CAQH CORE
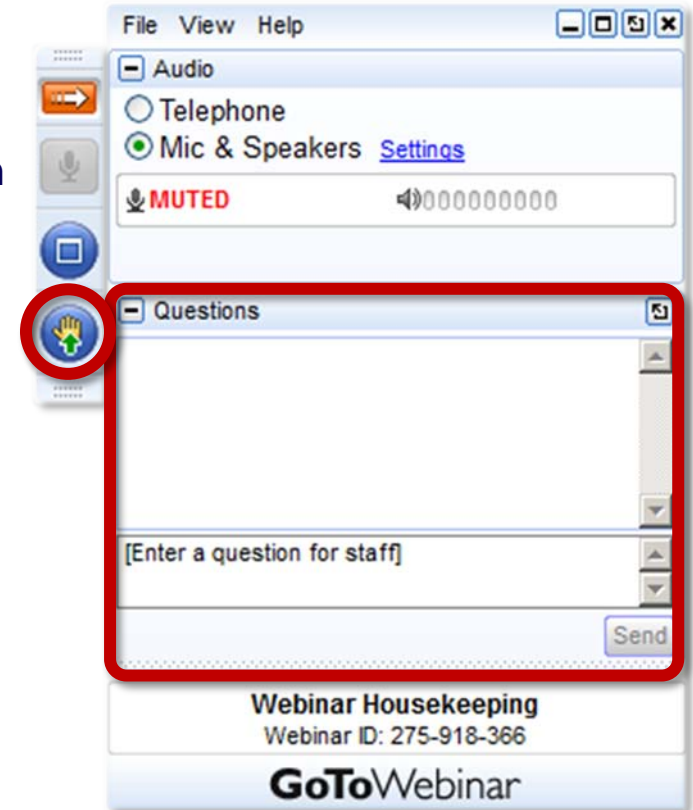## February Town Hall Call

February 11, 2014
2:00 pm – 3:00 pm ET

Additional information/resources available at www.caqh.org

Participating in Today's Session

- Download a copy of today's presentation on the CAQH.org website
  - Navigate to the CORE Education Events page and access a pdf version of today's presentation under the list for today's event
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web
  - Submit your questions on-line *at any time* by entering them into the **Q&A panel on the right-hand side of the GoToWebinar desktop**
  - On-line questions will be addressed first
- There will be an opportunity today to submit questions using the telephone
  - When directed by the moderator, press the "raise hand" button to join the queue for audio questions

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Session Topics

- **Welcome Introduction**

- **ACA Mandate and NPRM for Health Plan Certification**
  - ACA Mandated Deadlines
  - Update on NPRM for Health Plan Certification

- **CAQH CORE EFT & ERA Operating Rule Implementation**
  - Industry Adoption Insights
  - Lessons Learned and Implementation Resources

- **CORE Code Combinations Maintenance Process**
  - Compliance-based Review Outcomes
  - Market-based Review Process

- **CORE Operating Rule Development**

- **Q&A**

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ACA Mandated Deadlines and NPRM for Health Plan Certification

Update

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Status: ACA Mandated Operating Rules and Certification

Mandated requirements available and should be in use in market

Compliance in Effect As of January 1, 2013

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

Compliance in Effect As of 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

HHS issued NPRM on 12/31/13 with re-aligned implementation date

Proposes an adjusted implementation: December 2015

Proposes health plans certify via either CORE certification or HIPAA Credential; applies to Eligibility/ Claim Status/EFT/ERA operating rules and underlying standards
  Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans

CAQH CORE in process of drafting rules for delivery in late 2014 rather than early 2014. No standard for attachments issued by HHS

Implement by January 1, 2016

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

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Introduction: NPRM

- Administrative Simplification: Certification of Compliance for Health Plans
  - Mandated under the Affordable Care Act, Section 1104
  - Required health plan certification of first two sets of standards and operating rules (was initially by December 2013)
- Notice of Proposed Rule Making (NPRM) published in *Federal Register*, January 2, 2014
  - HHS accepting comments through March 3, 2014
  - Proposed certification for first two sets of standards and operating rules would be required by December 31, 2015, at the earliest
  - Proposes that certification requires submission of:
    - Number of covered lives
    - Documentation that demonstrates health plan has obtained a:
      - CAQH CORE Certification Seal for Phase III (includes Seals for Phase I and II and testing with independent testing entity); **or**
      - HIPAA Credential (requirements outlined by regulation, attestation-based documents filed with CAQH CORE)

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NPRM Context

NPRM builds upon *other regulations already adopted.*

- **Health Plan Identifier (HPID)** Final Rule (adopted Sept. 5, 2012) requires all controlling health plans (CHPs), except small plans, to secure an HPID by Nov. 5, 2014. Small plans have until Nov. 5, 2015. NPRM proposes health plans that obtain:
  - An HPID before Jan. 1, 2015 must certify compliance between Jan. 1, 2015 and Dec. 31, 2015
  - An HPID between Jan. 1, 2015 and Dec. 31, 2016 must certify compliance within 365 calendar days of obtaining an HPID

- Definitions
  - **Covered entities** included in initial HIPAA regulation (45 CFR 160.103)
    - Health plans (*NPRM scope is focused on certification of health plans)*
    - Healthcare clearinghouses
    - Providers who transmit any health information in electronic form in connection with a HIPAA transaction
  - **Controlling health plan** (from HPID regulation 45 CFR 162.103) – a health plan that controls its own business activities, or is controlled by an entity that is not a health plan; and if it has subhealth plans (SHPs) exercises sufficient control over the SHP to direct their business activities

- Elements within NPRM specified in the **ACA legislation** can NOT be changed by HHS, e.g., HHS can NOT require certification by providers via the health plan certification regulation; HHS can NOT change HIPAA definition of health plan
  - Where appropriate, consider methods for HHS to best operationalize such areas with cost/benefit in mind

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NPRM Comment Period
Steps During Comment Period

Deliverable	Date of Issue by CAQH CORE	Industry Response Due to CAQH CORE
List of Initial Observations on NPRM posted on public CAQH CORE website (Also sent via email to CAQH CORE Contacts)	*January 13, 2014*	*Comments on List of Initial Observations due by January 21, 2014*
Open CAQH CORE Call on Initial List of NPRM (Slides and Recording of Webinar available to public)	*January 22, 2014 2:00 PM ET*	*Comments on Initial List and Open Call contributed to drafting model comment letter*
Draft Model Comment Letter (Posted on CAQH CORE website & sent via email)	*February 3, 2014*	*Send comments on draft to CORE@caqh.org by Feb. 10, 2014*
Final Model Comment Letter (to be posted on public CAQH CORE website & sent via email)	February 17, 2014	Any entity can use all or parts of this model comment letter to submit its own comments to HHS
Comments on NPRM for Health Plan Certification due to HHS by March 3, 2014		

NPRM Certification of Compliance for Health Plans
Draft CAQH CORE Model Comment Letter

- Based on input on initial observations, prepared a [Draft Model Comment Letter](#)
  - Outlines *statements of support* in NPRM, *requests for changes* in Final Rule, and *areas for clarification* to address in the Final Rule
    - About 15 key areas for change or clarification; examples below
  - Provides **draft recommendations**

Area for Change or Clarification	Summary of Current Recommendation based on Comments to Date
Use of CHP (aspect of HPID) for HHS health plan certification filing purposes	• Specify in the Final Rule which plans need to have CHPs, e.g., products being sold on the insurance exchanges, self-insured health plans • Knowing use of the HPID in the transactions is a separate regulation, there appears to be a market need for education and clarity on how to use HPID in the transaction. CMS should ensure such education is available and future uses of HPID allow for public comment.
Self-insured health plans as covered entities required to meet HHS certification	Allow that certification for self-insured plans that do not conduct the transaction themselves can have their HHS health plan certification occur via the ASO or TPA's certification. Some type of proxy system could be extremely useful. An option for streamlined implementation would be for the ASO or TPA to provide documentation to each of their self-insured health plan clients of their services provided and support for the self-insured health plan's certification
"Successful Testing" with Trading Partners	Final Rule should define that being in production can be considered successful testing, and that inclusion of testing/product exchange examples that include providers is encouraged.

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NPRM Certification of Compliance for Health Plans
Draft HIPAA Credential Forms

- ***What:*** Samples of the three key HIPAA Credential application forms were developed for comment. They are ***for illustrative purposes only***, based on the proposed requirements in the NPRM; links to the sample forms are below and are publicly available on the CAQH website [HERE](#)

  – [Draft HIPAA Credential - Attestation of HIPAA Compliance Form](#)

  – [Draft HIPAA Credential - Application Form](#)

  – [Draft HIPAA Credential - Attestation of Trading Partner Testing Form](#)

- ***Why, When and How:*** The draft forms are intended to give covered health plans (CHPs) a sense of the type of documentation that is proposed under the HIPAA Credential application process.

  – Comments on the forms are being sought – comments should NOT be those ***already addressed*** in the NPRM Model letter, e.g. production data should be equal to testing data. Rather, seeking input on the clarity of the forms and, when appropriate, submission instructions within the context of the proposed requirements defined in the NPRM sample forms

    • Will send out public request and also ask the CORE Testing and Certification Subgroup, understanding that CAQH CORE will stay within the general scope outlined in the NPRM.

  – If appropriate, ***after publication of the HHS Final Rule***, CAQH CORE will publish the final versions of the HIPAA Credential application forms.

    • The draft forms **cannot** be used to obtain a HIPAA Credential at this time.

    • No HIPAA Credentials will be issued until HHS issues a Final Rule.

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CAQH CORE EFT & ERA Implementation

Industry Adoption Insights

Polling Question #1:
ERA Adoption Status

Over last few months, have you experienced an increase in the percentage of your remittances being delivered or sent via the ERA Standard (X12 v5010 835)?

1. Yes – 1% or less increase

2. Yes - Approximately 5% increase

3. Yes – More than 5% increase

4. Too early to tell - haven't started to track changes yet

5. My entity doesn't send or receive electronic remittance data

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Example of Healthcare EFT CCD+ Statistics NACHA Is Tracking Given ACH Network Configuration

- "Credit" is a deposit by health plan to provider for services rendered by the provider.
- These numbers reflect EFT payments that are clearly identified as healthcare payments by the use of the specific identifier "HCCLAIMPMT"* in the CCD+ transaction

	Sep-13*	Oct-13	Nov-13	Dec-13
Number of Forward CCD Credits	1,320,762	5,632,451	6,181,681	7,407,418
Total $ Value of CCD Credits	$7,468,915,467	$25,652,623,085	$29,104,874,855	$36,941,667,429
Avg # of credit trans per business day	188,458	255,826	325,149	389,671

Source: NACHA

* Only 7 processing days in Sept 2013. Changes implemented 9/20/13

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Healthcare EFT Transaction Volume
Based on NACHA Data

- These numbers reflect EFT payments that are clearly identified as healthcare payments by the use of the specific identifier "HCCLAIMPMT"* in the CCD+ transaction

- January growth over December was 10.0%, compared to December growth of 19.8%. Indicates more of a steady growth pattern continuing after EFT & ERA Operating Rule compliance deadline of January 1, 2014 rather than a sharp increase

Source: NACHA

*NOTE: Some providers are receiving EFT payments without the HCCLAIMPMT identifiers in the CCD+. To identify an EFT payment as a healthcare EFT, originators of the transaction (i.e. Health Plans/Payers) need to include the HCCLAIMPMT identifier in the CCD+Addendum
** Only 7 processing days in Sept 2013. Changes implemented 9/20/13

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Clearinghouse EFT & ERA Implementation Progress
CAQH CORE Polling Data

Observations

- **Roughly 75% of Clearinghouse** respondents are either **Well Underway, Nearing Completion or fully Complete** with implementation of the EFT & ERA Operating Rules

- **Almost half of all Clearinghouse respondents** (48%) identified their implementation process as being **Complete**

	June 2013 N=82	January 2014 N=42
Not Started	1% (1)	2% (1)
Planning & Analysis	40% (33)	24% (10)
Well Underway	49% (40)	14% (6)
Nearing Completion	10% (8)	12% (5)
Complete*	-	48% (20)

NOTE: The data is all in aggregate based on polling responses and per CAQH CORE policy, individual names *are never shared*; polling does not verify respondents stakeholder type.

*The option to choose "Complete" as a response to this polling question was not available until January 2014

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About *Voluntary* CORE Certification

- Since its inception, CAQH CORE has offered a *voluntary* CORE Certification to health plans, vendors, clearinghouses, and providers
  - *Voluntary* CORE Certification provides verification that your IT systems or product operates in accordance with the federally mandated operating rules
  - CORE Certification is stakeholder-specific
    - Each entity completes testing specific to their stakeholder type in order to become CORE Certified

- CAQH CORE Certification is available for the following transactions
  - Eligibility and Claim Status (Phase I and Phase II)
  - EFT and ERA (Phase III)

- Key Benefits
  - Provides all organizations across the trading partner network useful, accessible and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
  - Encourages trading partners to work together on data flow and content needs
  - Offers vendors practical means for informing potential and current clients on which of their products – *by versions* - follow operating rules, including Practice Management Systems
  - Achieves maximum ROI because all entities in data exchange follow the operating rules; once CORE-certified need to follow operating rules with all trading partners
  - Means for voluntary enforcement dialog and steps

Note: Learn more about *voluntary* CORE Certification here

Voluntary CORE Certification
2014 Certifications and Pledges

- Already over 80 entities are CORE-certified on Phase I and II (eligibility and claim status)
    - e.g. Aetna, United, WellPoint, Availity, Mayo, NextGen, Passport, RelayHealth
- **NEW 2014 Completed *Voluntary* CORE Certifications**
    - **AvMed,** *Health Plan* (Phase II)
    - **BCBSNC,** *Health Plan* (Phase II)
    - **Emdeon,** *Remittance & Payment Management clearinghouse product* (Phase III)
    - **Excellus BCBS,** *Health Plan* (Phases I & II)
    - **MVP Healthcare,** *Health Plan* (Phases I & II)
    - **Triple-S Salud/BCBS PR,** *Health Plan* (Phases I, II & III)
- **NEW 2014 Voluntary CORE Certification Pledges**
    - **Eldorado,** *Javelina Real Time* (Phases I & II)
    - **Florida Medicaid** (Phases I, II & III)
    - **HeW (formerly HealtheWeb),** *Revenue Cycle Management & EDI Services* (Phases I, II & III)
    - **ikaSystems,** *ikaClaims* (Phases I & II)
    - **PaySpan** (Phases III)
    - **Tufts Health Plan** (Phases I & II)
    - **Trizetto Provider Solutions,** *Integrated Eligibility & Integrated Claim Status Inquiry clearinghouse product* (Phases II)

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Polling Question #2:
EFT & ERA Implementation Challenges

Which of the following would you consider to be the biggest challenge to your organization's implementation of the CAQH CORE EFT & ERA Operating Rules:
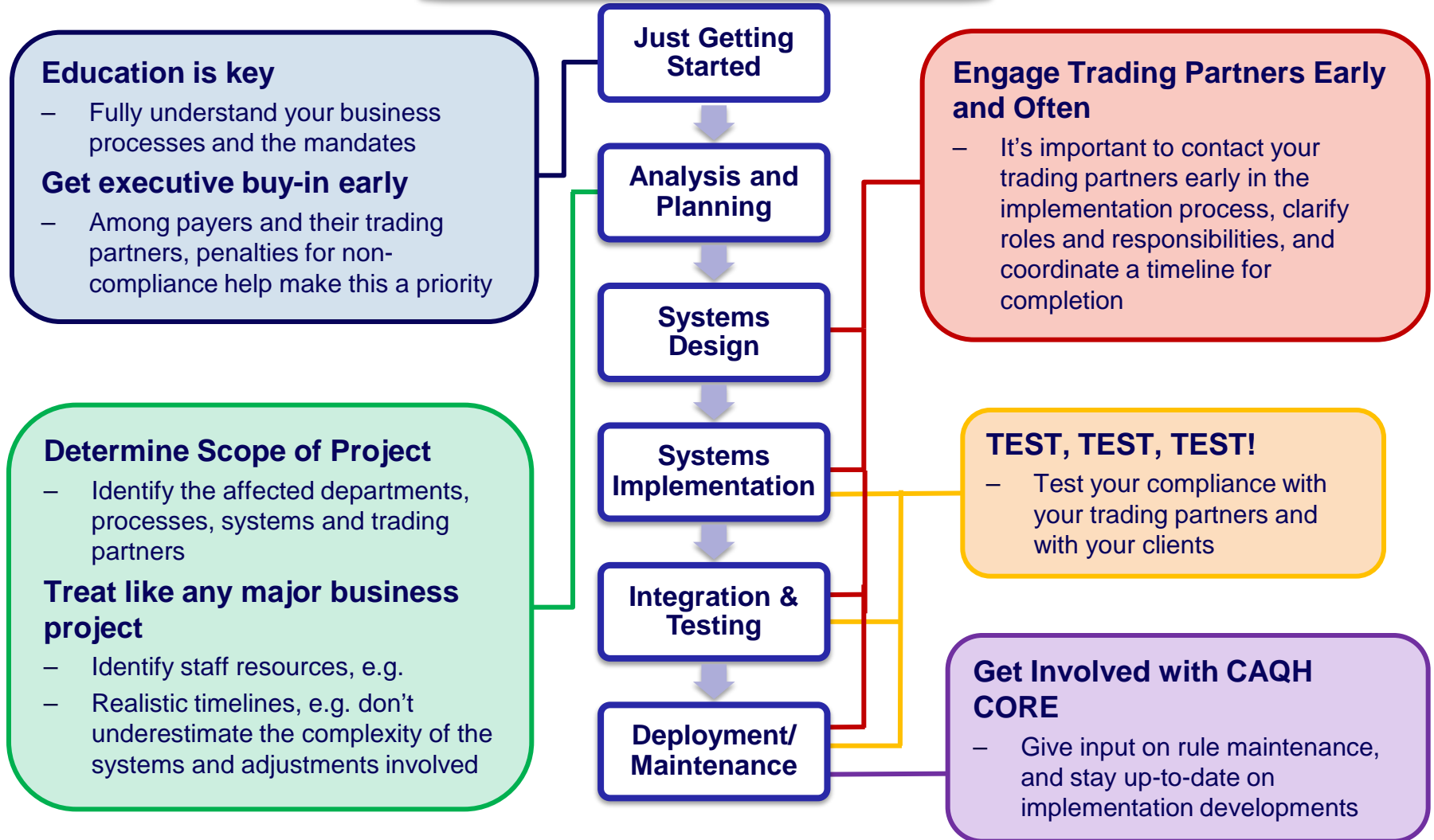
1. Fully understanding the EFT & ERA Operating Rules

2. Fully understanding my organization's role and/or responsibility in the implementation process

3. Overcoming resource constraints (i.e. time, staff, internal expertise)

4. Identifying and completing necessary system updates

5. Working and testing with Trading Partners (e.g. lack of communication between your organization and your vendor)

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CAQH CORE EFT & ERA Implementation

Lessons Learned and Resources

Implementation Steps for HIPAA Covered Entities:
Best Practices and Lessons Learned

Communication is Critical!

Just Getting Started

↓

Analysis and Planning

↓

Systems Design

↓

Systems Implementation

↓

Integration & Testing

↓

Deployment/ Maintenance

Education is key
– Fully understand your business processes and the mandates

Get executive buy-in early
– Among payers and their trading partners, penalties for non-compliance help make this a priority

Engage Trading Partners Early and Often
– It's important to contact your trading partners early in the implementation process, clarify roles and responsibilities, and coordinate a timeline for completion

Determine Scope of Project
– Identify the affected departments, processes, systems and trading partners

Treat like any major business project
– Identify staff resources, e.g.
– Realistic timelines, e.g. don't underestimate the complexity of the systems and adjustments involved

TEST, TEST, TEST!
– Test your compliance with your trading partners and with your clients

Get Involved with CAQH CORE
– Give input on rule maintenance, and stay up-to-date on implementation developments

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Implementation Steps for HIPAA Covered Entities:
Tools and Resources

Free Tools and Resources Available

Education is key
Get executive buy-in early

- Read the **CAQH CORE EFT & ERA Operating Rules**
- Listen to archive of past **CAQH CORE Education Sessions** or register to attend a future one
- Search the EFT & ERA **FAQs** for clarification on common questions
- Use our **Request Process** to Contact technical experts throughout implementation

Determine Scope of Project

- The **Analysis and Planning Guide** provides guidance to complete systems analysis and planning for implementation; Information attained from the use of this guide informs the impact of implementation, the resources necessary for implementation, as well as, what would be considered an efficient approach to, and timeline for, successful implementation.

Just Getting Started
↓
Analysis and Planning
↓
Systems Design
↓
Systems Implementation
↓
Integration & Testing
↓
Deployment/Maintenance

Engage Trading Partners Early and Often

- **Provider's**: Use the EFT/ERA **Sample Health Plan** and **Sample Financial Institution** Letters as a way to help facilitate the request to receive EFT from your health plans and the request for delivery of the necessary reassociation data elements from your financial institutions

TEST, TEST, TEST!

- Leverage **Voluntary CORE Certification** as a quality check, a way to test with partners, and as a way of communicating compliance to the industry and other trading partners

Get Involved with CAQH CORE

- **Join** as a Participant of CAQH CORE in order to give input on rule-writing maintenance by joining a task group and to stay up-to-date on implementation developments

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CORE Code Combinations Maintenance Process

CORE Code Combinations Task Group (CCTG)

- Any CORE participating entity can join the CCTG and any entity can join CAQH CORE. Composed of more than 40 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:
  - Shannon Baber, *UW Medicine*
  - Janice Cunningham, *RelayHealth*
  - Heather Morgan, *Aetna*
  - TBD (identifying fourth chair from health plan)

- Conducts three Compliance-based Reviews and one Market-based Review per year using teleconferences and tools such as online surveys to ensure maximum participation; compliance-based Review Work Efforts in 2013 and YTD 2014
  - Completed a Compliance-based Review based on the 03/01/13 published code list updates and published the *May 2013 CORE Code Combinations*
  - Completed a Compliance-based Review based on the 07/01/13 published code list updates and published the *October 2013 CORE Code Combinations*
  - Completed a Compliance-based Review based on the 11/01/13 published code list updates and published the *February 2014 CORE Code Combinations*
    - A version of the Feb 2014 CORE Code Combinations showing Compliance-based Adjustments from v3.0.3.to 3.0.4 is available HERE.

- Market-based Review Work Efforts
  - Agreed on scope of 2013 Market-based Review
  - Developed the content for the Market-based Review Form which entities will use to submit potential Market-based code additions/removals or potential new business scenarios
  - Distributed call for Market-based submissions on 12/13/13
  - Held several Market-based Review Submission Form training webinars which were open to the public

Compliance-based Review
Adjustments to CORE Code Combinations

November 2013 Adjustments to Published Code Lists	February 2014 CORE Code Combinations v3.0.4 Compliance-based Adjustments
Deactivations *(23 CARCs deactivated and 3 RARCs deactivated by Code Committees)*	4 of the 23 deactivated CARCs are in the existing *CORE Code Combinations*, resulting in the following updates: ▪ **CARC W5:** Removed from Business Scenario #3 ▪ **CARC W6:** Removed from Business Scenario #3 ▪ **CARC W8:** Removed from Business Scenario #4 ▪ **CARC W9:** Removed from Business Scenario #3 2 of the 3 deactivated RARCs are in the existing *CORE Code Combinations*, resulting in the following updates: ▪ **RARC N365:** Removed from association with CARCs 96 and 256 in Business Scenario #3 and CARC 97 in Business Scenario #4 ▪ **RARC N627**: Removed from association with CARCs 39, 40, 49, 50, 60, 95, 174, 222, 233, and 249 in Business Scenario #3
Modifications *(3 CARC descriptions modified and 5 RARC descriptions modified by Code Committees)*	2 of 3 modified CARCs were in the *CORE Code Combinations*, resulting in the following updates: ▪ **CARC 16:** Updated description in Business Scenario #2 ▪ **CARC 49:** Updated description in Business Scenario #3 4 of 5 modified RARCs were in the *CORE Code Combinations*, resulting in the following updates: ▪ **RARC N102:** Updated description in Business Scenario #3 ▪ **RARC N103**: Updated description in Business Scenario #3 ▪ **RARC N178**: Updated description in Business Scenario #1 ▪ **RARC N244**: Updated description in Business Scenario #1
Additions *(25 new CARCs and 22 new RARCs added by Code Committees)*	Added 11 new CARCs: ▪ CARC P7 to Business Scenario #2 ▪ CARCs 258, 92, P3, P4, P16, P17, P20 and P21 to Business Scenario #3 ▪ CARCs 14 and P19 to Business Scenario #4 Added RARCs to each of the four CORE-defined Business Scenarios, including: ▪ 40 RARCs to Business Scenario #1 ▪ 4 RARCs to Business Scenario #2 ▪ 47 RARCs to Business Scenario #3 ▪ 13 RARCs to Business Scenario #4

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2013 Market-based Review Process Basics

- **Basic Information**
  - 2013 MBR was launched on 12/13/2013
  - **All adjustment recommendations must be submitted to CAQH CORE via the online MBR Form by 2/14/2014** – *ONLY 3 DAYS LEFT!*
  - CAQH CORE expects to publish any adjustments to the *CORE Code combinations* based on the 2013 MBR in June 2014
  - Adjustments must be requested using the latest version of the *CORE Code Combinations*
    - The latest version is *CORE-required Code Combinations for the CORE-defined Business Scenarios v3.0.3 October*
    - A new version will be available 2/1/14 due to a Compliance Based Review driven by the Code Combination Task Group (CCTG). The Compliance Based Review removes deactivated codes and adds new codes combinations that meet the CORE Evaluation Criteria

- **Importance of MBR Submission**
  - The MBR only occurs **ONCE** each year
  - This is your organization's chance to **submit code combinations based on your business needs**
  - The MBR empowers each and every HIPAA covered entity by offering an opportunity to **directly affect the *CORE Code Combinations*** to ensure that they reflect industry usage and evolving business needs

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MBR Submission Process

- **Eligible Submitters**:
  - All CORE Participants plus *non-CORE Participants* that create, use, or transmit HIPAA-covered transactions may submit potential Market-based entries
  - NOTE: Each organization is limited to ONE SUBMISSION (may contain multiple entries); please coordinate with your colleagues

- **How to Submit**:
  - The CAQH CORE Code Combinations Task Group designed content for an online *Market Based Review submission form* (MBR Form) to collect the necessary input from the industry
  - Submissions will *only* be accepted through the online MBR Form. CAQH CORE, CCTG Co-Chairs and CAQH Staff will not be able to accept direct email submissions of the MBR Form
  - To find out more information on the MBR Process and to view a demonstration of filling out the online MBR Submission Form access the recording of the CAQH CORE MBR Training Session

- **When to Submit:**
  - All eligible submitters can access the online MBR Form **NOW!**

- **Submission Deadline:**
  - All eligible submitters must complete their submissions by **2/14/2014** – **No submissions will be accepted after that date**
    - Launched on 12/13/2013, the Call for Industry Submission for the 2013 Market-based Review will be open for 60 days
    - An email was distributed from CAQH CORE on 12/13/2013
    - The first training session for the 2013 MBR was held on 12/20/2013

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Code Combination Maintenance:
Market-based Review (MBR) Additions and Removals

- This is detailed work: No pain no gain!
  - Given massive use of codes and their impact on claim denials/adjustment, industry needs a uniform set for simplification and identification of areas for improvement/alignment/resource allocation
  - Example of Code Combination under Business Scenario #1
    - *CARC:*
      - *Attachment/other documentation referenced on claim was not received*
    - *RARC:*
      - *Missing post-operative images/visual field results*
- Any HIPAA covered entity can submit code combinations
  - 60 day submission period (ends February 15th)
  - Submissions MUST meet criteria
  - The 2013 online MBR Form will only consider the addition/removal of *CORE Code Combinations* in the existing four CORE-defined Business Scenarios.

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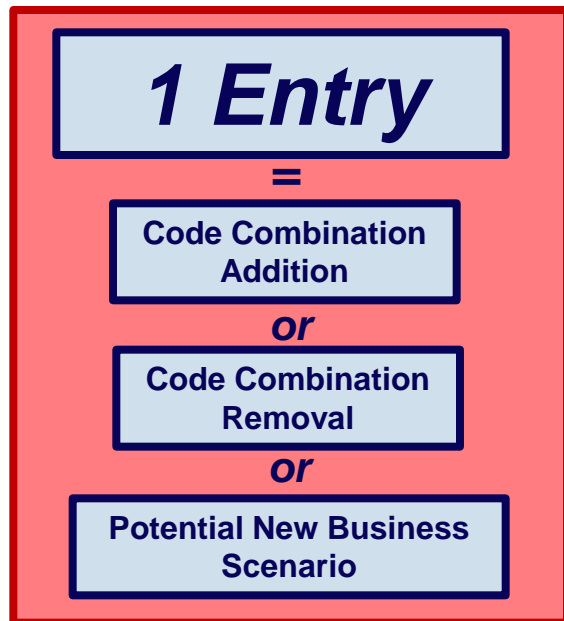for Information Exchange
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MBR Submission Process: Entries for Market-based Code Additions and Removals

- The 2013 online MBR Form will only consider the addition/removal of *CORE Code Combinations* in the existing four CORE-defined Business Scenarios; the current version of the *CORE Code Combinations* can be found [HERE](#)

- Potential code(s) additions and removals to the CORE-defined Business Scenarios for CAQH CORE 360 Rule may include:

Types of Additions	Types of Removals
1. Add CARC and RARC along with a CAGC(s)	1. Remove CARC and all associated RARCs and CAGC(s)
2. Add CARC along with a CAGC(s)	2. Remove RARC and associated CAGC(s) from existing CARC
3. Add RARC to an existing CARC along with a CAGC(s)	3. Remove CAGC(s) from existing CARC
4. Add CAGC(s) to an existing CARC	4. Remove CAGC(s) from existing CARC and associated RARC
5. Add CAGC(s) to an existing CARC and its associated RARC	

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Submitters - Plan Ahead!

- Submitters will need to spend significant time on each entry of their MBR submission given the requirements to include the supporting information to assist the Code Combinations Task Group (CCTG) in its review

- Submitters should expect it will take **approximately 15 minutes to submit each entry** (i.e. code addition, deletion, or potential new business scenario) on the online MBR form

1 Entry

=

Code Combination Addition

or

Code Combination Removal

or

Potential New Business Scenario

≈

15 Mins

CORE Operating Rule Development

Connectivity, Infrastructure & Security Industry Landscape:
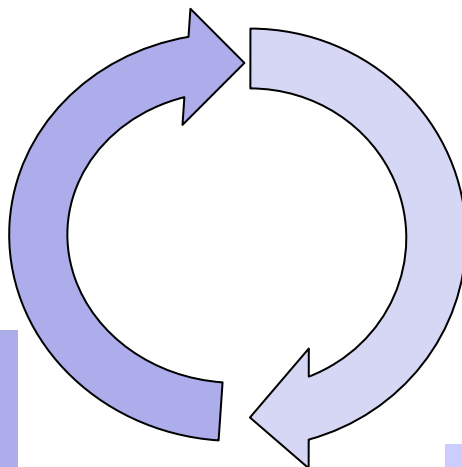## *Legislative, Market Movements, & National Initiatives*

Legislative and National Initiatives Movement towards increased adoption of Standards

Market Movement towards increased Connectivity, new Business Needs

Legislative Movement

- ✓ HIPAA covered entities are implementing CAQH CORE Connectivity for ACA Section 1104 compliance
- ✓ Meaningful Use Stage 2 has transport requirements for Providers/EHR systems such as use of ONC DIRECT
- ✓ HITECH Act has greater security requirements, penalties for lack of security

Interoperability Initiatives

- ✓ CAQH CORE
- ✓ eHealth Exchange (formerly NwHIN)
- ✓ ONC S&I esMD has adopted CAQH CORE Connectivity
- ✓ Trust policy frameworks developed by DirectTrust, white papers by ONC S&I esMD Author of Record

Market Movement

- ✓ Market movement from paper based to Internet based electronic transactions.
- ✓ Efficiencies of scale gained as more trading partners support electronic transactions
- ✓ Improved efficiency as more electronic transactions become standards based

Technical Impact of Direct Connectivity

- ✓ Need to support standards in new areas such as attachments
- ✓ Need for reliability and security in support of the new business transactions

Government PKI Infrastructures

- ✓ Federal Bridge is built and operational supporting cross-certification of trusted PKIs

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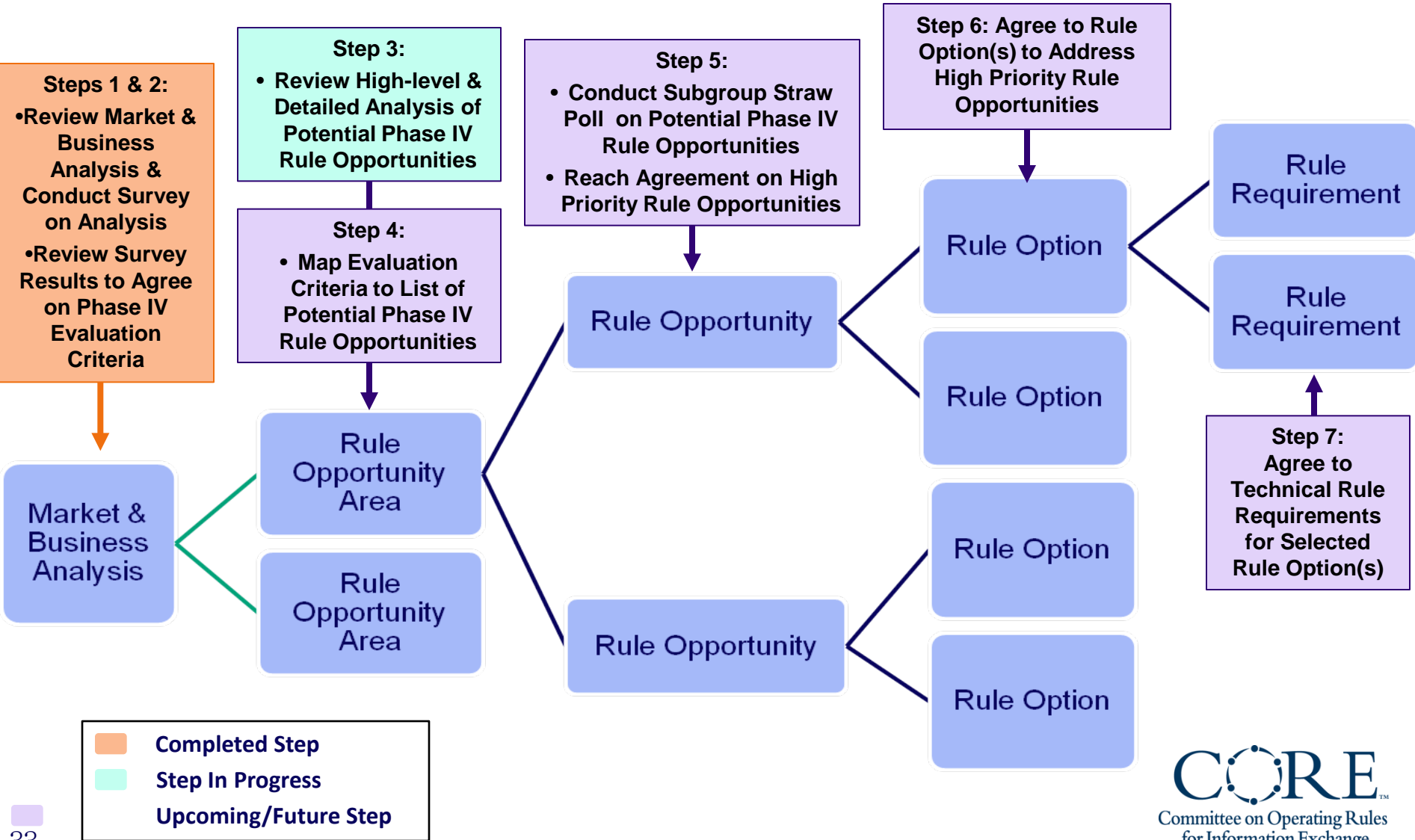# 3rd Set: CORE Connectivity & Infrastructure Subgroup
Subgroup has been meeting every other Thursday– JOIN NOW!

- In November 2013, the Connectivity & Security Subgroup convened to begin drafting the connectivity and related infrastructure options for the 3rd set of ACA-mandated operating rules

    - The Subgroup meets bi-weekly on Thursdays from 2:30 – 4 pm EST

    - Currently over 80 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chair S. Luke Webster, *CHRISTUS, with health plan and vendor Co-Chairs being*

    - As part of the Phase IV Rule Opportunities, Subgroup is considering how to potentially align with other large scale industry adoption connectivity initiatives given the CORE Guiding Principles for alignment

- ***Entities are encouraged to join***

    - Any CAQH CORE Participating Organization and their representatives can join the Subgroup

    - Any entity can become a CAQH CORE Participating Organization; join cost is extremely low/free

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3rd Set of Operating Rules and Infrastructure/Connectivity
Rule Development Work Flow

Steps 1 & 2:
- Review Market & Business Analysis & Conduct Survey on Analysis
- Review Survey Results to Agree on Phase IV Evaluation Criteria

Step 3:
- Review High-level & Detailed Analysis of Potential Phase IV Rule Opportunities

Step 4:
- Map Evaluation Criteria to List of Potential Phase IV Rule Opportunities

Step 5:
- Conduct Subgroup Straw Poll on Potential Phase IV Rule Opportunities
- Reach Agreement on High Priority Rule Opportunities

Step 6: Agree to Rule Option(s) to Address High Priority Rule Opportunities

Step 7: Agree to Technical Rule Requirements for Selected Rule Option(s)

Market & Business Analysis

Rule Opportunity Area

Rule Opportunity Area

Rule Opportunity

Rule Opportunity

Rule Option

Rule Option

Rule Option

Rule Option

Rule Requirement

Rule Requirement

Legend:
- Completed Step
- Step In Progress
- Upcoming/Future Step

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3rd Set of Operating Rules:
Examples of Potential Rule Opportunities Under Discussion

How can connectivity and infrastructure Operating Rules drive selected criteria such as clinical/administrative alignment, adoption?

Examples of Identified Rule Opportunities
Transport and Enveloping • Convergence of Authentication Standards for Safe Harbor, e.g. SOAP • Explore support for ONC DIRECT as an additional transport option for Attachments
Enhancing Reliability and Security/Authentication • Industry-wide policy for uniform use of digital certificates • Enhanced envelope level security (e.g., Signature, SAML Authorization), determining B2B nature of transactions and that some signatures may be applied at the document (payload) level.
Message Interaction and Response Times • Define transaction Specific Message Interaction (e.g., Real time, Batch) Requirements; likely will vary by transaction, e.g. claims may be only batch

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3rd Set of Operating Rules:
Existing Draft CAQH CORE Operating Rule for Consideration

Health Care Claim Acknowledgment (277) Rule

- **Connectivity:** Requires entities to support the Connectivity Rule

- **System Availability:** Specifies system availability must be no less than XX percent per calendar week for both real time and batch processing modes

- **Downtime Reporting:** Includes reporting requirements for scheduled, non-routine, and unscheduled system downtime plus holiday schedule

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

- **Acknowledgements:** Includes batch and real time Acknowledgement requirements

- **Response Time:** Specifies response time requirements for availability of Acknowledgements

- **Receivers of the X12 v5010 277:** Requires receivers of Acknowledgments to recognize and pass all error conditions to the end user and display text describing the specific error condition

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3rd Set of ACA Mandated Operating Rules:
Content and Infrastructure

CORE Connectivity Rule v2.2.0 (Safe Harbor)

Infrastructure: Get involved on Thursdays!

Data Content Rules: Support use of X12, HL7 and industry neutral payloads, e.g. PDF

Response Time Rules (batch and real-time)

System Availability Rules

Other infrastructure rules e.g., dual delivery

Companion Guide Requirements

Other Connectivity Methods

- • *Data content* rules can apply to all transactions. Trace numbers and uniform code usage, in which rule includes ongoing/evolving code maintenance, identified as key opportunities.
- • *Infrastructure opportunities* were rated extremely high. Batch turnaround time for all transactions, real-time for some actions, e.g., provision of Prior Auth requirements (not approval; rule exists), Claim submission (not RTA). Acknowledgements viewed as critical (draft rule exists for Claim); however, regulations yet to recognize acknowledgements to date. Evolved connectivity and Companion Guide template have very high support. Employer role with infrastructure viewed as critical; however, regulations can only reach employer indirectly via health plans. *CAQH CORE Connectivity and other infrastructure* rules currently apply to all operating rules with the exception of EFT which uses different infrastructure (ACH network)
- • Safe Harbor principle applies only to CAQH CORE Connectivity Rule. Connectivity approaches outside Safe Harbor still need to comply with all other rule requirements (infrastructure and content).

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Thank You for Joining Us!

Q&A

Please submit your question:

- Via the Web: Enter your question into the Q&A pane in the lower right hand corner of your screen
- By Phone of VoIP: When prompted for audio portion of Q&A, please press 'Raise Hand" Button to queue up to ask a question