CAQH CORE August Town Hall Call

August 7, 2014
2:00 – 3:00pm ET

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
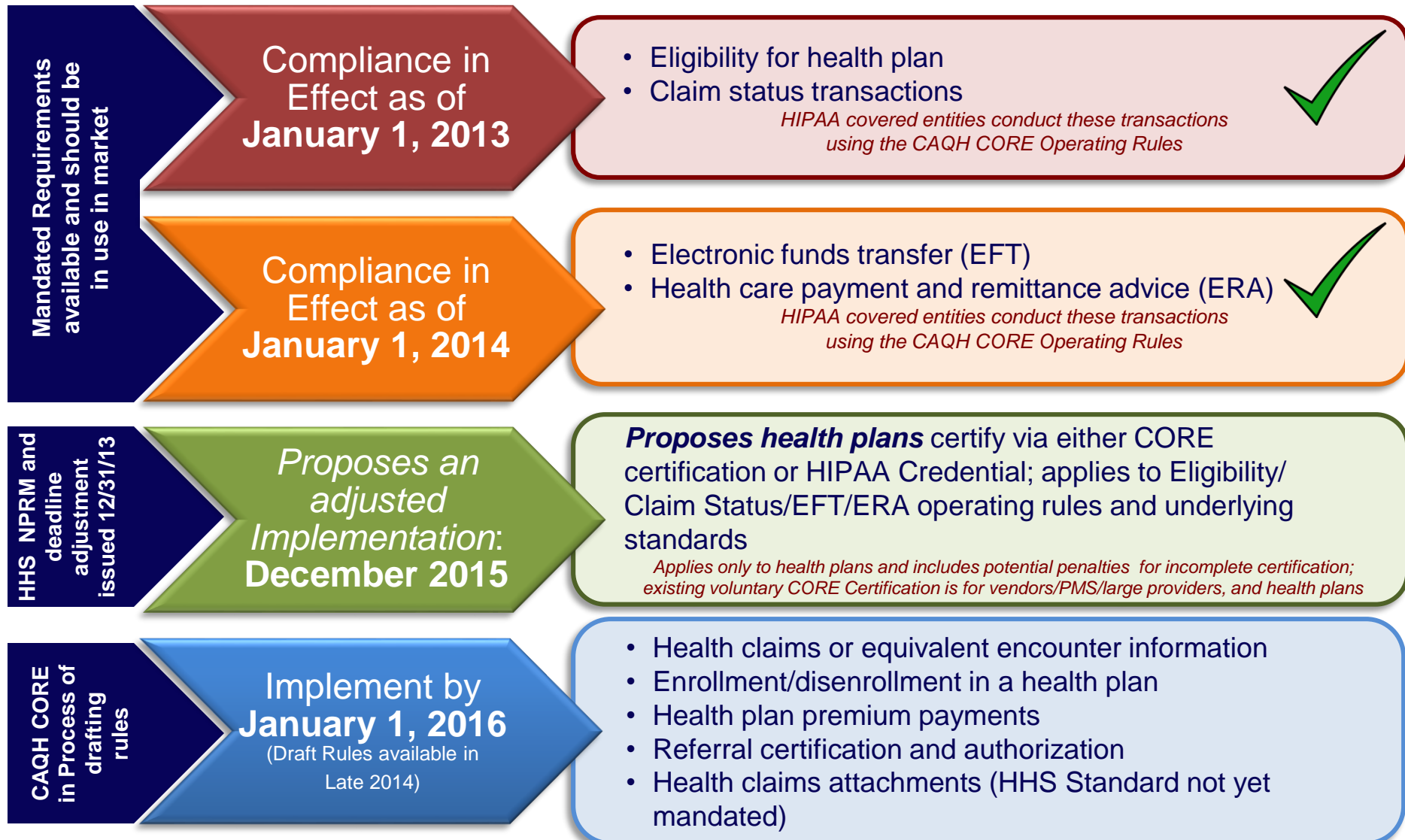
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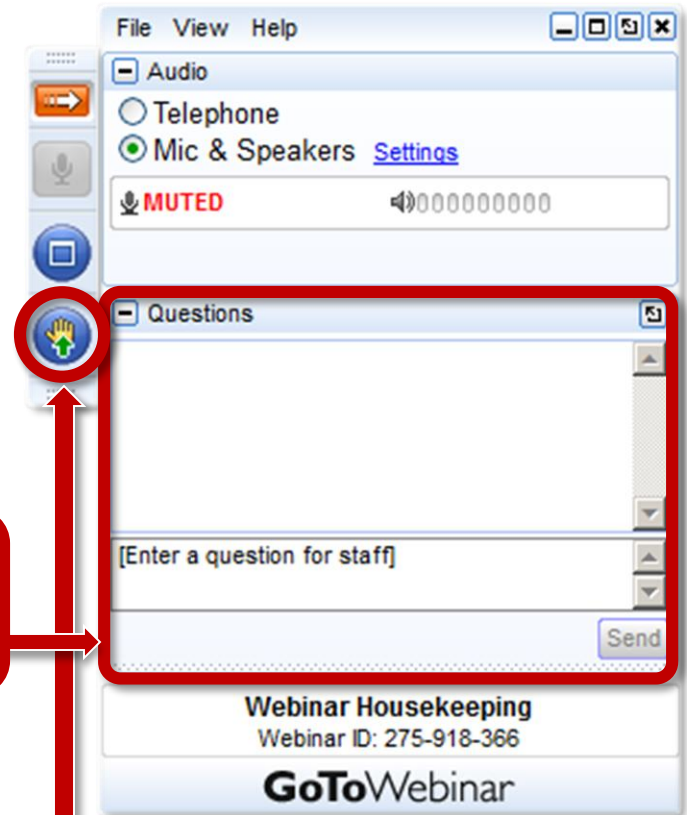
Session Topics

- **Welcome Introduction**

- **ACA Mandate and HHS Health Plan Certification NPRM**

  - Update on Draft HIPAA Credential Forms

- **CAQH CORE Operating Rules Industry Adoption**

- **CAQH CORE Operating Rule Maintenance**

  - Uniform Use of CARCs and RARCs Rule

  - EFT & ERA Enrollment Data Sets

- **Third Set of CAQH CORE Operating Rules**

- **Available CAQH CORE Implementation Resources**

- **CAQH Solutions**

  - Universal Provider Datasource

  - EnrollHub

  - COB Smart

  - CAQH Healthcare Efficiency Index

- **Q&A**

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ACA Mandate and HHS Health Plan Certification
Scope and Updates

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Scope: ACA Mandated Operating Rules and Certification Compliance Dates

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 NPRM and deadline adjustment issued 12/31/13	*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	**Implement by January 1, 2016** (Draft Rules available in Late 2014)	• Health claims or equivalent encounter information • Enrollment/disenrollment in a health plan • Health plan premium payments • Referral certification and authorization • Health claims attachments (HHS Standard not yet mandated)

Who Must Comply with Standards and Operating Rules?
Required of All HIPAA Covered Entities[1]

- ACA Section 1104 mandates that all HIPAA covered entities comply with *healthcare operating rules*; additional guidance on HIPAA covered entity designations may be found [HERE](#)

- HIPAA Administrative Simplification standards, requirements and implementation specifications apply to[2]:
  - Healthcare Providers: *Any person or organization who furnishes, bills, or is paid for healthcare in the normal course of business[3]*
    - Covered **ONLY** *if they transmit protected health information electronically (directly or through a business associate) in connection with a transaction covered by the HIPAA Transaction Rule[2]*
    - Examples include but are not limited to: Doctors, Clinics, Psychologists, Dentists, Chiropractors, Nursing Homes, and Pharmacies
  - Health Plans *(including Self-insured and Group Health Plans, Long-term Care, Medicare, Medicaid, etc.)*
  - Healthcare Clearinghouses

[1] [Understanding HIPAA Privacy: For Covered Entities and Business Associates](#)
[2] [HIPAA Administrative Simplification](#): 45 CFR §§ 160.102, 164.500
[3] [HIPAA Administrative Simplification](#): 45 CFR § 160.103

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HHS NPRM on Health Plan Certification
Background

- **Notice of Proposed Rule Making (NPRM)** published in *Federal Register*, December 31, 2013. Comment period ended April 3, 2014 (see comments: www.regulations.gov)
  - Proposed requirement of health plan certification, and reporting number of covered lives, required by December 31, 2015

NPRM Proposed Certification Options

CAQH CORE Phase III Certification Seal

OR

HIPAA Credential*

- Includes Seals for Phases I and II
- Involves Testing with Independent Testing Entity
- Part of the established Voluntary CORE Certification Process

- Requirements outlined in NPRM
- Includes Attestation-based documents
- Process and actual documents are in development by CAQH CORE

*May be adjusted pending final rule

Draft HIPAA Credential Forms
Background on Industry Feedback

- Samples of the three key HIPAA Credential forms were developed by CAQH CORE for comment and are publicly available on the <u>CAQH website</u>

  - CAQH CORE developed content for the <u>Draft HIPAA Credential Forms</u> based on the HHS Health Plan Certification of Compliance NPRM

- Process:

  - Gathered industry input during **one-month public comment period** (May 6th -June 3rd)

- Results

  - Total of **264** comments were received from both CORE Participants and non-Participants; **180** are unique (meaning there were a number of duplicative comments)

- For more information on the Draft HIPAA Credential Forms please visit the discussion slides on our website <u>HERE</u>

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Draft HIPAA Credential Forms
CAQH CORE Certification & Testing Subgroup

- **CAQH CORE Certification & Testing Subgroup**, comprised of CORE Participants*, was tasked with adjudicating both the substantive and non-substantive comments on the initial draft forms:

  - <u>Substantive</u>: Significant modifications to instructions, layout/formatting, addition of key data fields & deletion of fields to promote alignment with NPRM provisions

  - <u>Non-Substantive</u>: Minor formatting, changes to address typographical/ grammatical errors, word-smithing, addition of references, etc.

- The Subgroup has made several revisions to the Draft HIPAA Credential Forms based on these industry comments and are currently in the process of finalizing an updated set of Draft Forms (subject to additional revision upon HHS' publication of a final rule)

  - Subgroup is also focused on creating a list of topics for which Supporting Materials will be useful to, and appropriate for, the industry

    - Subgroup will determine its role and process in creating such materials, e.g. FAQs, sample trading partner scenarios

- All CORE Participating Organizations are welcome to join the CAQH CORE Certification & Testing Subgroup

  - The next Subgroup call is **September 5th from 2:30-4pm ET**; If you are interested in joining, please email CORE@caqh.org

*For more information on how to become a CORE Participating Organization, please visit our website HERE

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CAQH CORE Operating Rules
Industry Adoption Update

Sources to Track Industry Engagement of Operating Rules
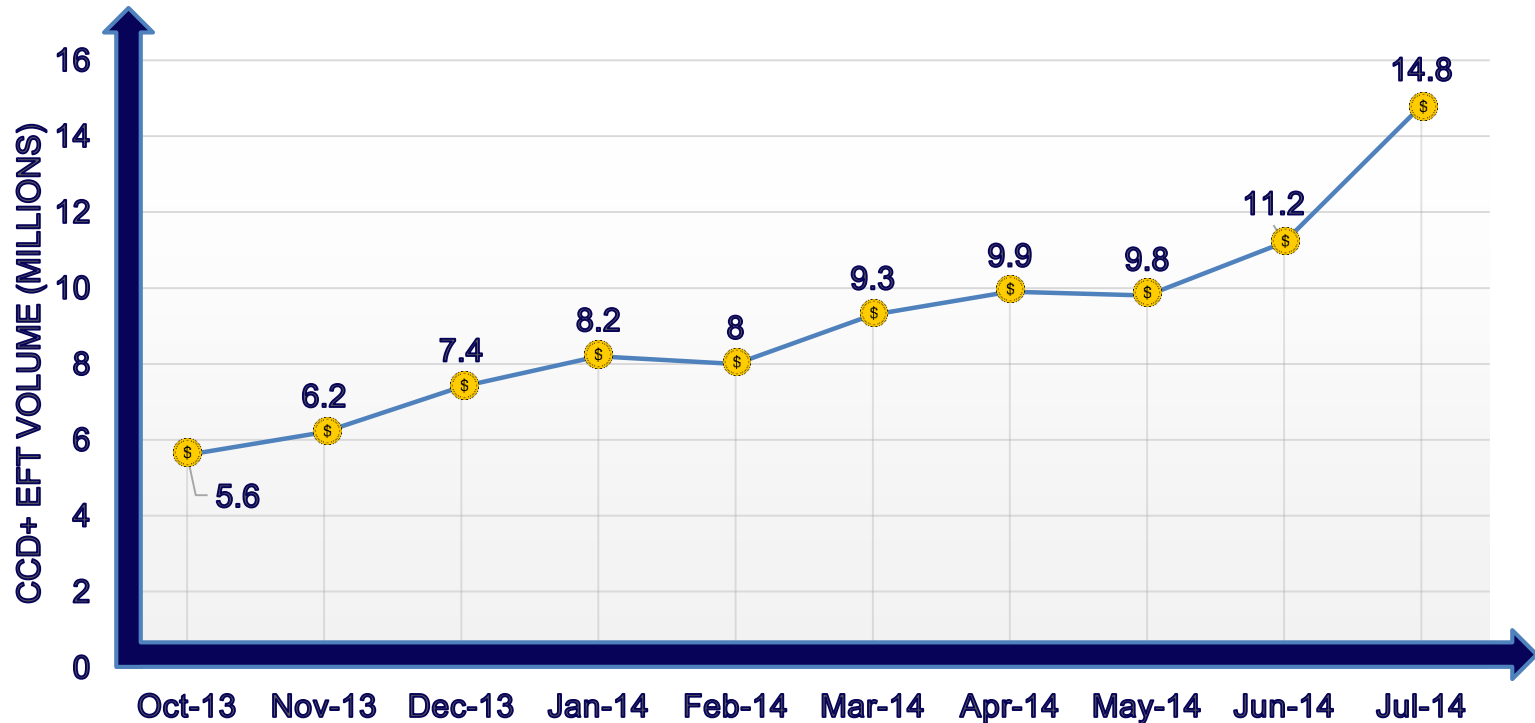## *Examples*

- *Voluntary CORE Certification*
  - Although current focus is tracking industry adoption of EFT & ERA Operating Rules, the industry continues to realize the benefits of Phase I and II Eligibility and Claims Status Operating Rules
    - Recent certifications include ikaSystems, Meditech, Florida Medicaid, etc.
  - Phase III EFT & ERA CORE Certifications
    - A number of entities have completed Phase III CORE certifications with many more in the pipeline. Recent examples include Centene Corp, PaySpan and Florida Medicaid

- CORE education session polling on industry status
  - Polling data from Q1 & Q2 2014 education sessions shows steady EFT & ERA Operating Rule implementation progress across all stakeholder group
    - Polling and registration information is always BLINDED and is taken in aggregate to protect personal information of registrants/attendees

- NACHA EFT transaction volume
  - Unlike for other HIPAA transactions, use of the ACH network for CCD+ enables tracking of this transaction (if entities use trace number)

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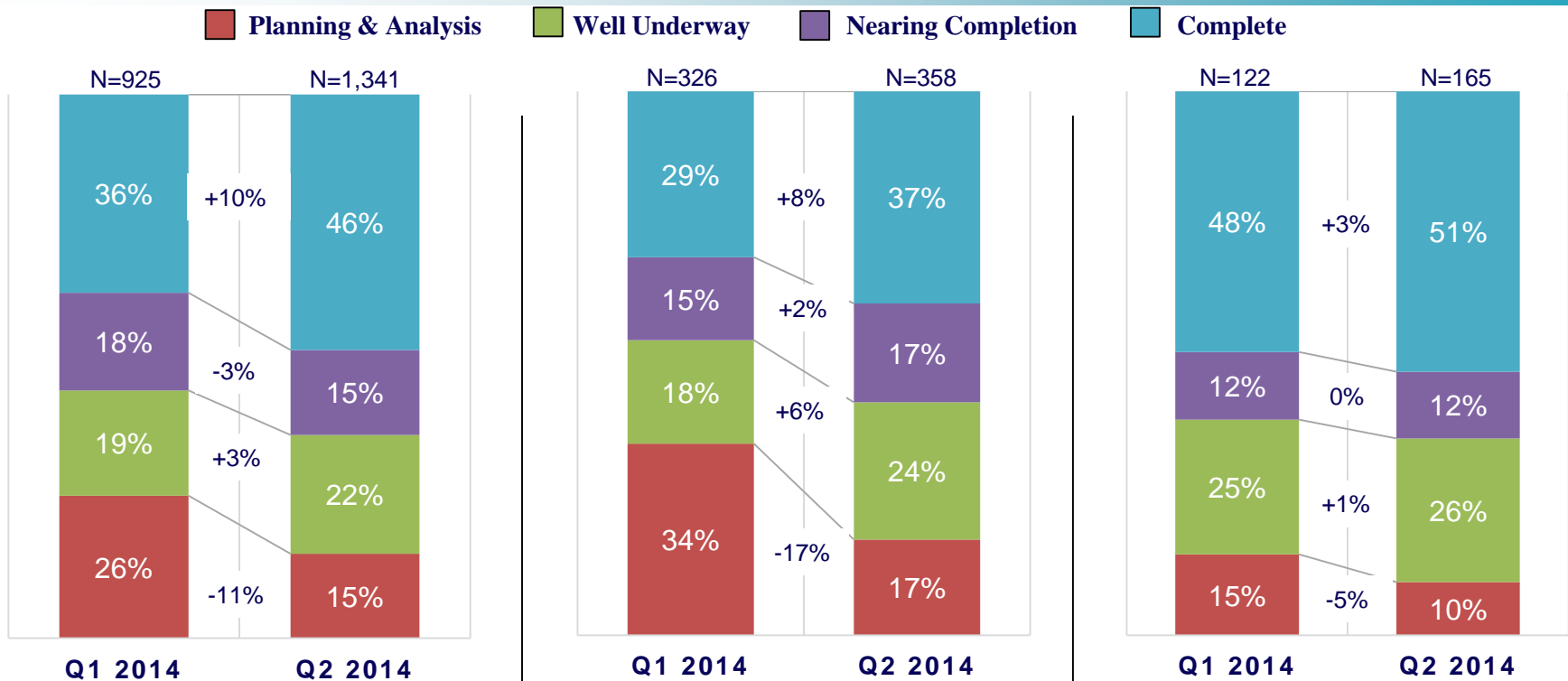
Healthcare EFT CCD+ Volume
Based on NACHA Data

- These numbers reflect EFT payments that are clearly identified as healthcare payments by the use of the specific identifier "HCCLAIMPMT"[1] in the CCD+ transaction

- There has been steady growth in the use of CCD+ for healthcare EFT payments with roughly a **160% net increase in CCD+ volume** from the beginning of Q4 2013 to the beginning of Q3 2014

CCD+ EFT VOLUME (MILLIONS)

Month	Value
Oct-13	5.6
Nov-13	6.2
Dec-13	7.4
Jan-14	8.2
Feb-14	8
Mar-14	9.3
Apr-14	9.9
May-14	9.8
Jun-14	11.2
Jul-14	14.8

[1]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
[2]Fewer processing days in February 2014; may account for lower numbers.

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Status of EFT & ERA Operating Rule Implementation: CAQH CORE 2014 Self-Reported Polling Response Data

Legend: ■ Planning & Analysis ■ Well Underway ■ Nearing Completion ■ Complete

Health Plan/TPA/Payer

	Q1 2014 (N=925)	Change	Q2 2014 (N=1,341)
Complete	36%	+10%	46%
Nearing Completion	18%	-3%	15%
Well Underway	19%	+3%	22%
Planning & Analysis	26%	-11%	15%

Health Plans have had the biggest increase in Completed implementations between Q1 and Q2 (+10%).

PMS/Vendor

	Q1 2014 (N=326)	Change	Q2 2014 (N=358)
Complete	29%	+8%	37%
Nearing Completion	15%	+2%	17%
Well Underway	18%	+6%	24%
Planning & Analysis	34%	-17%	17%

PMS/Vendors have increased in all categories from Well Underway through Completion between Q1 and Q2 (+16% total).

Clearinghouse

	Q1 2014 (N=122)	Change	Q2 2014 (N=165)
Complete	48%	+3%	51%
Nearing Completion	12%	0%	12%
Well Underway	25%	+1%	26%
Planning & Analysis	15%	-5%	10%

Clearinghouses still have the highest number of organizations in the key categories of Well Underway, Nearing Completion or Complete (89% for Q2).

NOTE: Response percentages less than 5% are not displayed.

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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
  - *Voluntary* CORE Certification provides verification that your IT system 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
  - **150 CORE Certifications** have been achieved with 22 Certifications currently pending. Access a list of these organizations HERE
- 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

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Note: Learn more about *voluntary* CORE Certification here

CAQH CORE Operating Rule Maintenance
Uniform Use of CARCs and RARCs Rule

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

- 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*
  - David DuBay, *UnitedHealth Group*

- Conducts three Compliance-based Reviews (CBR) and one Market-based Review (MBR) per year
  - **Recent Compliance-based Review Work**
    - Successfully met deadlines for Completion of all three Compliance-based Reviews for 2013
    - Completed Compliance-based Review for code adjustments published by WPC on **March 1, 2014** (Reflected in the *July 2014 v3.1.1 CORE Code Combination List*)
  - **Recent Market-based Review Work**
    - Completed first annual MBR which was launched on **December 13, 2013**

- The CCTG has begun the Compliance-based Review for code adjustments published by the WPC on July 1, 2014
  - Any updates to the *CORE Code Combinations* based on this CBR will be reflected on an updated version of the *CORE Code Combination List* that will be published on October 1st

*Updates from the March CBR and first MBR are reflected in the *July 2014 v3.1.1 CORE Code Combination List*

Maintenance: Uniform Use of CARCs and RARCs Rule
Compliance and Resources

Most Recent Version of the *CORE Code Combinations*	Compliance Date (Applies as of January 1, 2014 to all HIPAA-covered Entities)
July 2014 v3.1.1 (released July 2nd)	**October 2, 2014**

HIPAA covered entities have ***90 days*** from the date of publication of an updated version of the *CORE Code Combinations* until compliance with that version is required; any outlier deadlines set by Code Committees, e.g. code isn't deactivated for 180 days, are addressed in CORE policy

Available Resources

- For more information please visit CAQH CORE's dedicated webpage for CAQH CORE 360 Rule and the Code Combinations Maintenance Process

  - You can access and download the July CORE Code Combinations List v3.1.1 on this webpage

    - In addition to current announcements, future versions of the *CORE Code Combinations* will also be announced on the webpage and deprecated versions will be available for reference

- *CAQH CORE will be holding an in-depth Educational Webinar on the Uniform Use of CARCs and RARCs Rule in early Fall

*When the date and time for this webinar is finalized, it will be added to the CAQH CORE Education Events page – ***check back soon!***

CAQH CORE Operating Rule Maintenance
EFT & ERA Enrollment Data Set

Enrollment Data Sets Maintenance Process:
Recognized by CMS

Rule Section 3.4: *CORE Process for Maintaining CORE-required Maximum Enrollment Data Set*

- CAQH CORE will apply a process to review the Enrollment Data Sets annually
- Any substantive changes will be reviewed and approved by the CORE Participants
- First review will commence one year after the passage of a Federal regulation requiring implementation of the rule

Enrollment Data Set Maintenance Process
Recognized by CMS/HHS

- Section 3.4 of CAQH CORE 380/382 Rules is adopted by federal regulation, CMS recognizes the Enrollment Data Set in the rules will be updated via maintenance
- Any updates to the data sets will be recognized under HIPAA and do not require a new federal regulation

Non-Data Set Adjustments to CAQH CORE 380/382 Rules
Requires New Federal Regulation

- Maintenance Process is specifically scoped to the Enrollment Data Sets in the rule language.
- Any substantive revisions/updates to CAQH CORE 380/382 Rules beyond the data sets require recognition via the federal rule making process

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Enrollment Data Set Maintenance
Task Group that does Maintenance

- **CAQH CORE Enrollment Data Maintenance Task Group**
  - The Task Group had its first call on July 9th and is made up of **over 30 CORE Participating Organizations**; any CORE Participating Organization can join the Task Group.
  - Next Task Group call is **August 13th from 3-4:30pm ET**; If you are a CORE Participating Organization and you would like to join the Task Group, please email CORE@caqh.org

- Task Group Co-Chairs include:
  - Wendy Hanson, *UNMC Physicians - University of Nebraska Medical Center*
  - Joanne Hoagland, *Horizon Blue Cross Blue Shield of New Jersey*
  - Minil Mikkili, *Kaiser Permanente*
  - Deirdre Ruttle, *InstaMed*

- The focus of the Task Group's first review in 2014 will be to:
  - Identify and address any non-substantive adjustments in the CORE-required Maximum EFT & ERA Enrollment Data Sets
  - Finalize procedures for an ongoing annual CAQH CORE Enrollment Data Sets Maintenance Process including:
    - Identifying substantive (e.g. addition of new Data Element Groups) and non-substantive (e.g. adjustments to address formatting and presentation inconsistencies) evaluation criteria for potential future adjustments to the data sets
    - Determining the scope of future maintenance reviews
    - Establishing timeframes for compliance with updated data sets

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Third Set of CAQH CORE Operating Rules
Update

Third Set of ACA Mandated Operating Rules
In Development

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

- Goal: Draft of rules by end of 2014; will primarily be infrastructure.

  - Infrastructure rule development underway.
    - Infrastructure requirements will apply across transactions; built on existing draft rules, e.g. real time processing mode and/or batch processing mode required

  - *Both of these transactions are being used in the Insurance Exchanges (HIXs).
    - Firm with Federal and State HIX experience summarized lessons learned, especially regarding challenges / benefits of requirements set by CMS; report to be shared with CORE Participants in July to verify that findings are consistent with their HIX experience and how it compares to non-HIX

  - Attachment standard(s) not issued by CMS; however, CORE presenting potential vision.
    - Held a series of CORE-only calls to review and verify CORE findings on current volumes, attachment formats, future plans and related ROI, knowledge levels, etc.
    - Research indicates industry neutral standards, e.g., PDF, may have significant benefit and that industry-wide education will be key given current level of knowledge of key standards such as HL7 C-CDA
    - Determining when appropriate timing will be to draft operating rules based on status of standard(s)

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Third Set of ACA Mandated Operating Rules
CORE Connectivity & Security Subgroup

- In November 2013, the Connectivity & Security Subgroup convened to begin drafting the connectivity and related infrastructure options for Third Set of the ACA-mandated operating rules
  - Currently over 80 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chair S. Luke Webster, *CHRISTUS*
- As part of the Third Set Rule Opportunities, Subgroup is considering how to potentially align with other large scale industry adoption connectivity initiatives given the CORE Guiding Principles for alignment

- ***Join the Discussion***
  - Subgroup calls are open to all CORE Participating Organizations
  - The Subgroup meets bi-weekly on Thursdays from 2:30 – 4 pm EST
    - Next Subgroup meeting will be held on **August 14th**
  - If you are not a CAQH CORE Participating Organization but would like more information on how to become one, please visit our website HERE

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Priorities: Infrastructure Operating Rules

- Based on detailed environmental scan, Subgroup has identified high-priority opportunity areas, opportunities within the area and specific options for each opportunity, e.g.
  - **Opportunity: *Improve connectivity***
    - <u>Selected Option</u>: Converge on an envelope standard (SOAP+WSDL) to increase interoperability, plug-and-play capabilities, and align with clinical arena
      - Reminder: Connectivity is a Safe Harbor so other connectivity methods can be used
  - **Opportunity: *Improve message interaction/establish processing mode expectations***
    - <u>Selected Option</u>: Batch required; real-time optional for three of the four transactions regardless of connectivity method used
      - To establish expectations, will have requirements for both, if both offered
      - Still debating prior authorization

- Subgroup holding on a few key areas given Attachment standard(s) is yet to be determined, e.g. Consideration of DIRECT for attachments

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CAQH CORE EFT & ERA Operating Rules
Available CORE Resources

Implementation Steps for HIPAA Covered Entities *EFT & ERA 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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Examples: Get Involved!

- Any CORE Participating Organization can join any CORE group
  - If you are a CORE Participating Organization and would like to join one of these group calls, please email CORE@caqh.org
  - If you are not a CAQH CORE Participating Organization but would like more information on how to become one, please visit our website HERE

CORE Group	Current Group Focus	Frequency	Next Meeting
CORE Code Combination Task Group (CCTG)	Compliance-based Review of the (currently unpublished) July CARC/RARC/CAGC code list updates	Two calls remaining: September 9th September 23rd	Tuesday, August 12th 3:00-4:30pm ET
EFT/ERA Enrollment Data Set Maintenance Task Group	Identifying and addressing any adjustments to the Enrollment Data Sets, and developing an ongoing annual maintenance process	Wednesdays 3:00-4:30pm ET bi-weekly	Wednesday, August 13th 3:00-4:30pm ET
CORE Connectivity and Security Subgroup	Drafting the connectivity and related infrastructure options for Third Set of the ACA-mandated operating rules	Thursdays 2:30-4:00pm ET bi-weekly	Thursday, August 14th 2:30-4:00pm ET
CORE Certification and Testing Subgroup	Reviewing and addressing industry feedback for the Draft HIPAA Credential Forms	Final Call	Friday, September 5th 2:00-3:30pm ET

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Current CAQH Initiatives

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 ENROLLHUB™

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 selected payer partners.

CAQH Solutions COB SMART™

Industry-wide registry of coverage status information that enables health plans and providers to identify individuals with multiple forms of coverage to ensure claims are processed correctly the first time.

US HEALTHCARE® EFFICIENCY INDEX

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

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Confidential and Proprietary

Universal Provider Datasource – Established Industry Utility for Provider Data

- **Mission:** Replace multiple organization-specific paper processes with a single, uniform data collection system.

- Current Status.
  - More than 1.2 million unique providers have registered and are using the system (approximately 7,000 new providers register each month).
  - Over 700 participating health plans, networks, hospitals, state Medicaid agencies and other organizations.
  - Twelve states and the District of Columbia have adopted the CAQH Standard Provider Credentialing Application.
  - Strong industry support, including AHIP, AAFP, ACP, AHIMA, AMA, and MGMA.
  - Approved by NCQA, URAC and the Joint Commission for provider self-reported data collection for credentialing.

Vision: Be the trusted national standard for the effective and transparent collection and distribution of accurate, timely and relevant provider data for the healthcare industry.

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Going Forward: Fulfilling the UPD Vision

Be the trusted national standard for the effective and transparent collection and distribution of accurate, timely and relevant provider data for the healthcare industry

"UPD is a service"

Current State v1.0

→

"UPD is a platform"

Target State v2.0

Optimized for credentialing application use case

Broad array of non-credentialing use cases

Data Capture	• Credentialing attributes • Individual providers only • Self Reported Information • Sanctions	• Expanded attributes • Hospitals and facilities • Provider data upload
Process / Workflow	• Basic data validation • Single state application support	• Validation against 3rd party industry data sources • Multi-state application support • Expired information prompts
Distribution	• File based sharing • Web based query • Customized extracts	• Real time services • NPI based search • Expand beyond traditional users

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Current Provider Challenges to EFT Adoption

Examples of market dynamics in three states:

- California has 85 unique payers

- Arizona has 59 unique payers

- Maryland has 41 unique payers

Today, in order for a provider to enroll in EFT with payers they must:

1. Locate each payer's EFT enrollment form (could be paper and/or electronic)

2. Complete and submit each payer's EFT enrollment form according to payer instructions

3. Begin receiving ACH payments for each payer with corresponding remittance information via ERA or using each payer's portal to retrieve remittance data to reconcile each payment

4. Maintain EFT enrollment information for each payer anytime enrollment changes

The redundant work associated with this process typically results in providers limiting their EFT enrollment focus to only their top payers. The design of this CAQH solution enables providers to leverage their EFT data across multiple payers resulting in significant administrative efficiencies for providers and the opportunity for payers to get to 100% EFT adoption.

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CAQH EFT /ERA Solution Overview

Provider-Facing Data Collection Portal.

- Free for providers; revenue based on fees from organizations accessing data. Fee structure designed to cover operating costs only.

- Web-based data entry for provider EFT / ERA enrollment information.

- Building of a "Billing Provider Database" with appropriate business rules.

- Alignment with CORE EFT / ERA Operating Rules for definition of the standard enrollment data set and supporting documents.
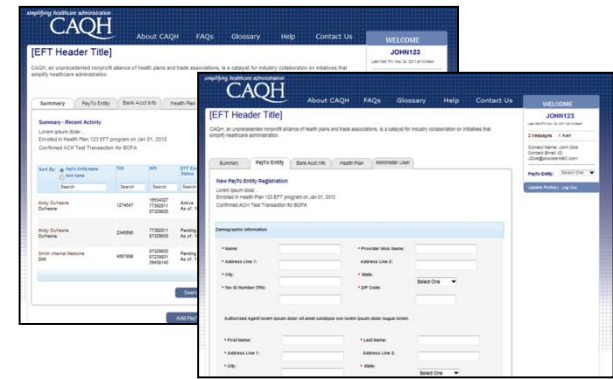
Health Plan-Facing Access Portal.

- Web-based access portal for health plan customers.

- Data extract sent to health plan for EFT enrollment.

Industry-Wide Shared Services.

- Provider adoption campaigns / integration with UPD to electronically promote the CAQH EFT / ERA enrollment utility to UPD provider users.

- Provider support center.

- Voided check and other uploaded document processing.

- Pre-note transactions via ACH partners to validate bank account information.

Provider-Facing Portal
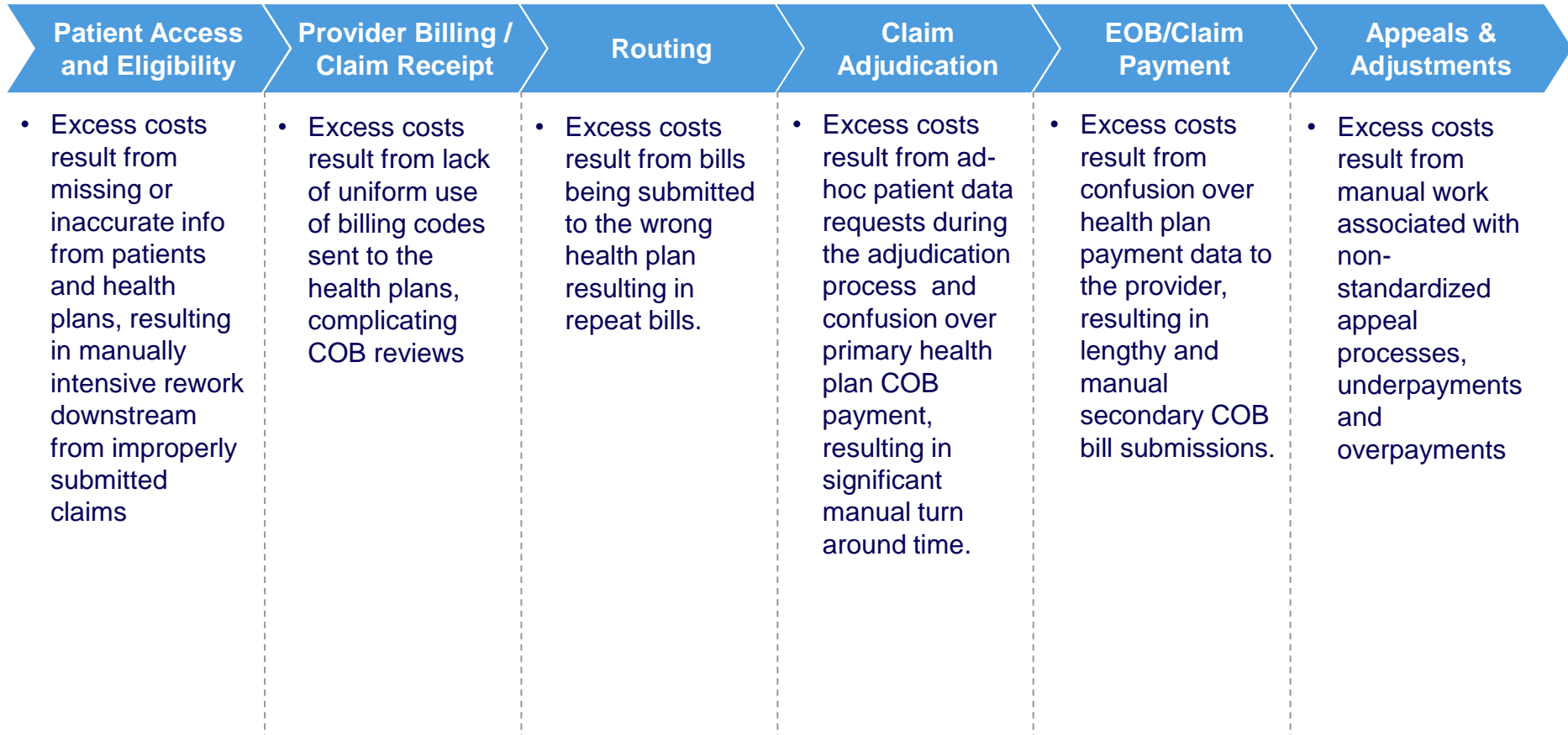

Health Plan-Facing Portal
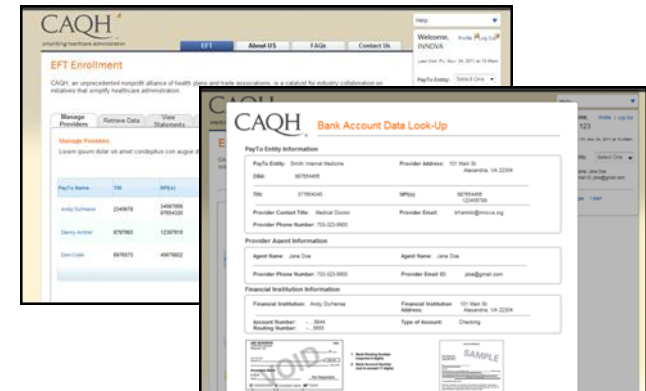
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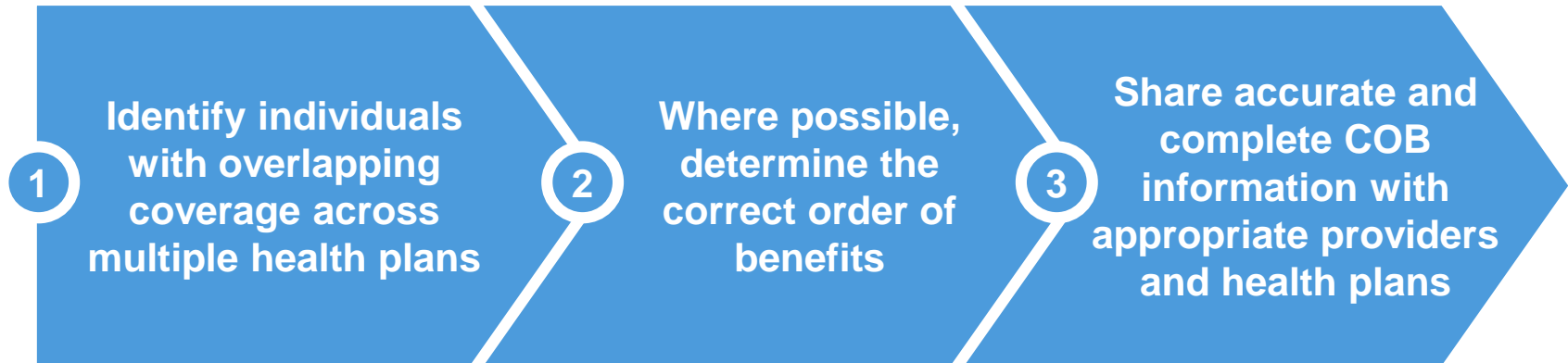**CAQH**

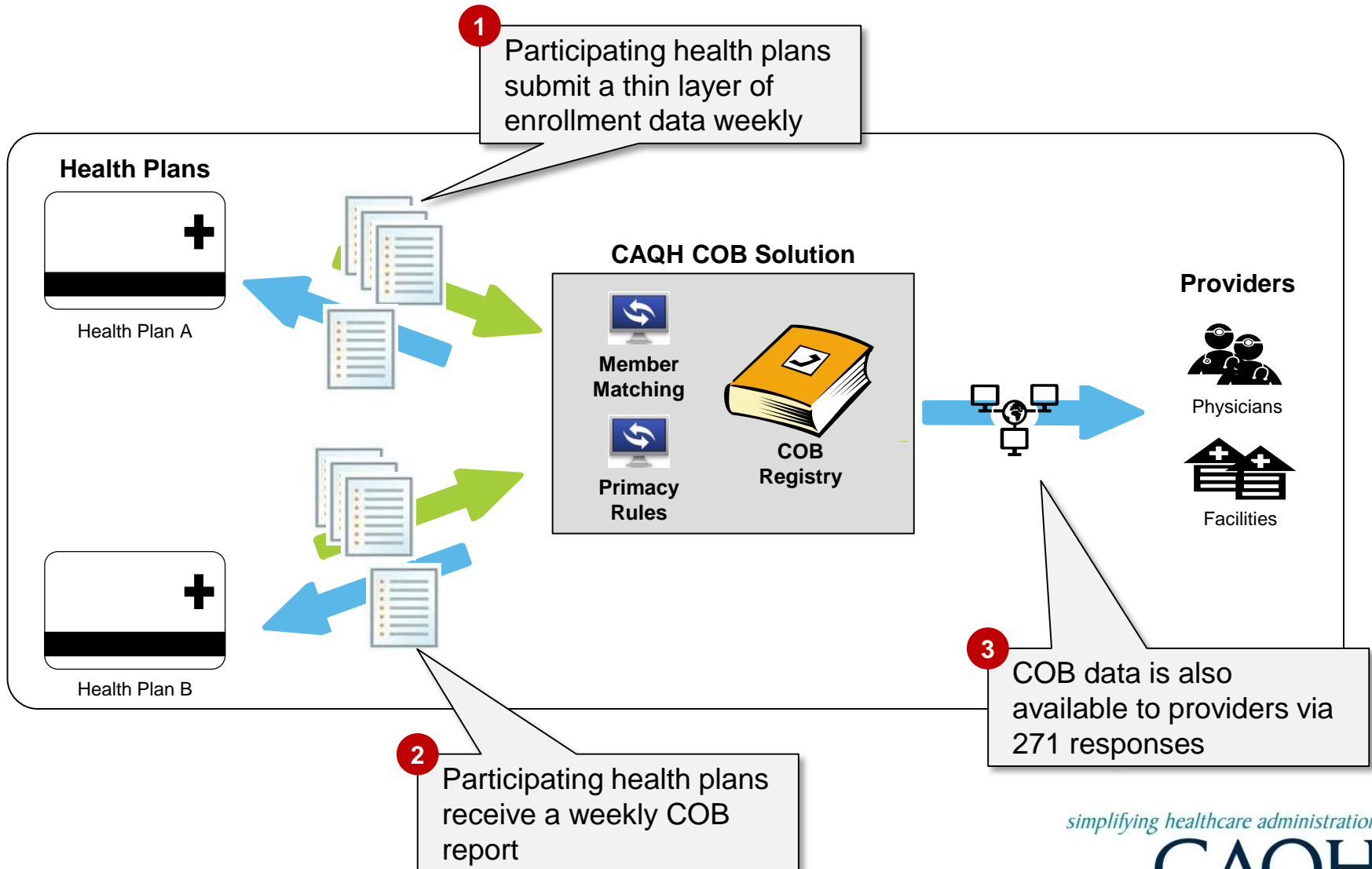# COB Challenges Today – What Drives Costs

Health Plan and Provider Value Chain Components

Patient Access and Eligibility	Provider Billing / Claim Receipt	Routing	Claim Adjudication	EOB/Claim Payment	Appeals & Adjustments
• Excess costs result from missing or inaccurate info from patients and health plans, resulting in manually intensive rework downstream from improperly submitted claims	• Excess costs result from lack of uniform use of billing codes sent to the health plans, complicating COB reviews	• Excess costs result from bills being submitted to the wrong health plan resulting in repeat bills.	• Excess costs result from ad-hoc patient data requests during the adjudication process and confusion over primary health plan COB payment, resulting in significant manual turn around time.	• Excess costs result from confusion over health plan payment data to the provider, resulting in lengthy and manual secondary COB bill submissions.	• Excess costs result from manual work associated with non-standardized appeal processes, underpayments and overpayments

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CAQH COB Smart ™ Objectives

1. **Identify individuals with overlapping coverage across multiple health plans**

2. **Where possible, determine the correct order of benefits**

3. **Share accurate and complete COB information with appropriate providers and health plans**

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CAQH®

High-Level Solution Overview

1 Participating health plans submit a thin layer of enrollment data weekly

Health Plans

Health Plan A

Health Plan B

CAQH COB Solution

Member Matching

Primacy Rules

COB Registry

Providers

Physicians

Facilities

2 Participating health plans receive a weekly COB report

3 COB data is also available to providers via 271 responses

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What is the CAQH Index?

- Measures adoption and potential cost savings related to electronic administrative transactions.

- The CAQH Index Advisory Council, representing all facets of the industry, guides the Index efforts.

- 2013 Index was released April 2014:

  - Website and Savings Calculator transferred to CAQH.org

  - Data from Calendar Year 2012

- 2014 data collection effort in progress:

  - Data for 2013

  - Health plans

    - Numbers and types of transactions

    - Costs per transaction

  - Healthcare providers

    - Costs per transaction

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Commitment to Measurement

- Measuring progress is essential to making progress.

  - Benchmarks are necessary to create a baseline for monitoring impact.

  - Both aggregated and distinct metrics help tell a story.

- CAQH is committed to assessing the impact of current and potential initiatives.

  - Track ROI on an industry- and organizational-basis.

  - Examine direct and indirect impacts.

  - Conduct regular analysis and research to identify potential opportunities to further reduce administrative costs across the healthcare value chain.

  - Partner with external sources to research and validate opportunities.

- Ensuring accurate and reliable measurement starts before data collection and continues throughout the measurement process; e.g.,

  - Methodology: Collaborative, consensus-based, objective and consistent metrics.

  - Data Contribution: Comprehensive data from multiple and diverse sources.

  - Validation: Compare/contrast findings with contributors and independent sources, conduct qualitative analysis to verify results.

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The CAQH Efficiency Index
Tracking Adoption of Electronic Transactions Across the Industry

Purpose

- Create an independent industry forum for monitoring business efficiency in healthcare.
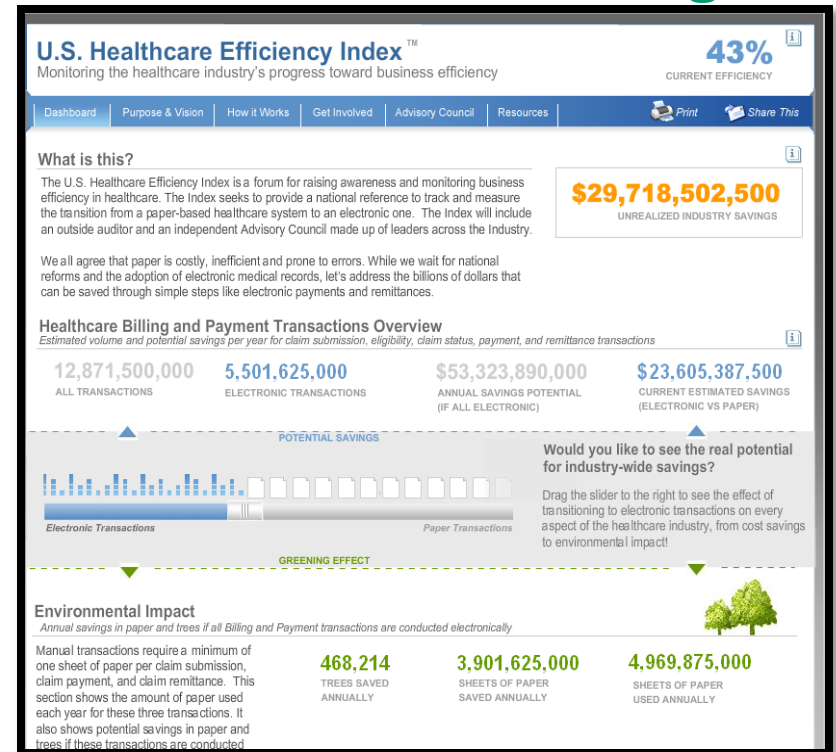
Vision

- Raise awareness of potential savings through administrative simplification of electronic transactions.

Goals

- Establish a single national reference.
- Track progress across the Industry.
- Reduce healthcare costs through administrative simplification.

ushealthcareindex.org

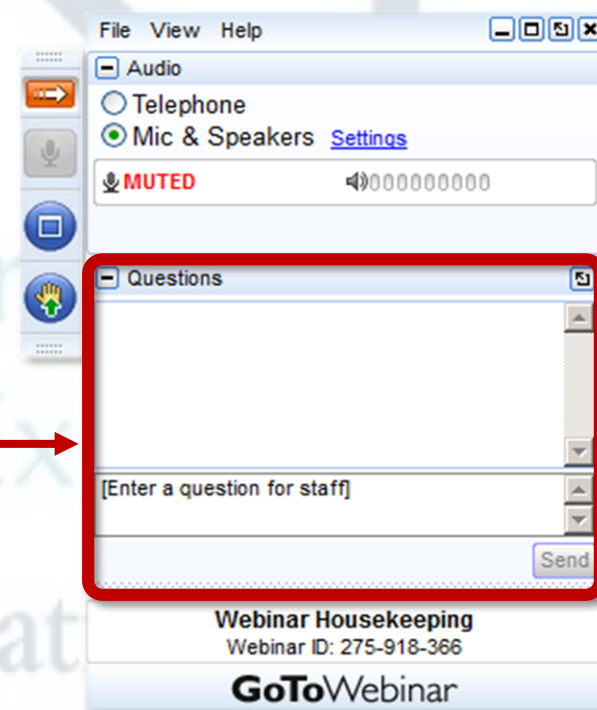*simplifying healthcare administration*

CAQH

Moving Forward: Primary Objectives

- Update aggregated results on an annual basis, while improving the amount, validity and value of the data:
  - Enhance the statistical sampling and reliability, provide a set of benchmarks and enable more granular tracking across the industry.
- Expand the Index as the Industry reference on the cost savings of increasing efficiency and eliminating waste in administrative processes for providers and health plans.
  - Identify opportunities to collaborate and build partnerships.
  - Drive multi-stakeholder awareness and understanding of the value associated with adopting electronic transactions.
  - Engage in informed discussions on the state of Industry performance and benchmarks.
    - ROI studies and cost savings potential.
    - Case studies and resources to help with adoption of electronic transactions.
    - Compare and align with other findings.

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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

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- Questions

[Enter a question for staff]

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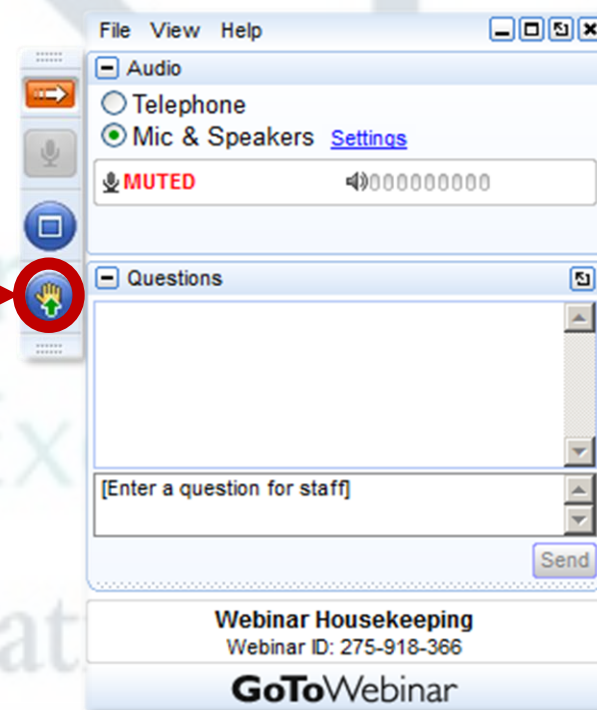Webinar ID: 275-918-366

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<u>NOTE</u>: *In order to ask a question during the audio portion of the Q&A please make sure that you have entered the **"Audio PIN"** (which is clearly identified on your user interface) by using your telephone keypad.*

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Thank You for Joining Us!

website: www.CAQH.org

email: CORE@caqh.org

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APPENDIX

Additional Information and Resources

Available 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).

- **Healthcare EFT Standard Information**
  - Located within the healthcare industry tab of the above website, specific information can be found on the healthcare EFT standard.

- **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

- **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.

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

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Available CMS OESS Resources

- **HIPAA Covered Entity Charts**
  - Use the HIPAA Covered Entity Charts to 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

- **CMS eHealth University**
  - **What Administrative Simplification Does For You** – This fact sheet explains the basics behind how Administrative Simplification will help improve health care efficiency and lower costs
  - **Introduction to Administrative Simplification** – This guide gives an overview of Administrative Simplification initiatives and their purposes
  - **Introduction to Administrative Simplification: Operating Rules** – A short video with information on Administrative Simplification operating rules

- Additional Questions
  - Questions regarding HIPAA and ACA compliance can be addressed to:
    - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov

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Promote Provider Adoption of EFT & ERA Operating Rules
Take Action Now!

Contact Your Health Plans!

- To benefit from new EFT and ERA mandates, ensure your provider organization has requested the transactions from its health plans and EFT & ERA Operating Rule implementation status

- To help facilitate this request, CAQH CORE developed the ***Sample Provider EFT Request Letter***

- Providers can use this sample letter as template email or talking points with health plan contacts to request enrollment in EFT/ERA and benefits of operating rules

- The tool includes background on the benefits EFT, key steps for providers, an actual letter template, and glossary of key terms

Contact Your Banks!

- To maximize the benefits available through the CAQH CORE Reassociation Rule, providers must request delivery of the necessary data for EFT and ERA reassociation

- To help facilitate this request, CAQH CORE developed the ***Sample Provider EFT Reassociation Data Request Letter***

- Providers can use this sample letter as template email or talking points with bank contacts to request delivery of the reassociation data

- The tool includes background on the benefits of the letter, key steps for providers, an actual letter template, and glossary of key terms

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Relationship between Ongoing HIPAA Enforcement and HHS Health Plan Certification

The complaint-driven HIPAA Enforcement Process is an established and existing program that will be maintained *in addition to* the HHS Health Plan Certification program; the two programs are complementary

	Complaint-Driven HIPAA Enforcement Process	Proposed HHS Health Plan Certification of Compliance
Applicable Entities	All HIPAA covered entities	Health plans
Action Required	Implement CAQH CORE Eligibility & Claim Status and EFT & ERA Operating Rules, and applicable Standards	File statement with HHS that demonstrates health plan has obtained a CAQH CORE Certification Seal for Phase III or HIPAA Credential and thus are in compliance with the standards and operating rules
Compliance Date	*First Set –* **January 1, 2013** *Second Set –* **January 1, 2014**	**December 31, 2015** (proposed)
Applicable Penalties	Due to HITECH, penalties for HIPAA non-compliance have increased, now up to **$1.5 million per entity per year**	Fee amount equals **$1 per covered life until certification is complete**; penalties cannot exceed $20 per covered life or $40 per covered life (for deliberate misrepresentation) on an annual basis
Verification of Compliance	***Ongoing*** complaint-driven process to monitor compliance prompted by anyone filing a complaint via CMS's Administrative Simplification Enforcement Tool (ASET) for non-compliance with the standards and/or operating rules	"***Snapshot***" of health plan compliance based on when the health plan obtains CORE Certification/HIPAA Credential and files statement with HHS
Example of complementary nature of HIPAA Enforcement Process and Proposed HHS Health Plan Certification: An entity could file a complaint for non-compliance against an HHS-certified Health Plan using the HIPAA Enforcement Process if they believe the Health Plan has fallen out of compliance since their certification (e.g. A certified Health Plan acquires another non-compliant Health Plan).		

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