

simplifying healthcare administration

CAQH[®]

CAQH CORE Training Session: 2014 Market-based Review

December 10, 2014

2:00 – 3:00pm ET

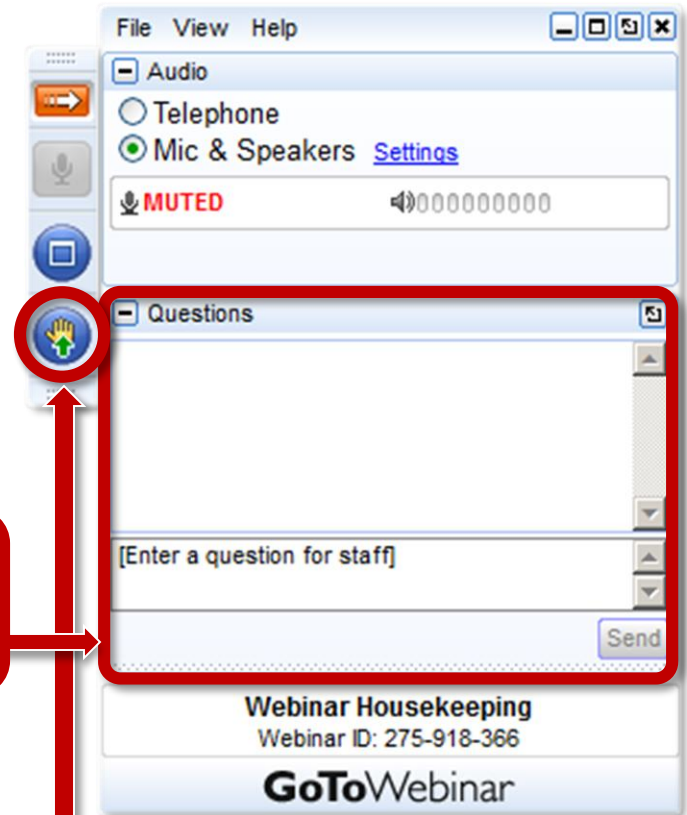
CORE[®]

Committee on Operating Rules
for Information Exchange

A CAQH Initiative

Participating in Today's Session

- Download a copy of today's presentation on the [CAQH.org website](http://CAQH.org)
 - 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



Session Topics

- Welcome Introduction
- Overview of the CORE Code Combinations Maintenance Process
- Overview of 2014 Market Based Review (MBR)
 - General information and Submission Process
- Live Demo of MBR Submission Process
 - Demo #1: Completing Part One of the Online MBR Form
 - Demo #2: Completing Part Two of the Online MBR Form
 - Demo #3: Completing Part Three of the Online MBR Form
- Best Practices and Resources
- Q&A

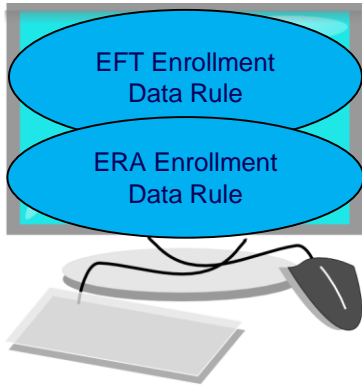
**CORE Uniform Use of CARCs and
RARCs Rule**
Maintenance Process Overview

CAQH CORE Uniform Use of CARCs and RARCs Rule

Role in ERA Transaction

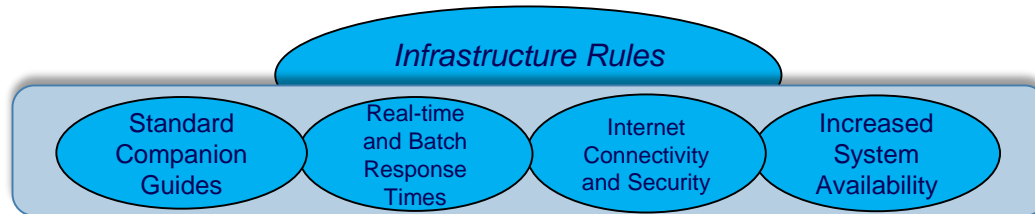
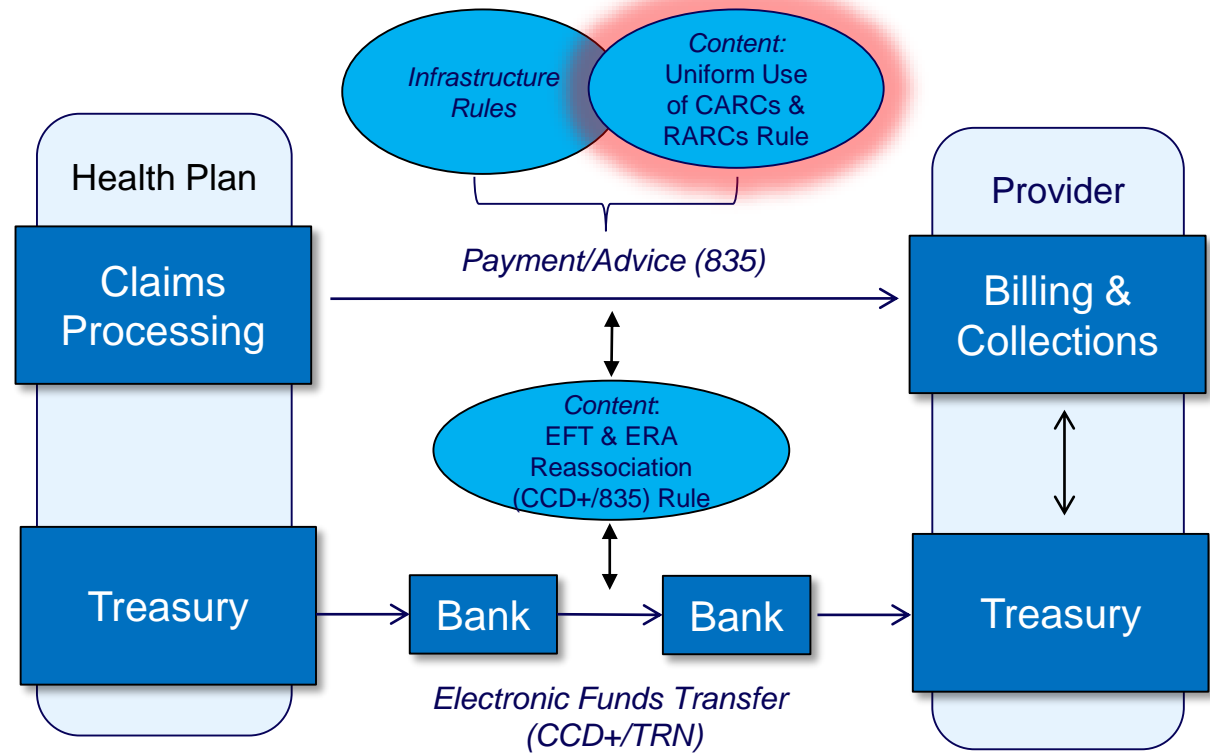
Indicates where a CAQH CORE EFT/ERA Rule comes into play

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

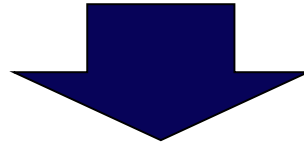
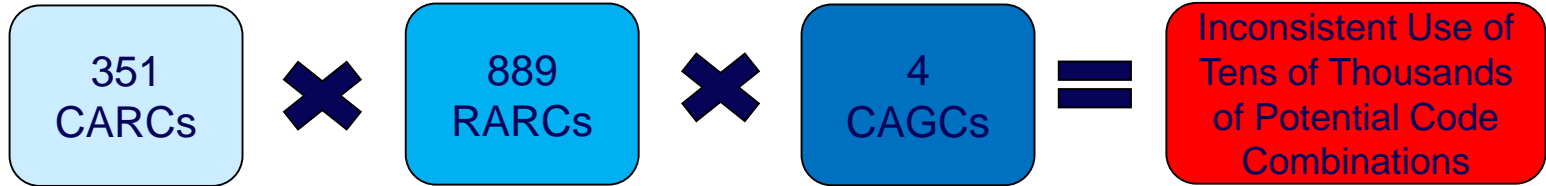
Claims Payment Process



CAQH CORE Uniform Use of CARCs and RARCs Rule

Four Business Scenarios

Pre-CORE Rules



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

CAQH CORE Uniform Use of CARCs & RARCs Rule

Impact for Providers

Provider Benefits

- **Potential reduction in manual claim rework:** With more consistent use of denial and adjustments codes per the CORE-defined Business Scenarios, providers will have less rework and can automate payment posting
- **Improved denials management:** Providers able to more accurately understand reasons for claim adjustments and denials due to more consistent code use across plans
- **Improved collections:** Providers can more effectively obtain payment from patients, more quickly generate cross-over claims to other payers, and reduce open accounts receivable
- **Reduction in cost-to-collect:** Consistent use of the CARCs and RARCs will enable providers to spend less time/money resolving adjustments and denials
- **Aggregated Data Analysis:** Cross-industry ability to analyze detailed data, e.g., attachment types

Importance of CORE Code Combination Maintenance Process

In order for your provider organization to receive the full benefits of this rule, it is beneficial for you to take part in the CORE Code Combination Maintenance Process. Submitting adjustments via the 2014 Market-based Review (which is **NOW OPEN**) ensures that the CORE Code Combinations and Business Scenarios:

- Reflect your specific business cases/needs
- Are thorough, precise and accurate
- Address the problem space in the most effective way

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
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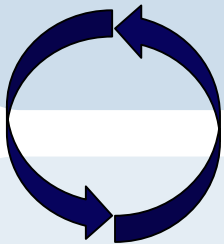
CORE Business Scenario #4:

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)



Supports ongoing improvement of the *CORE Code Combinations*

CAQH CORE Market-based Reviews

- 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*

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*
 - David DuBay, *UnitedHealth Group*
 - Heather Morgan, *Aetna*
 - 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
 - Task Group currently conducting CBR in response to code adjustments published on November 1, 2014
 - **Recent Market-based Review Work:**
 - Launched 2014 MBR on **November 26, 2014**; survey incorporates process improvements and lessons learned from the 2013 MBR

**Uniform Use of CARCs and RARCs
Rule Maintenance
*2014 Market-based Review Preparation***

2014 Market-based Review Process Basics

- **Basic Information**

- 2014 MBR was launched on **11/26/2014**
- All adjustment recommendations must be submitted to CAQH CORE via the online MBR Form by **5pm ET on Monday, 1/26/2015** (60-day Submission Period)
- CAQH CORE will publish any adjustments to the CORE Code combinations based on the 2014 MBR in June 2015
- Adjustments must be requested using the latest version of the CORE Code Combinations
 - The latest version is [CORE-required Code Combinations for the CORE-defined Business Scenarios v3.0.3 October](#)

- **Key Terms**

- **Entry:** a single code addition, code removal, code relocation, or potential new business scenario including any supporting information included on an entity's online MBR Form
- **Supporting Information:** Additional information requested on the online MBR Form for each entry i.e. an assessment of the CORE Code Combination Evaluation Criteria, a business case, and discretionary Real World Usage Data
- **Submission:** An entity's complete Market-based submission including all entries (e.g. all code additions, code removals, code relocations, and new business scenarios included in the submission)

Uniform Use of CARCs and RARCs Rule Maintenance

Market-based Review History

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.

2014 Market-based Review

- 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

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 <i>existing</i> CORE-defined Business Scenario and add to another <i>existing</i> 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 <i>existing</i> CORE-defined Business Scenario and add CARC and some or no associated RARCs to another <i>existing</i> 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		

2014 MBR Submission Process

NEW Business Scenario Code Adjustment Requests

For each requested potential *new* CORE-defined Business Scenario, respondents submit code combinations for association with the requested scenario; Potential adjustments for requested new Business Scenarios may include:

- **Addition** of new code combinations where the CARC is NOT currently in the existing *CORE Code Combinations*
- **Relocation** of a *CORE Code Combination* from an *existing* CORE-defined Business Scenario to the requested *new* Business Scenario

Types of Additions	Types of Relocations
Add new CARC and RARC along with a CAGC(s)	Remove CARC and all associated RARCs from an <i>existing</i> CORE-defined Business Scenario and add to the requested <i>New</i> CORE-defined Business Scenario with associated CAGC(s)
Add new CARC along with a CAGC(s)	Remove CARC and all associated RARCs from an <i>existing</i> CORE-defined Business Scenario and add CARC and some or no associated RARCs to the requested <i>New</i> CORE-defined Business Scenario with associated CAGC(s)

Market-based Review Call for New Business Scenarios

2013 and 2014 Comparison

	2013	2014
Scope	<p><i>Early Call for Submissions</i> Ideas for Potential New Business Scenarios</p>	<p><i>Formal Call for Submissions</i> Potential New Business Scenarios with Associated Code Combinations</p>
Will Associated Code Combinations be Collected?	No	Yes
Will New Business Scenarios be Added?	No	Yes (if approved)
Rationale for Scope	<ul style="list-style-type: none"> • Enabled the Task Group to get a sense of potential New Business Scenarios and a jump start on outlining future scenario options understanding that: <ul style="list-style-type: none"> – Industry experience with the current Business Scenarios was needed prior to adding more – Entities were still busy implementing the existing four CORE-defined Business Scenarios 	<ul style="list-style-type: none"> • Provides industry an opportunity to formally submit potential New Business Scenarios given current focus on implementation • Requires more detailed submissions for requested New Business Scenarios including associated code combinations • Submissions from 2013 will inform approach for 2014

2014 MBR Submission Process

Basics

Eligible Submitters:

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

How to Submit:

- The CAQH CORE Code Combinations Task Group designed content for an online [Market Based Review submission form](#) (MBR Form) to collect the necessary input from the industry
- Submissions will **only** be accepted through the online MBR Form. CAQH CORE, CCTG Co-Chairs and CAQH Staff will not be able to accept direct email submissions of the MBR Form

When to Submit:

- All eligible submitters can access the online MBR Form **NOW!**

Submission Deadline:

- All eligible submitters must complete their submissions by **1/26/2015** – No submissions will be accepted after that date

2014 MBR Submission Process

Flow and Format of Online Form

Part One

General Overview and Submitter Information

Submitters provide basic demographic information and the number of entries that their organization plans to submit

After completion of Part One, you will be sent a **unique link** that MUST be used to access parts two and three of the online MBR Form

This link can be used as many times as needed by multiple individuals at your organization

Part Two

Adjustments to *Existing* CORE-defined Business Scenarios

Submitters complete an entry for a code addition, a code removal, or code relocation

- Each code addition/removal or relocation submitted is considered a **single entry***. An entity's **final submission** may have multiple entries

Part Three

Adjustments for Potential *New* CORE-defined Business Scenarios

Submitters complete an entry for potential new CORE-defined Business Scenarios

- Submitters must also identify new code combinations to add under this business scenario or relocate code combinations from existing Business Scenarios; scenarios submitted without associated codes will not be considered

*A confirmation email for each entry will be sent to the email address identified in Part One; this email will contain a unique entry ID which can be used to delete any erroneous submissions by entering the ID on Part Two or Three of the online MBR Form

**2014 Market-based Review
Online Form
*Live Demo***

2014 MBR Submission Process

Best Practices

Use a Single Email Address for Submissions

- If possible, create a shared email for the organization team completing the submissions
- If using employee email, forward the email address to another team member if employee is OOO

Keep a Detailed Spreadsheet of submissions with their Entry ID and All Additional Information

- This will allow you to easily find the Entry ID for any submitted adjustments that you need to alter or delete

Deletions:

- In drop down list for deletions the new scenarios will appear as **EIDXXX_://name of scenario**
- Deleted scenarios will still be shown in list of potential scenarios to be added to; if codes are added subsequent to a scenario deletion, these code combinations will be ignored from the submissions,
 - **INSTEAD:** submit a NEW scenario with a slightly modified name and add codes to that scenario
- Deleted entries will still be listed in the drop down as **EIDXXX_://** without any codes of scenario name

2014 MBR Submission Process

Additional Resources



Is there anything I can download that will walk me through the MBR Submission Process?

- Detailed instructions to assist in the completion of the online CAQH CORE 2014 Market-based Adjustments Form are available [HERE](#)



Where can I see what a completed 2014 MBR Form looks like?

- A sample completed CAQH CORE 2014 Market-based Adjustments Form is also available [HERE](#) for consultation as entities plan their submission



Where can I find the materials from this training session?

- The slide deck and video recording of today's training can be found on the [CAQH CORE education session webpage](#) will be offered explaining the MBR submission process



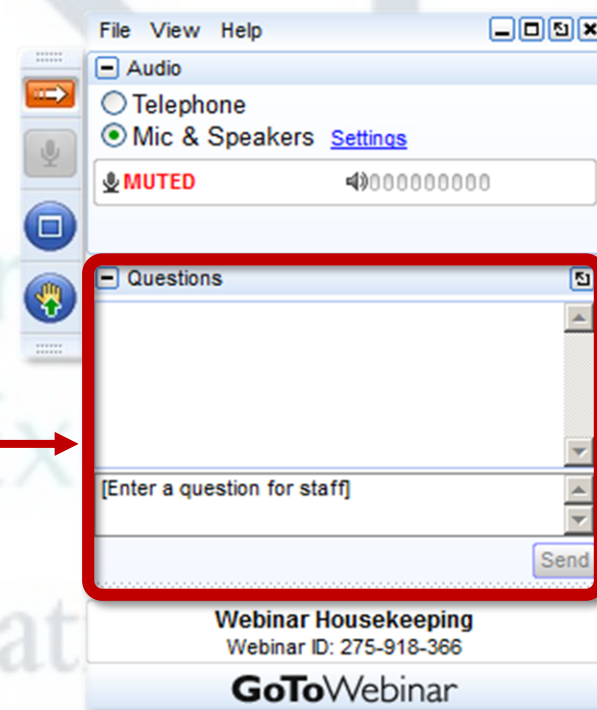
What if I have any other questions?

- If you have any questions, please send them to CORE@caqh.org

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

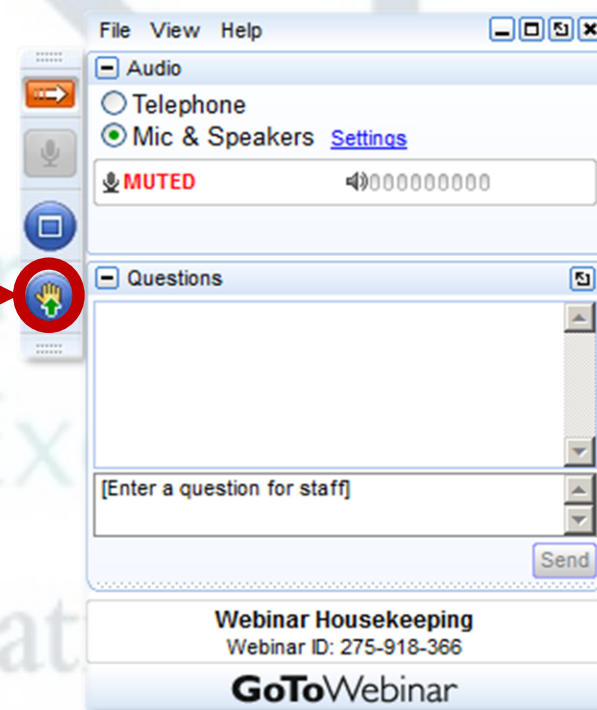


Q&A

Please submit your question:

- **By Phone or 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.



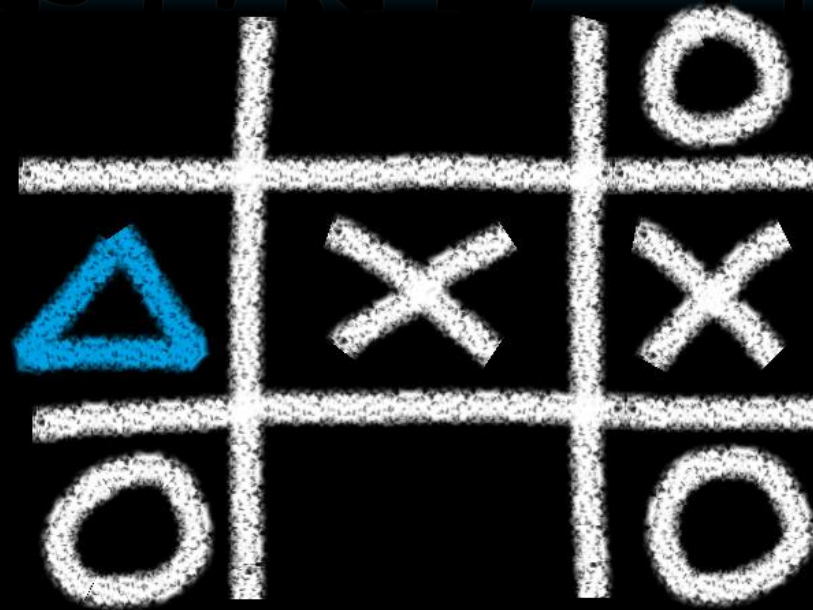
Thank You for Joining Us!

website: www.CAQH.org

email: CORE@caqh.org



You **Can't Win**



If You **Don't Know
The Rules**

APPENDIX

Additional Information and 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!

Education is key

Get executive buy-in early

- Read the [CAQH CORE 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

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”

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	<i>First Set – January 1, 2013</i> <i>Second Set – January 1, 2014</i>	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).

Recap of 2013 Market-based Review

Process and Timeframe

2013 Market-based Review

