

simplifying healthcare administration

CAQH[®]

Jumpstart 2015: Preparing For a Productive Year with CAQH CORE

January 14, 2015
2:00 – 3:30pm ET

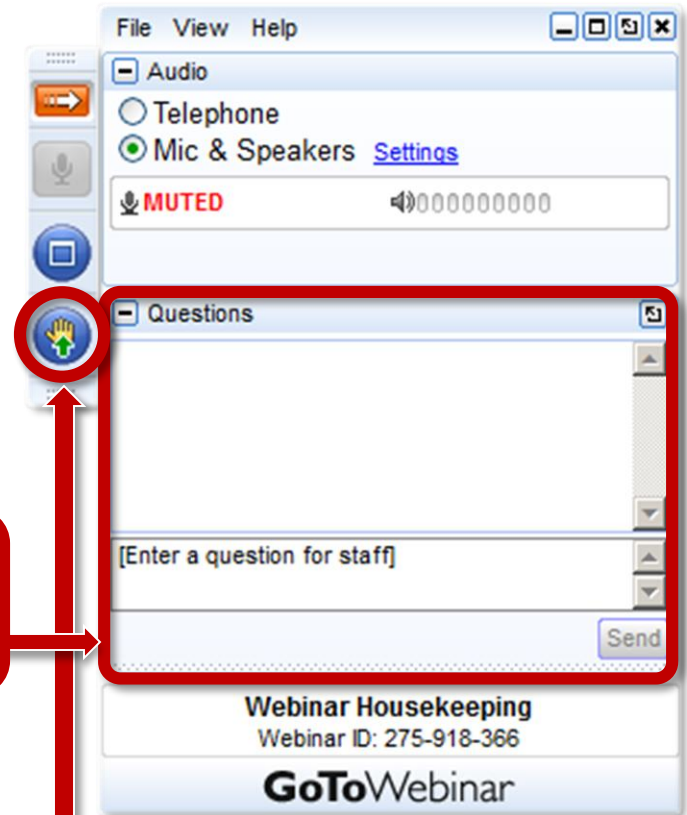
CORE[®]

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

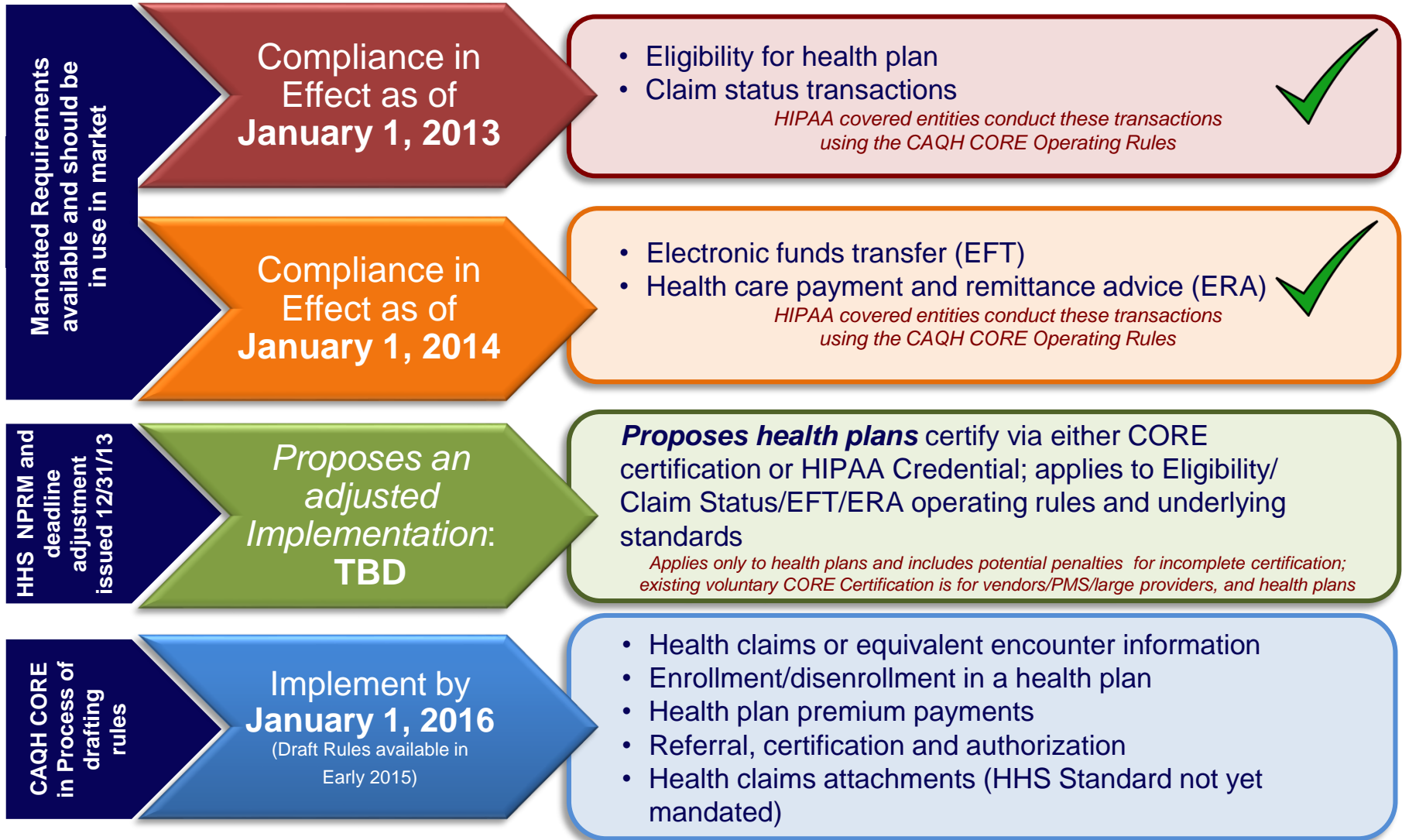
- Welcome Introduction
- Looking back on 2014 and looking forward to 2015
 - CAQH CORE Operating Rules Industry Adoption
 - CAQH CORE Operating Rule Maintenance
 - CAQH CORE Operating Rule Development
 - HHS Health Plan Certification Documentation of Compliance: *CORE Certification and HIPAA Credential*
 - CAQH CORE Education and Outreach
 - Market Vision



CAQH CORE Operating Rules Industry Adoption

ACA Mandated Operating Rules and Certification

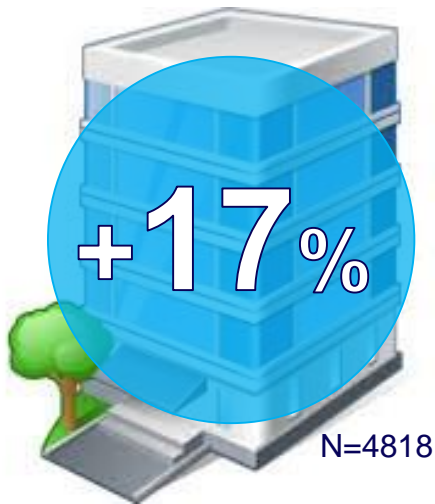
Compliance Dates



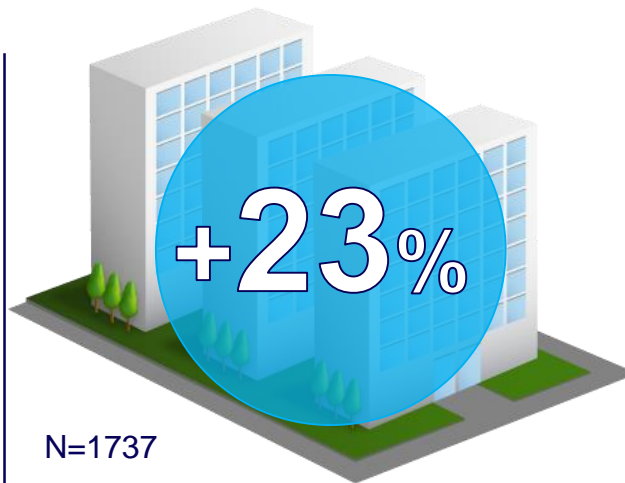
CAQH CORE EFT & ERA Operating Rule Adoption

Education Session Polling

Quarterly polling data from 2014 national webinars shows steady EFT & ERA Operating Rule implementation progress across all stakeholder groups



Health Plans had the **biggest increase in completed implementations (+17%)** over 2014



PMS/Vendors have **increased in all categories from Well Underway through Completion** between Q1 and Q4 (+23% total)

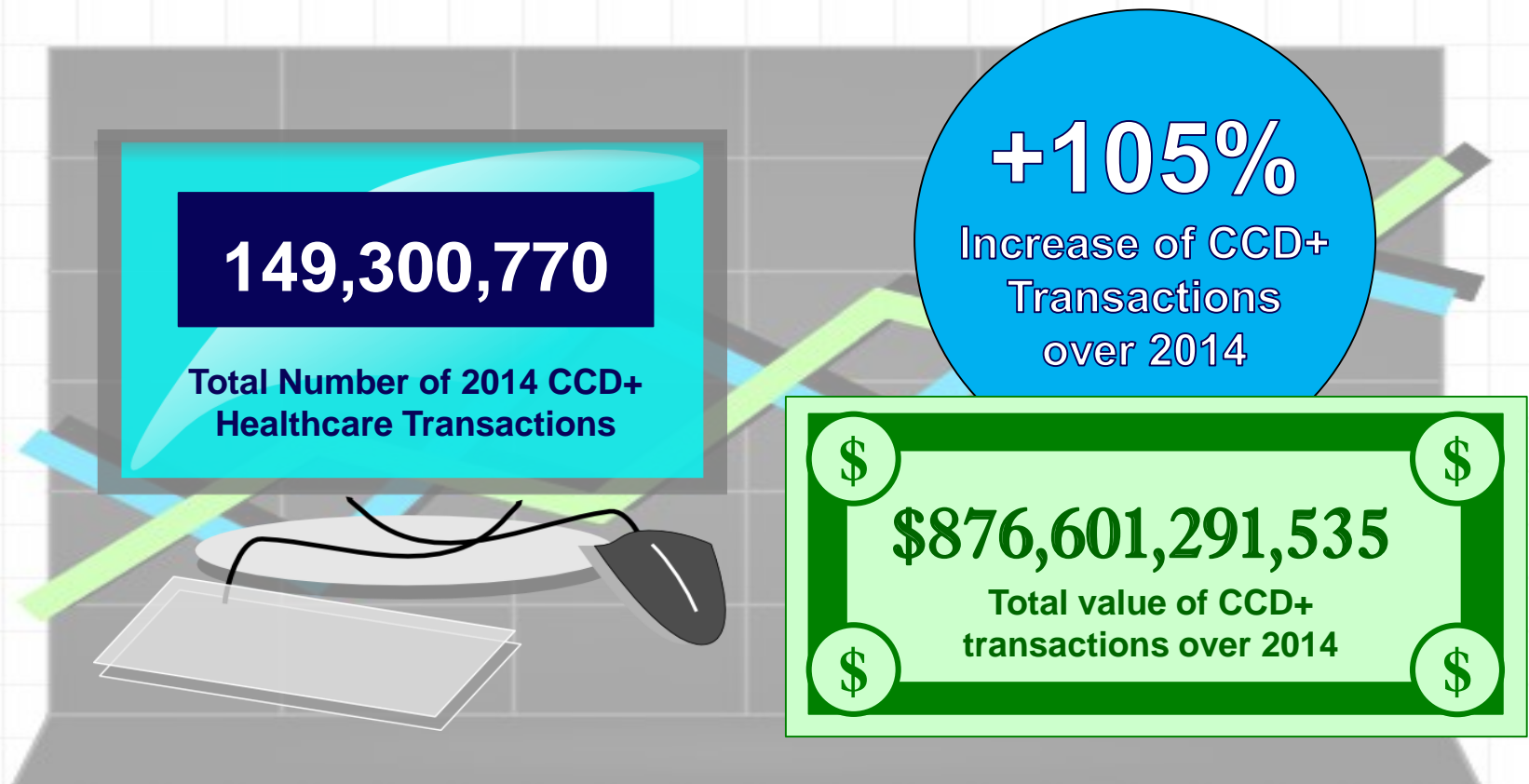


Clearinghouses still are **highest in the key categories of Well Underway, Nearing Completion or Complete (89% for Q4)**

Healthcare EFT CCD+ Volume

Based on NACHA Data

- Unlike other use of the HIPAA transactions, ACH network for CCD+ enables tracking of this transaction in a centralized manner
- These numbers reflect EFT payments that are clearly identified as healthcare payments by the use of the specific identifier “HCCLAIMPMT”* in the CCD+ transaction



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

CAQH CORE Operating Rules Adoption

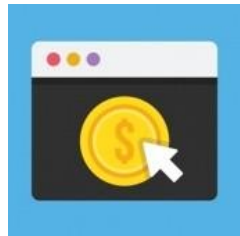
What to Expect in 2015

CAQH CORE will increase efforts to track Operating Rules adoption and use that information to develop best practices and to evolve CORE processes



Education Polling and Surveying

CAQH CORE will continue to use in-session polling and post-event surveys to track Operating Rule adoption and elicit suggestions from webinar audiences



Collecting ROI for Phases I, II and III

If you have implemented the CAQH CORE Operating Rules and have any *quantitative* information as to how the rules have benefited your organization, we want to know! CORE also has ROI metrics you can track and submit



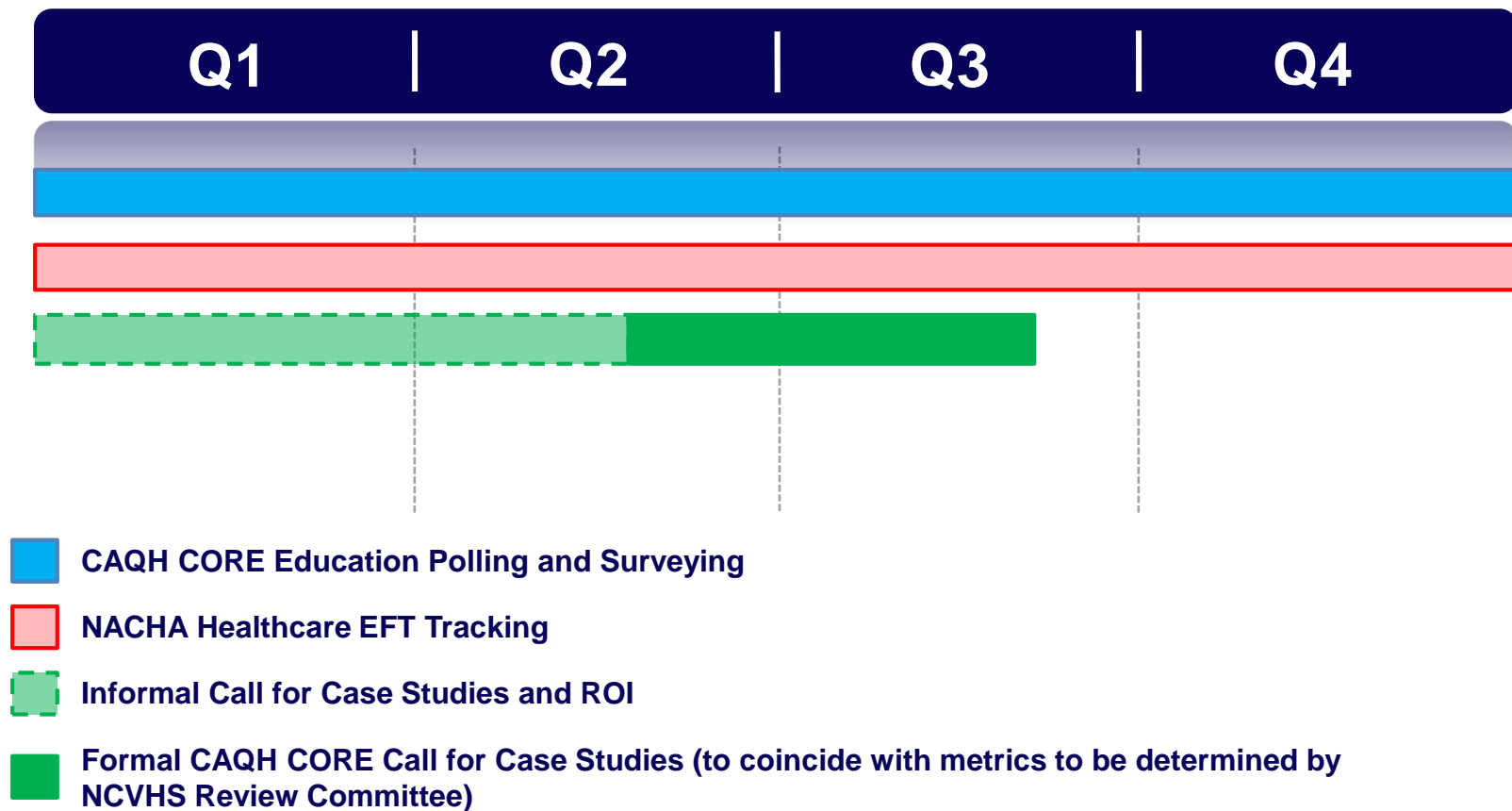
Industry Case Studies


CAQH CORE is looking for organizations that are benefiting from implementation of the CORE Operating Rules. Tell us your stories and we will feature you on our website!

If you have ROI information or would like to be featured in a Case Study, please let us know by emailing us at CORE@caqh.org or on the Post-event Survey after this webinar

CAQH CORE Operating Rule Adoption

2015 Timeline





CAQH CORE Operating Rule Maintenance

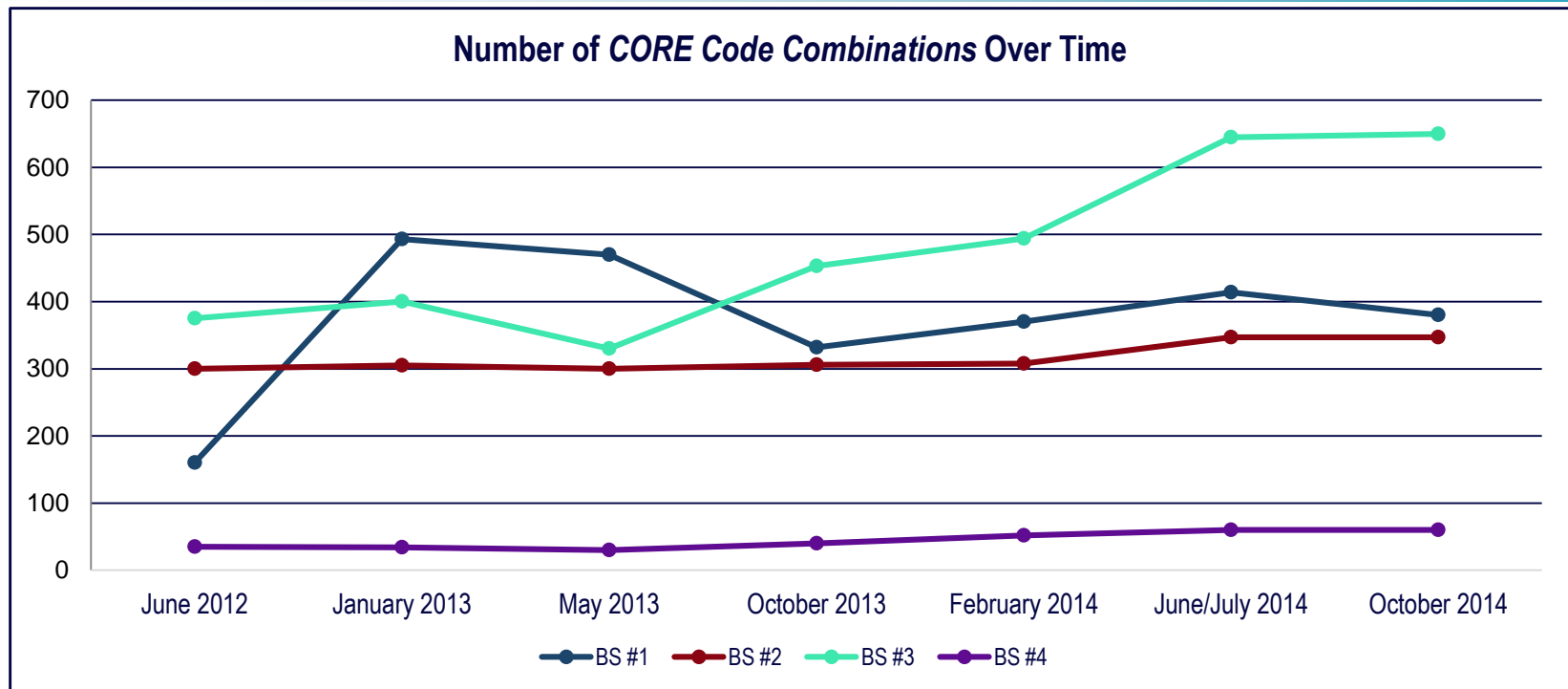
Maintenance: Uniform Use of CARCs and RARCs Rule

CORE Code Combinations Task Group (CCTG)

- **Goal:** Ongoing, data-driven focus on bringing uniformity to claim adjustment code
 - See [dedicated webpage](#)
- 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
 - **Compliance-based Review Work:**
 - Met deadlines on Completion of all three Compliance-based Reviews
 - Task Group currently conducting CBR in response to code adjustments published on November 1, 2014, with February 1, 2015 deadline
 - **Market-based Review Work:**
 - Completed updates to First Annual 2013 Market-based Review in July 2014
 - Launched 2014 MBR on **November 26, 2014**; survey incorporates process improvements and lessons learned from the 2013 MBR

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

2014 Market-based Review Process

Overview

- **Basic Information**

- 60-day Submission Period; launched on 11/26/2014 and all adjustment recommendations must be submitted to CAQH CORE via the online MBR Form by **5pm ET on Monday, 1/26/2015**
- 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](#)
- CAQH CORE will publish any adjustments to the CORE Code combinations based on the 2014 MBR in June 2015

- **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 must identify Code Combinations to associate with these requested new CORE-defined Business Scenarios

EFT and ERA Enrollment Data Elements Maintenance

2014 Maintenance Overview

[CAQH CORE 380: EFT Enrollment Data Rule](#) & [CAQH CORE 382: ERA Enrollment Data Rule](#) require a data set maintenance process to incorporate lessons learned from increased EFT/ERA enrollment and to meet emerging, new, or changing industry needs

- CAQH CORE and the Enrollment Data Task Group (EDTG) successfully conducted the first **EFT/ERA Enrollment Data Set maintenance review** between July and October of 2014

First Maintenance Review *Summer 2014*

- Agree on non-substantive adjustments to enrollment data sets
- Consider key policies for ongoing maintenance

The EDTG agreed on **10 non-substantive adjustments***, which applied to **44 specific Individual Data Elements or Sub-elements**

The EDTG also agreed on key policies and responsibilities for the Enrollment Data Set maintenance for future reviews

**Adjustments that do not change name, position, or collection requirements for the CORE-required data elements, sub-elements, or data element groups to improve usability of enrollment set current data set*

CAQH CORE Operating Rule Maintenance

What to expect in 2015

CARC/RARC

- **Compliance-based Review**

- CARC and RARC lists will continue to be updated by code committee three times a year, which will trigger the CAQH CORE Compliance-based Review
 - Expected start dates for CBRs in 2015 are **March 1st, July 1st and November 1st with Three Updated CORE Code Combination lists published in 2015**
 - Expected release dates will be **February 1st (stemming from November 1st 2014 CBR), June 1st and October 1st**

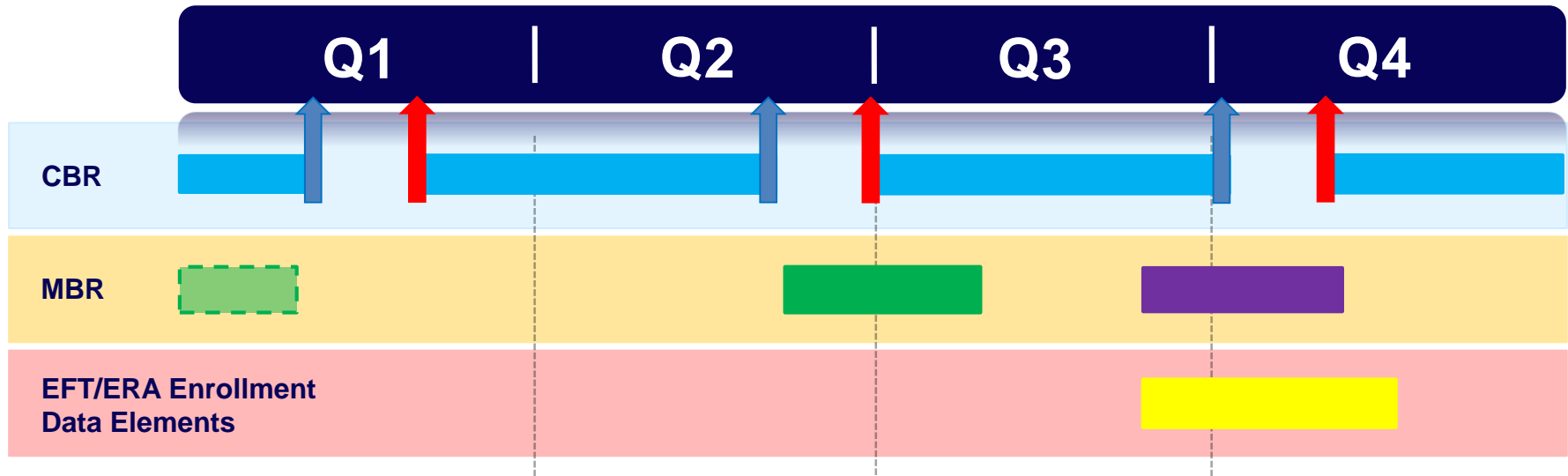
- **Market-based Review**






- 2014 MBR is still open until January 26th (**get your submissions in!**)
- Based on previous timelines, an updated CORE Code Combination list with MBR updates will be available in June or July 2015
- The 2014 MBR also allows you to submit possible new Business Scenarios which will need further review before release. This review will tentatively take place between late Q3 and early Q4.

EFT and ERA Enrollment Data Elements Maintenance

- The second annual EFT and ERA Enrollment Data Elements Maintenance process will be open to receive both Substantive* and Non-Substantive update suggestions

CAQH CORE Operating Rule Maintenance 2015 Timeline



-  Release of Updated CARC & RARC Lists by Code Committees (triggers CBR)
-  CORE Compliance Based Review of updated CARC and RARC lists
-  Release of Updated CORE Code Combinations List
-  2014 Market-based Review Submission Period (Closes January 26th)
-  Expected Release of CORE Code Combination Updates based on 2014 MBR
-  Expected Release of New Business Scenario Updates based on 2014 MBR
-  CAQH CORE EFT and ERA Enrollment Data Elements Substantive Review

Phase IV Operating Rule Development




Phase IV of ACA Mandated Operating Rules *In Development*

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

Goal: Draft of rules by early 2015; will primarily be infrastructure.

- Infrastructure rule development underway
 - Infrastructure requirements will apply across transactions; built on existing rules
- *Both of these transactions are being used in the Insurance Exchanges (HIXs)
 - Firm with Federal and State HIX experience summarized lessons learned; report shared with the Benefit Enrollment & Maintenance/Premium Payment Subgroup to verify that findings are consistent with their HIX experience and how it compares to non-HIX
- Attachment standard(s) not issued; however, CORE presented potential vision
 - Held a series of CORE-only calls to review and verify CORE findings on current volumes, attachment formats, future plans and related ROI, knowledge levels, etc.
 - Research indicates industry neutral standards, e.g., PDF, may have significant benefit and that industry education will be key given current level of knowledge of key standards such as HL7 C-CDA
 - Pursuing pilot to inform rule writing, which will be started when standard(s) issued by CMS

Phase IV Operating Rule Development: Status Update

Transaction/Rule Area	Operating Rule Status	Notes
<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"> CAQH CORE Claims/Prior Authorization Subgroup considered two draft rules initially developed 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"> <i>Draft Phase IV CAQH CORE 278 Infrastructure Rule</i> <i>Draft Phase IV CAQH CORE 837 Infrastructure Rule</i> Subgroup has approved the two draft rules for Rules Work Group review
<p>X12 v5010X220 834 Benefit Enrollment & Maintenance</p> <p>X12 v5010X218 820 Health Plan Premium Payment</p>		<ul style="list-style-type: none"> CAQH CORE Benefit Enrollment & Maintenance/Health Plan Premium Payment Subgroup launched in November and is considering infrastructure requirements CAQH CORE contracted with a firm with Federal and State HIX experience that conducted research on HIX use of the 834 and 820 transactions to ensure alignment with operating rules for HIPAA covered entities given potential overlap in health plan IT systems
<p>Connectivity & Security</p>		<ul style="list-style-type: none"> Draft Phase IV CAQH CORE Connectivity Rule, which applies to the claims, prior authorization, benefit enrollment & maintenance and health plan premium payment transactions has been approved by the CAQH CORE Connectivity and Security Subgroup for Technical Work Group review

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

CAQH CORE Claims/Prior Authorization Subgroup:

Status Update

TIMEFRAME

September – December 2014: CAQH CORE Claims and Prior Authorization Subgroup (CPASG) convened to update the 2009 draft claims and prior authorization infrastructure rules for the Phase IV CAQH CORE Operating Rules

PARTICIPANTS

Over 62 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chairs Merri-Lee Stine (Aetna), Kevin Chambers (Virginia Mason Medical Center), and Dawn Sprague (TriZetto Corporation)

STATUS

Conducted Straw Polls on draft claims and prior authorization infrastructure rules; approved two draft rules for Rules Work Group Review

JOIN

- Subgroup calls open to all CORE Participating Organizations
- Email core@caqh.org to be added to the CPASG

CAQH CORE Connectivity & Security Subgroup:

Status Update

TIMEFRAME

November 2013 – December 2014: CAQH CORE Connectivity & Security Subgroup (CSSG) convened to draft connectivity and related infrastructure options for Phase IV of ACA-mandated operating rules

PARTICIPANTS

Currently over 80 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chair S. Luke Webster, CHRISTUS

STATUS

Conducted Straw Poll on high-priority opportunity areas, message interaction, and processing mode expectations; approved draft rule for Technical Work Group review.

JOIN

- Subgroup calls open to all CORE Participating Organizations
- Email core@caqh.org to be added to the CSSG

CAQH CORE Benefit Enrollment & Maintenance/ Premium Payment Subgroup: *Status Update*

TIMEFRAME

April – August 2014 conducted HIX pilot and then November 2014 – March 2015: CAQH CORE Benefit Enrollment & Maintenance/Premium Payment Subgroup (BEPPSG) convened to draft infrastructure rules for the Benefit Enrollment & Maintenance and health plan premium payment transactions

PARTICIPANTS

Currently over 50 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by Co-chair Bob Doan, Health Care Service Corporation (HCSC) and an additional Co-Chair

STATUS

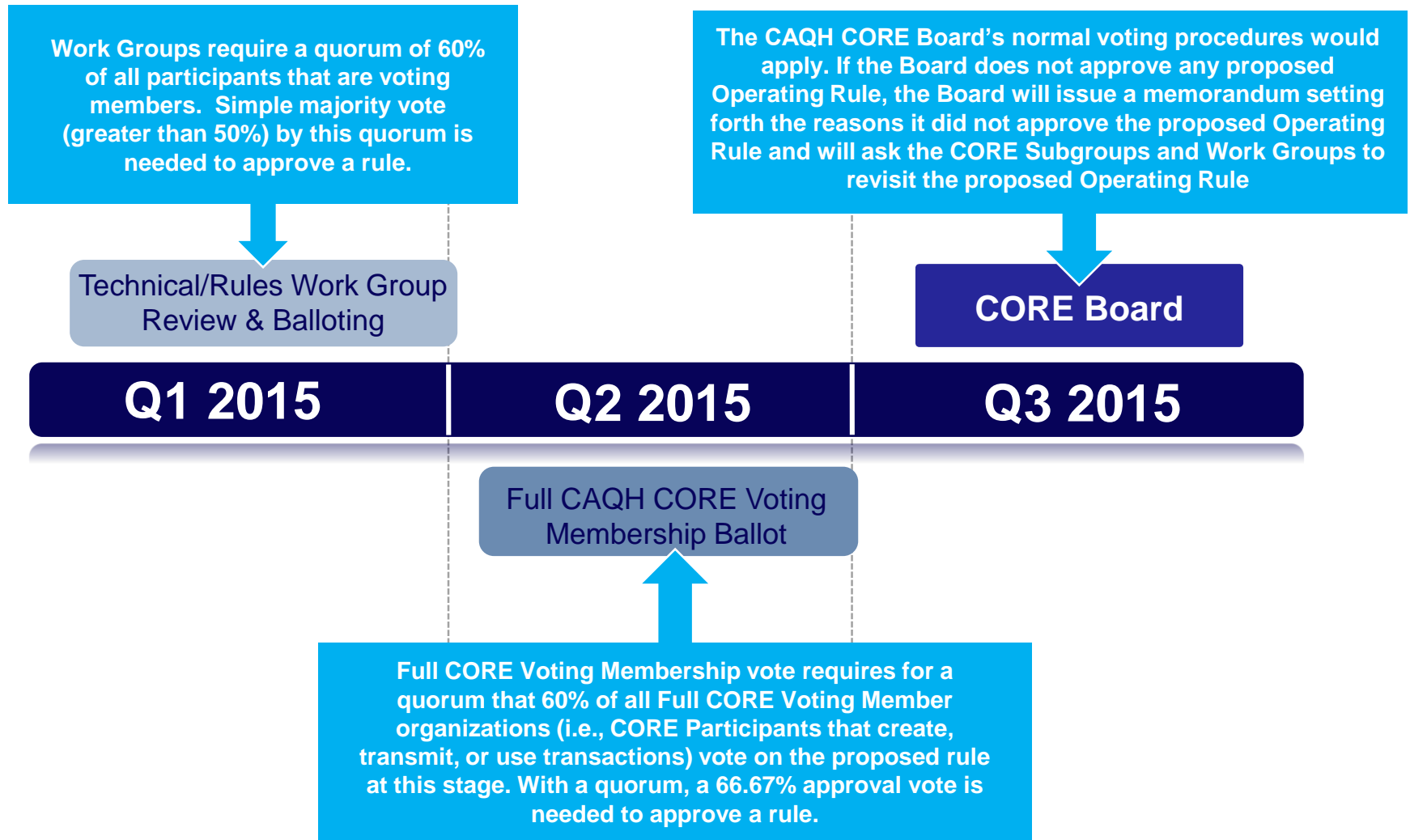
Currently conducting Straw Poll on applicability of infrastructure requirement to the HIPAA mandated transactions (e.g. ASC X12N v5010X220 834 and ASC X12N v5010X218 820); Collected feedback on third-party HIX research on use of the 834/820 to consider any commonalities/challenges between the HIX and non-HIX environments are taken into account and goal of aligning overlapping systems/resources is met

JOIN

- Subgroup calls open to all CORE Participating Organizations
- Next Subgroup meeting will be held on **January 15th**
- Email core@caqh.org to be added to the BEPPSG

Development of Phase IV CAQH CORE Operating Rules

What to Expect in 2015

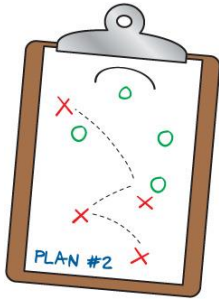


NOTE: CAQH CORE as authoring entity must update NCVHS on CORE rules; as advisor to HHS Secretary, NCHVS will make a recommendation to HHS regarding the CORE rules and actions they suggest CORE take.

Phase IV Operating Rules Next Steps

Tools and Resources

CAQH CORE will help organizations understand and implement the Phase IV Operating Rules by developing a suite of tools and resources similar to those available for Phases I, II and III, such as:



Analysis and Planning Guide



Dedicated Phase IV Webpage



FAQ's



Informational Webinars
with downloadable recording
and presentations

If you have any suggestions for Tools and/or Resources that will help you better understand or more easily implement the rules, please let us know at CORE@caqh.org



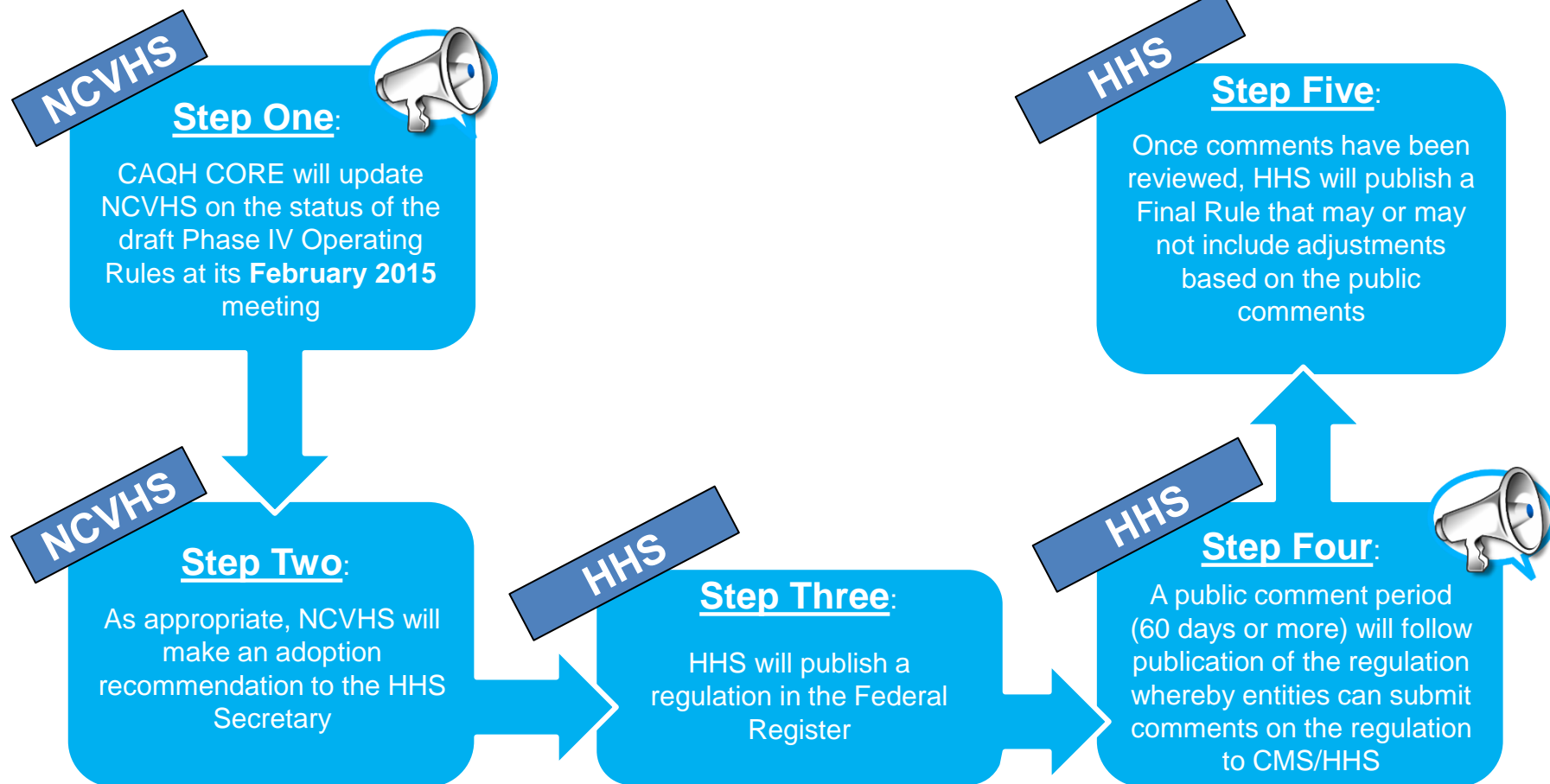
Staff Experts are always available to answer your questions

Phase IV Operating Rules Next Steps

Working with NCVHS and HHS



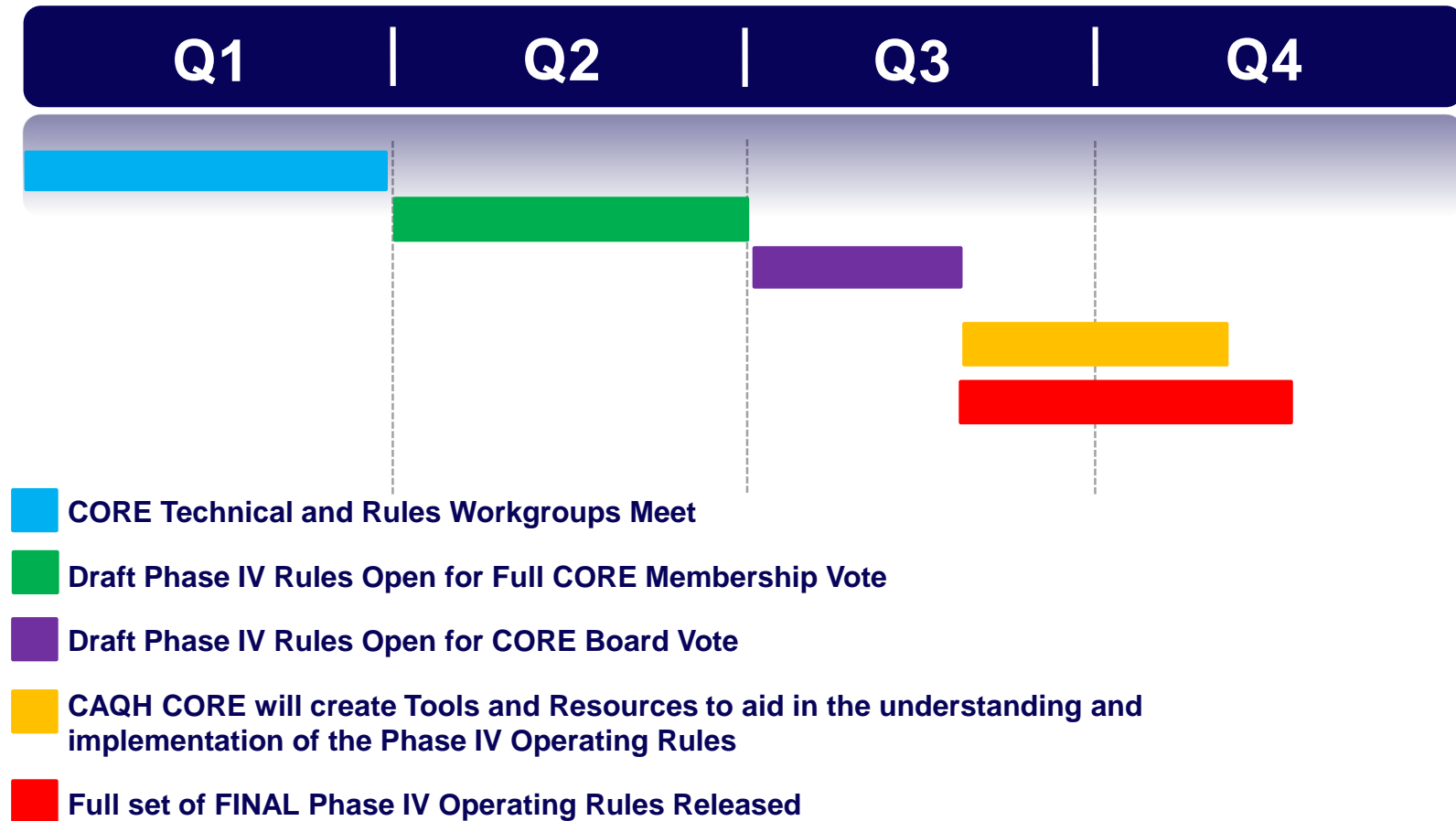
It is anticipated that the regulatory process for adoption of the ACA-mandated Phase IV Operating Rules will be similar to the process for EFT & ERA and include opportunities for public comment. That process includes the following key steps:




NOTE: In February 2015, CAQH will release the **2014 Index report**. This report provides an aggregated analysis of the adoption and cost of eight claims transactions based on blinded claims data from nearly half of the country's commercially insured.

Phase IV Operating Rule Development

2015 Timeline



TBD – Rule Development for Attachments
(Pilot being done separate from CORE)



**HHS Health Plan Certification
Documentation of Compliance
*CORE Certification and HIPAA
Credential***

HHS Health Plan Certification: Look back over the Past Year

Notice of Proposed Rule Making (NPRM) published in [Federal Register](#), January 2, 2014

- **It is proposed** that by December 31, 2015, Controlling Health Plans (CHPs) must submit to HHS :
 - Documentation of Compliance, and
 - Number of Covered Lives
- **A final rule has not yet been published**

NPRM Proposed Documentation of Compliance Options

CORE Phase III Certification Seal



Framework: Conformance Testing

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

OR

*HIPAA Credential**

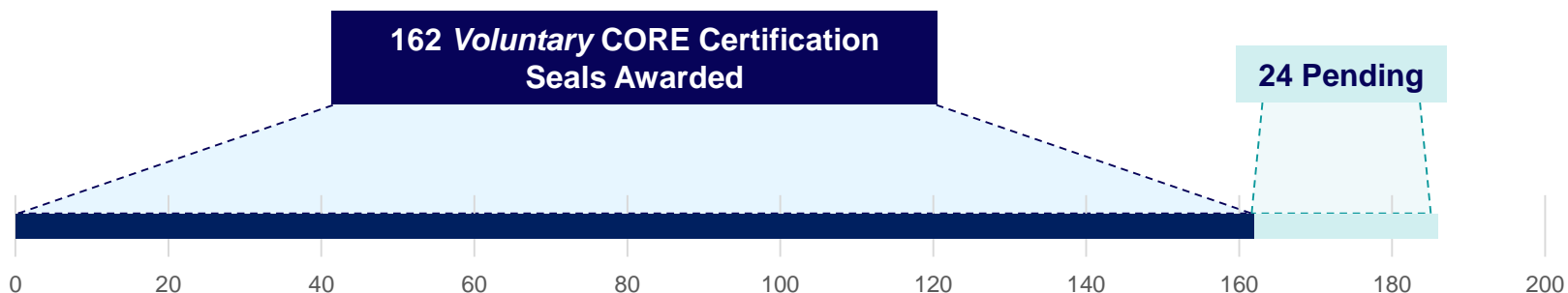


Framework: Attestation

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

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
 - **More than 160 CORE Certifications** have been achieved with over 20 Certifications currently pending. Access a list of these organizations [HERE](#)



CORE Certification: Looking back over the Past Year

- Entities that have achieved CORE Certification in 2014:



HHS Health Plan Certification: Look back over the Past Year

CAQH CORE Subgroup took requirements from proposed rule and public comments and created draft HIPAA Credential Application forms

- **Industry Feedback collected on initial draft forms:**
 - **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
- CTSG conducted **Market Assessment** to “case test” the draft forms
 - The Subgroup subsequently made the form simpler, clearer, and better aligned the language 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.

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

HHS Health Plan Certification: Looking Forward to 2015

HHS Health Plan Certification Final Rule from CMS Expected

- **CAQH CORE Certification & Testing Subgroup (CTSG)**, comprised of CORE Participants,* ready to analyze final rule requirements and develop HIPAA Credential forms
- **CAQH CORE** preparing to administer Documentation of Compliance for HHS Health Plan Certification, including:
 - **CORE Certification**
 - **HIPAA Credential**

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

CORE Certification

Looking Forward to 2015

CAQH CORE will make significant upgrades to the Voluntary CORE Certification process to streamline the pledge and application process and make it easier to use for applicants

- **Integration of E-Payments**

Applicants will be able to pay for their CORE Seal application fee on our website via Credit Cards or E-Check

- **Online Forms**

The CORE Certification Pledge, Application and other forms will be easily accessible on our website and will be pdf-fillable

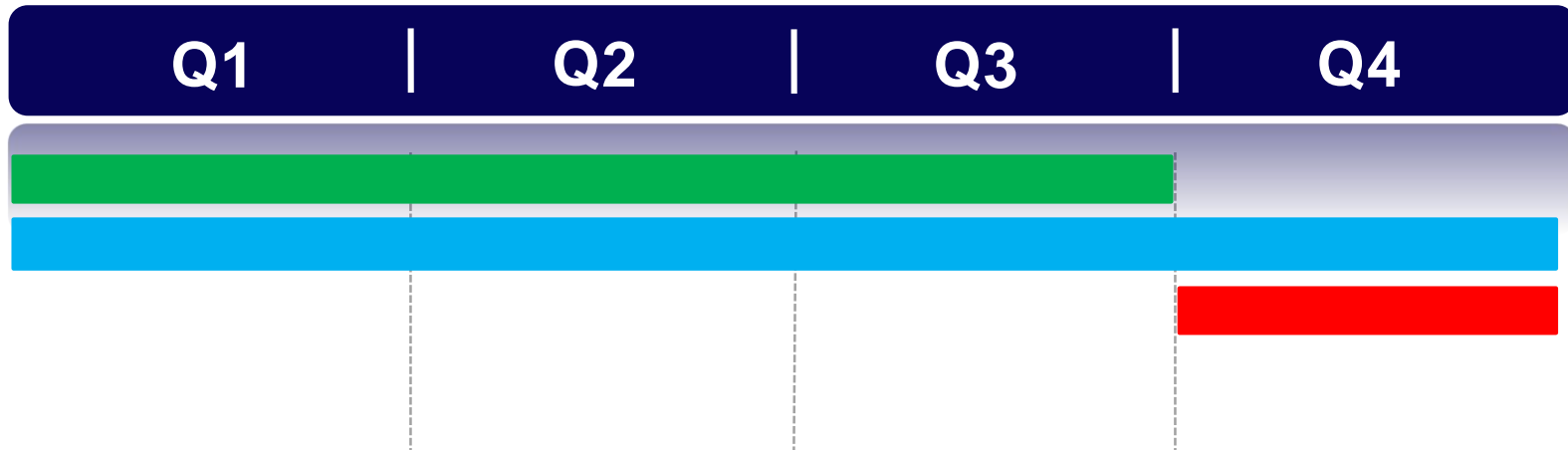
- **CORE Certification Webpage Redesign**

The CORE Certification Webpage will undergo a redesign to provide easier access to current resources, documents and tools for reference

- **Easier Submission**

Applicants will be able to submit CORE Certification Application forms electronically through email as well as through paper/surface mail

CORE Certification and HIPAA Credential 2015 Timeline



- Ongoing automation of CORE Certification process:**
Integration of E-Payments, online CORE Certification Forms, CORE Certification Webpage Redesign, ability to Submit CORE Certification Application forms electronically
- Ongoing CORE Certification for Phases I, II and III**
- CORE-Authorized Testing Vendor(s) begins building Phase IV Operating Rules Test Site**



- TBD – Publication of Final Rule for ACA-Mandated HHS Health Plan Certification
- TBD—Administration of Documentation of Compliance (HIPAA Credential and CORE Certification) for HHS Health Plan Certification in a dedicated, reliable and secure manner

CAQH CORE Education & Outreach

CORE Education 2014 Overview and Statistics

Getting the Word Out



- CAQH CORE held **over 30 Free National Webinars** in 2014
 - Topics included Voluntary CORE Certification, EFT & ERA Operating Rules Implementation and Adoption, HHS NPRM on Health Plan Certification, Phase IV Operating Rule Development, and much more
- **More than 20 Guest Speakers** from hospitals, health plans, vendors and SDO's presented at these National Webinars



CAQH CORE staff and participants presented in-person at nearly **20 Industry Conferences and Webinar Events** in 2014

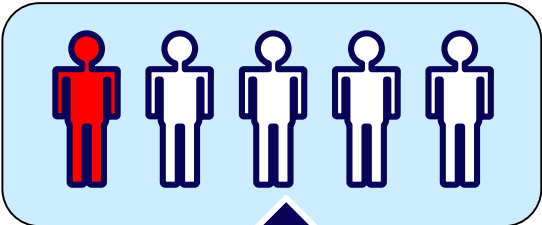
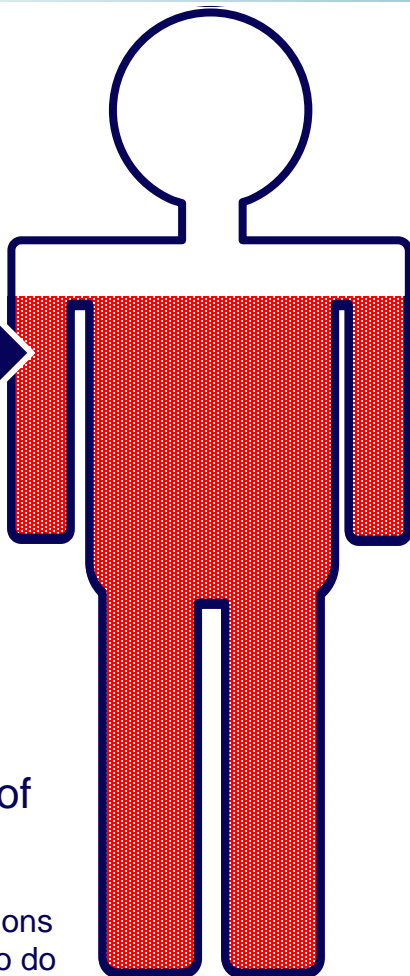
CORE Education 2014 Overview and Statistics

Getting the Word Out

11,717
Total Webinar Registrations

7,924
Total Webinar Attendees

68%
Attendance Rate



20%
Of all Registrants are new contacts

CAQH CORE has an average of about 400 Registrations for each of our Webinars

- We saw a very slight decrease in registrations as the year progressed, which may have to do with the changing nature of the topics discussed (i.e. high influx of registrations immediately after the mandated Phase III Implementation date of 1/1/14)

The high amount of new contacts that attend our webinars show that education and awareness in the industry is continuing to evolve and progress

CORE Education and Outreach

What to Expect in 2015

To ensure that we are offering the best information in the most efficient manner, we looked to you for suggestions. Based on audience responses to our Post-event Surveys we plan to make the following enhancements to Education and Outreach this year:

Webinar Enhancements

- Shorter Webinars with more in-depth, focused content
- Hold sessions on industry wide topics that relate to general interoperability
- Invite more guest speakers from the industry to offer real-world examples of implementation and how the Rules benefit specific organizations
- Provide more time for Q&A

Additional Educational Materials and Website Redesign

- More intuitive website navigation to help you find exactly what you are looking for
- Complement webinars more visual data and less wording to make complex topics more understandable
- Develop informational videos that will be available on our website for you to view at your convenience
- Provide more one-pagers and infographics to make it easier to share information with coworkers

We want to hear from you too!

If you have ideas for educational offerings that you would like to see in 2015 let us know by emailing CORE@caqh.org or provide comments on today's Post-Event Survey



Market Vision

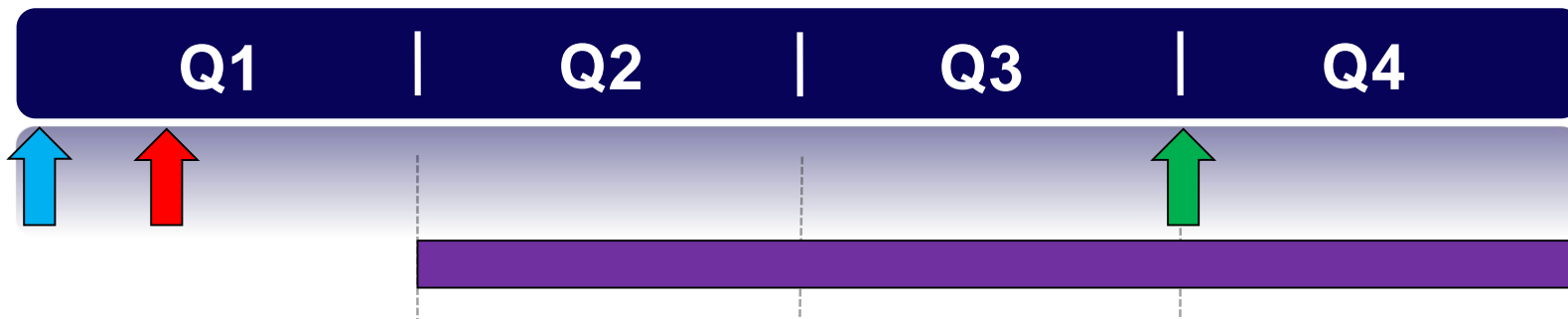
Metric Setting

Working with NCVHS

- Per ACA Section 1104, the **NCVHS Standards Subcommittee** has been tasked with functioning as the Review Committee to develop a framework of metrics to use to measure success of the standards and operating rules
- The first meeting of the Review Subcommittee will take place in **June 2015**; in February 2015 NCVHS will hold some initial discussions regarding potential scope and metrics
- Likely NCVHS will seek public input on draft metrics as well as data once metrics are identified
- CAQH CORE leadership will share some initial thoughts with NCVHS and then work with CORE participants once NCVHS asked for public input

Looking Forward to 2015

Examples: Other Important Dates Impacting CORE Stakeholders



January 1, 2015:

- Meaningful use payment adjustments for eligible professionals: Beginning in 2015, eligible professionals who do not successfully demonstrate meaningful use of EHR will be subject to a payment adjustment under the [Medicare EHR Incentive Program](#).
- [“Play or pay” mandate](#) for employers: Beginning in 2015, applicable large employers are required to offer coverage to full-time employees and their children or pay a penalty.

February 28, 2015:

- Attestation deadline for Medicare eligible professionals (Deadline for Medicare eligible professionals to attest to demonstrating meaningful use of data collected during EHR reporting period for the 2014 calendar year.) [More info here from CMS website](#).

October 1, 2015:

- Compliance date for transition to ICD-10. [CMS resources on ICD-10 transition here](#).

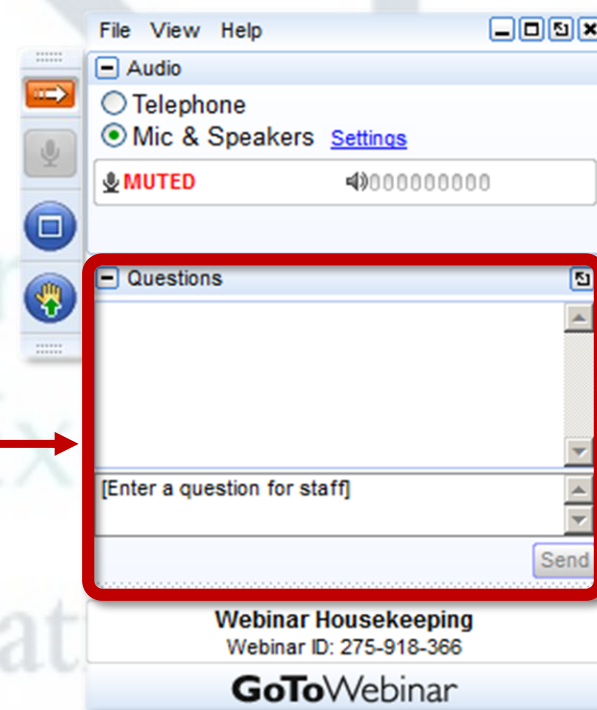
Q2 2015 through end of year

- The CORE Board will discuss and lay out the future vision of CORE for 2016 and beyond. This process will include an opportunity for the public to offer comments on the future vision of CORE

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

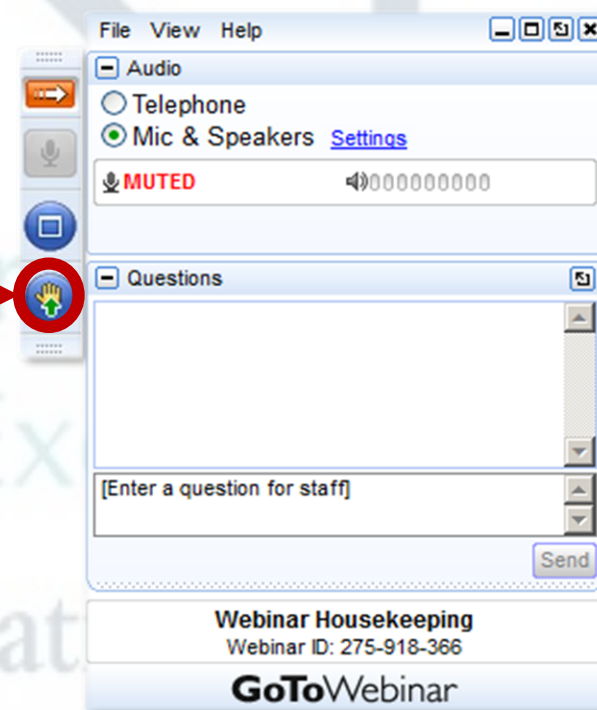


Q&A

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.



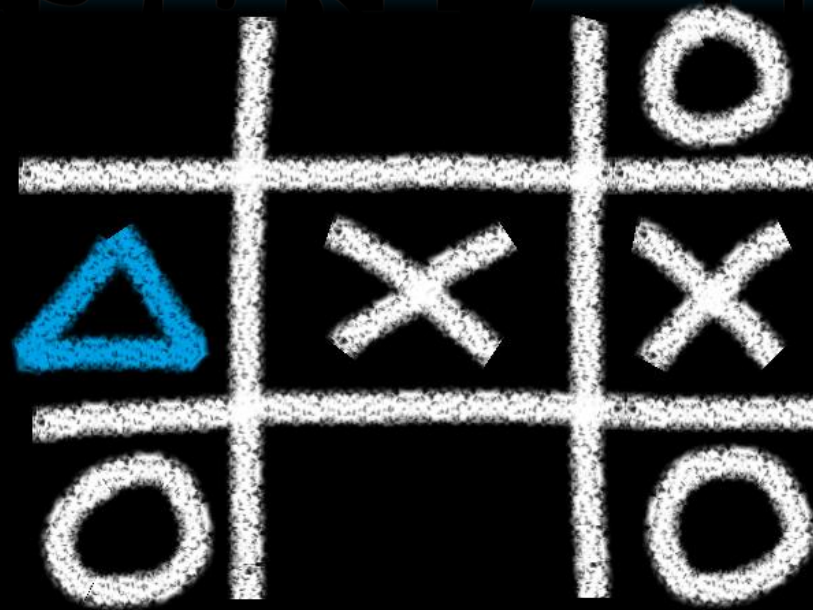
Thank You for Joining Us!

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

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

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

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

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

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).