simplifying healthcare administration

CAQH®

CAQH CORE National Webinar

Florida Division of Medicaid:
Setting an Example in Successful Operating Rule Implementation and Voluntary CORE Certification

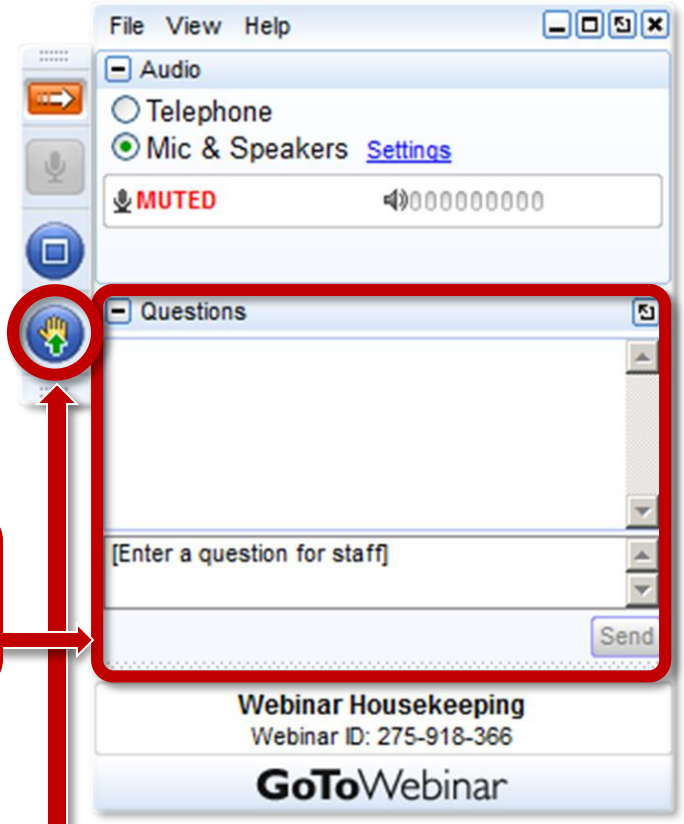
July 30, 2014

CORE®
Committee on Operating Rules for Information Exchange
A CAQH Initiative

AGENCY FOR HEALTH CARE ADMINISTRATION
STATE OF FLORIDA

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



CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Session Topics

- Welcome Introduction
- ACA Mandate and HHS Health Plan Certification NPRM
- CAQH CORE Phase I, II & III Operating Rules
- Medicaid Implementation Perspective – **Florida Medicaid**
- Voluntary CORE Certification Overview
- Medicaid CORE Certification Perspective – **Florida Medicaid**
- Available CAQH CORE Implementation Resources
- Q&A

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

ACA Mandate and HHS Health Plan Certification

Scope and Updates

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

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

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

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

OR

HIPAA Credential*

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

*May be adjusted pending final rule

ACA-mandated CAQH CORE Operating Rules
Phases I, II and III

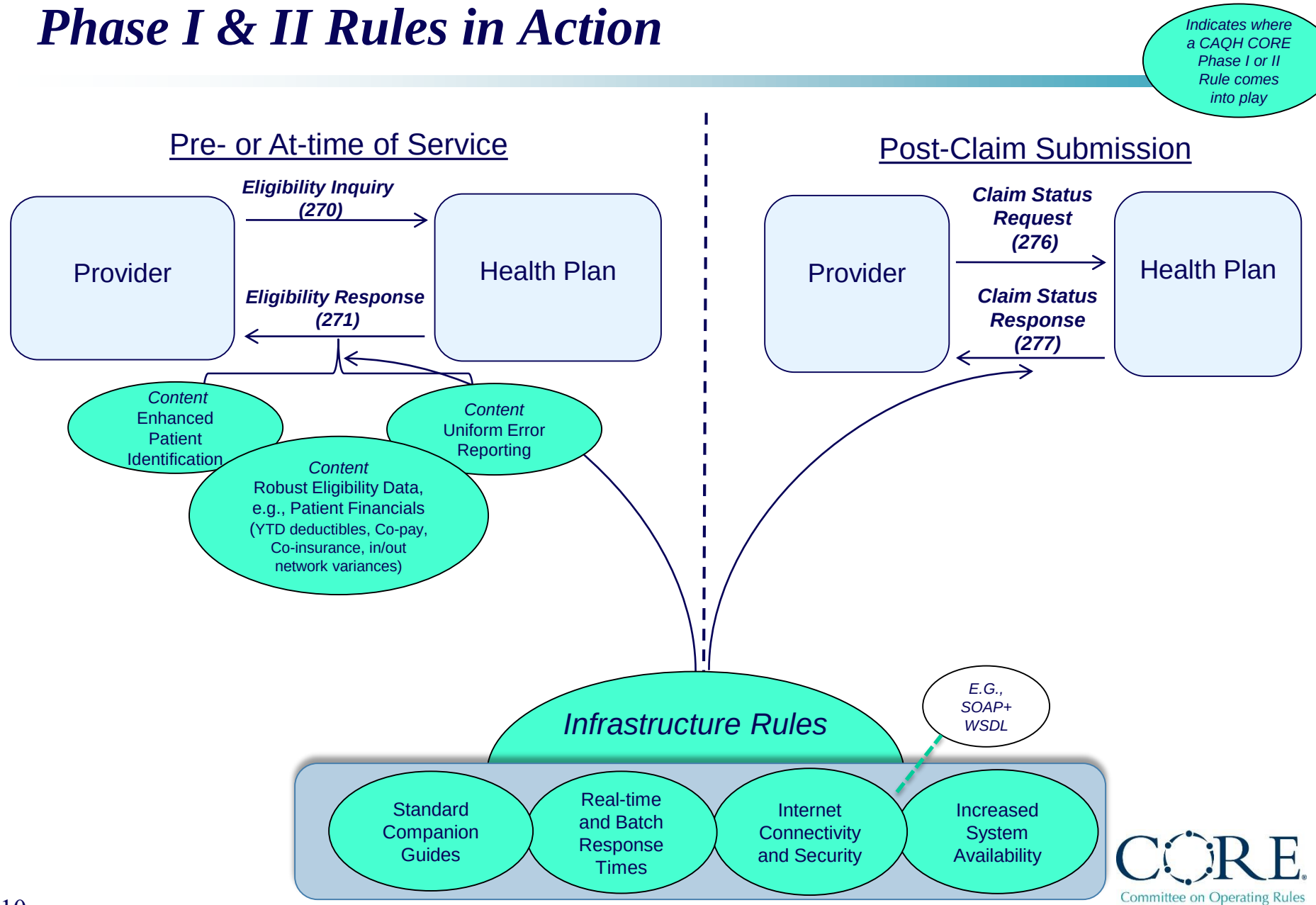
Mandated Eligibility & Claim Status Operating Rules *Benefits*

The ACA mandated Eligibility & Claim Status Operating Rules ensure realtime access to robust eligibility and claim status data

- ***More accurate patient eligibility verification*:**
  - Real-time information on health plan eligibility and benefit coverage before or at the time of service
- ***Improved point of service collections*:**
  - Real-time provider access to key patient financials including YTD deductibles, co-pays, coinsurance, in/out of network variances via the ASC X12 v5010 270/271 transactions
- ***Revenue-cycle Efficiency*:**
  - Real-time data ensures provider is aware of Claims Status in billing process

Mandated Eligibility & Claim Status Operating Rules

Phase I & II Rules in Action



CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Mandated Eligibility and Claim Status Operating Rules: *Requirements Scope*

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+)

Rules		High-Level CAQH CORE Key Requirements
Data Content	***Eligibility & Benefits***	Respond to generic and explicit inquiries for a defined set of 50+ high volume services with: • Health plan name and coverage dates • Static financials (co-pay, co-insurance, base deductibles) • Benefit-specific and base deductible for individual and family • In/Out of network variances • Remaining deductible amounts • Enhanced Patient Identification and Error Reporting requirements
Infrastructure	***Eligibility, Benefits & Claims Status***	• Companion Guide – common flow/format • System Availability service levels – minimum 86% availability per calendar week • Real-time and batch turnaround times (e.g., 20 seconds or less for real time and next day for batch) • Connectivity via Internet and aligned with NHIN direction, e.g., supports plug and play method (SOAP and digital certificates and clinical/administrative alignment) • Acknowledgements (transactional)*

***NOTE**: In the Final Rule for *Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transaction*, requirements pertaining to use of Acknowledgements are NOT included for adoption. Although HHS is not requiring compliance with any operating rule requirements related to Acknowledgements, the Final Rule does note "we are addressing the important role acknowledgements play in EDI by strongly encouraging the industry to implement the acknowledgement requirements in the CAQH CORE rules we are adopting herein."

A PowerPoint overview of the Phase I & II CAQH CORE Rules is available HERE; the complete rule sets are available HERE.

Mandated EFT & ERA Operating Rules: *Benefits*

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 Business Scenarios 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***

Mandate EFT & ERA Operating Rules:
Phase III Rules in Action

Indicates where a CAQH CORE EFT/ERA Rule comes into play

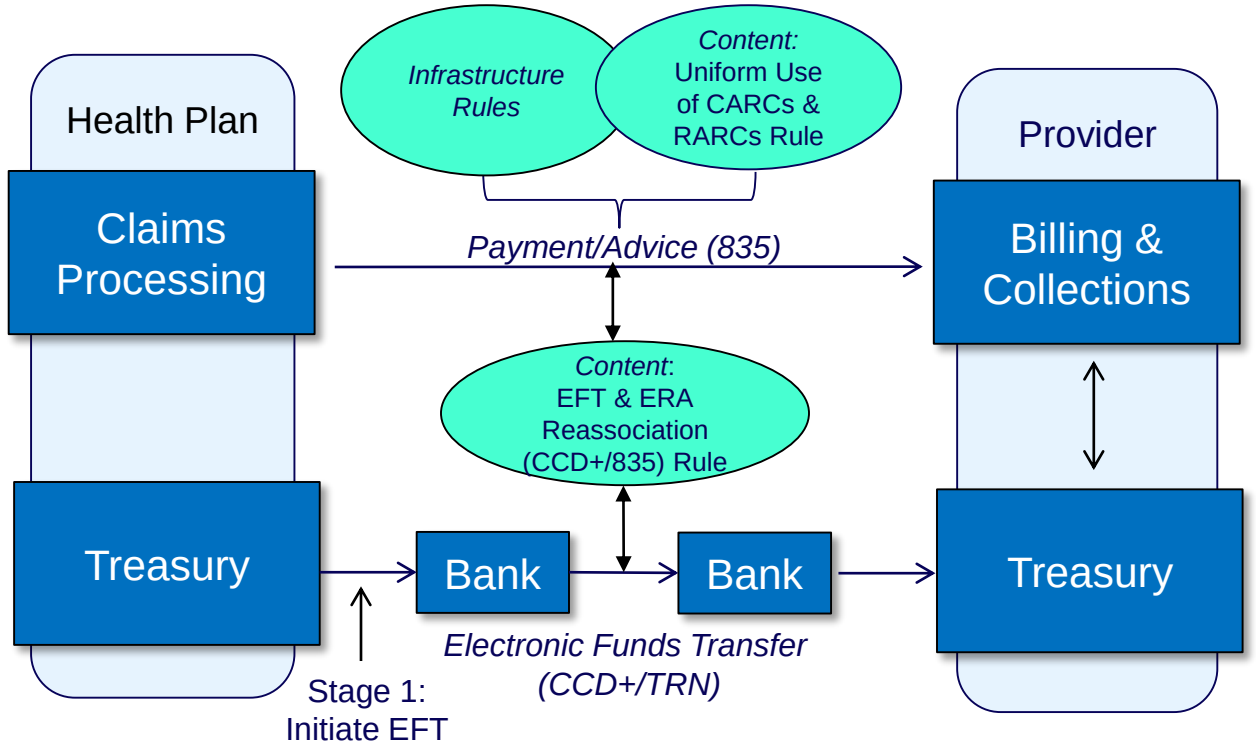
Pre- Payment: Provider Enrollment

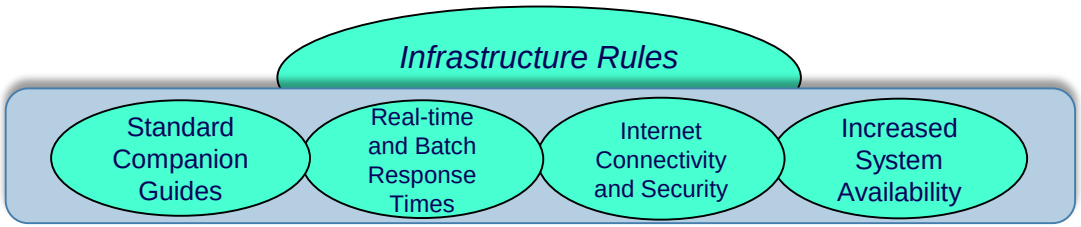
EFT Enrollment Data Rule

ERA Enrollment Data Rule

Content: 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





CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Mandated EFT & ERA Operating Rules: *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)	• 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***	• 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	• Similar to EFT Enrollment Data Rule
	EFT & ERA Reassociation (CCD+/835) Rule	• 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	• 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. The complete Rule Set is available HERE.

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Polling Question #1:
CORE Operating Rule Implementation Challenges

Which of the following would you consider to be the biggest challenge to your organization's implementation of the CAQH CORE Operating Rules:

1. Fully understanding the CORE 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)

Florida Division of Medicaid

Implementation of Operating Rules
Phases I, II, and III

July 30, 2014

Implementation Topics

- **Introduction**
- **Preparation and Implementation of Operating Rules Phases I, II, and III**
- **Challenges and Solutions for Phase III Implementation**

Florida Division of Medicaid

"Better Health Care for All Floridians"

Florida Agency for Health Care Administration is responsible for the administration of the Florida Medicaid program.

- Provides health coverage to 3.48 million Floridians
  - Access to health care for low-income families and individuals
  - Assists aged and disabled people with the costs of nursing facility care and other medical expenses
- Network of more than 165,000 health care providers
- More than 80,000 provider and billing agent trading partners

ACA Section 1104 aligns with our goal in reducing administrative costs in order to ensure that dollars go to serve patients and more.

Florida MMIS Fiscal Agent

- Private contractor to the state to operate Medicaid Management Information System (MMIS)
  - Responsible for enrolling providers, processing Medicaid claims, system maintenance and distributing Medicaid forms and publications
- HP Enterprise Services has served as Florida's MMIS fiscal agent since 2008

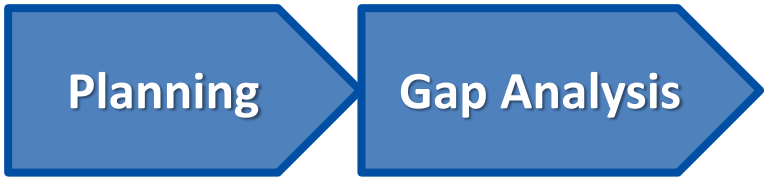
Preparation and Implementation of Operating Rules Phases I, II, and III

Operating Rules Phases I, II, and III

Planning

- Phase I and II planning kicked off September 24, 2012
- Phase III planning kicked off May 7, 2013
- Identified and engaged appropriate resources across teams
  - EDI, Eligibility, Claims, Financial, Banking, Reference, Enrollment
- Coordinated with other priority projects

Operating Rules Phases I, II, and III

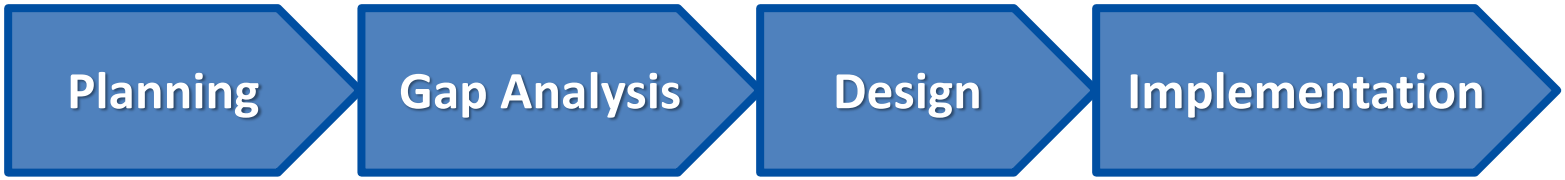


- Subject matter experts completed gap analysis worksheets from CAQH Analysis & Planning Guide
- Attended CAQH education events and submitted questions
- Reviewed FAQs on CAQH website
- Emailed CAQH our questions
- Attended workgroup sessions and discussed with other states

Operating Rules Phases I, II, and III

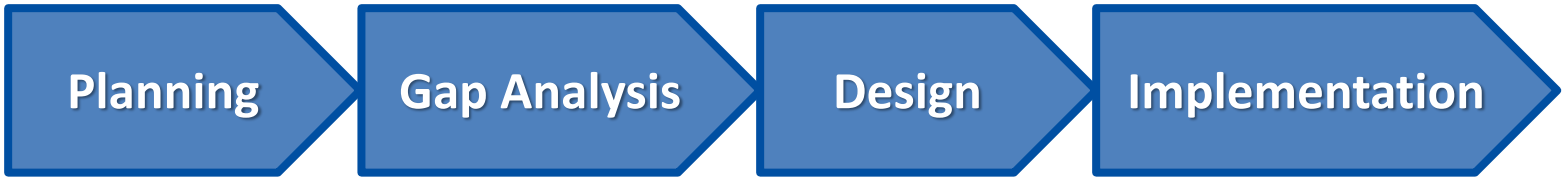
- Developed solution based on gap analysis and rule requirements
- Chose to implement generic response option for Safe Harbor connection *(Rule 270 § 4.3.1.3 Batch Response Pickup)*
  - Allows trading partners to view a list of available files for retrieval

Operating Rules Phases I, II, and III



- Project schedule was developed
  - Phases I and II were implemented on August 22, 2013 (11 months)
  - Phase III was implemented on December 27, 2013 (8 months)
- Provider outreach activities began two months ahead of go-live date, whenever possible

Operating Rules Phases I, II, and III



- Communication with provider community was key
  - Distributed information about system changes via public Web Portal, email alerts, and quarterly bulletin articles
  - Provided training and reference guides for provider outreach staff
  - Directly informed high-volume trading partners and Managed Care Organizations of CARC/RARC updates
  - Complete EOB crosswalk was posted to public Web Portal
  - Created or updated companion guides

Phase III Implementation Challenges and Solutions

Phase III Implementation

All Operating Rules

Challenge: Difficulty understanding specific rule requirements, or determining if a requirement was applicable to our business

Solution:

- Attended CAQH education events and submitted questions
- Reviewed FAQs on CAQH website
- Emailed CAQH our questions
- Attended workgroup sessions and discussed with other states

Phase III Implementation

Rule 360: Uniform Use of CARCs and RARCs

Challenge: Difficulty determining if an existing code combination was in one of the CORE-defined Business Scenarios

Solution:

- Generated listing of current and proposed code mapping
- Mapping changes were reviewed and approved by subject matter experts across various teams

Phase III Implementation

Rule 370: EFT & ERA Reassociation

Challenge: Coordination with our financial institution during testing and implementation

Solution:

- Engaged banking operations to act as a liaison between development team and financial institution
- Completed end-to-end testing prior to implementation

Phase III Implementation

Rule 380/382: EFT & ERA Enrollment Data

Challenge: "Account Number Linkage to Provider Identifier"

- Provider preference for grouping claim payments on an EFT or ERA; however, we do not use either option (NPI or Tax ID)

Solution:

- Provided both options during enrollment and store information
- Did not change how claim payments are grouped on EFT and ERA transactions

Voluntary CORE Certification
a Step-by-Step Process

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

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

Note: Learn more about *voluntary* CORE Certification here

Voluntary CORE Certification: *A Step-by-Step Process*

Step 1: Pre-certification Planning & Systems Evaluation

- Understand requirements of the CORE Operating Rules and scope your internal efforts to adopt and implement the operating rules
- CORE has free Gap Analysis Tool
- Execute any necessary system changes/updates

Step 2: Sign and Submit CORE Pledge

- Formally communicate your intent to pursue CORE Certification for a given phase of CAQH CORE Operating Rules

Step 3: CORE Certification Testing

- An entity seeking CORE Certification works with a CORE-authorized testing vendor to perform tests based upon CORE Phase III testing criteria specific to that entity's stakeholder type

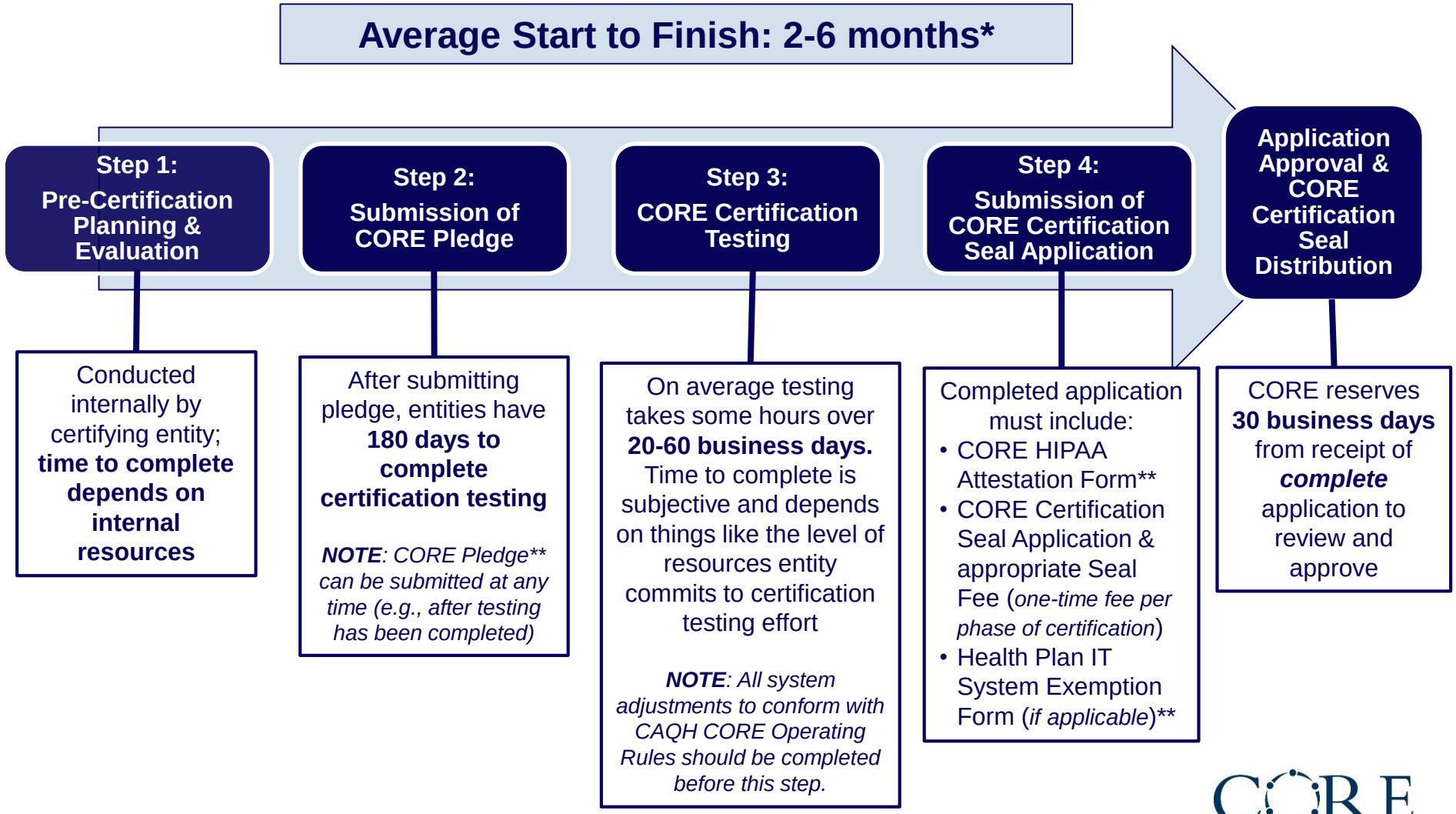
Step 4: Apply for CORE Certification Seal

- Entities successfully achieving CORE Certification will receive a CORE "Seal" from CAQH that corresponds with the CORE Phase and stakeholder-type

NOTE: If the entity seeking CORE Certification outsources any portion of the applicable transactions to a trading partner, then that trading partner must become CORE Certified for that transaction in order for the seeking entity to complete the CORE Certification process

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Voluntary CORE Certification *Completion Timeline*



*Timeframe varies by stakeholder type and by individual organization.
**Must be signed by an authorized executive.

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Florida Division of Medicaid

Acquiring CORE Certification for Phases I, II, and III

July 30, 2014

Certification Topics

- **Preparation and Completion of CORE Certification**
- **Challenges and Solutions**
- **Anticipated Benefits**

Preparation and Completion of CORE Certification

Why Pursue CORE Certification?

- Anticipated that CORE certification would be part of HHS Health Plan Certification of Compliance requirements
- CORE Certification requires demonstration that our system conforms with CAQH CORE Operating Rules
- Trading partners can be assured we are keeping up with industry standards

CORE Certification

Planning & Evaluation

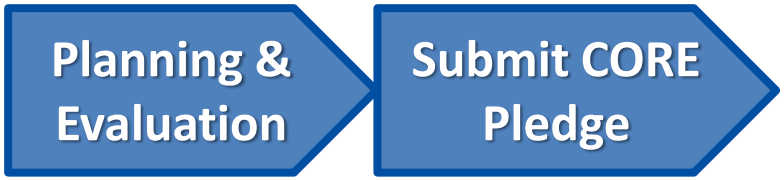
- CORE certification planning kicked off November 15, 2013
- Started with CORE Certification: A Step-By-Step Process
- Answered main questions:
  - Who do we test with?
  - Is there cost involved in vendor testing?
  - Is there cost involved in applying for CORE Seal?

CORE Certification

Planning & Evaluation

- Completed thorough System Evaluation before signing and submitting CORE Pledge
- Loaded CORE Master Test Bed Data into testing environment
- Registered with CORE-authorized testing vendor: Edifecs

CORE Certification



- Signed and submitted CORE Pledge
- Base-lined project schedule from this date since testing must be completed within 180 calendar days

CORE Certification

- Testing tasks were assigned based on stakeholder type and supported communication methods
  - Health plan without dependents
  - Supporting both batch and real time transactions
- Connectivity tests required automated system communication using Safe Harbor connectivity (CORE Rule 270)
  - Batch tests required use of 999 acknowledgement

CORE Certification

- Testing was completed after two months
- Received approval for Phases I, II, and III CORE Certification Health Plan Seal on June 11, 2014

Challenges and Solutions

CORE Certification

Test Bed Data

Challenge: Master Test Bed Data for Phases I and II was structured differently than our database

Solution:

- Reviewed Master Test Bed Data during planning phase
- Engaged subject matter expert from Recipient team to correctly map the data elements

CORE Certification

Maintaining Test Data

Challenge: Once Test Bed Data was loaded, it had to remain in test environment for duration of Certification testing

Solution:

- Selected test environment with the least impact to other priority projects
- Notified other teams of the need to maintain data integrity
- Documented steps to load test data in event re-load was needed

CORE Certification

Connectivity Rule

Challenge: Misinterpreted method of batch linking by Payload ID in Rules 153, 270, and 350

Solution:

- Updated Safe Harbor connection to require the Payload ID of batch results request to match the Payload ID of batch submission.

Anticipated Benefits

- CORE Phase III Certification will meet HHS Health Plan Certification of Compliance requirements
- Confidence that we are keeping up with industry standards
- Enhancing Florida Medicaid trading partner experience
  - More information on recipient eligibility response
  - More consistency between Florida Medicaid and other health plans, specifically with CARC/RARC combinations

Visit us at:

http://ahca.myflorida.com/Medicaid/index.shtml

http://portal.flmmis.com/flpublic/Default.aspx

CAQH CORE EFT & ERA Operating Rules
Available CORE Resources

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

Polling Question #2:
Voluntary CORE Certification

Does your organization plan on seeking *Voluntary* CORE Certification for Phases I, II and/or III?

1. Yes
2. No
3. Maybe

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

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

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

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 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, July 31st 2:30-4:00pm ET
CORE Certification and Testing Subgroup	Reviewing and addressing industry feedback for the Draft HIPAA Credential Forms and creating	One call remaining	Tuesday, August 5th 2:00-3:30pm ET
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

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

***NOTE**: 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.*

Thank You for Joining Us!

website: www.CAQH.org

email: CORE@caqh.org

@CAQH

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

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”

CORE
Committee on Operating Rules for Information Exchange
A CAQH Initiative

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

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).