simplifying healthcare administration

CAQH

# CAQH CORE National Webinar:
# CORE 360 Rule:
# Uniform Use of CARCs and RARCs

October 29, 2014
2:00 – 3:30pm ET

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Committee on Operating Rules for Information Exchange
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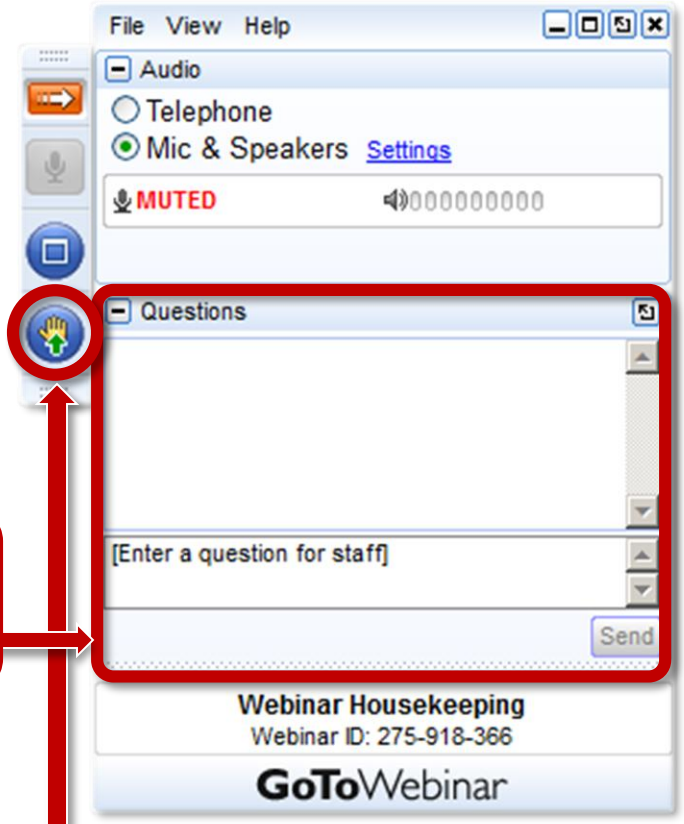
# Participating in Today's Session

- 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
- CAQH CORE Uniform Use of CARCs and RARCs Rule
- CAQH CORE Code Combination Maintenance
  - July 2014 Compliance-based Review
  - 2013 Market-based Review Recap
  - Upcoming 2014 Market-based Review
- CORE Operating Rule Implementation Insights
  - Guest Speaker from ***SSI Group, Inc***.
- Free CORE Implementation Resources and Tools
- Q&A





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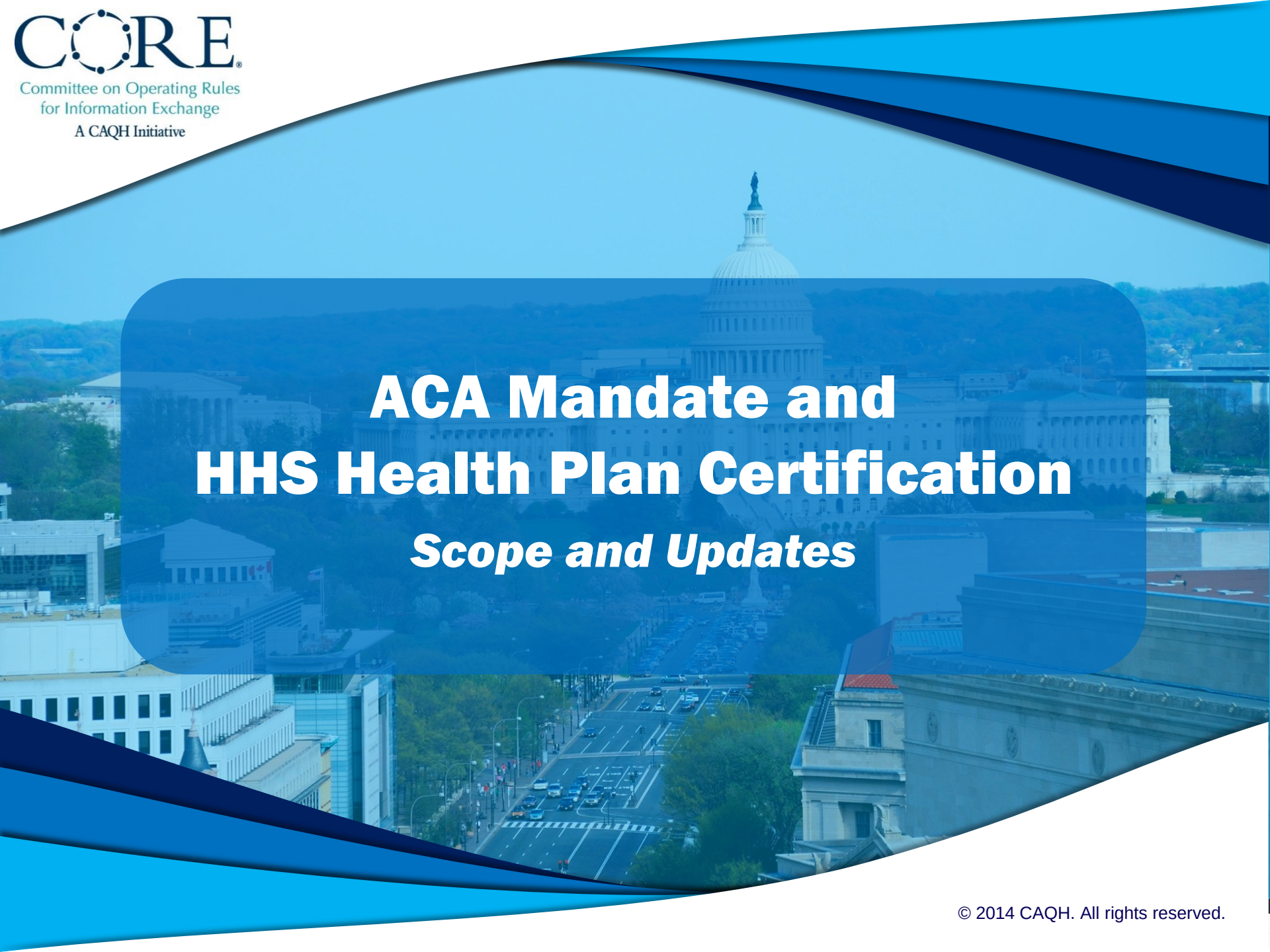
# ACA Mandate and HHS Health Plan Certification

## *Scope and Updates*



# 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]
    - Examples include but are not limited to: Doctors, Clinics, Psychologists, Dentists, Chiropractors, Nursing Homes, and Pharmacies
    - Covered ***ONLY*** *if they transmit any health information electronically (directly or through a business associate) in connection with a transaction for which HHS has adopted a standard*[2]
  - Health Plans *(including Self-insured and Group Health Plans, Long-term Care, Medicare, Medicaid, etc.)*
  - Healthcare Clearinghouses

[1] Covered Entity Charts
[2] HIPAA Administrative Simplification: 45 CFR §§ 160.102,
[3] HIPAA Administrative Simplification: 45 CFR § 160.103

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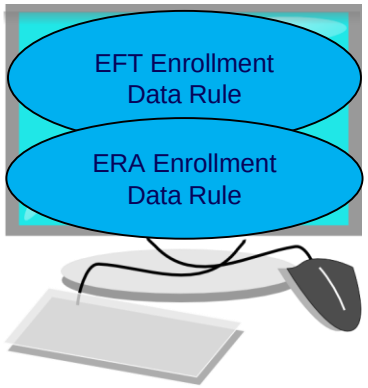
# CORE Uniform Use of CARCs and RARCs Rule

## *Requirements and Maintenance Process*

# EFT & ERA Operating Rules:
## *Rules in Action*

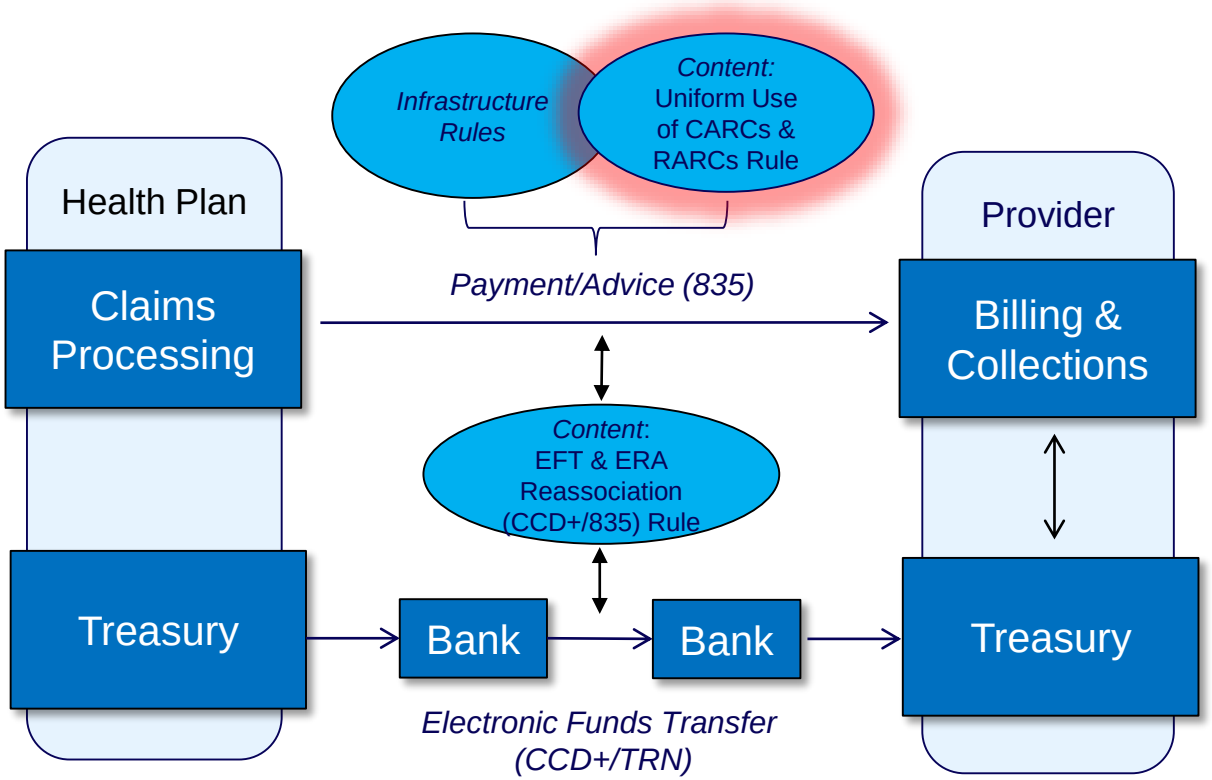
Indicates where a CAQH CORE EFT/ERA Rule comes into play

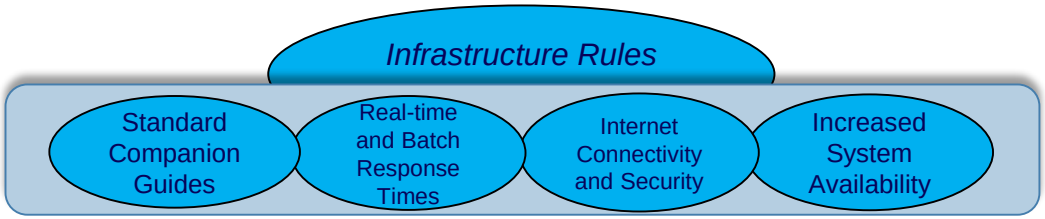
## Pre- Payment: Provider Enrollment




*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 360 Rule: Uniform Use of CARCs and RARCs
## *Scope & High-level Rule Requirements*

- **Scope**
  - Applies to entities that use, conduct or process the X12 v5010 835 transaction
- **High-level rule requirements**
  - Identifies *minimum* set of four CORE-defined Business Scenarios with a *maximum* set of code combinations to convey claim denial/adjustment details
  - Establishes quality improvement maintenance process to review and update the *CORE Code Combinations*
  - Enables health plans and PBM agents to:
    - Use new/modified codes with CORE-defined Business Scenarios prior to CAQH CORE Compliance-based Review
    - Develop additional, non-conflicting business scenarios when CORE-defined Business Scenario do not meet business needs
  - Requires receivers of the X12 v5010 835 (e.g., a vendor's provider-facing system or solution) to make available to the end user (i.e. the provider) text describing the CARC/RARC/CAGCs included in the remittance advice and text describing the corresponding CORE-defined Business Scenario
  - Identifies applicable CORE-defined Business Scenarios for retail pharmacy

# CAQH CORE Uniform Use of CARCs and RARCs Rule - Four Business Scenarios

**Pre-CORE Rules**

351 CARCs × 889 RARCs × 4 CAGCs = Inconsistent Use of Tens of Thousands of Potential Code Combinations

**Post CORE Rules**

## Four Common Business Scenarios

**CORE Business Scenario #1:** Additional Information Required – Missing/Invalid/ Incomplete Documentation (≈380 code combos)

**CORE Business Scenario #2:** Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim (≈347 code combos)

**CORE Business Scenario #3:** Billed Service Not Covered by Health Plan (≈650 code combos)

**CORE Business Scenario #4:** Benefit for Billed Service Not Separately Payable (≈60 code combos)

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

# CARCs and RARCs Code List Maintenance
## *External to CAQH CORE*

As the recognized Federal standard/code authors, **Code Maintenance Committees and ASC X12 are responsible for maintaining CARC/RARC/CAGC definitions and meet in-person on a tri-annual basis**.

- Adjustments to the definition of such codes must be addressed via the specific author.
- All adjustments are published by Washington Publishing Company (WPC) on their website three times per year.

### CARCs
**(CARC Code Committee)**

Total # of CARCs: **351**
- not all in *CORE Code Combinations*

There are approximately 35 CARC Committee members representing a variety of stakeholder including health plans, associations, vendors, and government entities

Entities can complete the CARC Change Request Form found HERE*****

### RARCs
**(RARC Code Committee)**

Total # of RARCs: **889**
- not all in *CORE Code Combinations*

The RARC Committee members represent various components of CMS

Entities can complete the RARC Change Request Form found HERE

### CAGCs
**(ASC X12)**

Total # of CAGCs: **4**
- not all in *CORE Code Combinations*

Part of the ASC X12 standard, therefore, **can *only* be revised when a new HIPAA mandated version of X12 standards is issued**; current version is ASC X12 v5010

Entities can submit a request to ASC X12

# CAQH CORE Code Combinations Maintenance Process

**CORE Business Scenario #1:** Additional Information Required – Missing/Invalid/ Incomplete Documentation (≈380 code combos)

**CORE Business Scenario #2:** Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim (≈347 code combos)

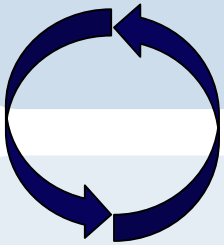
**CORE Business Scenario #3:** Billed Service Not Covered by Health Plan (≈650 code combos)

**CORE Business Scenario #4:** Benefit for Billed Service Not Separately Payable (≈60 code combos)

## CAQH CORE Compliance-based Reviews

Stability of *CORE Code Combinations* maintained

- Occur 3x per year
- **Triggered by tri-annual updates to the published CARC/RARC lists** by code authors
- Include only adjustments to code combinations to align with the published code list updates (e.g. additions, modifications, deactivations)

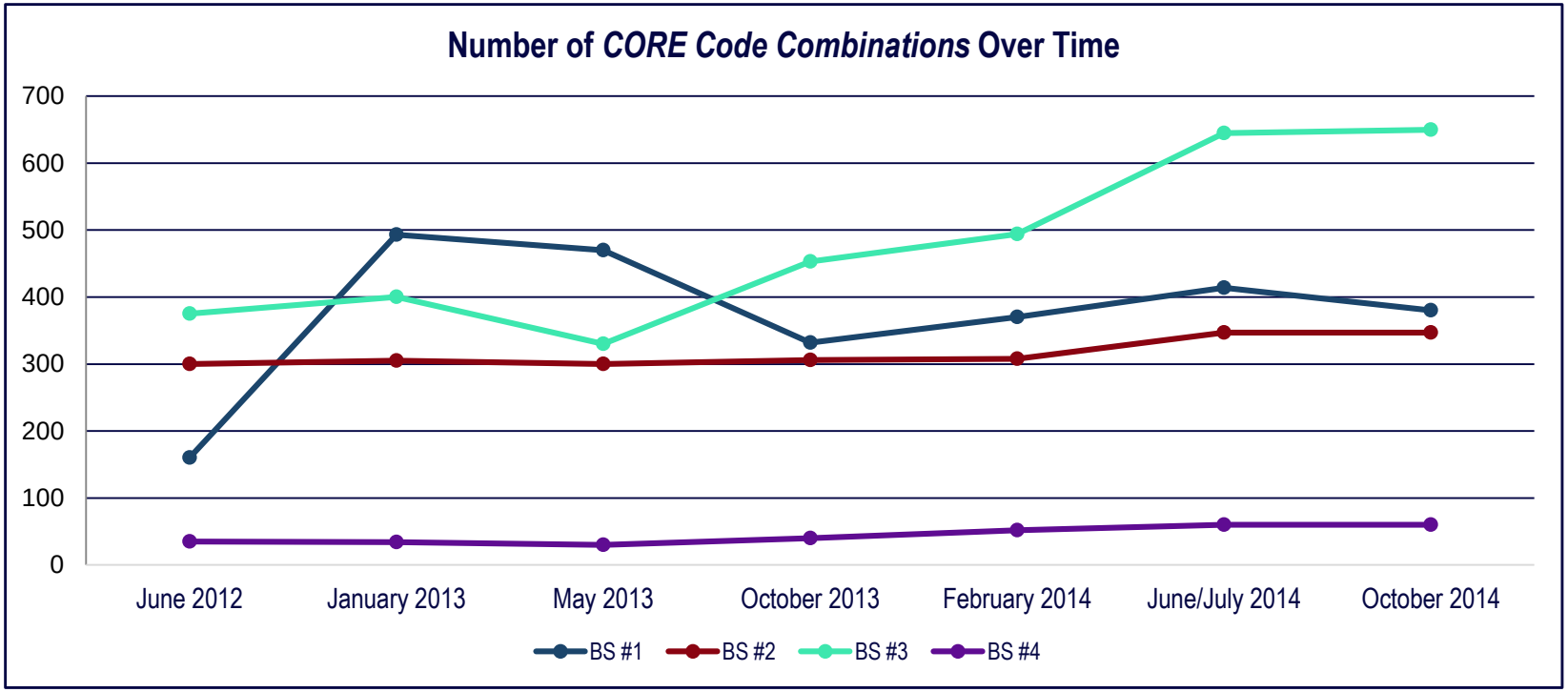


## CAQH CORE Market-based Reviews

Supports ongoing improvement of the *CORE Code Combinations*

- Occur 1x per year
- Considers industry submissions for adjustments to the *CORE Code Combinations based on business needs* (addition/removal of code combinations and potential new Business Scenarios)
- *Opportunity to refine the CORE Code Combinations as necessary to ensure the CORE Code Combinations* reflect industry usage and evolving business needs

# 2013-2014 CBR/MBR Adjustments
## *Analysis*




**65% Net Increase in Code Combinations Across All Business Scenarios**
*(Results in Greater Support for Varying Use Cases & Business Needs)*

**Varying Increase in Number of Code Combinations per Business Scenario**
*(Increases Primarily Due to Late 2012 Changes to Published Code Lists That Impacted BS #1 and 2013 MBR Adjustments That Impacted BS #3)*

**Code Combinations Have Become More Stable**

# Polling Question #1

Does your organization currently have a consistent process in place to adjust internal CARC and RARC coding based on the updated code lists published three times per year?

1. **Yes**
2. **No**
3. **Not Sure**
4. **N/A**



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# Uniform Use of CARCs and RARCs Rule Maintenance

## *July 2014 Compliance-based Review*

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

- Composed of more than 40 CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:
  - Shannon Baber, *UW Medicine*
  - Heather Morgan, *Aetna*
  - David DuBay, *UnitedHealth Group*
  - Janice Cunningham, *RelayHealth*
- Conducts three Compliance-based Reviews (CBR) and one Market-based Review (MBR) per year
  - **Recent Compliance-based Review Work**:
    - Completed CBR for code adjustments published by WPC on July 1, 2014
    - Updates reflected in *October 2014 v3.1.2 CORE Code Combinations* published on October 1st
  - **Recent Market-based Review Work**:
    - Planning begun to launch the Industry-wide 2014 MBR Survey in ***November 2014***; survey will incorporate process improvements and lessons learned from the 2013 MBR
    - Industry will receive advance notification of the survey launch date in the coming weeks

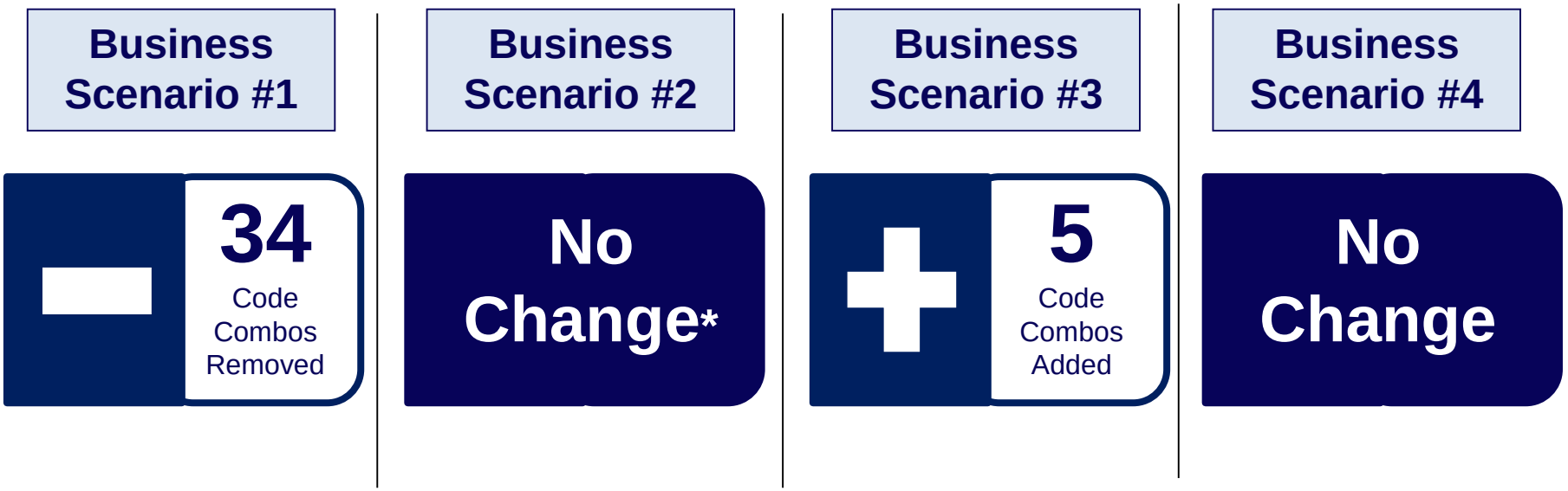
# Maintenance: Uniform Use of CARCs and RARCs Rule
## *Compliance-based Adjustments*

### July 2014 Compliance-based Review Process and Scope:

In July 2014 updated versions of the CARC and RARC lists were published by their respective Code Authors and included:

- *Deactivations*: **0 CARCs, 0 RARCs**
- *Description Modifications*: **4 CARCs, 1 RARC**
- *Additions*: **1 CARC**, **0 RARCs**

### Updates to *October CORE Code Combinations* based on July CBR:




*Two RARC description modifications for Business Scenario #2

# 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)* |
|---|---|
| *October 2014 v3.1.2* *(released October 1st)* | **January 1, 2015** |

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 *October 2014 v3.1.2 CORE Code Combinations* 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

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# Uniform Use of CARCs and RARCs Rule Maintenance

## *2014 Market-based Review Preparation*

# Uniform Use of CARCs and RARCs Rule Maintenance
## *Market-based Review*

### First Annual 2013 Market-based Review

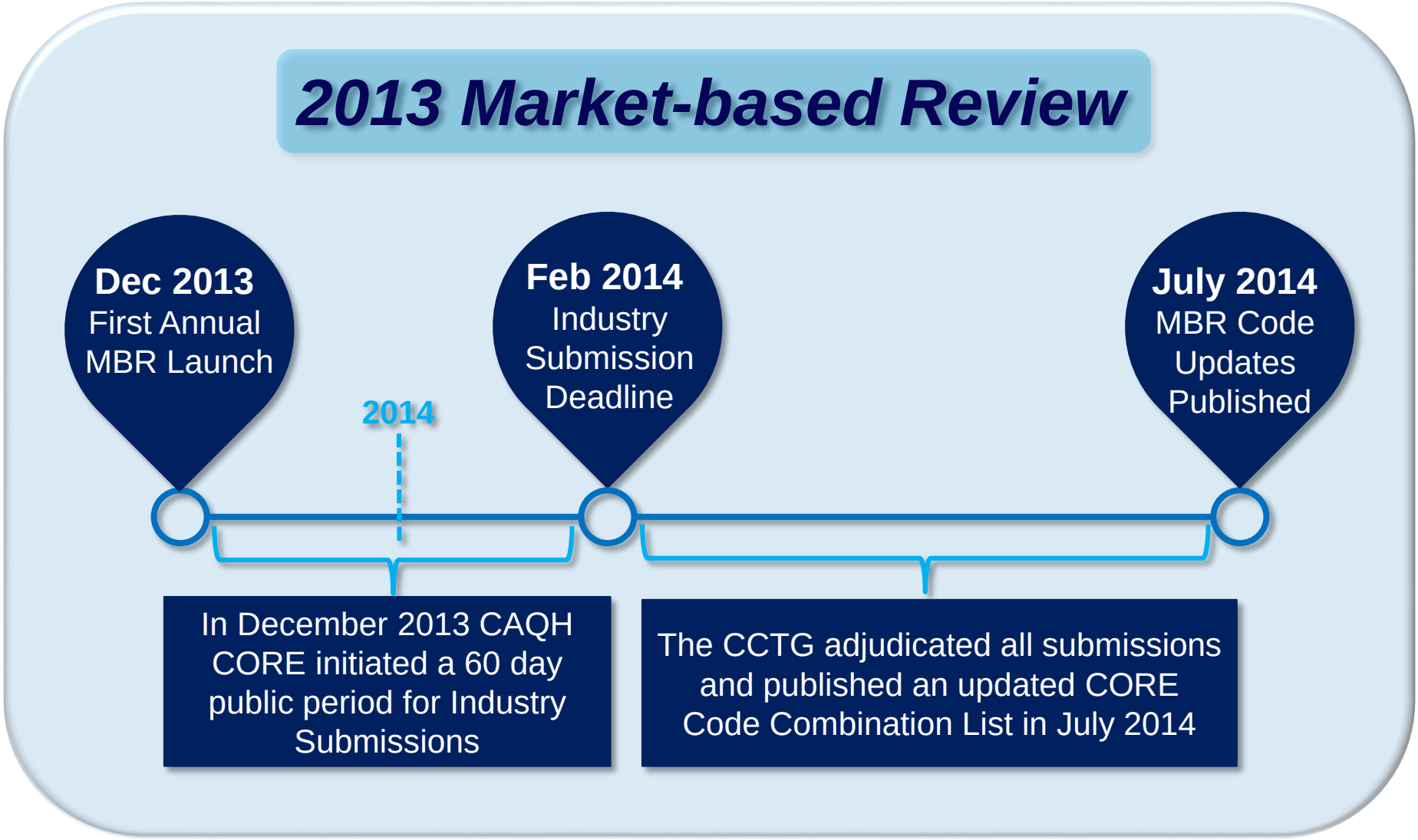
- Launched in December 2013; Updates Published July 2014
- Scope of the 2013 MBR:
  - **Code Combinations Adjustments** – included code additions/removals for existing CORE-defined Business Scenarios
  - ***"Early Call"* for Potential new CORE-defined Business Scenarios** – included potential additions for or adjustments to Business Scenarios; these were used as a way to give the CCTG an idea as to what new Business Scenarios they could expect for the 2014 MBR.

### Upcoming 2014 Market-based Review

- Planned launch for mid-November 2014
- Scope of the 2014 MBR:
  - **Code Combinations Adjustments** – includes code additions/removals/relocations for existing CORE-defined Business Scenarios
  - **Potential new CORE-defined Business Scenarios** – Includes formal call for potential additions of new CORE-defined Business Scenarios
    - In addition to New Business Scenarios, submitters will also have to identify Code Combinations to associate with these requested new CORE-defined Business Scenarios

# Recap of 2013 Market-based Review

## *Process and Timeframe*



# Recap of 2013 Market-based Review
## *Submissions and Adjustments*

### Overview of MBR Submissions Received:


### MBR Code Combination Adjustments:

# 2013 MBR Lessons Learned

## *Example Enhancements made to 2014 MBR*

To aid in the development of the 2014 MBR Process, CAQH CORE issued a survey to collect feedback from CCTG Participants on their experience with the 2013 process; the following changes are being made to the 2014 MBR Process as a direct result of these Lessons Learned.

| Opportunity for Improvement | Adjustment to 2014 MBR |
|---|---|
| Address challenges to respondents posed by use of one email address as point of contact for MBR Submission Process | CAQH CORE MBR Training will include best practice for respondents re: use of a single email address (e.g., creating new email address for the MBR survey which is accessible by multiple employees) |
| Add section in 2014 MBR Survey specific to relocation of Code Combination to another existing or new business scenario | 2014 MBR Survey is being modified to include sections for:<br>1) Relocation from an *existing* scenario to another *existing* scenario<br>2) Relocation from an *existing* scenario to a *new* scenario; scope of survey also modified to include options for respondents to submit relocations |
| Allow for an alternate way for respondents to identify and delete incorrect entries rather than having to find the email acknowledgment associated with the submission. | 2014 MBR Survey is being modified to include a list of submissions from which respondents can select an entry for deletion |

# Market-based Review Call for New Business Scenarios
## *2013 and 2014 Comparison*

| | 2013 | 2014 |
|---|---|---|
| **Scope** | ***Early Call for Submissions***<br>Ideas for Potential New Business Scenarios | ***Formal Call for Submissions***<br>Potential New Business Scenarios with Associated Code Combinations |
| **Will Associated Code Combinations be Collected?** | **No** | **Yes** |
| **Will New Business Scenarios be Added?** | **No** | **Yes (if approved)** |
| **Rationale for Scope** | • Enabled the Task Group to get a sense of potential New Business Scenarios and a jump start on outlining future scenario options understanding that:<br>– Industry experience with the current Business Scenarios was needed prior to adding more<br>– Entities were still busy implementing the existing four CORE-defined Business Scenarios | • Provides industry an opportunity to formally submit potential New Business Scenarios given current focus on implementation<br>• Requires more detailed submissions for requested New Business Scenarios including associated code combinations<br>• Submissions from 2013 will inform approach for 2014 |

# 2014 MBR Submission Process

## *Market-based Code Adjustment Requests*

Entities may submit code adjustments to the existing CORE-defined Business Scenarios as well as for potential new CORE-defined Business Scenarios; Potential adjustments may include:

| Types of Additions | Types of Removals | Types of Relocations |
|---|---|---|
| Add CARC and RARC along with a CAGC(s) | Remove CARC and all associated RARCs and CAGC(s) | Remove CARC and ***all*** associated RARCs from an *existing* CORE-defined Business Scenario and add to another *existing* CORE-defined Business Scenario with associated CAGC(s) |
| Add CARC along with a CAGC(s) | Remove RARC and associated CAGC(s) from existing CARC | Remove CARC and ***all*** associated RARCs from an *existing* CORE-defined Business Scenario and add CARC and ***some or no*** associated RARCs to another *existing* CORE-defined Business Scenario with associated CAGC(s) |
| Add RARC to an existing CARC along with a CAGC(s) | Remove CAGC(s) from existing CARC | Remove CARC and ***all*** associated RARCs from an existing CORE-defined Business Scenario and add to a requested New Business Scenario with associated CAGC(s) |
| Add CAGC to an existing CARC | Remove CAGCs from existing CARC and associated RARC | Remove CARC and ***all*** associated RARCs from an existing CORE-defined Business Scenario and add CARC and ***some or no*** associated RARCs to a requested New Business Scenario with associated CAGC(s) |
| Add CAGCs to an existing CARC and its associated RARC | | |

# Polling Question #2

Does your organization plan to submit a response to the 2014 Market-based Review?

1. **Yes**
2. **No**
3. **Not Sure**
4. **N/A**



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# Polling Question #3

Does your organization plan to submit a request for New Business Scenario(s)?

1. **Yes**
2. **No**
3. **Not Sure**
4. **N/A**



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# 2014 Market-based Review
## *Upcoming Training Sessions*

CAQH CORE will hold a Market-based Review Training Session after the launch of the 2014 MBR. This session will cover:

- In-depth Information on Submission Process
- Types of Submissions and their Requirements
- Live Demonstration of MBR Survey Tool
- Q&A Session

The date and time for this session has not been finalized but will take place during November

- To Register for this session, please check the Education Events page on the CAQH.org Website where it will be posted as soon as it is scheduled.

## CAQH CORE Operating Rule Implementation

# The SSI Group, Inc.

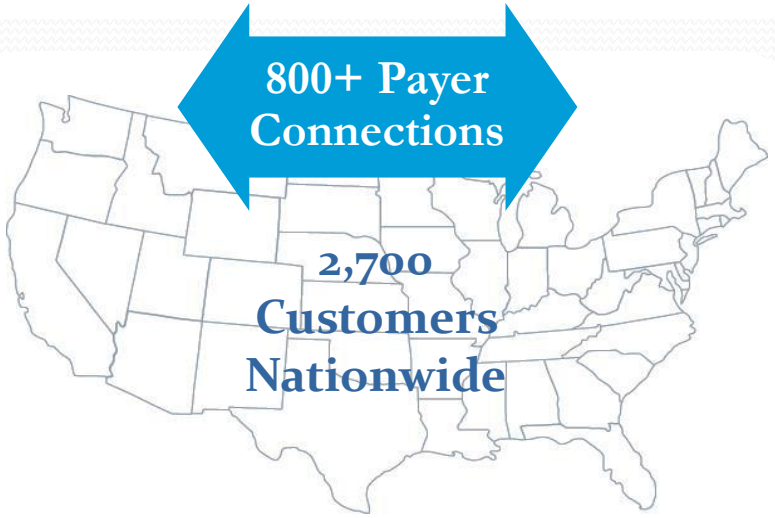
October 24, 2014

# SSI Company Background

- Comprehensive claims processing, editing, and reporting
- Leading-practice healthcare applications since 1988
- Prominent institutional and professional clearinghouse
- Total revenue cycle solutions– software, services & business intelligence
- Customer satisfaction focus (#1 in KLAS)
- Industry involvement
  - WEDI
  - AHIMA
  - HFMA, HBMA, HIMSS
  - Cooperative Exchange
  - CMS

**600 million transactions annually**

**$800 billion in billed electronic claims**



# Large-Scale, Diversified Client Base

- Over 2,700 provider clients across the United States
- Wide range of provider types
  - Acute care hospitals
  - Long term care (LTC)
  - Critical access hospitals
  - Durable medical equipment (DME)
  - Ambulatory surgery centers (ASCs)
  - Behavioral health / psychiatric facilities
  - Integrated delivery networks (IDNs)
  - Enterprise clients
  - Physician practices
- Range of application needs for both institutional and professional billing

- Diversified revenue base
  - Limited client concentration
  - Range of revenue types—most of which are recurring in nature
- SSI Billing product ranked #1 in KLAS (the premier industry ranking organization)

Adventist Health

CHS Community Health Systems

Dignity Health

Duke University

Mercy

PROVIDENCE Health & Services

VANDERBILT UNIVERSITY

# SSI EFT/ERA Process

SSI's Process

- Retrieve EFT/ERAs from Payer Connections
- Determine EFT/ERA Provider based on NPI/FTN
- Create Additional readable Reports based on Payer's EFT/ERA
- Post EFT/ERA and readable Reports to Provider

# Business Scenarios based on CARC/RARC Codes

| Business Scenario | Message on SSI Report |
|---|---|
| 1 | CORE Business Scenario #1 : Additional Information Required - Missing/Invalid/ Incomplete Documentation |
| 2 | CORE Business Scenario #2 : Additional Information Required - Missing/Invalid/ Incomplete Data from Submitted Claim |
| 3 | CORE Business Scenario #3 : Billed Service Not Covered by Health Plan |
| 4 | CORE Business Scenario #4 : Benefit for Billed Service Not Separately Payable |

# Example

SSI RA Detail Report Date - 10/27/14
Client : 12345 NPI : 0123456789
FTN : 123456789 Date : 10/27/14
Provider: GENERAL HOSPITAL Payer: BLUE CROSS
Check : 20141027000012

| Patient / PCN Number / Policy Number | BillType / Clm St | From Date / Thru Date / Pat Stat | Covd / NCovd / Cost | Rptd Chrgs / Ncovd Chrgs / Denied Chrgs | DRG Nbr / DRG Amt / Blood Ded | Prof Comp / Outlier / Deductible | CoIns / MSP Liable / Reimb Rate | MSP Pri / Per Diem / ESRD Amt | HCPCS Amt / Cont Adj / Cov Chrgs | Interest / Pat Refund / Net Reimb |
|---|---|---|---|---|---|---|---|---|---|---|
| DOE, JOHN | | 10/01/14 | | 1956.00 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1234567890 | 131 | 10/01/14 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 123456789 | | 2 | | 1956.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ICN: 1234567890 | | MRN: | | | | | | | PAT RESP: | 0.00 |

CORE Business Scenario #1 : Additional Information Required - Missing/Invalid/Incomplete Documentation
Claim Level Adjustments: CO252 1956.00

Check Summary :

| | | | | | |
|---|---|---|---|---|---|
| Check Number : | 20141027000012 | Check Total : | 2345.92 | Claim Count : | 1 |
| Covered Chrg : | 0.00 | Contract Chrg: | 0.00 | Provider Pay : | 0.00 |
| NonCov Chrg : | 0.00 | Denied Chrg : | 1956.00 | Deductibles : | 0.00 |
| CoInsurance : | 0.00 | Outlier Chrg : | 0.00 | Pat Refund : | 0.00 |
| Interest : | 0.00 | MSP Primary : | 0.00 | MSP Liability: | 0.00 |

Provider Level Benefits :

| | |
|---|---|
| Reported Check Amount : | 2345.92 |
| Total Claim Payments : | 0.00 |
| Total PLB Adjustments : | 0.00 |
| Sum Payment - Adjust : | 0.00 |

GLOSSARY: REMARK AND REASON CODES
252 An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).

# Code Combination Maintenance Process

- Verification is a manual process
- Review Washington Publishing Company's website to determine if an update has been made
- Website is checked tri-annually in March, July, and November
- If updates our available SSI's internal databases are updated with the new codes
- Complete follow up on processing with new codes that were implemented

# Issues/Challenges

- Identify all internal reports that display Codes
- When new codes are implemented, Programming Update required to Update Reports that get sent to Providers
- If New Codes aren't in sync the Invalid Codes may cause Posting issues at the Provider Level resulting in inaccurate reporting and delays.

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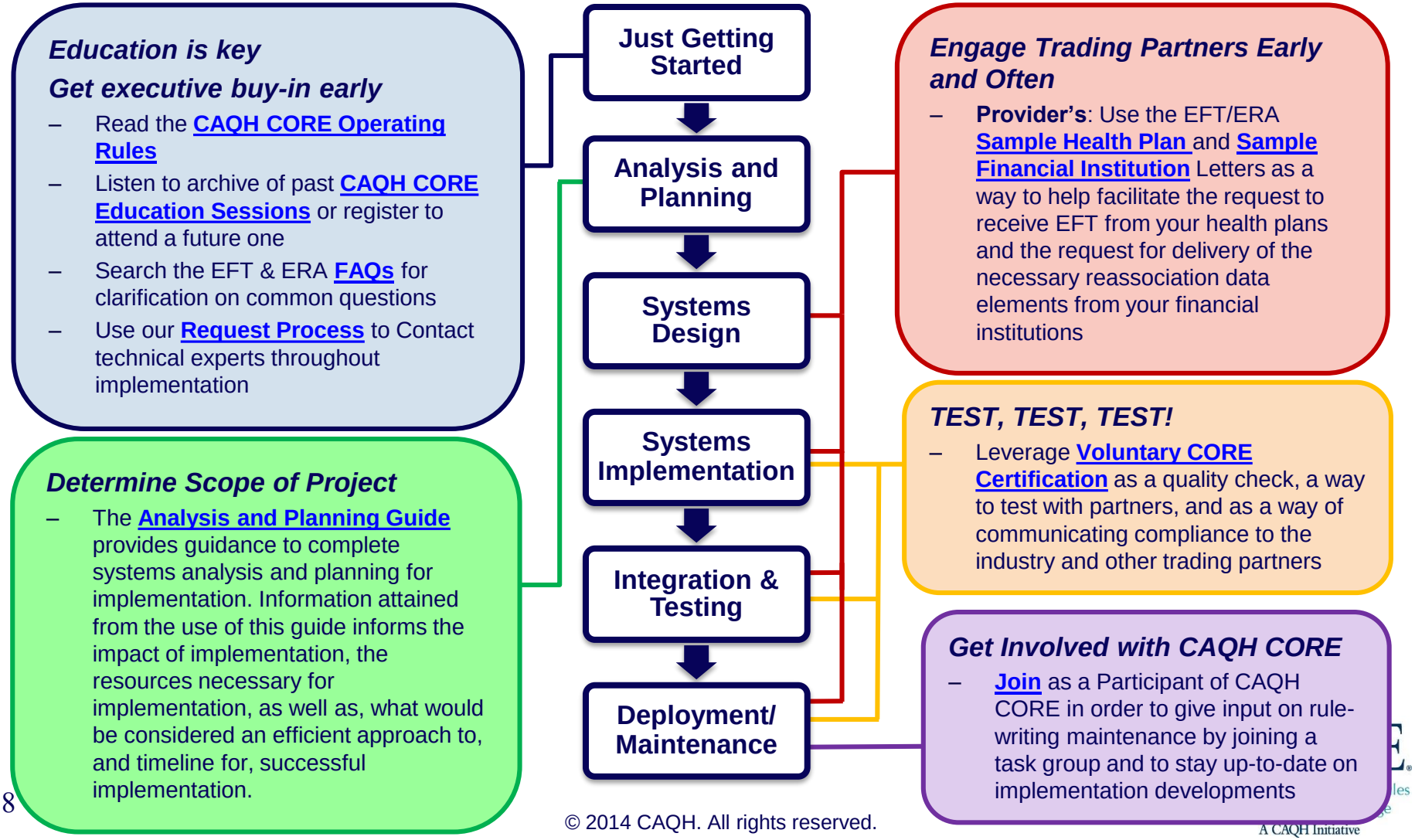
# CAQH CORE EFT & ERA Operating Rules

## *Available CORE Resources*

# Implementation Steps for HIPAA Covered Entities

## *Free Tools and Resources*

CAQH CORE has a ***NEW*** **Implementation Resources webpage** which contains descriptions of and links to all available free tools and resources including those outlined below and many others!



# Get Involved!

- Any CORE Participating Organization can join any CAQH CORE group
  - If you are a CORE Participating Organization and would like to join one of these group calls, please email CORE@caqh.org

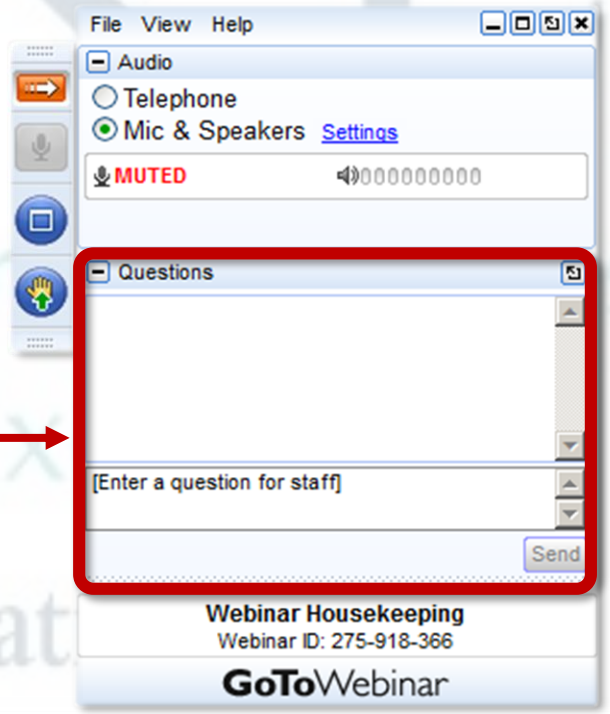
| CAQH CORE Group | Current Group Focus | Frequency | Next Meeting |
|---|---|---|---|
| CORE Claims/Prior Authorization Subgroup | Develop infrastructure requirements for the claims and prior authorization transactions | Wednesdays 3:00-4:30pm ET bi-weekly* | Wednesday, November 12th 3:00-4:30pm ET |
| CORE Benefit Enrollment & Maintenance/Health Plan Premium Payment Subgroup | Develop infrastructure requirements for the enrollment/disenrollment and premium payment transactions | TBD | First Call will Occur in November |
| CORE Code Combination Task Group (CCTG) | Process improvements and preparation for 2014 Market-based Review | Tuesdays 3:00-4:30pm ET bi-weekly* | December 2014 (Date TBD) |
| 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* | TBD |

*Frequency of calls are subject to change. Please check the CORE Participant Calendar for the most accurate Subgroup call dates and times.

# Q&A

*Please submit your question:*

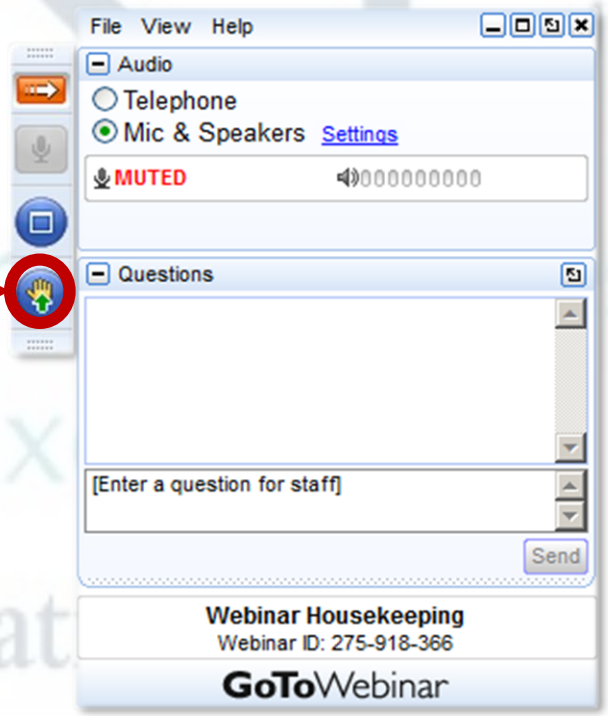
- **Via the Web**: Enter your question into the Q&A pane in the lower right hand corner of your screen



# Q&A

*Please submit your question:*

- **<u>By Phone or VoIP</u>**: When prompted for audio portion of Q&A, please press "Raise Hand" Button to queue up to ask a question




***<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.*

# Thank You for Joining Us!

website: www.CAQH.org

email: CORE@caqh.org

**@CAQH**





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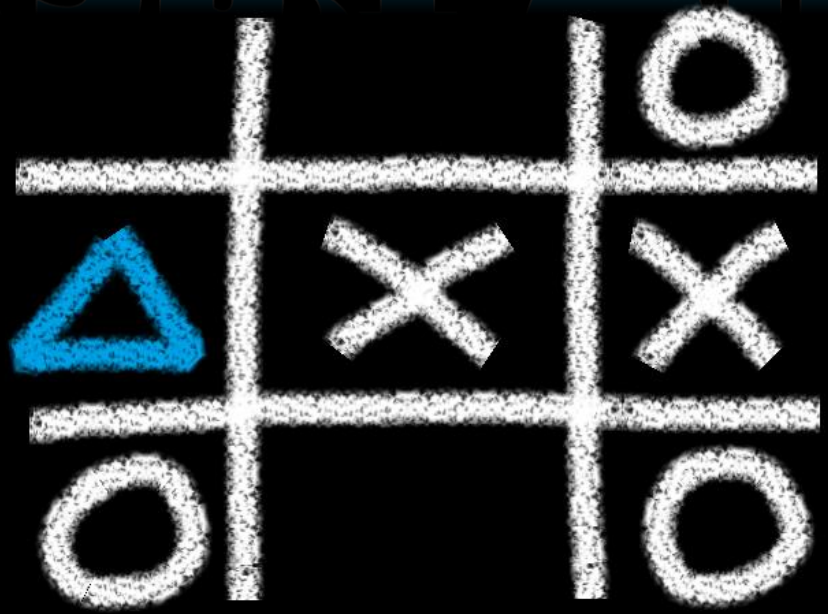
You Can't Win



If You Don't Know The Rules

# 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

# 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

# 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**<br>*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).