

simplifying healthcare administration

CAQH[®]

CAQH CORE: October Town Hall Call

**October 7, 2014
2:00 – 3:00pm ET**

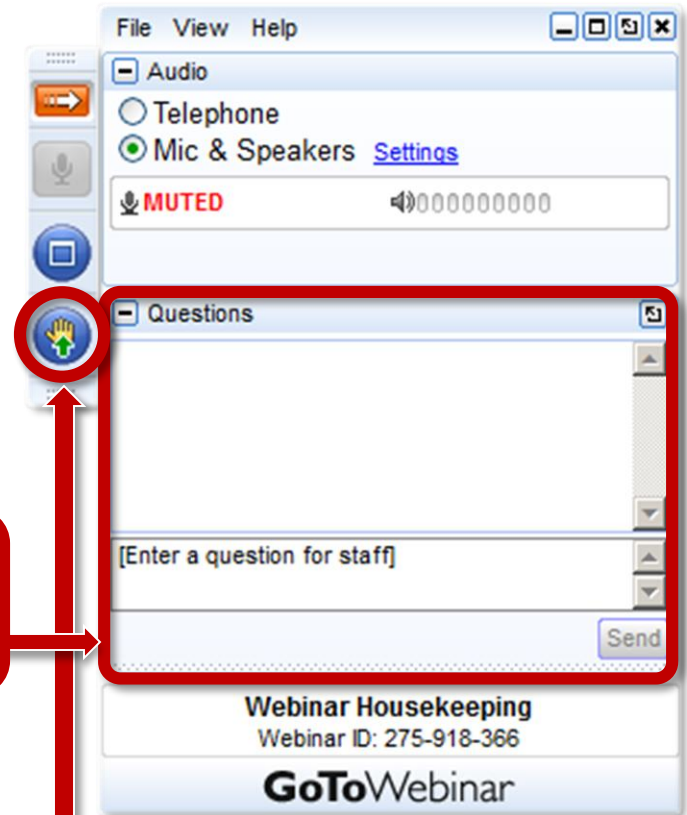
CORE[®]

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**



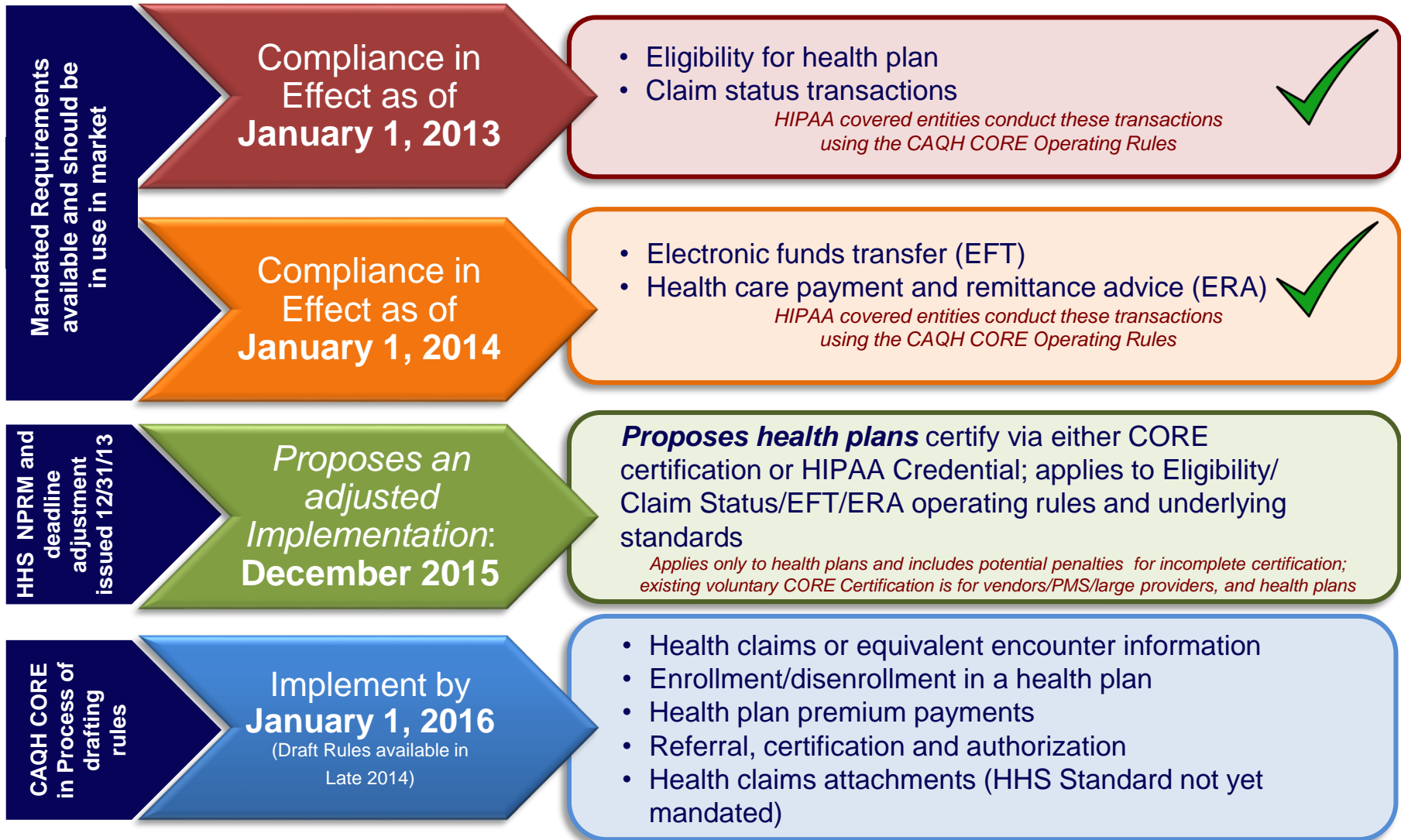
Session Topics

- Welcome Introduction
- ACA Mandate and Compliance Dates
- Industry Adoption of CAQH CORE Operating Rules
- CAQH CORE Operating Rules Maintenance
 - Uniform Use of CARCs and RARCs Rule
- Third Set of ACA Operating Rules
 - Claims and Prior Authorization Operating Rules
- HHS NPRM and Draft HIPAA Credential Forms
- Voluntary CORE Certification
- Free CORE Implementation Resources and Tools
- Q&A

ACA Mandate and HHS Health Plan Certification

Scope and Updates

Scope: ACA Mandated Operating Rules and Certification Compliance Dates



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 to²:
 - 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 standard²
 - 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](#)

CAQH CORE Operating Rules
Industry Adoption Update

Polling Question #1:

EFT/ERA Adoption

What percentage of your Remittance Advices/Payments are conducted using the 835/EFT Standard (CCD+)?

1. 76% - 100%
2. 51% - 75%
3. 21% - 50%
4. Under 20%
5. Not Sure

Sources to Track Industry Engagement of Operating Rules

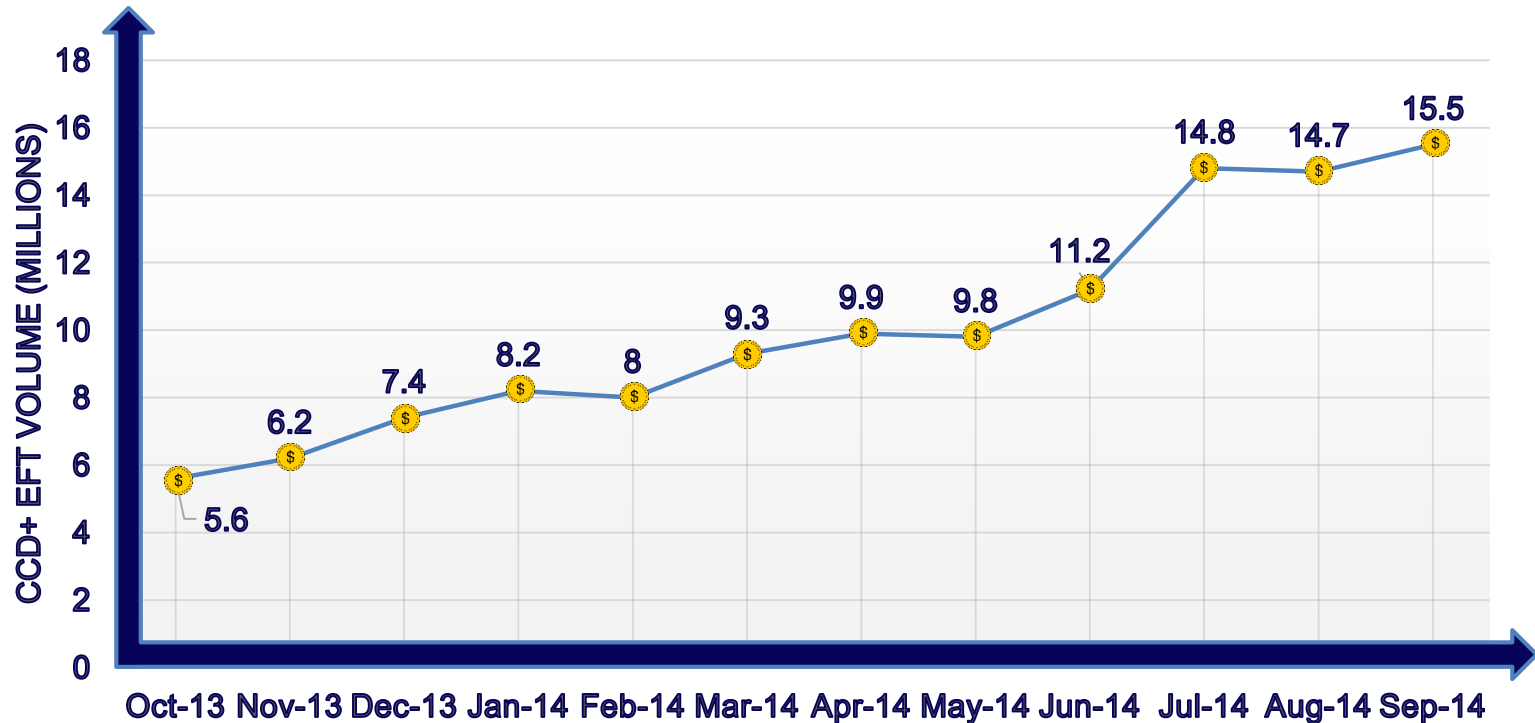
Examples

- *Voluntary CORE Certification*
 - Although current focus is tracking industry adoption of EFT & ERA Operating Rules, the industry continues to realize the benefits of Phase I and II Eligibility and Claims Status Operating Rules
 - Recent certifications include Meditech, Florida Medicaid, MaineCare, Oklahoma Office of Management and Enterprise Services, etc.
 - Phase III EFT & ERA CORE Certifications
 - A number of entities have completed Phase III CORE certifications with many more in the pipeline. Recent examples include Centene Corp, Excellus Blue Cross Blue Shield, AultCare, Ventanex, etc.
- CORE education session polling on industry status
 - Polling data from Q1, Q2 and Q3 2014 education sessions shows steady EFT & ERA Operating Rule implementation progress across all stakeholder group
 - Polling and registration information is always BLINDED and is taken in aggregate to protect personal information of registrants/attendees
- NACHA EFT transaction volume
 - Unlike for other HIPAA transactions, use of the ACH network for CCD+ enables tracking of this transaction (if entities use trace number)

Healthcare EFT CCD+ Volume

Based on NACHA Data

- These numbers reflect EFT payments that are clearly identified as healthcare payments by the use of the specific identifier “HCCLAIMPMT”¹ in the CCD+ transaction
- There has been steady growth in the use of CCD+ for healthcare EFT payments with roughly a **180% net increase in CCD+ volume** from the beginning of Q4 2013 to the end of Q3 2014



¹NOTE: Some providers are receiving EFT payments without the HCCLAIMPMT identifiers in the CCD+. To identify an EFT payment as a healthcare EFT, originators of the transaction (i.e. Health Plans/Payers) need to include the HCCLAIMPMT identifier in the CCD+Addendum

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

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

Maintenance: Uniform Use of CARCs and RARCs Rule

CORE Code Combinations Task Group (CCTG)

- Composed of more than 40 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
 - 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
 - 2014 MBR will consider:
 - Adjustments to *CORE Code Combinations* in the *existing* four CORE-defined Business Scenarios
 - Potential addition of *new* CORE-defined Business Scenarios with associated code combinations
 - Industry will receive advance notification of the survey launch date in the coming weeks

Maintenance: Uniform Use of CARCs and RARCs Rule

Compliance and Resources

Most Recent Version of the <i>CORE Code Combinations</i>	Compliance Date <i>(Applies as of January 1, 2014 to all HIPAA-covered Entities)</i>
<u>October 2014 v3.1.2</u> <i>(released July 1st)</i>	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
- *CAQH CORE will be holding an in-depth Educational Webinar on the Uniform Use of CARCs and RARCs Rule on October 29, 2014

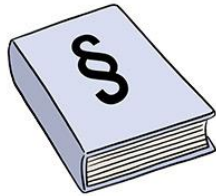
*To register for this webinar, please go to the [CAQH CORE Education Events page](#)

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Third Set of ACA Mandated Operating Rules

Status and Progress

Regulatory Status of Remaining Operating Rules



ACA § 1104

Requires HHS to adopt and update operating rules for [HIPAA transactions](#)



HHS

[Sept. 2012](#): HHS designates CAQH CORE as the operating rule authoring entity for remaining transactions:

1. Health claims or equivalent encounter information
2. Health plan enrollment/disenrollment
3. Health plan premium payments
4. Referral certification and authorization
5. Health claims attachments*






CAQH CORE

GOAL: A set of draft rules by the end of 2014, while emphasizing flexible deadlines. CAQH CORE will submit any rules approved by the CORE Participants via the [CORE Voting Process](#) to HHS/NCVHS as appropriate

* **NOTE:** HHS has not adopted a standard for health claims attachments or indicated what standard(s) it might consider for the transaction, and an effective date for these operating rules is not included in the ACA. Thus, the immediate focus of CAQH CORE will not include attachments.

CAQH CORE Phase IV Operating Rule Development: *Status Update*

Transaction	Operating Rule Status	CORE Notes and Details
<p>X12 v5010 278 Referral Certification & Authorization*</p> <p>X12 v5010 837 P/ I/ D Claim & Encounter Reporting</p>		<ul style="list-style-type: none"> Claims/Prior Authorization Subgroup will consider two draft rules initially drafted in 2009 and updated by CAQH CORE staff to align with the ACA and current CAQH CORE rule structure: <ul style="list-style-type: none"> Draft Phase IV CAQH CORE 278 Infrastructure Rule Draft Phase IV CAQH CORE 837 Infrastructure Rule
<p>X12 v5010 834 Benefit Enrollment & Maintenance</p> <p>X12 v5010 820 Health Plan Premium Payment</p>		<ul style="list-style-type: none"> CAQH CORE contracted with a firm with Federal and State HIX experience that conducted research on HIX use of the 834 and 820 transactions CAQH CORE Benefit Enrollment & Maintenance/Health Plan Premium Payment Subgroup will consider infrastructure requirements later in 2014
<p>Claim Attachments</p>		<ul style="list-style-type: none"> HHS has not adopted standard for health care claims attachments or indicated what standard(s) it might consider for the transaction CAQH CORE conducted CORE-only calls; results of polling available

The **Connectivity & Security Subgroup** is in the final stages of updating the Draft Phase IV CAQH CORE Connectivity Rule which applies to the claims, prior authorization, benefit enrollment & maintenance and health plan premium payment transactions.

*Specifically, the X12N/005010X217 Health Care Services Review - Request for Review & Response (278)

Environmental Scan:
Claims and Prior Authorization Operating Rules

2013 CAQH CORE Industry Surveys:

Opportunities for Remaining Operating Rules

Initial Survey

December 11, 2012 – February 12, 2013



GOAL

- Inform the development of operating rules for consideration to fulfill the ACA Section 1104 for five remaining transactions by identifying “top five” opportunity areas to be addressed by operating rules
- Participants wrote in their top priorities



PARTICIPANTS

- **72** Entities
- **Eight** Industry Stakeholder Types
- CORE Participating Organizations and non-participants

Follow-up Survey

May 21, 2013 – June 10, 2013



GOAL

- Provide further clarity and focus surrounding the development of the remaining Federally mandated operating rules by indicating highest priority options
- Participants had to rank the priorities submitted in the Initial Survey



PARTICIPANTS

- **136** Entities
- **Eight** Industry Stakeholder Types
- CORE Participating Organizations and non-participants

Follow-up Industry Survey Results

High Support for Infrastructure Rules

Rating of Applicability of Infrastructure Requirements by Transaction Standard

Infrastructure Requirement	837 Claim	278 Prior Auth	834 Enrollment	820 Premium Payment	Claim Attachment
Real Time Response	●	●	●	●	●
Real Time Acknowledgments	●	●	●	●	●
Batch Response Time	●	●	●	●	●
System Availability	●	●	●	●	●
Companion Guide	●	●	●	●	●
Batch Acknowledgements	●	●	●	●	●
Connectivity + Security	●	●	●	●	●



* **NOTE:** No requirements received less than 55% support.

Follow-up Industry Survey Results: *Low Support for Data Content Rules*

Support for Data Content Rules

Transaction	Number of Opportunity Areas	Highest Support Shown
X12 v5010 837	7	39%
X12 v5010 278	6	49%
X12 v5010 834	6	35%
X12 v5010 820	2	35%
Claim Attachments	4	43%

As shown in the table above, data content rules received low support comprehensively—**no data content rule received greater than 49% support.**

Third Set of ACA Mandated Operating Rules

CORE Connectivity & Security Subgroup

- Since November 2013, the Connectivity & Security Subgroup began drafting the connectivity and related infrastructure options for Third Set of the ACA-mandated operating rules
 - Over 80 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chair Dr. S. Luke Webster, *CHRISTUS*
- As part of the Third Set Rule Opportunities, Subgroup is considering how to align with other large scale industry connectivity initiatives given the CORE Guiding Principles for alignment
- ***Join the Discussion***
 - Subgroup calls are open to all CORE Participating Organizations
 - Next Subgroup meeting will be held on October 9th
 - The Subgroup will review the final Draft Phase IV Connectivity Rule and send the rule to the Subgroup for Straw Poll
 - If you are not a CAQH CORE Participating Organization but would like more information on how to become one, please visit our website [HERE](#)

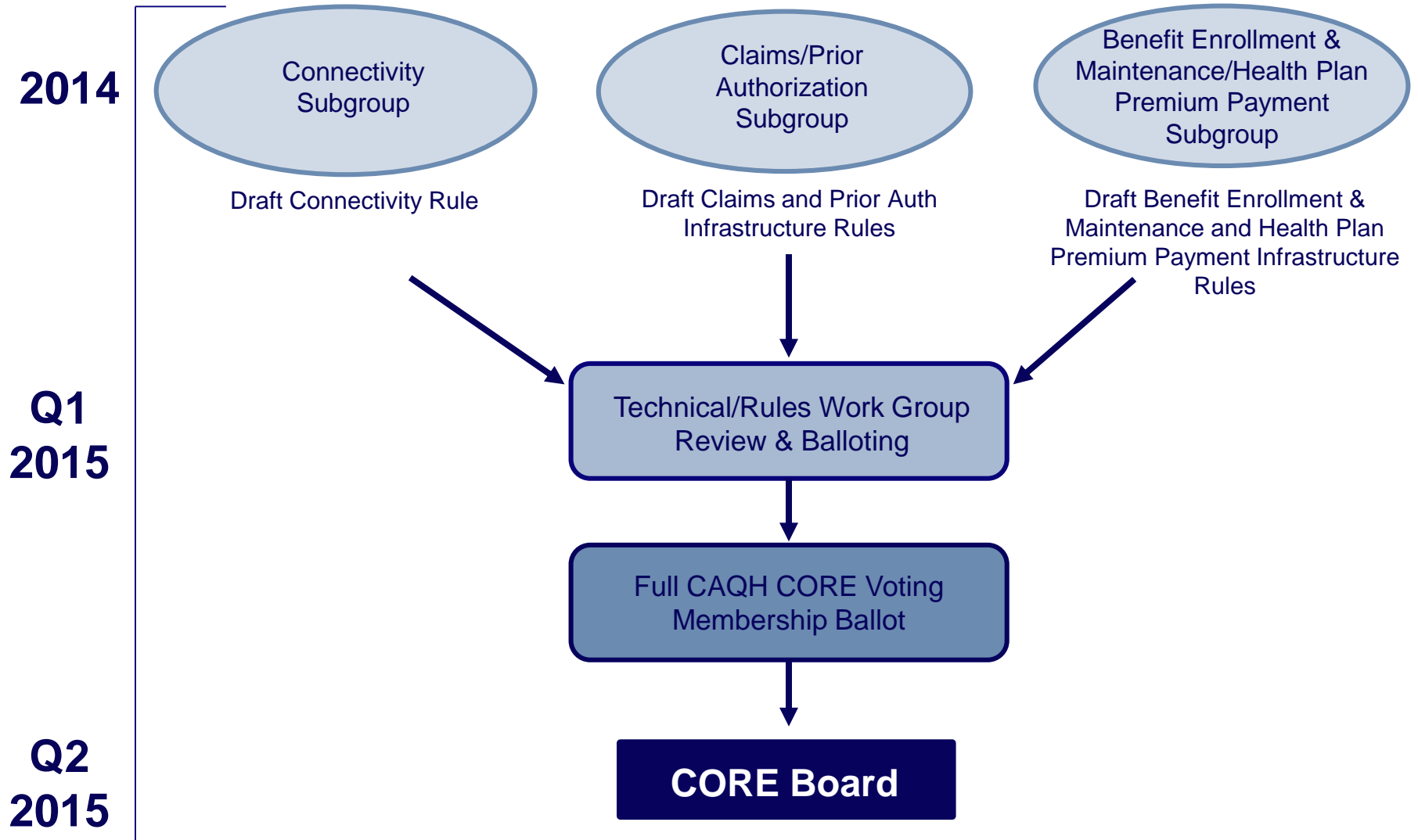
Priorities: Infrastructure Operating Rules

- Based on detailed environmental scan, Subgroup identified high-priority **opportunity areas**; specific **rule options** for each opportunity; and finally, have determined definitive **rule requirements** for each; for example:
 - **Opportunity Area: *Improve connectivity***
 - Selected Option: Converge on a single envelope standard (SOAP+WSDL) to increase interoperability, plug-and-play capabilities, and align with clinical arena
 - Rule Requirement: The use of SOAP+WSDL envelope method is required to be supported.
 - Reminder: Connectivity is a Safe Harbor so other connectivity methods can be used
 - **Opportunity Area: *Improve message interaction/establish processing mode expectations***
 - Selected Option: Batch required; real-time optional for three of the four transactions regardless of connectivity method used (real time or batch mode)
 - Rule Requirement: An entity's messaging system must have the capability to receive and process large Batch transaction files if the entity supports Batch transactions; they must be received, processed and the appropriate response provided back to the sender within specified time...
 - Establish expectations, roles and responsibilities
 - Requirements for both modes, if both modes are offered

Draft Claims/Prior Authorization Infrastructure Rules: *Status Update*

- Prior to the ACA, CAQH CORE developed two *draft* operating rules addressing infrastructure requirements for claims and prior authorization:
 - [Draft CAQH CORE Acknowledgements for X12 837 Claims Rule](#)
 - [Draft CAQH CORE Health Care Services Review - Request for Review/Response \(X12 278\) Rule](#)
- Given all the industry activity between 2009 and now including the rollout of the ACA and industry implementation of infrastructure operating rules for three transactions (eligibility, claim status, and electronic remittance advice), CAQH CORE staff has updated the above two draft rules for Claims/Prior Authorization Subgroup consideration
- Updates to the draft infrastructure rules include:
 - Addition of ACA background information
 - Updated to align with current CAQH CORE operating rule structure
 - Broadened to include all applicable CAQH CORE infrastructure requirements
 - Inclusion of explicit processing mode requirements agreed on by the CAQH CORE Connectivity & Security Subgroup

Process for Development of Phase IV CAQH CORE Operating Rules



Draft HIPAA Credential Forms

Updates

Polling Question #2:

HHS Health Plan Certification Familiarity

On a scale from 1-5, how familiar are you with the HHS Health Plan Certification requirements, as proposed by the NPRM?



1

*Not at all
Familiar*



2



3



4



5

*Very
Familiar*

HHS NPRM on Health Plan Certification

“Most [5010 transition] issues would have been able to be addressed if full, end-to-end **testing had been done well in advance of the compliance date.**”

- NCVHS, Sept. 21, 2012

“Ideally, certification of compliance... should support a standardized process for demonstrating compliance. Such a standardized process... should require a health plan to undergo testing within a consistent, industry-wide framework that results in **the ability to generate specific documents that demonstrate compliance.**”

- 79 FR 303 (NPRM)

“The certification of compliance provisions... are the **first step toward a standardized testing framework** to support a more seamless transition to new and revised standards or operating rules.”

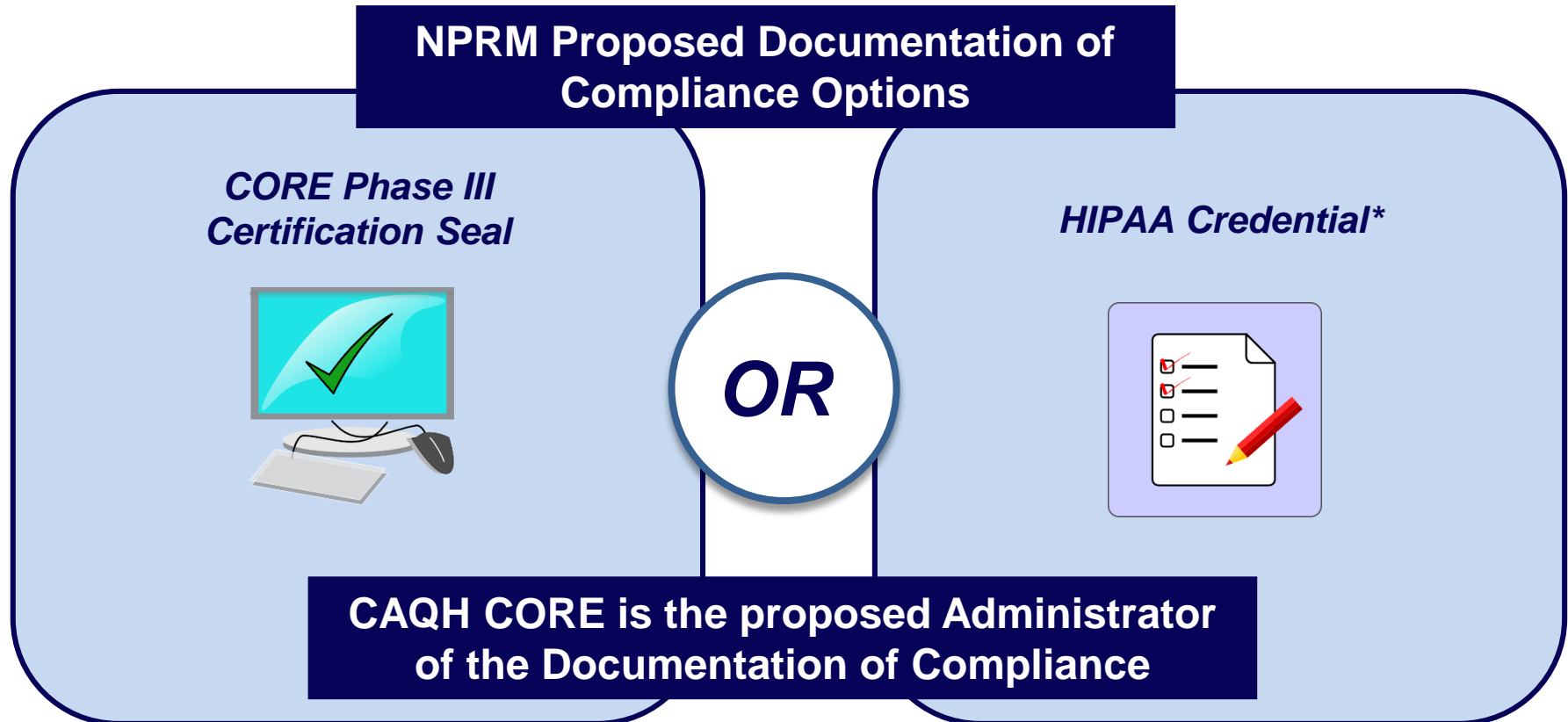
- 79 FR 303 (NPRM)

Ultimate goal: “Reduce the clerical burden on patients, health care providers, and health plans”
- HIPAA (42 U.S.C. 1320d Note)

HHS NPRM on Health Plan Certification

Background

- **Notice of Proposed Rule Making (NPRM)** published in [*Federal Register*](#), January 2, 2014. Before, December 31, 2015, Controlling Health Plans (CHPs) must submit to HHS:
 - Documentation of compliance and
 - Number of covered lives



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).

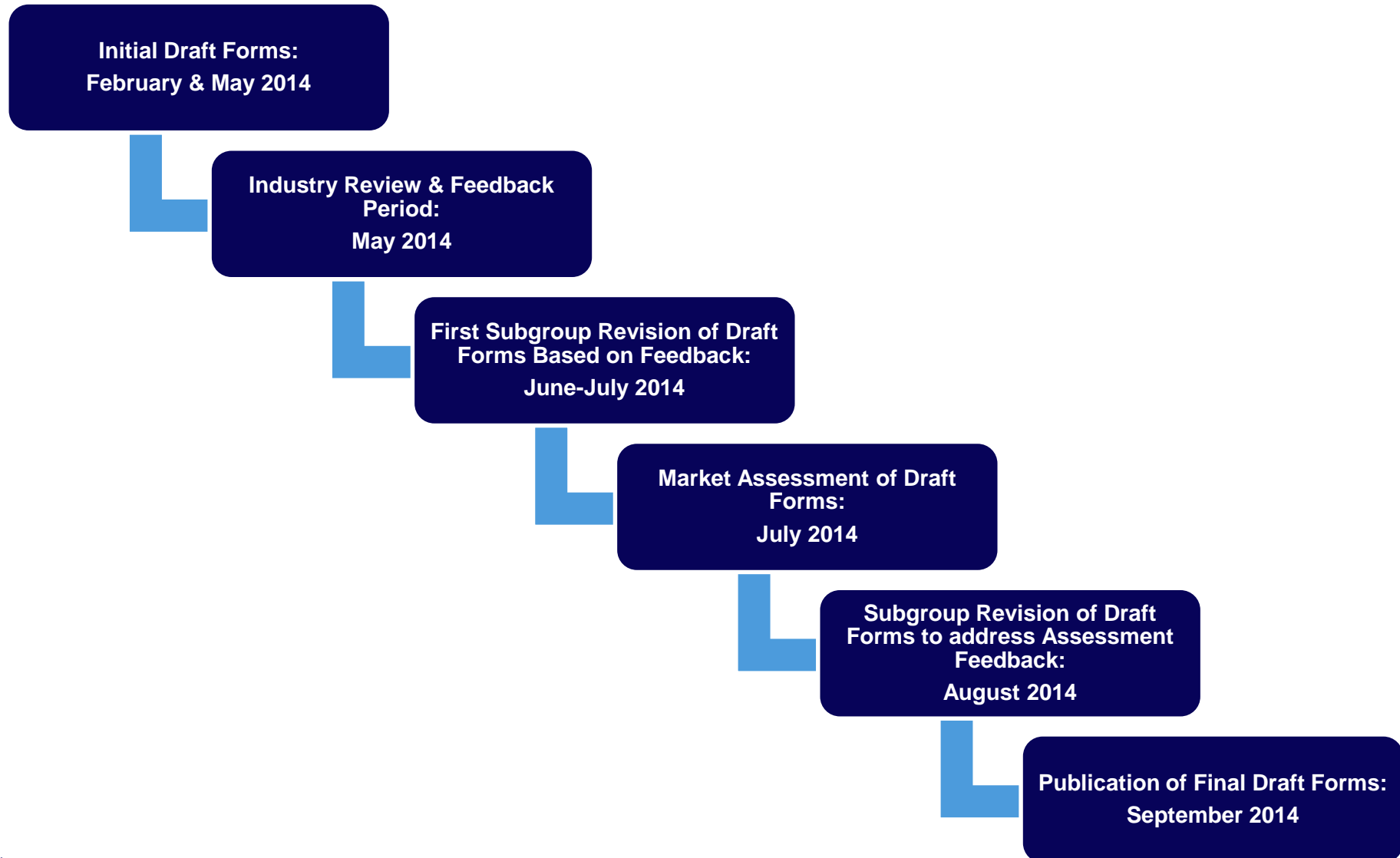
HIPAA Credential: Draft Forms developed through Industry Feedback and CAQH CORE Subgroup

Per the NPRM,* “To obtain the HIPAA Credential, a CHP would have to submit...”

Proposed Requirements in the NPRM	Corresponding Draft Form & Purpose	Updated Draft Form Elements
<p><i>“HIPAA Attestation Form... (similar to the form required for the CORE Certification)”</i></p>	<p>Title: Draft HIPAA Credential – Attestation of HIPAA Compliance Form</p> <p>Purpose: To enable the entity to demonstrate its good faith intention to certify HIPAA compliance</p>	<ol style="list-style-type: none"> 1. Attestation of Compliance with HIPAA as amended by HITECH and ACA 2. Name and signature of authorized representative 3. CHP HPID
<p><i>“An application form (similar to the form required to obtain a CORE Seal)...with signature verifying that all forms ...are submitted....indicating that HHS may view the application and associated forms if such a request is made”</i></p>	<p>Title: Draft HIPAA Credential - Application Form</p> <p>Purpose: To verify that all forms have been submitted and to acknowledge that HHS may view the application</p>	<ol style="list-style-type: none"> 1. Applicant Information with CHP HPID 2. Contact Information 3. List of Required Documents 4. Terms and Conditions 5. Fees and Fee Notes 6. Authorized Signature
<p><i>“An attestation form... in which the CHP confirms that it has successfully tested [operating rules for the three transactions] with trading partners. For each of the three transactions, the CHP must confirm that the number of transactions conducted with those trading partners collectively accounts for at least 30% of the total number of transactions conducted with providers.”</i></p>	<p>Title: Draft HIPAA Credential – Attestation of Trading Partner Testing Form</p> <p>Purpose: To document that successful testing of transactions has occurred and to identify trading partners with whom the entity tested</p>	<ol style="list-style-type: none"> 1. CHP Information 2. List of Trading Partner Contact Information per Transaction 3. Authorized Signature

Draft HIPAA Credential Forms

Process for Development of Final Draft Forms



Draft HIPAA Credential Forms

Background on Industry Feedback and CTSG Tasks

- **Background on Industry Feedback collected on initial draft forms:**
 - Gathered industry input during ***one-month public comment period*** (May 6th -June 3rd)
 - Over 250 **comments** were received from both CORE Participants and non-Participants

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

*For more information on how to become a CORE Participating Organization, please visit our website [HERE](#)

Draft HIPAA Credential Forms

Background on Market Assessment

- **Goal**
 - To “case test” the draft forms to ensure they accommodate common CHP industry business relationships and to test their usability
- **Participants**
 - Volunteer entities were solicited that were CHPs and whose organization reflected a common payer organization (self-insured, issuer, fully insured)
- **Outcomes of testing**
 - All participants indicated “Very Clear” for the forms except the *Attestation of Trading Partner Testing* form which tested “Somewhat Clear”
 - The Subgroup subsequently:
 - Made the form simple, clear, efficient, and easy to understand
 - Better aligned the language and structure of the form with the requirements of the NPRM
 - [Updated draft forms](#) published in September, 2014

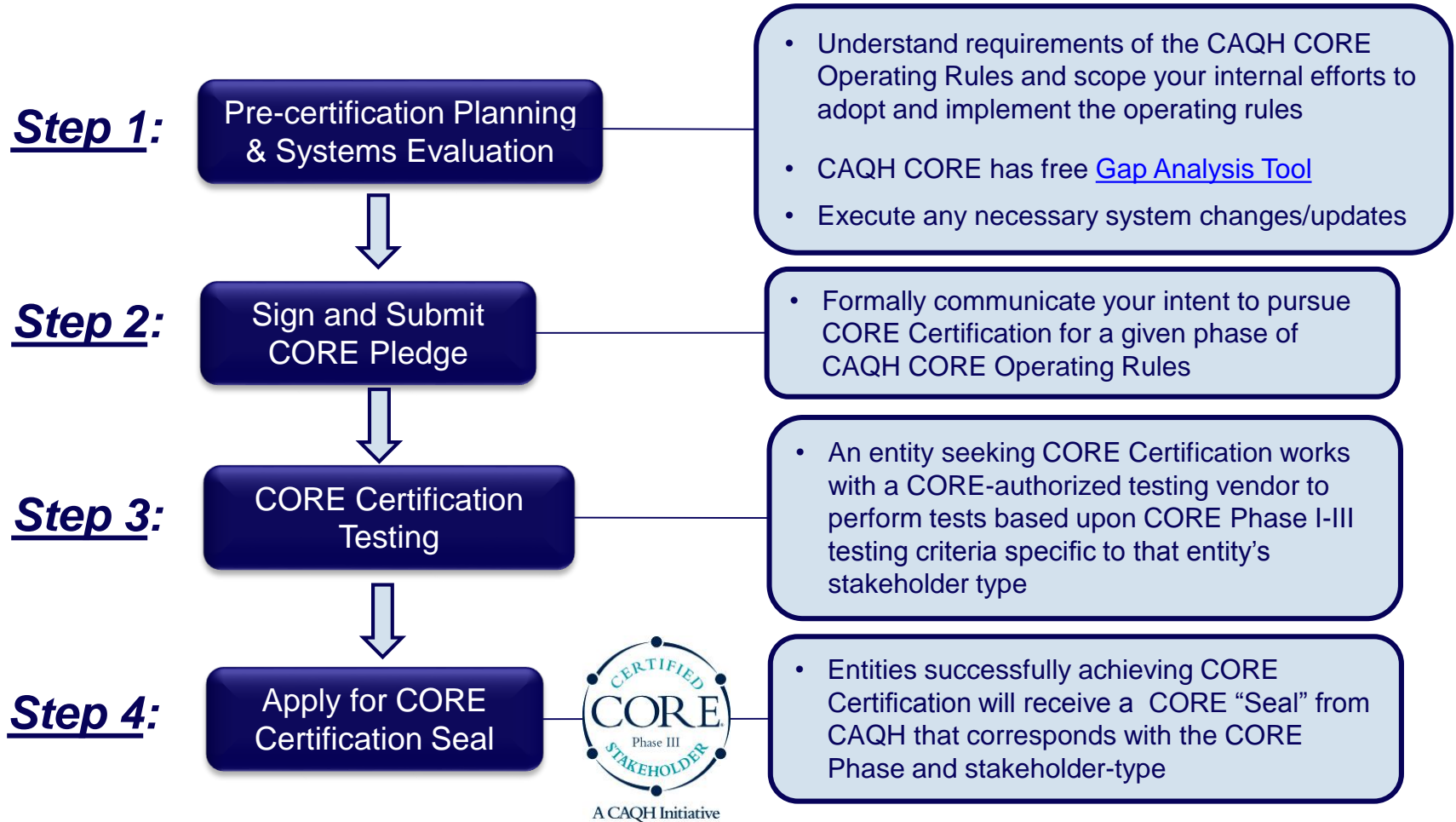
These draft forms are for illustrative purposes only and cannot be used to apply for the HIPAA Credential. These draft forms are subject to change based on the release of an HHS Final Rule.

Voluntary CORE Certification

Voluntary CORE Certification

- CAQH CORE offers *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 over 20 Certifications currently pending. Access a list of these organizations [HERE](#)
- 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

Voluntary CORE Certification: A Step-by-Step Process



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

HHS NPRM on Health Plan Certification

Documentation of Compliance

NPRM Proposed Documentation of Compliance Options

CORE Phase III Certification Seal



- Involves Testing with Independent Testing Entity
- Involves significant review by CAQH CORE
- Part of the established [Voluntary CORE Certification Process](#)

OR

HIPAA Credential*

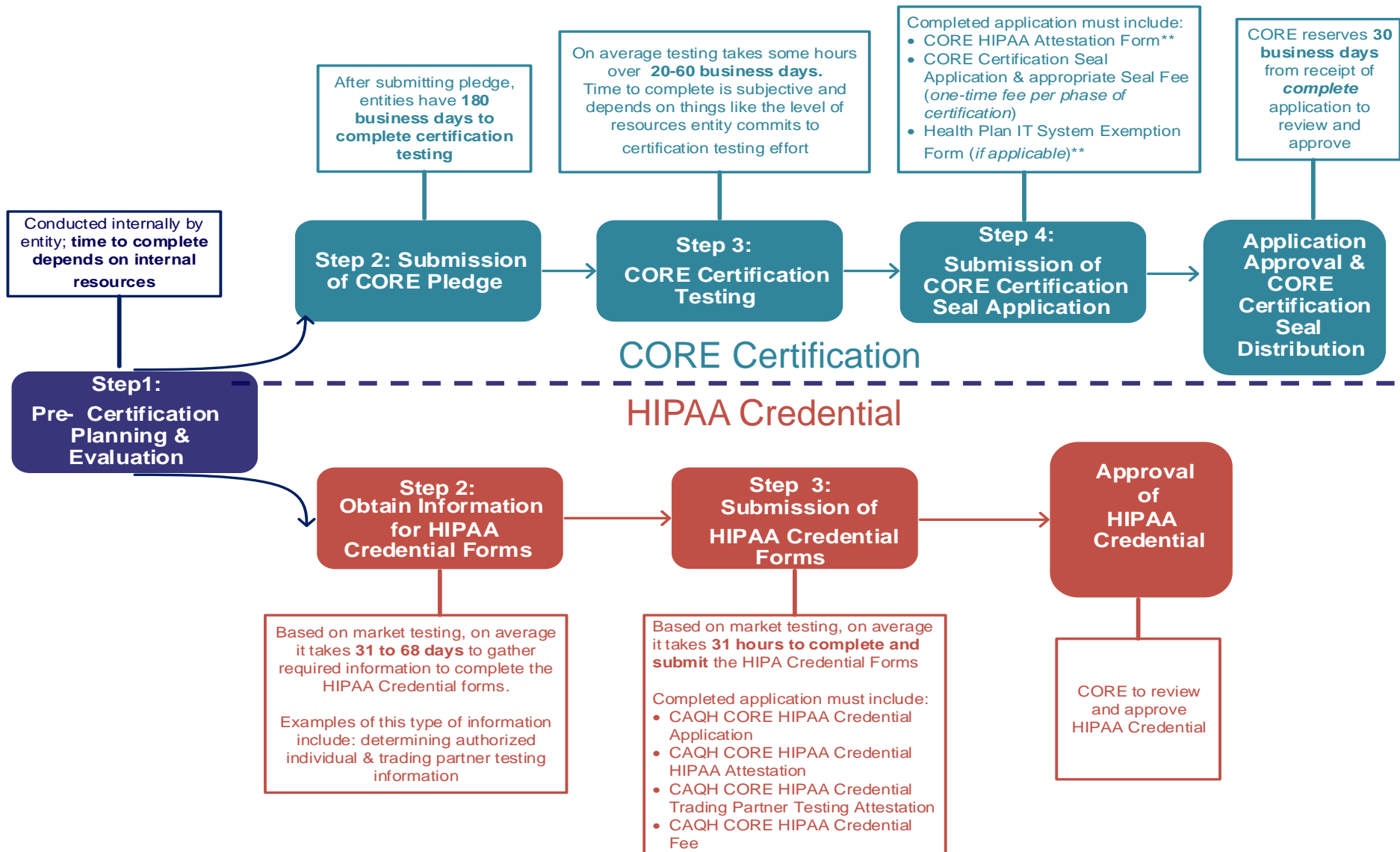


- Requirements outlined in NPRM
- Involves coordination with trading partners
- Includes Attestation-based documents
- [Draft forms here](#)

*May be adjusted pending final rule

Documentation of Compliance

CORE Certification vs HIPAA Credential Completion Timelines



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!

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

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

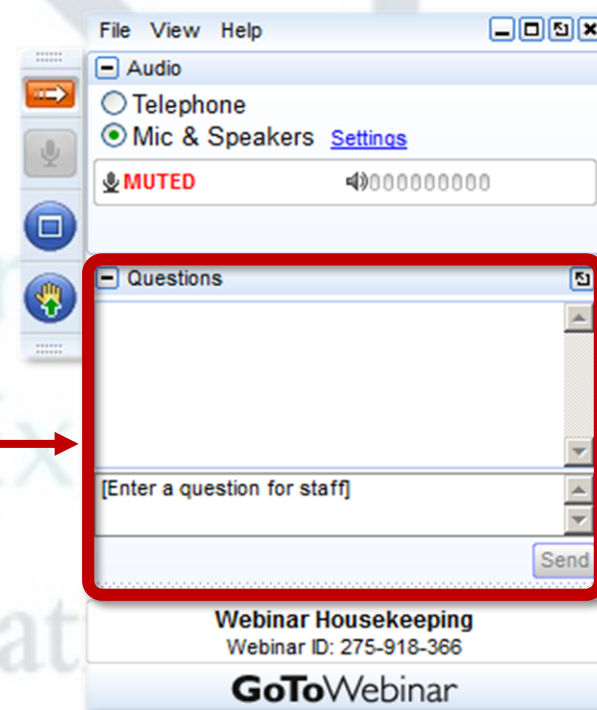
CAQH CORE Group	Current Group Focus	Frequency	Next Meeting
CORE Code Combination Task Group (CCTG)	Process improvements and preparation for 2014 Market-based Review	Tuesdays 3:00-4:30pm ET bi-weekly*	Tuesday, October 28 th 3:00-4:30pm ET
CORE Claims/Prior Authorization Subgroup	Develop infrastructure requirements for the claims and prior authorization transactions	Wednesdays 3:00-4:30pm ET bi-weekly*	Wednesday, October 8 th 3:00-4:30pm ET
CORE Connectivity and Security Subgroup	Drafting the connectivity and related infrastructure options for Third Set of the ACA-mandated operating rules	Thursdays 2:30-4:00pm ET bi-weekly*	Thursday, October 9 th 2:30-4:00pm 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

*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

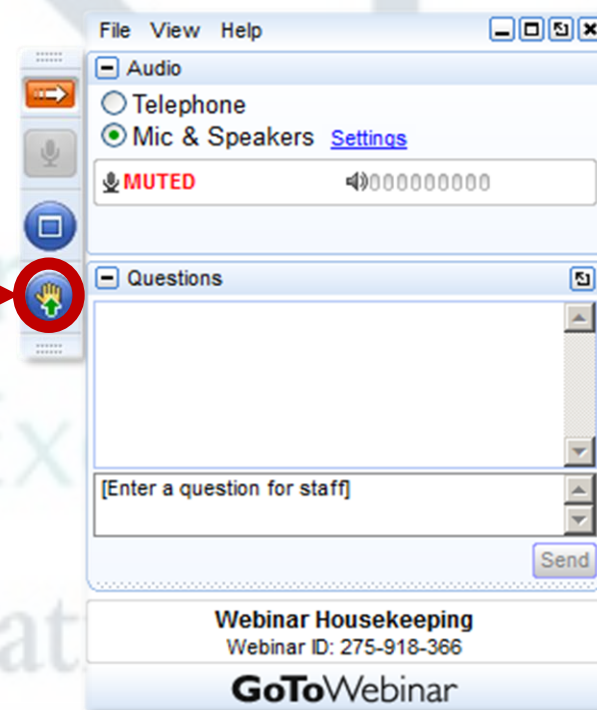


Q&A

Please submit your question:

- **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



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”

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).