

*simplifying healthcare administration*

**CAQH**<sup>®</sup>

**A CAQH CORE Special Event:  
ACA-Mandated Draft Phase IV CAQH CORE  
Operating Rules for Non-CORE Participants**

February 23, 2015

2:00 – 3:00pm ET

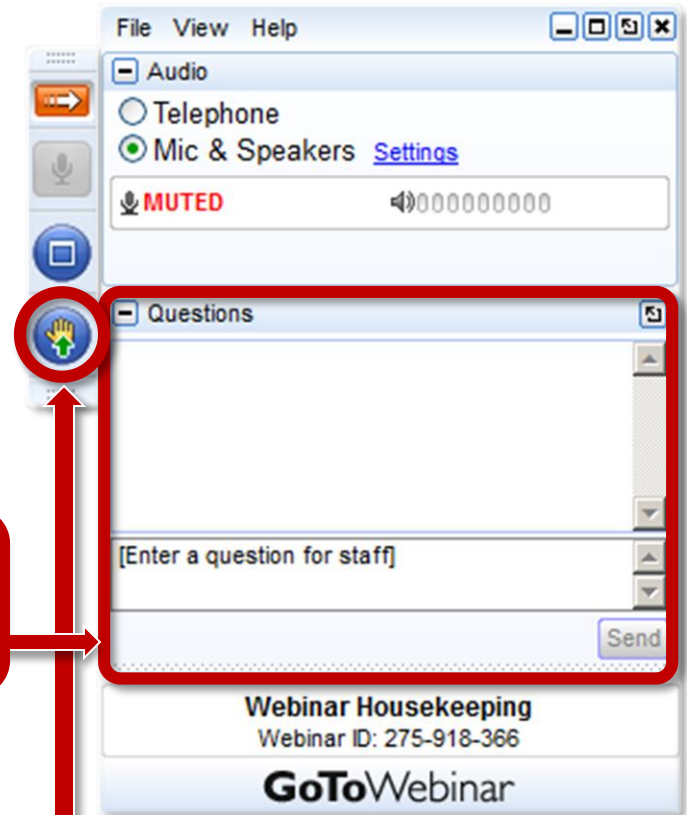
**CORE**<sup>®</sup>

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

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- Welcome Introduction
- Background on Phase IV CAQH CORE Operating Rules
- Process for Development of Phase IV Operating Rules
- Content and Benefits of Draft Phase IV CAQH CORE Operating Rules
- Next Steps for Phase IV
- Get Involved
- Q&A

# Polling Question #1:

## *Stakeholder Type*

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### Which stakeholder type best describes your organization?

1. Health Plan
2. Vendor
3. Clearinghouse
4. Provider
5. Other



# Background on Phase IV CAQH CORE Operating Rules

# CAQH CORE “About”, Vision and Mission

## About CAQH CORE

CAQH CORE is an industry-wide stakeholder collaboration committed to the development and adoption of national operating rules for administrative transactions. The more than 140 CORE Participants represent all key stakeholders including providers, health plans, vendors, clearinghouses, government agencies, Medicaid agencies, banks and standard development organizations.

## Vision

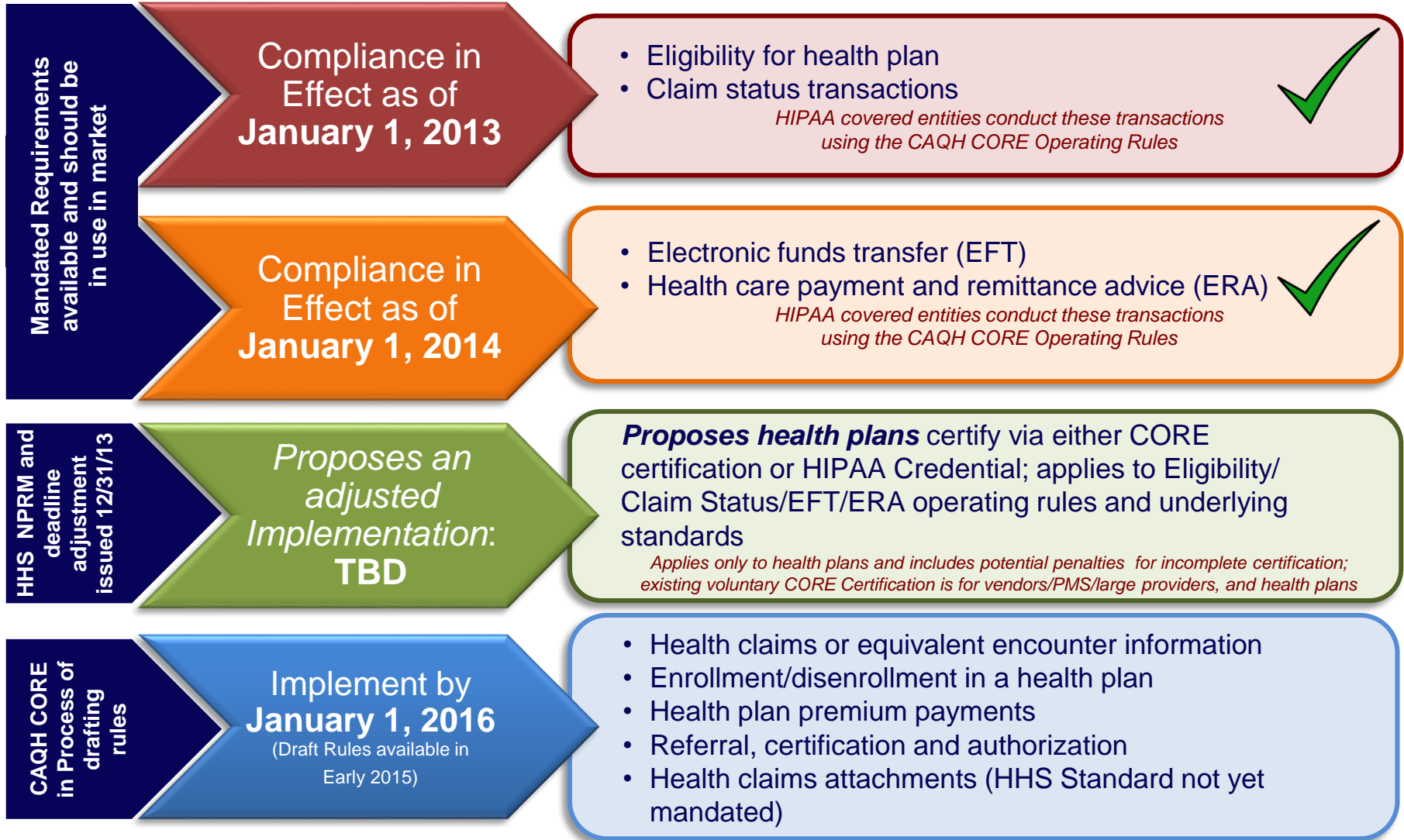
An industry-wide facilitator of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

## Mission

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers, and consumers.

# ACA Mandated Operating Rules and Certification

## Compliance Dates



# Who Must Comply with Standards and Operating Rules? *Required of All HIPAA Covered Entities<sup>1</sup>*

- ACA Section 1104 mandates that all HIPAA covered entities comply with *healthcare operating rules*; additional guidance on HIPAA covered entity designations may be found [HERE](#)
- HIPAA Administrative Simplification standards, requirements and implementation specifications apply to<sup>2</sup>:
  - Healthcare Providers: *Any person or organization who furnishes, bills, or is paid for healthcare in the normal course of business<sup>3</sup>*
    - Examples include but are not limited to: Doctors, Clinics, Psychologists, Dentists, Chiropractors, Nursing Homes, and Pharmacies
    - Covered **ONLY** if they transmit any health information electronically (directly or through a business associate) in connection with a transaction for which HHS has adopted a standard<sup>2</sup>
  - Health Plans (including Self-insured and Group Health Plans, Long-term Care, Medicare, Medicaid, etc.)
  - Healthcare Clearinghouses

<sup>1</sup> [Covered Entity Charts](#)

<sup>2</sup> HIPAA Administrative Simplification: [45 CFR §§ 160.102](#)

<sup>3</sup> [HIPAA Administrative Simplification: 45 CFR § 160.103](#)



# 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

2013-2015: CAQH CORE develops and submits the set of Phase IV CAQH CORE Operating 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 Formal Voting Process

CAQH CORE Body*	CAQH CORE Requirements for Rules Approval
<p><b>Level 1:</b></p> <p><b>CAQH CORE Subgroups</b></p>	<p>Not addressed in governing procedures, but must occur to ensure consensus building.</p>
<p><b>Level 2:</b></p> <p><b>CAQH CORE Work Groups</b></p>	<p>Work Groups require for a quorum that 60% of all organizational participants are voting. Simple majority vote (greater than 50%) by this quorum is needed to approve a rule.</p>
<p><b>Level 3:</b></p> <p><b>Full CAQH CORE Voting Membership</b></p>	<p>Full CORE Voting Membership vote requires for a quorum that 60% of all Full CORE Voting Member organizations (i.e., CORE Participants that create, transmit, or use transactions) vote on the proposed rule at this stage. With a quorum, a 66.67% approval vote is needed to approve a rule.</p>
<p><b>Level 4:</b></p> <p><b>CAQH CORE Board</b></p>	<p>The CAQH CORE Board's normal voting procedures would apply. If the Board does not approve any proposed Operating Rule, the Board will issue a memorandum setting forth the reasons it did not approve the proposed Operating Rule and will ask the CORE Subgroups and Work Groups to revisit the proposed Operating Rule.</p>

**\*NOTES:**

CAQH Board/CAQH does not have veto or voting power over the CAQH CORE Operating Rules. Any entity that is a CAQH CORE Participant per the CAQH CORE application process has a right to vote on the rules, understanding that at Level 3 only entities that will implement the rules vote on the rules.



# CAQH CORE Guiding Principles

- CAQH CORE will not create or promote proprietary approaches to electronic interactions/ transactions.
- Whenever possible, CAQH CORE has used existing market research and proven rules. CAQH CORE Rules reflect lessons learned from other organizations that have addressed similar issues.
- CAQH CORE will suggest migration steps to promote successful and timely adoption of CAQH CORE Rules.
- All CAQH CORE recommendations and rules will be vendor neutral.
- Rules will not be based on the least common denominator but rather will encourage feasible progress, promote cost savings, and efficiency.
- To promote interoperability, rules will be built upon HIPAA, and align with other key industry initiatives.
- Where appropriate, CAQH CORE will address the emerging interest in XML, or other evolving standards.
- CAQH CORE Rules will support the Guiding Principles of the HHS health information technology (HIT) efforts.
- CAQH CORE will not build a switch, database, or central repository of information.
- CAQH CORE participants do not support “phishing.”
- CAQH CORE Rules address both *Batch* and *Real Time*, with a movement towards *Real Time* (where/when appropriate).
- All of the CAQH CORE Rules are expected to evolve in future phases.

# Phase IV of ACA Mandated Operating Rules *In Development*

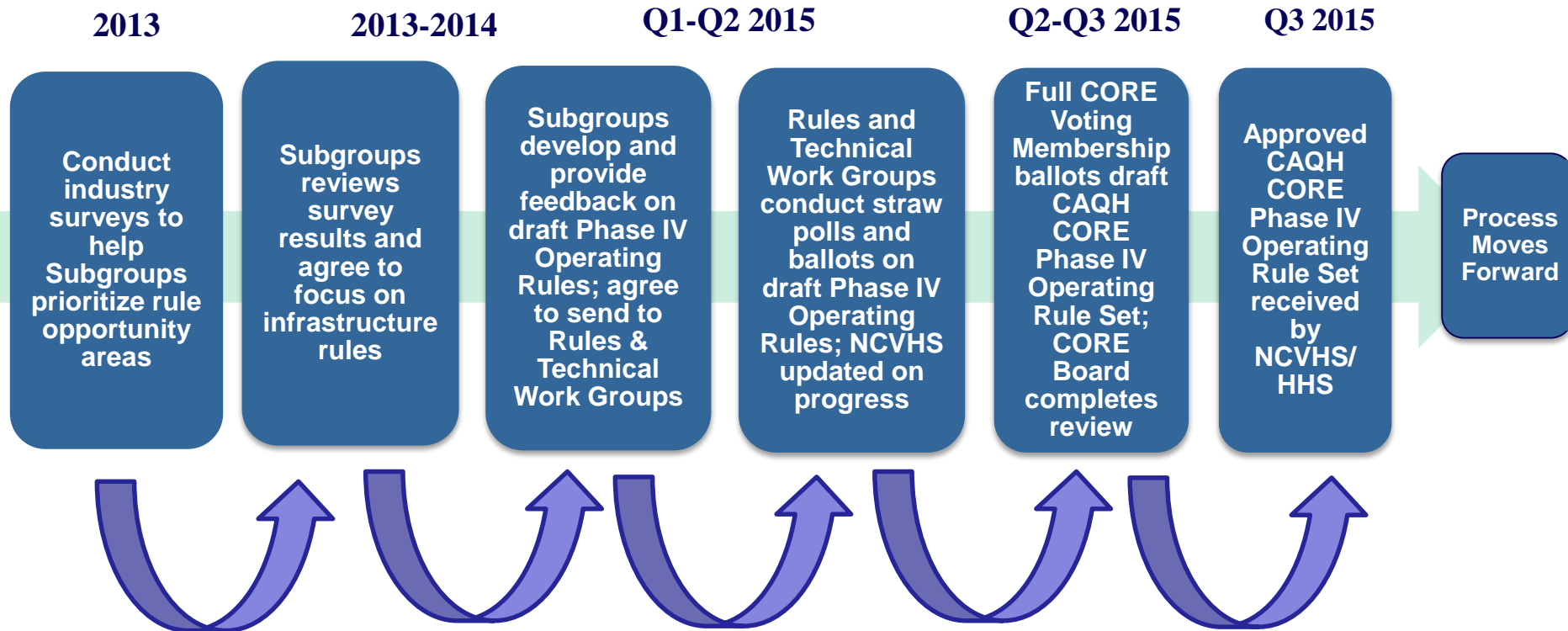
- Health claims or equivalent encounter information
  - Referral certification and authorization
  - \*Enrollment and disenrollment in a health plan
  - \*Health plan premium payments
- 
- Health claims attachments

**Goal:** Have draft rules in early 2015 and begin formal CORE voting process

- Rules are infrastructure-focused (vs. content) and apply across transactions; built on existing rules.
- \*These two transactions are being used in the Insurance Exchanges (HIXs)
  - CAQH CORE Rules will apply to HIPAA covered entities only, yet use in HIX environment is informative. Research conducted on behalf of CAQH CORE by a Firm with Federal and State HIX experience summarized lessons learned in HIX market. Report was shared with the Benefit Enrollment & Maintenance/Premium Payment Subgroup, which verified findings regarding HIX and traditional HIPAA use of these transactions.
- Attachment standard(s) not adopted; CAQH CORE has developed potential vision
  - Held a series of CAQH CORE-only calls to review and verify CAQH 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) adopted by CMS

# Collaborative Approach to CAQH CORE Rule Development

## Phase IV CAQH CORE Operating Rule Set



*Feedback loops to Subgroups/Work Groups from industry surveys, public CAQH CORE Town Hall calls, criteria development, external industry research, and opportunities for public comment via NCVHS meetings.*

# 2013 CAQH CORE Industry Surveys:

## *Identifying 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 through submission of “top five” opportunity areas to be addressed by operating rules
- Participants wrote in their top priorities (e.g. no options provided)
- Considerable outreach conducted via thousands of contacts, CORE website, and industry partners



#### PARTICIPANTS

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

### Follow-up Survey

May 21, 2013 – June 10, 2013



#### GOAL

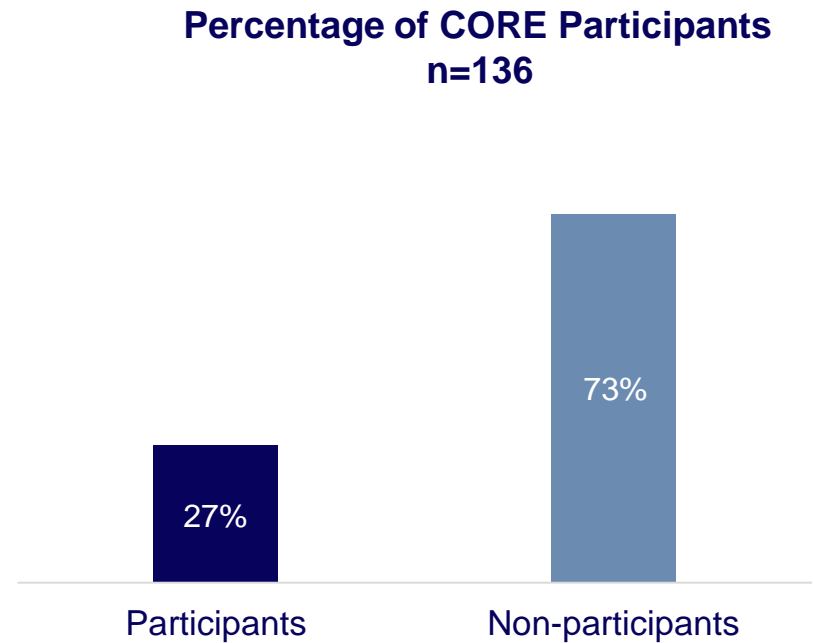
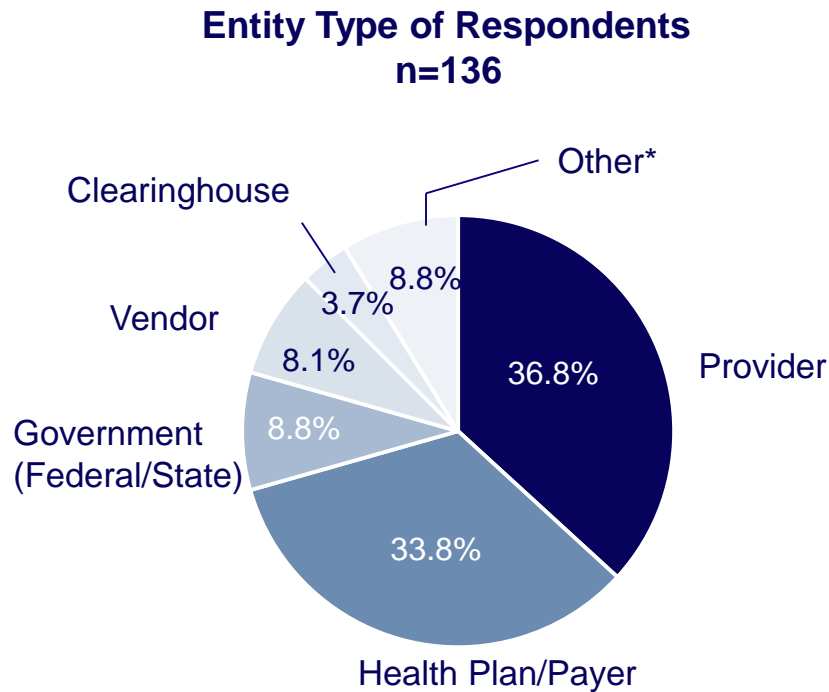
- Provide further clarity and focus surrounding the development of the remaining Federally mandated operating rules by indicating highest priority options
- Participants had to rank the priorities submitted in the Initial Survey
- Examples of opportunity areas included applicability of infrastructure requirements and support for various data content options



#### PARTICIPANTS

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


# Demographic of Follow-up Survey Respondents





\*Examples of "other" respondent types include associations and standard development organizations (SDOs).


# Follow-up Industry Survey Results:


## *Key Takeaways for Infrastructure*


- 

**① Support Safe Harbor Connectivity & Security** Support connectivity across all transactions
- 

**② Real Time Applicability** Given not all transactions are conducted in real time, consideration must be given to the applicability of these requirements
- 

**③ Acknowledgements under HIPAA** Acknowledgements are critical and should be included in the mandated operating rule requirements (Reminder: They are already voluntary)
- 

**④ System Availability** High support for System Availability for transactions between health plans and providers
- 

**⑤ Companion Guide** Strong support for use of CORE Companion Guide Master Template for all transactions
- 

**⑥ Transaction Content** Options for data content rules received lower support than infrastructure comprehensively



## **Polling Question #2:**

### *Use of HIPAA Transactions*

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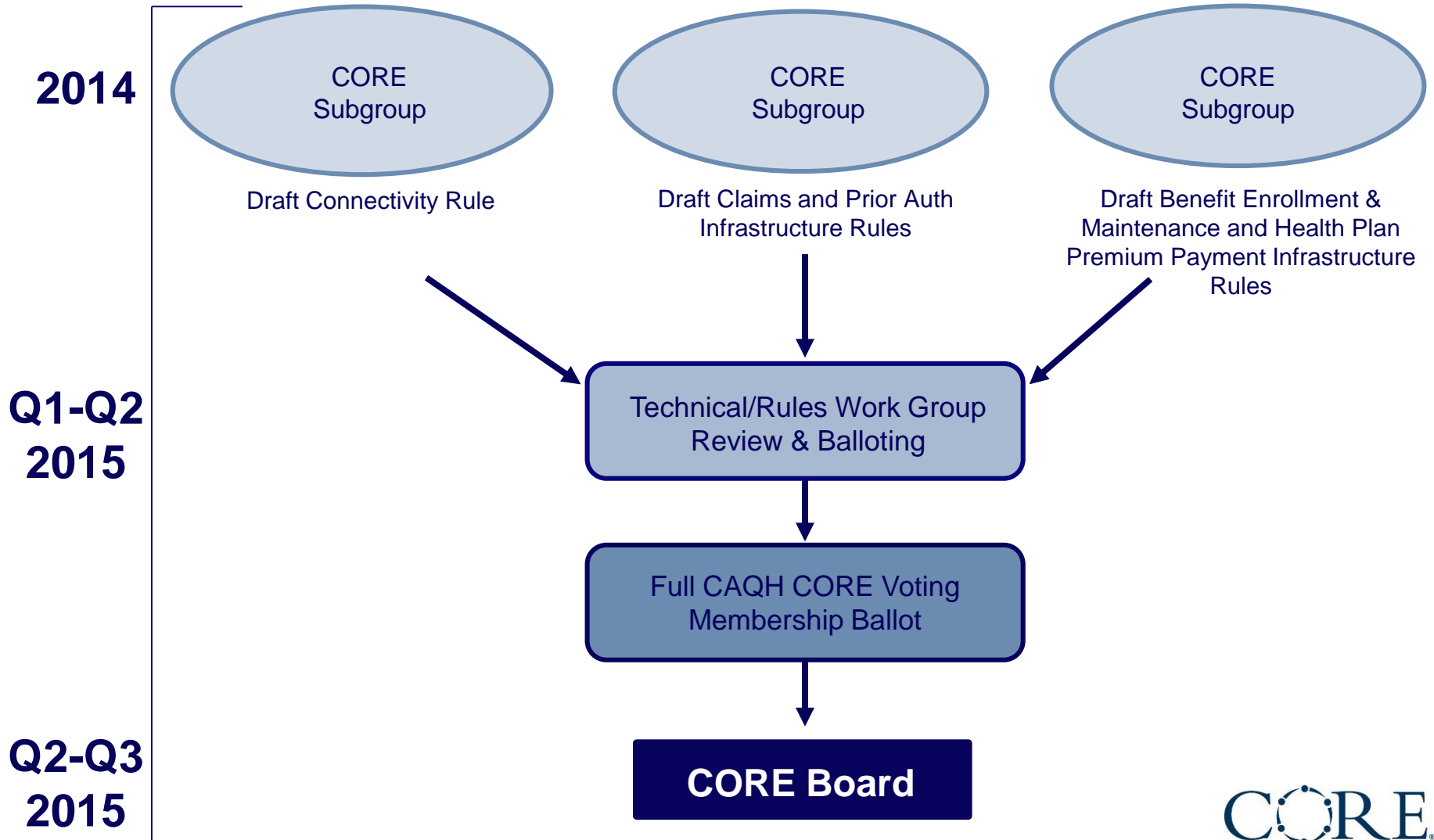
**Please indicate which HIPAA transactions your organization conducts electronically (select all that apply).**

- 1. ASC X12N v5010 278: Referral Certification & Authorization**
- 2. ASC X12N v5010 837: Claim & Encounter Reporting**
- 3. ASC X12N v5010X220 834: Benefit Enrollment & Maintenance**
- 4. ASC X12N v5010X218 820: Health Plan Premium Payment**
- 5. All the above**



# **Process for Development of Draft Phase IV Operating Rules**

# CAQH CORE Internal Process for Development of Phase IV Operating Rules



# Example of Key CORE Subgroup Activities for Rule Development

## Phase IV CAQH CORE 470 Connectivity Rule Version 4.0.0

CAQH CORE uses a methodical approach to develop the rule requirements. For example, the Connectivity and Security Subgroup used this approach when developing the Phase IV Connectivity Rule:




# Draft Phase IV CAQH CORE Operating Rule Set:

## *Five Draft Rules*

- [Draft Phase IV CAQH CORE 450 Health Care Claim \(837\) Infrastructure Rule version 4.0.0](#)
- [Draft Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response \(278\) Infrastructure Rule version 4.0.0](#)
- **Draft Phase IV CAQH CORE 454 Benefit Enrollment & Maintenance (834) Infrastructure Rule version 4.0.0\***
- **Draft Phase IV CAQH CORE 456 Premium Payment (820) Infrastructure Rule version 4.0.0\***
- [Draft Phase IV CAQH CORE 470 Connectivity Rule v4.0.0](#)
  - [XML Schema Specification \(normative\)](#)
  - [Web Services Definition Language \(WSDL\) Specification \(normative\)](#)
  - [Draft Phase IV CAQH CORE-Required Processing Mode and Payload Type Tables v4.0.0](#)

\*Draft Rules will be posted to the CAQH CORE website once the draft rules are approved for Rules Work Group review.



# Scope and Benefits of Draft Phase IV Operating Rules

# Scope of DRAFT Phase IV CAQH CORE Rule Requirements

Reminder: Attachments not included; there is no formal HIPAA Attachment standard(s).

Infrastructure Requirement	Prior Authorization <sup>1</sup>	Claims <sup>1</sup>	Enrollment <sup>2</sup>	Premium Payment <sup>2</sup>
Processing Mode	<i>Batch OR Real Time Required</i>	<i>Batch Required; Real Time Optional</i>	<i>Batch Required; Real Time Optional</i>	<i>Batch Required; Real Time Optional</i>
Batch Processing Mode Response Time	<i>If Batch Offered</i>	X	X	X
Batch Acknowledgements	<i>If Batch Offered</i>	X	X	X
Real Time Processing Mode Response Time	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>
Real Time Acknowledgements	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>
Safe Harbor Connectivity and Security <sup>3</sup>	X	X	X	X
System Availability	X	X	X	X
Companion Guide Template	X	X	X	X
Other	N/A	Include guidance for COB in companion guide	Timeframe requirements to process data after successful receipt and verification of transaction	Timeframe requirements to process data after successful receipt and verification of transaction

X = Required

1. Draft Rules approved by Claims/Prior Authorization Subgroup under Rules Work Group review.

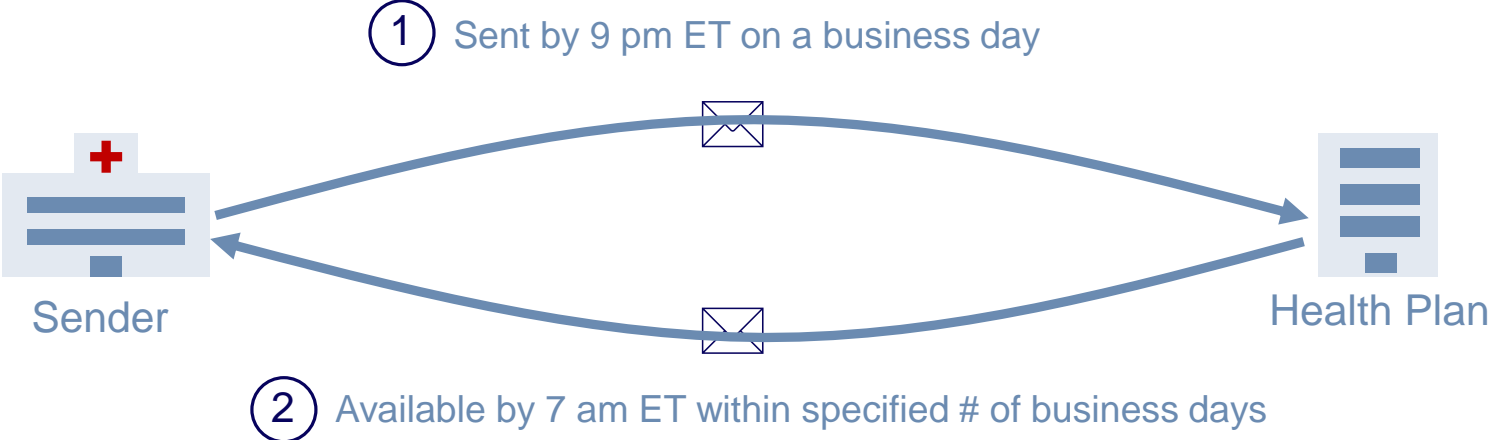
2. Draft Rules being straw polled by Benefit Enrollment & Maintenance/Premium Payment Subgroup.

3. Draft Connectivity Rule approved by Connectivity & Security Subgroup under Technical Work Group review.



# Draft Batch Processing Mode Response Time Requirements

Batch Processing Mode Response Time requirements specify the overall length of elapsed time from when a transaction is sent to a health plan and when the acknowledgement(s) or response to the transaction is available for pick up (retrieval) by the sender.



Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Batch Processing Mode Response Time	<i>Acknowledgements</i>	X	X	X



# Draft Real Time Processing Mode Response Time Requirements

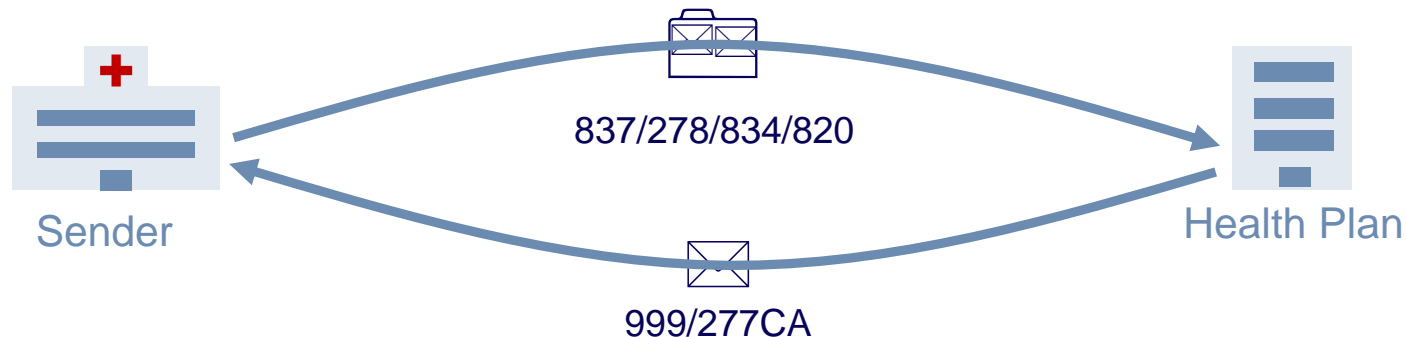
Real Time Processing Mode Response Time requirements specify the overall length of elapsed time from when a provider/health plan purchaser (sender) sends a transaction to a health plan and the related response transaction is received by the sender.



Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Real Time Processing Mode Response Time	If Real Time Used	If Real Time Used	If Real Time Used	If Real Time Used

# Draft Batch Acknowledgement Requirements

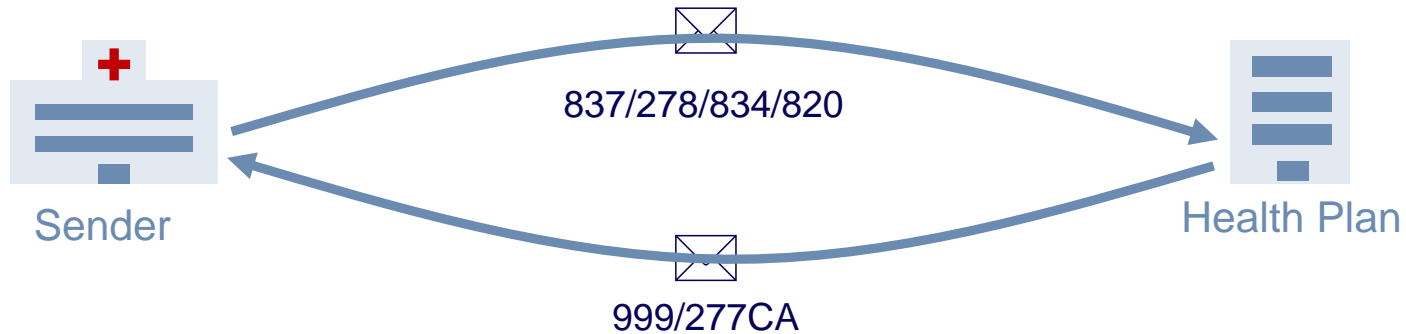


- A health plan must return an ASC X12C v5010 999 for each Functional Group of any ASC X12N v5010 837 Transaction Set to indicate that the Functional Group was either accepted, accepted with errors, or rejected and to specify for each included ASC X12N v5010 837 Transaction Set that the Transaction Set was either accepted, accepted with errors, or rejected
- A health plan must acknowledge each claim received in any institutional, professional, or dental ASC X12N v5010 837 Transaction Set using the ASC X12N v5010 277CA unless previous processing resulted in a rejection of the Interchange or a Transaction Set in a Functional Group
- An entity must return an ASC X12C v5010 999 for each Functional Group of ASC X12N v5010 278 Request or Response transactions to
  - indicate that the Functional Group(s) was either accepted, accepted with errors, or rejected
  - to specify for each included ASC X12N v5010 278 Request or Response transaction set that the transaction set was either accepted, accepted with errors, or rejected
- A health plan must return an ASC X12C v5010 999 for any Functional Group of any ASC X12N v5010
  - 834 Benefit Enrollment & Maintenance Transaction Set
  - or
  - 820 Health Plan Premium Payment & Remittance Advice Transaction Set
- To indicate if the Functional Group is accepted, accepted with errors, or rejected

## Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Batch Acknowledgement	X	X	X	X

# Real Time Acknowledgement Requirements



- When a claim is submitted in real time processing mode without adjudication a health plan
  - must return an ASC X12C v5010 999 only when the Functional Group is rejected
  - must return an ASC X12N v5010 277CA only when the Functional Group is accepted or accepted with errors
- A health plan must return one response to an ASC X12N v5010 278 request: either an ASC X12C v5010 999 rejection or an ASC X12N v5010 278 response
- A health plan must return an ASC X12C v5010 999 for any Functional Group of any ASC X12N v5010
  - 834 Benefit Enrollment & Maintenance Transaction Set
 or
  - 820 Health Plan Premium Payment & Remittance Advice Transaction Set
- To indicate if the Functional Group is accepted, accepted with errors, or rejected

## Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Real Time Acknowledgement	If Real Time Used	If Real Time Used	If Real Time Used	If Real Time Used

# Safe Harbor Connectivity & Security Requirements

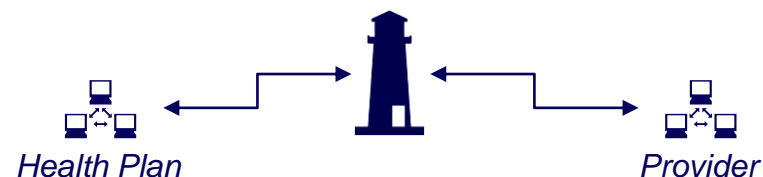
## Connectivity



### Other key rule requirements:

- Rule applicable to HIPAA mandated ASC X12N v5010 837, 278, 834, 820 transactions
- Transport Layer Security (SSL minimum/TLS instead of SSL when required by HIPAA covered entity's security policy)
- Single Message Envelope Standard (SOAP v1.2)
- Single Submitter Authentication Method (X.509)
- Normative Message Envelope Metadata
- Standard CORE-specified Schema (.xsd)
- Standard CORE-specified Web Services Description Language (.wsdl)
- Transaction Specific Required/Optional Processing Modes
- Standard Payload Type Identifiers for each transaction for each processing mode
- Process for maintaining Processing Mode and Payload Type Identifiers

## Safe Harbor

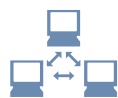


### Enables trading partners to use different communications and security methods than what is specified in rule:

- HIPAA covered entities must support CORE rule requirements for real time and batch processing modes
- Can offer other communications and security methods
- Does not require trading partners to deimplement any existing connectivity methods not compliant with CORE rule

# System Availability Requirements

The System Availability requirements establish the amount of time a system must be available to process the specified transactions:



Minimum of **86 percent system availability** (per calendar week)



Provide **one week** advance notice on non-routine downtime



Publish regularly scheduled **downtime**



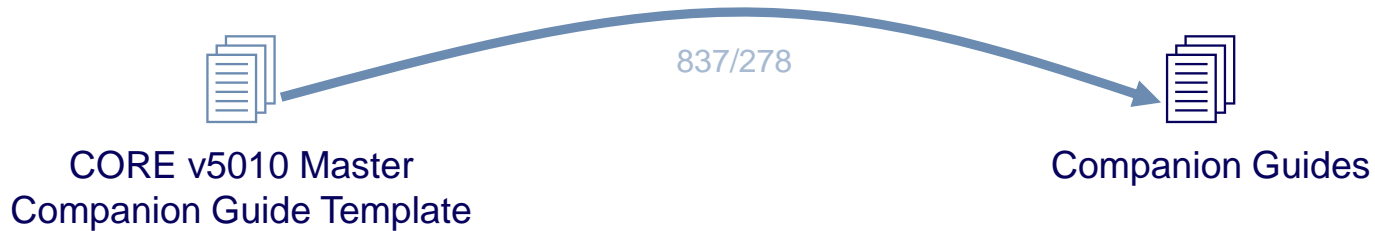
Provide information within **one hour** of emergency downtime

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
System Availability	X	X	X	X

# Companion Guide Requirements

When an entity publishes a Companion Guide the CAQH CORE Companion Guide requirements establish the format and flow of Companion Guides



Format & Flow Specified in Template	
<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Getting Started</li> <li>• Testing with the Payer</li> <li>• Connectivity with Payer/Communications</li> <li>• Contact Information</li> </ul>	<ul style="list-style-type: none"> <li>• Control Segment/Envelopes</li> <li>• Payer Specific Business Rules and Limitations</li> <li>• Acknowledgements and/or Reports</li> <li>• Trading Partner Agreements</li> <li>• Transaction Specific Information</li> </ul>

## Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Companion Guide	X	X	X	X

# Benefits of the Draft Phase IV CAQH CORE Operating Rules

- By building on the existing CAQH CORE Infrastructure Rules, Phase IV establishes national infrastructure expectations across the HIPAA mandated transactions which create a common framework and increase the consistency of transaction use across the industry
- The benefits of the common CAQH CORE infrastructure requirements include:
  - Increased consistency and automation across entities
  - Increased usage of automated electronic transactions
  - Reduced staff time for phone inquiries
  - Reduced administrative costs
  - More efficient processes
  - Improved Customer Service to Patients/Subscribers
  - Enhanced revenue cycle management
  - Improved cash flow
- Current burdens in the industry coupled with the familiarity many entities have with the existing CAQH CORE Infrastructure Rules underscores the feasibility of introducing and implementing infrastructure rules for the remaining transactions. Entities are already familiar with:
  - Implementing eligibility, claims status, and electronic remittance advice (ERA) infrastructure operating rules (CAQH CORE Phases I, II, and III)
  - The resources needed for implementing the infrastructure requirements



# Next Steps for Phase IV

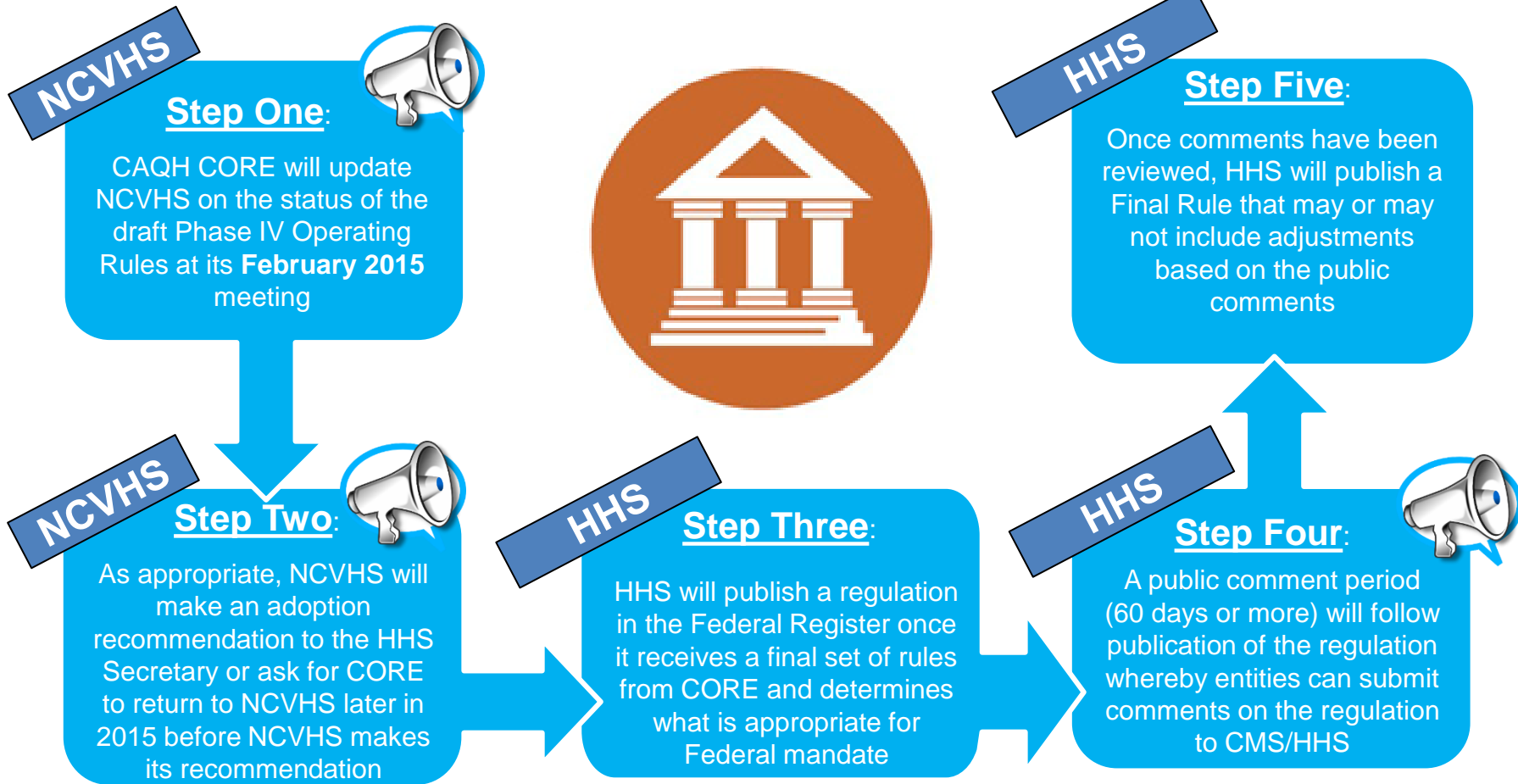


# Phase IV Operating Rules Next Steps

## Working with NCVHS and HHS



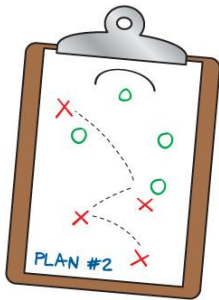
It is anticipated that the regulatory process for adoption of the ACA-mandated Phase IV Operating Rules will be similar to the process for EFT & ERA and include opportunities for public comment. That process includes the following key steps:



# 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**



**FAQs**



**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](mailto:CORE@caqh.org)



**Staff Experts are always  
available to answer your  
questions**

# Phase IV *Voluntary* CORE Certification

- As with Phases I, II, and III, CAQH CORE will offer *voluntary* CORE Certification to health plans, vendors, clearinghouses, and providers once the Phase IV Operating Rules are finalized
  - *Voluntary* CORE Certification provides verification that your IT system or product operates in accordance with the CAQH CORE Operating Rules
  - CORE Certification is stakeholder-specific
    - Each entity completes testing specific to their stakeholder type in order to become CORE Certified
  - **More than 175 CORE Certifications** have been achieved with over 10 Certifications currently pending. Access a list of these organizations [HERE](#)
- The CAQH CORE Certification/Testing Subgroup will convene in 2015 to develop the Phase IV Certification Test Suite



## **Polling Question #3:**

### ***Phase IV Voluntary CORE Certification***

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**Do you anticipate that your organization will pursue Phase IV Voluntary CORE Certification?**

1. Yes
2. Unsure
3. No
4. Not applicable to my stakeholder type

# Get Involved

# Key Considerations for Non-CORE Participants

- Non-CORE Participants should continue to follow the Phase IV CAQH CORE Rule Development Process by:
  - Checking the [Phase IV CAQH CORE Operating Rule Website](#) for updates and links to the Draft Phase IV CAQH CORE Operating Rules
  - Attending upcoming [CAQH CORE Education Sessions](#) on the Phase IV Rules
  - Following the regulatory process via HHS including the upcoming [NCVHS Subcommittee on Standards Meeting](#) on 02/26/15
- HIPAA covered entities, e.g. health plans, providers, and clearing houses along with their business associates should also begin to familiarize themselves with the draft rule requirements and schedule preliminary, internal discussions to begin implementation planning

# It's Not too Late to have Direct Input on the Phase IV Rules *Become a CORE Participating Organization Today!*

**Join** as a Participant of CAQH CORE in order to give input on rule-writing by joining the CAQH CORE Work Groups and to stay up-to-date on implementation developments; Participation is low cost or free depending on your entity type



Participation on Subgroup/Work Group calls, straw polls, and eligibility to Chair Groups



Entity vote on CAQH CORE Work Group and Full CORE Membership voting levels



Access to CAQH CORE Education Sessions specific to CORE Participating Organizations

Email [core@caqh.org](mailto:core@caqh.org) if you would like more information on CORE Participation or are interested in a free trial opportunity to “listen in” on one CORE Subgroup or Work Group call

# Examples of CORE Participants

The more than 130 CORE Participants represent all key stakeholders including providers, health plans, vendors, clearinghouses, government agencies, Medicaid, standard development organizations, banks, etc.

## Providers



## Health Plans



## Vendors



## Other





# CORE Rule Development:

## *Work Group & Subgroup Rules Writing*

- CAQH CORE Work Groups and Subgroups
  - Open to all individuals from CORE Participating entities
  - Each Subgroup/Work Group is chaired by two or more experts representing different stakeholders from CORE Participating entities who facilitate meetings
  - CAQH CORE staff support CORE activities, Work Groups, and Subgroups
    - CAQH CORE retains consultants to provide technical and other expertise
- CAQH CORE meeting frequency (during rule-writing or if key maintenance needed)
  - Rule-development Subgroup meetings are held via conference call weekly or bi-weekly; calls are typically 1.5 hours
  - Work Group conference calls are held bi-weekly or monthly
  - Call schedule is developed and communicated by CAQH CORE and Co-Chairs
- Meeting materials
  - Are available on the CAQH CORE Member Calendar
  - CAQH CORE staff/consultants assist Co-chairs with drafting meeting materials and ensure they are made available on the calendar 24 hours prior to the call
  - Meeting summaries are created after each call/meeting and approved by the Work Group/Subgroup

# 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](mailto:CORE@caqh.org)
  - NOTE: CAQH CORE Work Groups, Subgroups, and Task Groups only meet when they have specific work to complete

CAQH CORE Group	Group Focus
CORE Work Groups	Currently reviewing four Draft Phase IV CAQH CORE Rules
CORE Subgroups	Currently developing infrastructure requirements for the enrollment/disenrollment and premium payment transactions
CORE Maintenance Task Groups	Maintain the CAQH CORE Operating Rules already implemented, e.g. CORE Code Combinations for CAQH CORE 360 Rule
Future Activities	Subgroup will begin developing Voluntary Certification Test Suite for Phase IV in 2015

# Polling Question #4:

## *Benefits of CORE Participation*

### **What do you perceive as the greatest advantage to participating in CAQH CORE?**

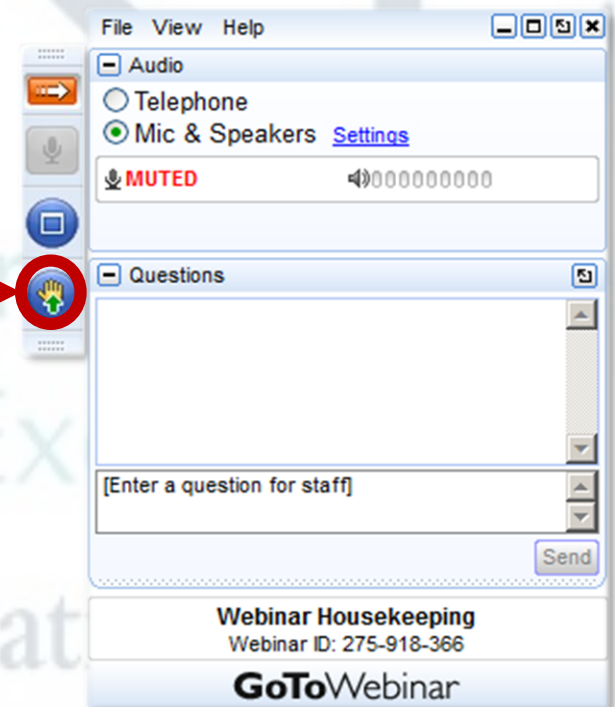
1. Direct input on the requirements in the CAQH CORE Operating Rules
2. Participation in CORE-Participant only education events
3. Opportunity to Co-Chair CORE Subgroups/Work Groups
4. Access to all call documentation including draft rules, analysis documentation, etc.
5. All of the above

# 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](http://www.CAQH.org)

email: [CORE@caqh.org](mailto:CORE@caqh.org)

