rate your overall level of understanding of the HIPAA-mandated Healthcare EFT Standards (the NACHA CCD+ and the ASC X12 v5010 835 TR3 TRN Segment) and the EFT & ERA Operating Rules?

1. Very Strong

2. Strong

3. Fair

4. Limited

5. Very Limited

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Mandated EFT & ERA
Operating Rule Requirements

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Healthcare EFT & ERA Standards + Operating Rules

EFT & ERA Standards ➕ **EFT & ERA Operating Rules** ＝ **Admin Simplification**

ACH CCD+ & X12 v5010 835

- **EFT**: NACHA CCD+Addenda (must contain the TRN Reassociation Trace Number data segment as defined by X12 835 TR3 version 5010)

- **ERA**: X12 v5010 835

CAQH CORE EFT & ERA Operating Rules

- Provider enrollment in EFT and ERA
- Infrastructure for supporting the ERA
- Uniform use of codes for conveying claim adjustments/denials
- Reassociation of the EFT and ERA

Together, EFT & ERA Standards and Operating Rules will deliver efficiency and consistency across the healthcare industry

Compliance date for both the Healthcare EFT Standard and EFT & ERA Operating Rules is January 1, 2014; requirements to support the X12 v5010 835 are already in effect.

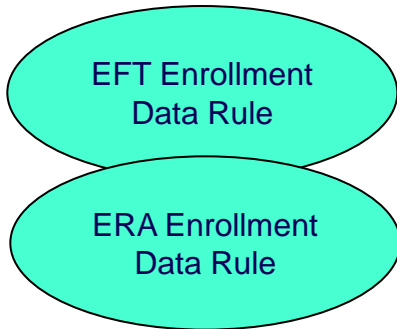14

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Mandated EFT & ERA Operating Rules:
January 1, 2014 Requirements Scope

Rule	High-Level Requirements
Data Content — **Uniform Use of CARCs and RARCs (835) Rule** Claim Adjustment Reason Code (CARC) Remittance Advice Remark Code (RARC) Rule 360	• Identifies a *minimum* set of four CAQH CORE-defined Business Scenarios with a *maximum* set of CAQH CORE-required code combinations that can be applied to convey details of the claim denial or payment to the provider
Infrastructure — **EFT Enrollment Data Rule** Rule 380	• Identifies a maximum set of standard data elements for EFT enrollment • Outlines a flow and format for paper and electronic collection of the data elements • Requires health plan to offer electronic EFT enrollment
ERA Enrollment Data Rule Rule 382	• Similar to EFT Enrollment Data Rule
EFT & ERA Reassociation (CCD+/835) Rule Rule 370	• Addresses provider receipt of the CAQH CORE-required Minimum ACH CCD+ Data Elements required for re-association • Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions • Requirements for resolving late/missing EFT and ERA transactions • Recognition of the role of *NACHA Operating Rules* for financial institutions
Health Care Claim Payment/Advice (835) Infrastructure Rule Rule 350	• Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides • Requires entities to support the Phase II CAQH CORE Connectivity Rule. • Includes batch Acknowledgement requirements* • Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits

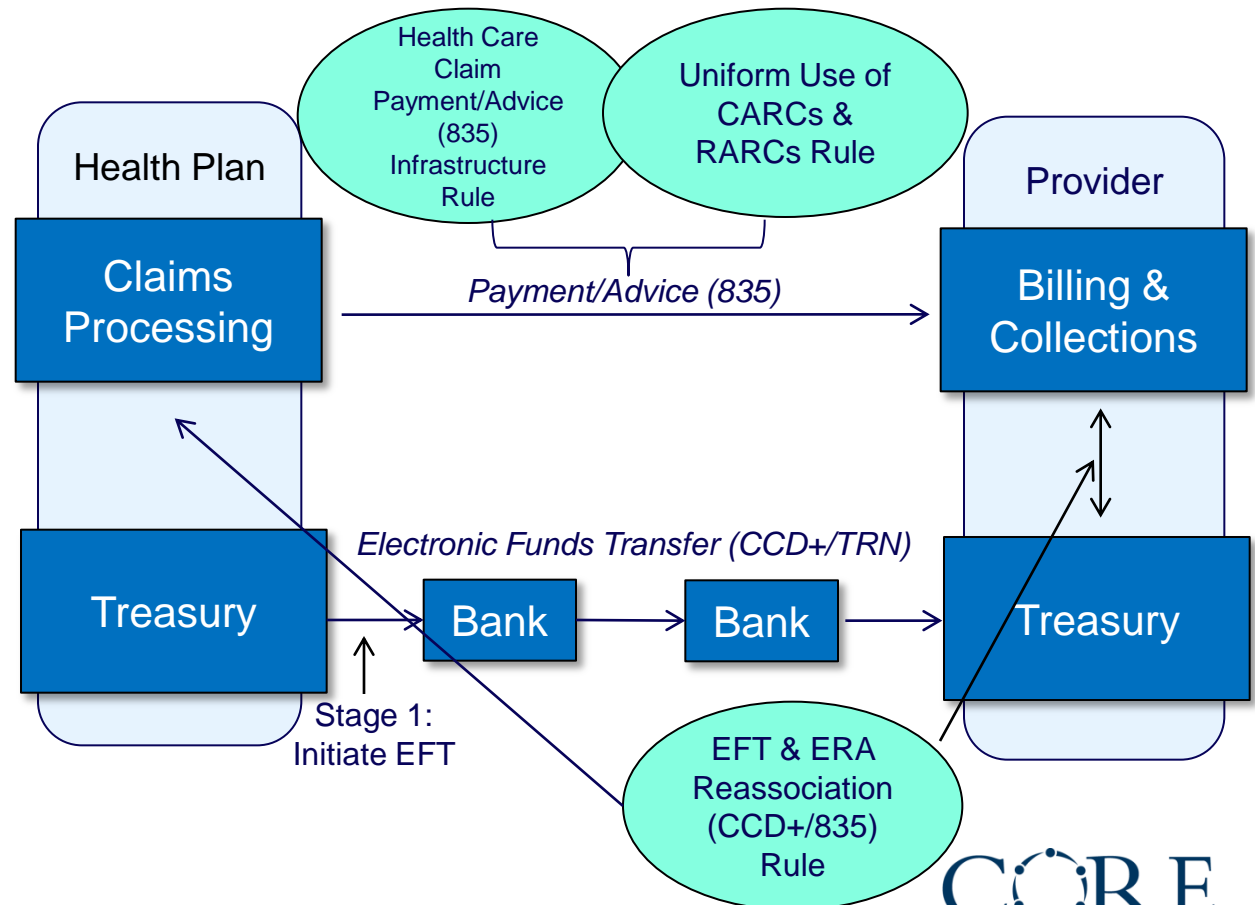* CMS-0028-IFC excludes requirements pertaining to acknowledgements.

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CAQH CORE EFT & ERA Operating Rules in Action

Pre- Payment: Provider Enrollment

EFT Enrollment Data Rule

ERA Enrollment Data Rule

Provider first enrolls in EFT and ERA with Health Plan(s) and works with bank to ensure receipt of the CORE-required Minimum ACH CCD+ Data Elements for reassociation

Claims Payment Process

Health Care Claim Payment/Advice (835) Infrastructure Rule

Uniform Use of CARCs & RARCs Rule

Health Plan

Provider

Claims Processing → *Payment/Advice (835)* → **Billing & Collections**

Treasury

Electronic Funds Transfer (CCD+/TRN)

Bank → **Bank** → **Treasury**

Stage 1: Initiate EFT

EFT & ERA Reassociation (CCD+/835) Rule

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EFT & ERA Enrollment Data Rules:
Key Rule Requirements

- A health plan (or its agent or vendors offering EFT enrollment) is required to:
  - Offer an electronic way for provider to **complete and submit** the EFT enrollment
  - Collect only the CORE-required Maximum EFT Enrollment Data Set; includes some optional data elements
  - Use the format, flow, and data element descriptions without modification in the EFT Enrollment Data Set
  - Make available to the provider (or its agent) specific written instructions/guidance to the provider for enrollment and the specific procedure to accomplish a change in/cancellation of their enrollment
  - Additional requirements specific to electronic and paper-based enrollment noted in the rule

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EFT & ERA Reassociation (CCD+/835) Rule:
Three Key Rule Requirements

Pre- Payment:
Provider Enrollment

Claims Payment Process

(2) Elapsed Time Requirements:
Health plan must release the 835 no sooner than three business days before and no later than three business days after the CCD+ Effective Entry Date 90% of time and track/audit this elapsed time requirement
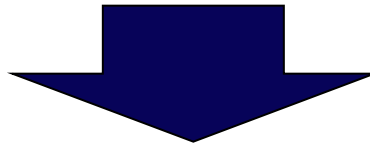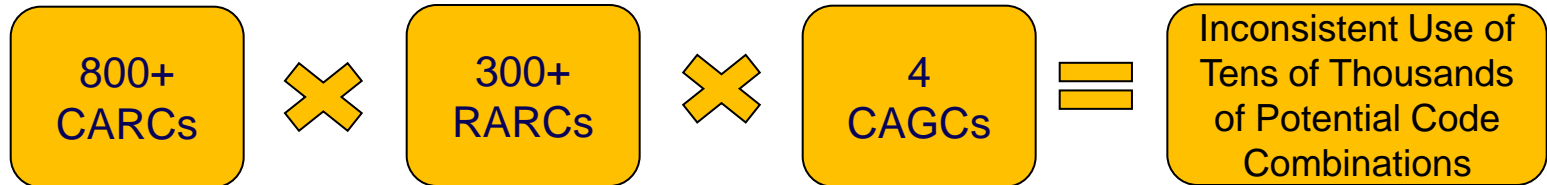
(1) CORE-required Minimum CCD+ Reassociation Data Elements:

- Health plan must inform provider during enrollment to contact bank for the delivery of CORE-required Minimum CCD+ Reassociation Data Elements (*banks not required to report*)
- Provider must proactively contact bank for data
- NOTE: The CAQH CORE EFT & ERA Enrollment Data Rules contain complementary requirements

Health Plan

Provider

Claims Processing → *X12 v5010 835* → **Billing & Collections**

Goal of Rule: Successful reassociation of EFT and ERA

Healthcare EFT Standard

Treasury → **Bank** → **Bank** → **Treasury**

CORE-required Minimum ACH CCD+ Data Elements sent to Provider by request

(3) Resolving Late/Missing EFTs/ERAs:
Health plan must establish written Late/Missing EFT and ERA Transactions Resolution Procedures

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CORE-required Minimum CCD+ Reassociation Data Elements

Focus of Rule			Informational Only
CORE-required Minimum CCD+ Reassociation Data Elements			**Corresponding v5010 X12 835 Data Elements**
CCD+ Record #	**Field #**	**Field Name** (See §6 Glossary for Definition of these Terms)	**Data Element Segment Position, Number & Name**
5	9	Effective Entry Date	BPR16-373 Date *(EFT Effective Date)*
6	6	Amount	BPR02-782 Monetary Amount *(Total Actual Provider Payment Amount)*
7	3	Payment Related Information	TRN Reassociation Trace Number Segment, specifically data elements:
			• TRN01-481 Trace Type Code — Required
			• TRN02-127 Reference Identification *(EFT Trace Number)* — Required
			• TRN03-509 Originating Company Identifier *(Payer Identifier)* — Required
			• TRN04-127 Reference Identification *(Originating Company Supplemental Code)* — Situational

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Example: *CAQH CORE Uniform Use of CARCs and RARCs Rule - Four Business Scenarios*

Pre CORE Rules

| 800+ CARCs | ✕ | 300+ RARCs | ✕ | 4 CAGCs | = | Inconsistent Use of Tens of Thousands of Potential Code Combinations |

Post CORE Rules

Four Common Business Scenarios

CORE Business Scenario #1:
Additional Information Required – Missing/Invalid/ Incomplete Documentation
(≈470 code combos)

CORE Business Scenario #2:
Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim
(≈300 code combos)

CORE Business Scenario #3:
Billed Service Not Covered by Health Plan
(≈330 code combos)

CORE Business Scenario #4:
Benefit for Billed Service Not Separately Payable
(≈30 code combos)

Code Combinations not included in the CORE-defined Business Scenarios may be used with other non-CORE Business Scenarios

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CAQH CORE Code Combinations Maintenance Process

- A CAQH CORE Code Combinations Task Group will convene three times per year to review the CORE-required Code Combinations for CORE-defined Business Scenarios
- Two types of review and adjustment to the CORE Code Combinations including:

Compliance-based Review & Adjustment

- **Goal**: Ensure ongoing alignment of CORE-required Code Combinations for CORE-defined Business Scenarios and the code sets
- **Frequency:** Occurs three times/year via Task Group
- **Scope**: Only considers updates to the CARC and RARC lists published (occurs three or more times per year) since the last update to the CORE Code Combinations as required by the CAQH CORE Rule 360
- Per CMS OESS, Compliance-based Adjustments will be *immediately recognized under HIPAA* given that CAQH CORE Rule 360 requires that publications from code authors be addressed

Market-based Review & Adjustment

- **Goal:** Address ongoing and evolving industry business needs
- **Frequency:** Occurs once per year during last Task Group convening
- **Scope:** Considers *industry submissions* based on real world usage data and/or a strong business case addressing:
  - Adjustments to the *existing* CORE-required Code Combinations for *existing* CORE-defined Business Scenarios
  - Addition of *new* CORE-defined Business Scenarios and associated code combinations
- Per CMS OESS, Market-based Adjustments will be recognized via a future and evolving Federal CMS OESS HIPAA requirement update process

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Health Care Claim Payment/Advice (835) Infrastructure Rule: Key Rule Requirements

Connectivity

- Entities must be able to support the Connectivity Rule Version 2.2.0 for transmission of the v5010 835

Companion Guide

- Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides for the v5010 835

Dual Delivery

- A health plan that currently issues proprietary paper claim remittance advices is required to continue to offer such paper remittance advices to each provider during that provider's initial implementation testing of the v5010 X12 835 for a minimum of 31 calendar days from the initiation of implementation
- Upon mutual agreement between the provider and the health plan, the timeframe for delivery of the proprietary paper claim remittance advices may be extended
- See 4.3 for more detail

Batch Acknowledgements[1]

- A receiver of a v5010 X12 835 transaction must return:
  - A v5010 X12 999 Implementation Acknowledgement for each Functional Group of v5010 X12 835 transactions to indicate that the Functional Group was either accepted, accepted with errors or rejected, and
  - To specify for each included v5010 X12 835 transaction set that the transaction set was either accepted, accepted with errors or rejected
- A health plan must be able to accept and process a v5010 X12 999 for a Functional Group of v5010 X12 835 transactions
- When a Functional Group of v5010 X12 835 transactions is either accepted with errors or rejected, the v5010 X12 999 Implementation Acknowledgement must report each error detected to the most specific level of detail supported by the v5010 X12 999 Implementation Acknowledgement

[1] NOTE: CMS-0028-IFC does not adopt the Batch Acknowledgement Requirements in Section 4.2 of CAQH CORE Rule 350, as the Secretary has not yet adopted HIPAA standards for acknowledgements.

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Polling Question #3:
EFT & ERA Implementation Challenges

Which CAQH CORE EFT & ERA Operating Rule do you find most challenging to fully understand?

1. CAQH CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule

2. CAQH CORE 360 Uniform Use of CARCs and RARCs (835) Rule

3. CAQH CORE 370 EFT & ERA Reassociation (CCD+/835) Rule

4. CAQH CORE 380 EFT Enrollment Data Rule & CAQH CORE 382 ERA Enrollment Data Rule

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Implementing EFT & ERA Operating Rules

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Implementing CAQH CORE Operating Rules:
Cost Savings to Healthcare Industry

- $11 billion could be saved annually through the use of ACH for medical payments[1]

- 10 to 12% of a physician practice's annual revenue is spent on administrative costs[2]
  - Compared to about 5 percent of annual revenue on accounts receivable for the U.S. retail sector

- $8.00 is the "system wide cost" of using paper checks for healthcare claim payments[3]

- $0.92 is saved by the U.S. government when an ACH payment is issued versus a paper check[4]

- $4.24 per transaction is saved by a health plan when ERA is used instead of paper remittance[5]

[1]U.S. Healthcare Efficiency Index (www.ushealthcareindex.com)
[2]Billing and Insurance Related (BIR) Costs 2005 study
[3]2007 analysis by McKinsey and Company
[4]U.S. Treasury, Financial Management Service
[5]Adoption of Operating Rules for Health Care Electronic Funds Transfers (EFT) and Remittance Advice Transactions – August 10, 2012

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Implementing EFT & ERA Operating Rules:
Benefits for Health Plans

The ACA mandated EFT & ERA Operating Rules ensure more streamlined enrollment process and processing of the EFT & ERA transactions

- **Uniform use of code combinations**:

  - Use of a Business Scenario Approach allows for a methodical approach to mapping a health plan's internal codes to the CARCs and RARCs
  - Consistent use of code combinations reduces provider interpretation errors and calls to the health plan for explanation of the intent of the codes used

- **Electronic enrollment for EFT/ERA**:

  - Electronic enrollment of Providers reduces Health Plan personnel hours and overall costs

- **Reduction of transaction costs**:

  - Increased use of electronic EFT and ERA substantially reduces costs when compared to the use of paper checks and paper remittance advices

- **Improved Provider Relations**

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The Importance of Trading Partner Collaboration

STREAMLINED ADMINISTRATIVE DATA EXCHANGE

Health Plans → CORE-Required Data & Infrastructure → Vendors/Clearinghouses **(Vendors may not be HIPAA covered entities)** → CORE-Required Data & Infrastructure ← Providers

V e n d o r - A g n o s t i c   R u l e s

- HIPAA-covered entities work together to exchange transaction data in a variety of ways

- Vendors, often acting as business associates that provide services or process transactions on a provider's behalf, play a crucial role in enabling provider clients to realize the benefits of industry adoption of CAQH CORE Operating Rules

- Key steps to ensuring streamlined administrative data exchange:

  - ***Assess impacted systems/vendors:*** Understand which systems/vendors touch the administrative transactions

  - ***Engage with your vendors***: Confirm with vendors compliance/ability to support ACA mandated operating rules as certain vendors, including PMSs, third-party billing companies, etc. are not considered HIPAA-covered entities rather they act as the provider's business associate

  - ***Encourage voluntary CORE Certification:*** Work with your vendors to publicly confirm systems are conformant with applicable operating rules

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Trading Partner Relationships and Implementation: *Dental Plan Examples*

- The scope of a dental plan's implementation of mandated operating rules will depend upon the extent to which they work with clearinghouses

- Below are two scenarios of how a dental plan might approach their implementation project:

  - <u>Dental Plan A</u>
    - Dental Plan A implements CAQH CORE EFT & ERA Operating Rules in their entirety
    - Dental Plan A's implementation is independent of any third party relationship

  - <u>Dental Plan B</u>
    - Dental Plan B outsources the processing of the ASC X12 v5010 835 or Healthcare EFT Standard transactions to a clearinghouse, business associate, third party vendor, etc.
      - The third party entity conducting EFT & ERA transactions according to the CAQH CORE Operating Rules may be different than the third party entity that is handling eligibility and claim status transactions for the dental plan
    - Both Dental Plan B and clearinghouse pursue implementation activities; their implementation is independent of one another

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CAQH CORE EFT & ERA Operating Rule Tools Available for Each Stage of Implementation

- ***Just Getting Started/Planning & Analysis***
  - CAQH CORE EFT & ERA Operating Rules: Master your understanding of the ACA mandated EFT & ERA operating rule requirements
  - The Analysis and Planning Guide provides guidance to complete systems analysis and planning for implementation of the CAQH CORE EFT & ERA Operating Rules

- ***Systems Design/Implementation***
  - Education Sessions: CAQH CORE holds frequent sessions with partners such as WEDI, associations, and Medicaid workgroups that often include speakers from organizations that have implemented the CAQH CORE Operating Rules
  - FAQs: CAQH CORE has a list of FAQs to address typical questions regarding the operating rules; *new EFT & ERA FAQs are being posted regularly*
  - Request Process: Contact technical experts as needed at CORE@caqh.org

- ***Integration/Testing***
  - *Coming Soon for EFT & ERA:* HIPAA covered entities can quickly communicate their organization's readiness to testing their conformance with trading partners by adding their company information to the CORE Partner Testing page of the CAQH website

- ***Deployment/Maintenance***
  - *Coming Soon for EFT & ERA: Voluntary* CORE Certification Test Site for conformance testing of the EFT & ERA Operating Rules; jointly offered by CAQH CORE-authorized testing entity Edifecs

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CAQH CORE Analysis & Planning Guide:
EFT & ERA Operating Rules

- The new Analysis and Planning Guide provides guidance for Project Managers, Business Analysts, System Analysts, Architects, and other project staff to complete systems analysis and planning for implementation of the CAQH CORE EFT & ERA Operating Rules

- Guide should be used by project staff to:
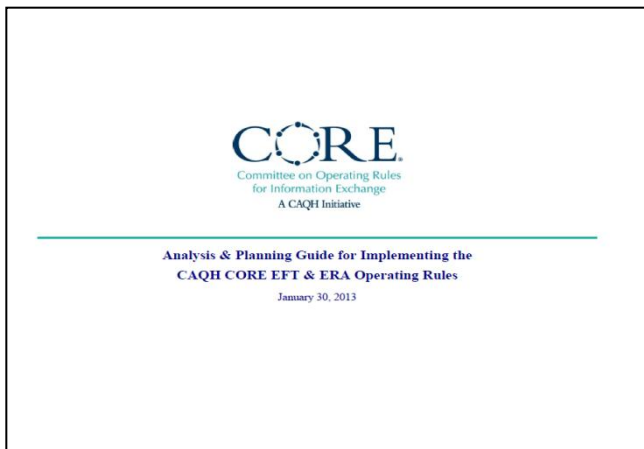
  - Understand applicability of the CAQH CORE Operating Rule requirements to organization's systems and processes that conduct the EFT and ERA transactions

  - Identify all impacted external and internal systems and outsourced vendors that process EFT & ERA transactions

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

- The guide includes three tools to assist entities in completing analysis and planning:

  - Stakeholder & Business Type Evaluation

  - Systems Inventory & Impact Assessment Worksheet

  - Gap Analysis Worksheet

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Analysis & Planning Guide for Implementing the
CAQH CORE EFT & ERA Operating Rules
January 30, 2013

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Voluntary CORE Certification

- Since its inception, CAQH CORE has offered a *voluntary* CORE Certification to health plans, vendors, clearinghouses, and providers
  - Learn more about *voluntary* CORE Certification here
  - *Voluntary* CORE Certification provides verification that your IT systems or product operates in accordance with the federally mandated operating rules

- Certification and testing are *separate activities*
  - Testing is completed by *CORE-authorized testing entities* and occurs on-line based on stakeholder-specific test scripts; test scripts developed by CORE participants
  - Cost of testing and certification is extremely low or free

- CORE Certification is a 4-step process:

  1. **Pre-certification Planning and Systems Evaluation:**
     - Understand requirements of the CORE Operating Rules and scope your internal efforts to adopt rules
     - CORE has free gap analysis tool; email *CORE@CAQH.org*
  2. **Sign and Submit the CORE Pledge**:
     - Formally communicate your intent to pursue CORE Certification
  3. **CORE Certification Testing:**
     - Comprised of three phases: Pre-testing, Testing and Post-testing
     - Testing is by stakeholder-specific test scripts by rule
  4. **Apply for the CORE Certification Seal**:
     - Entities successfully achieving CORE Certification will receive a CORE "Seal" from CAQH that corresponds with the CORE Phase and stakeholder-type

Mandated Healthcare Operating Rules:
Third Set – Attachments, Prior Authorization, Enrollment, etc.

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Third Set of Mandated Operating Rules
Effective Date of January 2016

- The remaining ACA-driven operating rule mandate will address the following transactions:

  - Health claims or equivalent encounter information

  - Enrollment and disenrollment in a health plan

  - Health plan premium payments

  - Referral certification and authorization

  - Claims attachments

- Process to Develop Operating Rules - *Timeline*

  - **Q4 2012 / Q1 2013:** Build industry awareness of upcoming option to participate in rule writing, ACA goals, CORE Guiding Principles and existing CORE operating rules; Conduct environmental assessment, e.g., research key opportunities, identify out of scope items; issue White Paper.

  - **Q2 2013:** Launch Subgroup to review, develop and agree on potential rule options and seek input from Work Group and public channels.

  - **Q3 2013:** Subgroup continues its work, Work Group/public channels continue to provide feedback; update NCVHS.

  - **Q4 2013:** Detailed draft rule requirements prepared for formal Work Group ballot in preparation for full CORE vote.

  - **Q1 2014:** Operating rules forwarded to CMS OESS.

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Recent CAQH CORE Testimony to NCVHS:
Attachments

- This February, the National Committee on Vital and Health Statistics (NCVHS), the key advisory body to HHS on HIPAA-related regulations, had its Subcommittee on Standards hold a hearings on Attachments.

  - Testimony relating to Attachment standards and operating rules given by SDOs, industry stakeholders, government entities, and operating rule author

- CAQH CORE testimony is available [HERE](). The testimony addressed:

  - Relationship between standards and operating rules

  - Process to develop operating rules for attachments

  - CAQH CORE research and findings to date, e.g.
    - 40+ interviews
    - Participation in other national initiatives
    - Dialog with SDOs
    - Alignment with large scale adoption programs, e.g. Meaningful Use, esMD
    - Public survey
    - Analyze of RARC and CARC code usage for describing Attachment issues with claim

  - Preliminary options for operating rules and relevant lessons learned

- Industry is at an early stage of adoption and understanding.

  - Clinical-administrative alignment must be a key evaluation factor as well as flexibility to recognize evolving methods.

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How to Get Involved

- ***Entities are encouraged to join CAQH CORE to contribute.***
  - The most effective way for individual organizations to assure they have direct input on the mandated and voluntary operating rules is by becoming a CORE Participating Organization; any entity may join. Cost is extremely low or free. Benefits include:
    - Participation on Subgroup/Work Group calls, straw polls, and eligibility to Chair
    - Entity vote on CAQH CORE Work Group and Full CORE Membership voting levels
    - Access to CAQH CORE Education Sessions specific to CORE Participating Organizations
- ***Non-CORE participant can also actively contribute in a range of ways.***
  - *CAQH CORE Education Sessions and Town Hall Calls*
    - CAQH CORE provides a wide range of Education Sessions on various topics with guest speakers from a wide range of organizations
    - CAQH CORE holds bi-monthly Town Hall calls which provide attendees an update on recent activities including status of rule development; email core@caqh.org to be added to the distribution list
  - *CAQH CORE Industry Surveys*
    - CAQH CORE periodically conducts industry-wide surveys for directional feedback on operating rule opportunities; email core@caqh.org to be added to the distribution list
  - Attend or listen to NCVHS hearings for more information on Third Set of Operating Rules
  - Submit comments to CAQH CORE or CMS OESS

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Overview of CAQH:

Upcoming Initiatives and How to get Involved

CAQH: Current Initiatives

CORE — Committee on Operating Rules for Information Exchange

Industry-wide stakeholder collaboration to facilitate development and adoption of industry-wide operating rules for administrative transactions. Over 130 participating organizations.

Universal Provider Datasource

Service that replaces multiple paper processes for collecting provider data with a single, electronic, uniform data-collection system (e.g., credentialing).

CAQH Solutions EFT ENROLLMENT

Service that enables providers to enroll in electronic payments with multiple payers and manage their electronic payment information in one location, automatically sharing updates with their selected payer partners.

US HEALTHCARE EFFICIENCY INDEX

Objective industry forum for tracking progress and savings associated with adopting electronic solutions for administrative transactions across the industry.

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CAQH EFT Enrollment Solution Overview

- Instead of enrolling individually with each payer, CAQH offers a secure, online system that allows providers to enroll in electronic payments with multiple payers *at no cost.*

- Benefits for providers
    - *One-Stop Shop* : Single, easy-to-use point of entry for providers to enroll in EFT and manage enrollment information with multiple payers; web-based with provider support center.
    - *No Cost* : No charge for providers to use; participating health plans pay a low annual subscription to cover the costs to build and run the service.
    - *Secure*: Robust encryption, firewalls and strong password requirements to safeguard sensitive data and ensure that providers have complete control of their data.
    - *Flexible* : Focused on enrollment; allows providers to use whichever downstream payment processing or remittance advice presentment solution that they prefer and is aligned with Federal mandates.

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Q&A

Please submit your question:

- <u>Via the Web</u>: Enter your question into the Q&A pane in the lower right hand corner of your screen

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Upcoming CAQH CORE Education Events

- Participate in CAQH CORE's Public Town Hall Call on May 21, 2013 from 3:00 pm to 4:00 PM ET

- Join us for a _free_ CAQH CORE webinar
  - "_Save the Dates_" for a series of joint CAQH CORE and Edifecs _voluntary_ EFT & ERA CORE Certification education sessions
    - Tuesday, May 7, 2013 from 1:00 pm - 2:00 pm ET
    - Monday, June 10, 2013 from 1:00 pm – 2:00 pm ET

- Hear More about Operating Rules at an industry event
  - NACHA: Payments 2013, April 21 – April 24
  - Annual WEDI National Conference, May 13 – May 16

- Visit the CORE Education Events page of the CAQH website
  - Access _free_ recordings of previous education events & stay informed of upcoming joint webinars with key partners such as NACHA, ASC X12, vendors and provider associations

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Thank You for Joining Us

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Available CMS OESS Implementation Tools: *Examples*

- **HIPAA Covered Entity Charts**
  - Determine whether your organization is a HIPAA covered entity

- **CMS FAQs**
  - Frequently asked questions about the ACA, operating rules, and other topics

- **Affordable Care Act Updates**
  - Updates on operating rules; compliance, certification, and penalties; and engagement with standards and operating rules

- Additional Questions
  - Questions regarding HIPAA and ACA compliance can be addressed to:
    - Chris Stahlecker, OEM/OESS/ASG Acting Director, Administrative Simplification Group, Christine.Stahlecker@cms.hhs.gov
    - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov

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Additional NACHA Resources

- ## Healthcare Payments Resources Website
  - Provides a repository of information on a wide variety of topics for both financial institutions and the healthcare industry. Includes links to many other resources, as well as customized information to help "translate" concepts from one industry to the other (FAQs, reports, presentations).
  - http://healthcare.nacha.org/

- ## Healthcare EFT Standard Information
  - Located within the healthcare industry tab of the above website, specific information can be found on the healthcare EFT standard.
  - http://healthcare.nacha.org/

- ## Healthcare Payments Resource Guide
  - Publication designed to help financial institutions in implementing healthcare solutions. It give the reader a basic understanding of the complexities of the healthcare industry, identify key terms, review recent healthcare legislation, and discuss potential impacts on the financial services industry.
  - Order from the NACHA eStore "Healthcare Payments" section: www.nacha.org/estore.

- ## Revised ACH Primer for Healthcare Payments
  - A guide to understanding EFT payment processing. Introduces the healthcare industry to the Automated Clearing House (ACH) Network, explains ACH transaction flow and applications, and includes two "next steps checklists," one each for origination and receipt.
  - https://healthcare.nacha.org/ACHprimer

- ## Ongoing Education and Webinars
  - Check the Healthcare Payments Resource Website for "Events and Education"

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