



# CAQH CORE Town Hall

May 17, 2022

# Agenda

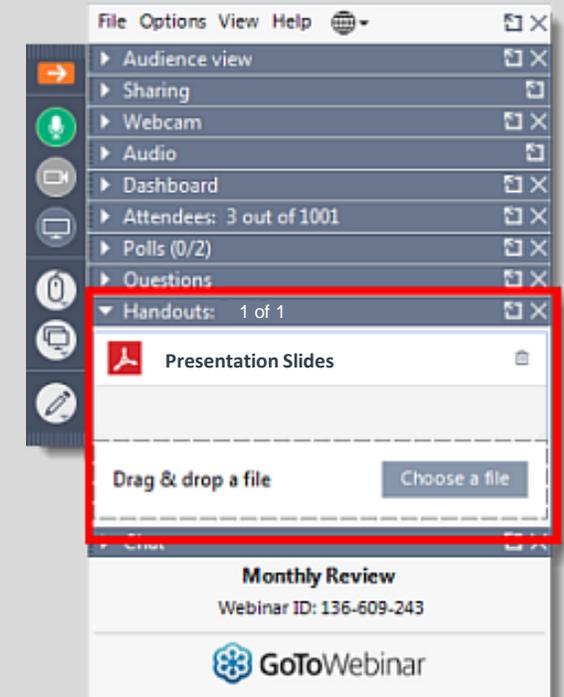
- CAQH CORE Overview
- Spotlight:
  - New CAQH CORE Operating Rules
- CAQH CORE Activities:
  - CORE Certification
  - ROI and Measurement
  - Price Transparency Initiative
- Panel and Q&A

# Logistics

## Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials
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CAQH  
CORE

# CAQH CORE Overview and Vision

**Erin Weber**  
Vice President, CAQH CORE

# CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population**.

## 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.

## VISION

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

## DESIGNATION

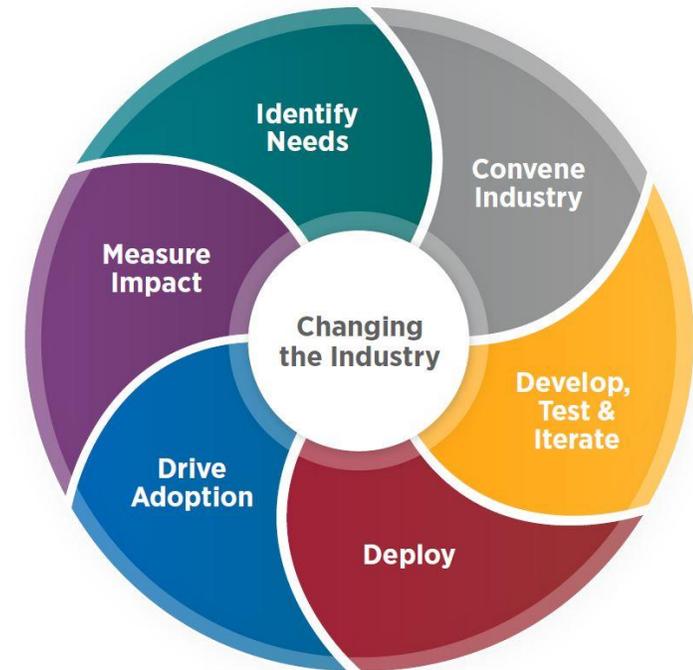
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

## INDUSTRY ROLE

**Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

## CAQH CORE BOARD

**Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



# More than 100 Participating Organizations Representing 75% of Insured Lives

## Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- Anthem Inc.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Coventry Health Care
- Government Employees Health Association, Inc. (GEHA)
- Harvard Pilgrim Health Care
- Health Care Service Corp
- Highmark, Inc (Highmark Health)
- Health Net Inc. (Centene Corporation)
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)
- UnitedHealthGroup
- UnitedHealthcare

## Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

## Providers

- American College of Physicians
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- Virginia Mason Medical Center

## Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Aver
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- Olive AI
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- The SSI Group, Inc.
- TIBCO Software, Inc.
- TrialCard
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Virence Health (athenahealth)
- Wells Fargo

## Integrated Plan/Provider

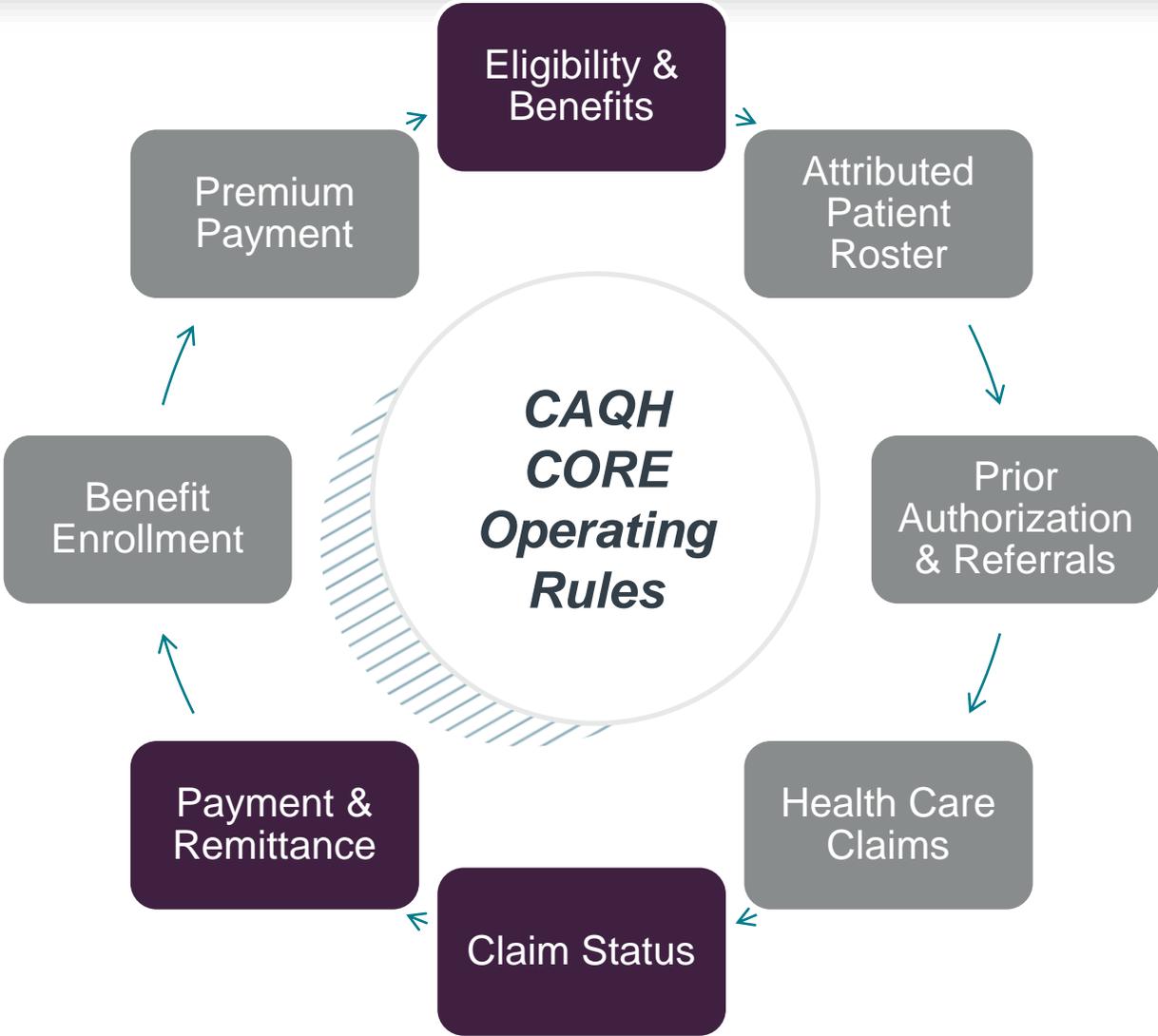
- Highmark Health
- Kaiser Permanente
- Marshfield Clinic

## Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- HL7
- Mettle Solutions
- NACHA The Electronic Payments Association
- NASW Risk Retention Group, Inc.
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Ohio Hospital Association
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission
- WEDI

# CAQH CORE Operating Rules Support Key Revenue Cycle Functions

Three Rule Sets Adopted Under HIPAA



● Rules are federally mandated.

# Spotlight: New Operating Rules

**Bob Bowman**

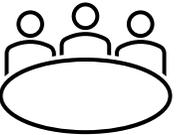
Principal of Interoperability and Standards, CAQH CORE

# Identifying and Responding to Evolving Industry Needs

## *Areas of Strategic Focus for CAQH CORE*



Create and update operating rules that address unmet market needs expressed by the industry to support more efficient, predictable and uniform business processes



Help industry align across standards and technologies to ensure consistent expectations for data exchange that close automation gaps and address changing business needs



Expand pilot and measurement initiatives to track return on investment and engage industry partners

# New and Updated Operating Rules for 2022

## NEW: CAQH CORE Attachments Prior Authorization Operating Rules

- CAQH CORE Attachments Prior Authorization **Infrastructure Rule** PA.1.0
- CAQH CORE Attachments Prior Authorization **Data Content Rule** PA.1.0

## NEW: CAQH CORE Attachments Health Care Claims Operating Rules

- CAQH CORE Attachments Health Care Claims **Infrastructure Rule** HC.1.0
- CAQH CORE Attachments Health Care Claims **Data Content Rule** HC.1.0

## UPDATED: CAQH CORE Eligibility & Benefits Data Content Rule

- Specific updates to the Eligibility & Benefit Data Content Rule across six areas

## UPDATED: CAQH CORE Infrastructure Rules - System Availability Requirement

- Substantive updates to the system availability requirements across all CAQH CORE Infrastructure Rules with such requirements
- Non-substantive updates for clarity

# CAQH CORE Attachments Rules – Prior Authorization

## Rule Requirements

Building off the Prior Authorization (PA) Operating Rules, the Attachments Operating Rules meet business needs for submission and reassociation to reduce administrative burden related to the exchange of additional documentation needed for a PA.

### Payload Formats

- ✓ Include both the X12 275 and Non-X12 275 (HL7 C-CDA, FHIR, .pdf, etc.)

### Infrastructure

- ✓ Standard method for electronically acknowledging receipt
- ✓ Minimums for document size and amount of data supported
- ✓ Standard method and response time
- ✓ System availability
- ✓ Companion guide format

### Data Content

- ✓ Reassociation Requirements
- ✓ Consistent Reference Data

# CAQH CORE Attachments Rules – Health Care Claims

## Rule Requirements

Building on the Health Care Claims Operating Rules, the Attachments Claims Operating Rules meet the business need for submission and reassociation.

### Payload Formats

- ✓ Include both the X12 275 and Non-X12 275 (HL7 C-CDA, FHIR, .pdf, etc.)

### Infrastructure

- ✓ Establishes electronic policy access requirements
- ✓ Specifies support for multiple electronic attachments

### Data Content

- ✓ Aligns with the Prior Authorization Attachments Data Content Requirements
- ✓ Requires health plans to use appropriate LOINCs to request most specific additional information

# CAQH CORE Attachments Operating Rules

## *Benefits of Adoption*

1

Support the **convergence of clinical and administrative data** by aligning electronic data exchange for claims and prior authorization to support coverage decisions.

2

Establishes **key infrastructure requirements** that align with existing CORE Infrastructure Rules and provide the necessary information to uniformly send electronic attachments.

3

**Simplify reassociation of a claim or prior authorization** to an attachment reducing the need for manual intervention.

4

Enable consistent, electronic exchange of needed supporting documentation leading to **quicker coverage decisions to support patient care and faster payment for claims.**

# CAQH CORE Eligibility & Benefits Data Content Rule Update

## Summary of Updates

The **CAQH CORE Eligibility & Benefits Data Content Rule Update** enhances the exchange of eligibility information between health plans and providers through requirements including providing financial information, especially co-insurance, co-payment, deductible, remaining deductible amounts, and coverage information for a set of service types in real time.

### Procedure Codes



Enhances requirements to respond to eligibility and benefit requests at the procedure level (e.g., CPT, HCPCS) for Physical Therapy, Occupational Therapy, Surgery, and Imaging.

### Service Type Codes



Adds 71 new Discretionary STC codes and 55 new Mandatory STC codes for a total of 178 CORE-required STC codes.

### Telemedicine



Addresses emerging needs to communicate telemedicine by requiring the use of CMS's Place of Service Codes for Professional Health Claims Code 02 or 10 to indicate what service or benefit is available for telemedicine.

# CAQH CORE Eligibility & Benefits Data Content Rule Update

## Summary of Updates

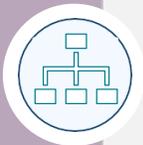
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### Remaining Coverage Benefits



Supports the communication of the number of visits/services left on a benefit by requiring health plans to return maximum benefit limitations and their remaining benefits for 10 CORE-required remaining coverage benefit service types.

### Tiered Benefits



Provides more granular level data for members of tiered benefit plans including coverage status, patient financial responsibility, remaining benefit coverage, authorization/certification status, and in/out of network determination. Additionally, communicates tiered network status of in-network, out-of-network, or exclusive/preferred for the inquiring provider.

### Prior Authorization/Certification



Requires the communication if a prior authorization or certification is required for a CORE-required services or procedures.

# CAQH CORE Eligibility & Benefits Data Content Rule Update

## *Benefits of Adoption*

1

Allows health plans and providers to readily identify which services or benefits are covered, **reducing the time and effort spent verifying information.**

2

Adds more **granular information** related to telemedicine, prior authorization, remaining coverage benefits, procedure-level information, and tiered benefits to service type and procedure codes.

3

Access to this information prior to or at the time of service in real time will result in **more accurate pricing and billing practices.**

# CAQH CORE Infrastructure Operating Rules Update

## Substantive Updates Across Applicable Rule Sets

Previous Requirement

### Previous Weekly System Availability:

**86%** per calendar week

New Requirements & Updates

### Updated Weekly System Availability:

**90%** per calendar week

### New: Quarterly System Availability

Health plans and their agents may use **24 additional hours of system downtime per calendar quarter** for system needs that require excess downtime.



The increase in weekly system availability will **reduce downtime by 364 hours annually**

**NOTE:** Previously, CAQH CORE Infrastructure Rules **did not include** a quarterly system availability requirement

**NOTE:** Processing Mode Response Time requirements were not updated as consensus was not reached on potential adjustments. Requirements remain 20 seconds for real time and vary for batch according to use case.

# CAQH CORE Infrastructure Operating Rules Update

## *Benefits of Adoption*

1

**Aligns with today's technology and business needs** given the 24/7 nature of healthcare and stakeholder needs to exchange data outside of regular business hours.

2

The quarterly system downtime supports overall greater system availability while **allowing for longer, less frequent periods of downtime** in recognition that today's systems are more integrated than in the past.

3

Providers will have **improved access to needed data to better serve the patient at the time of service** - improving the revenue cycle, immediacy of care, and the patient experience.

4

**Aligns requirements to use the CORE Connectivity Rule v4.0.0** to encourage use of both existing and emerging technology.

# CAQH CORE Activities

- CAQH CORE Certification
- ROI and Measurement
- Price Transparency Updates

**Adam Nichols**  
Senior Associate, CAQH CORE

# CORE Certification



CORE Certification program was developed **by industry, for industry** by CAQH CORE Participating Organizations including health plans, providers, vendors, government agencies and associations.



CORE Certification program allows organizations to **certify on specific transactions** related to their products or solutions.



Many health plans **require** their vendors to be CORE-certified prior to contracting.



**Recertification** enables ongoing conformance when rule requirements are updated over time to align with market needs.

401

certifications have been awarded.

CLAIM•MD



IEHP  
A Public Entity  
Inland Empire Health Plan



athenahealth  
VYNE  
DENTAL



NEXTGEN  
HEALTHCARE



PaySpan®



BlueCross BlueShield  
of North Carolina

# Demonstrate Due Diligence with CORE Certification

## *Prepare for Potential Compliance Reviews*



### Conformance with Federal Mandates

- Healthcare providers, health plans, payers and other [HIPAA-covered entities](#) **must comply with operating rules and adopted standards** according to [federal regulation](#).
- **CMS is actively conducting compliance reviews** for health plans and clearinghouses. In 2019, HHS began to randomly select HIPAA-covered entities – a mix of health plans and clearinghouses – for Compliance Reviews.
- According to a recent CMS report, the **most common violations involved Health Care Claim Payment & Remittance Advice, Health Care Eligibility Verification Response, and Health Care Claim Status Response.**



### CORE Certification Prepares Industry for Compliance Reviews

- CORE Certification helps organizations demonstrate, document and certify conformance with federally mandated operating rules and standards, **positioning entities for potential external audits and penalties.**
- It allows the industry to monitor, regulate and correct itself enabling preparation for enforcement audits and associated penalties where **instances of non-compliance could cost up to \$1.5 million.**

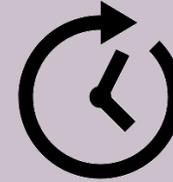
# Why Recertification?



CORE Certification previously reflected a “snapshot in time” towards adherence to the operating rules.



Evolving technology, mergers/acquisitions and system upgrades, there is a need to assess ongoing conformance with the operating rules to maintain program integrity.



Recertification enables ongoing conformance when rule requirements are updated over time to align with market needs.

**Existing, Updated, and New Operating Rules:** CORE-certified organizations must implement versions of CAQH CORE Operating Rules that have been published 24 months prior to the CORE Certification Seal renewal date.

### *New Measurements*

- **Efficiency Tracking:** To enhance the value of CORE Certification, CAQH CORE will embed the collection of base efficiency metrics as part of the certification process to support organizations in measuring impact of operating rule implementations. This effort will support priorities to track and articulate the impact of operating rules have on operational and workflow improvements. CORE-certified organizations will be provided options to receive benchmark reports and engage in case studies to compare progress, identify barriers and receive recommendations on how to further streamline with operating rules and standards.



# CAQH CORE Activities

- CORE Certification
- **ROI and Measurement**
- Price Transparency Updates

**Marianna Singh**  
Senior Associate, CAQH CORE

# CAQH CORE Pilot Projects



## Pilot Vision:

Rapidly develop and track the impact of existing and potential new CAQH CORE operating rule requirements to confirm the rules support automation, add value to existing and emerging standards, and reduce administrative burden for providers and health plans.

## Pilot Goals:

- Work in concert with industry standards (existing and emerging: X12, HL7 FHIR, etc.).
- Identify opportunities to refine existing rules and develop additional operating rule requirements to meet automation needs.
- Measure the impact of operating rules and corresponding standards on entities' efficiency metrics.
- Recommend operating rule requirements to the Secretary of the Department of Health and Human Services (HHS) for national implementation, given CAQH CORE's designation as the author for federally mandated operating rules.

## Priority for 2022:

- CAQH CORE Attachments Operating Rules
- Value-based Payment Opportunities

# High-Level Roadmap

## Plan Approach

- Outline pilot scope and vision.
- Define criteria for participation.
- Create Conceptual Model.
- Identify existing and potentially new CAQH CORE Operating Rule Requirements applicable to pilot components.

## Engage with Partners

- Meet with and solidify pilot partner organizations. CAQH CORE assist with making “matches” as needed.
- Pilot partners select components and sub-components that comprise their pilot based on their interests and capabilities.
- Pilot partner organizations designate executive sponsor and staff resources.

## Run Pilots

- Align on deployment environment (test vs. production), data collection timeframes, measures of success, and measurement method (pre-post vs. cross-sectional) to track and assess impact.
- Using established metrics, test operating rule requirements applicable to the Participants’ selected components.

## Analyze & Report

- Assess metrics. Consider similarities and differences across pilots.
- Educate the industry on findings.
- Consider the need for potential adjustments to operating rule requirements based on pilot outcomes and overall lessons learned.\*

# Sample Case Study

## Key Findings from Pilot with Cleveland Clinic and PriorAuthNow

Use of technology, including the HIPAA standard, CAQH CORE operating rules, and APIs enables **real time exchange of robust data** to accelerate prior authorization adjudication which **ultimately results in timelier delivery of patient care**



### FINDINGS FOR PRIOR AUTHORIZATIONS EXCHANGED WITH AUTOMATION:

- **Overall turnaround time was 6.7 days less**
- **Over 25% were touchless** – they required no staff interaction.
- Prior authorizations with **first pass approvals were adjudicated 7.9 days faster.**
- The number of prior authorizations **pending for additional clinical information decreased by over 37%** and **were adjudicated 4.3 days faster.**
- Prior authorizations that required **peer to peer review**, a time-consuming process, **were adjudicated 11 days faster.**

# CAQH CORE Activities

- CORE Certification
- Pilot and Measurement
- **Price Transparency Updates**

**Kaitlin Powers**  
Associate, CAQH CORE

# CAQH CORE Advanced EOB Guidance



Establishing the Building Blocks for Price Transparency:  
Industry Guidance on Provider to Payer Approaches for  
Good Faith Estimate Exchanges

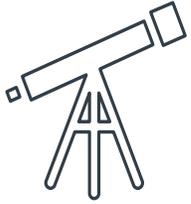


## Guidance Document

- Illustrates how industry can **meet Advanced EOB requirements leveraging uniform frameworks and industry standards.**
- Developed using a **consensus-based approach.**
- Provides recommendations for how industry should implement **connectivity protocols, messaging standards, and related data content** to support provider to payer exchanges of Good Faith Estimates.
- Next Steps:
  - Convene a series of **focus groups** to support industry implementation of Advanced EOB provider-to-payer requirements
  - Each focus group will be followed with an **industry webinar**

# CAQH CORE Advanced EOB Readiness Focus Group

*Inaugural Focus Group to Convene this Week*



## Focus Group Vision:

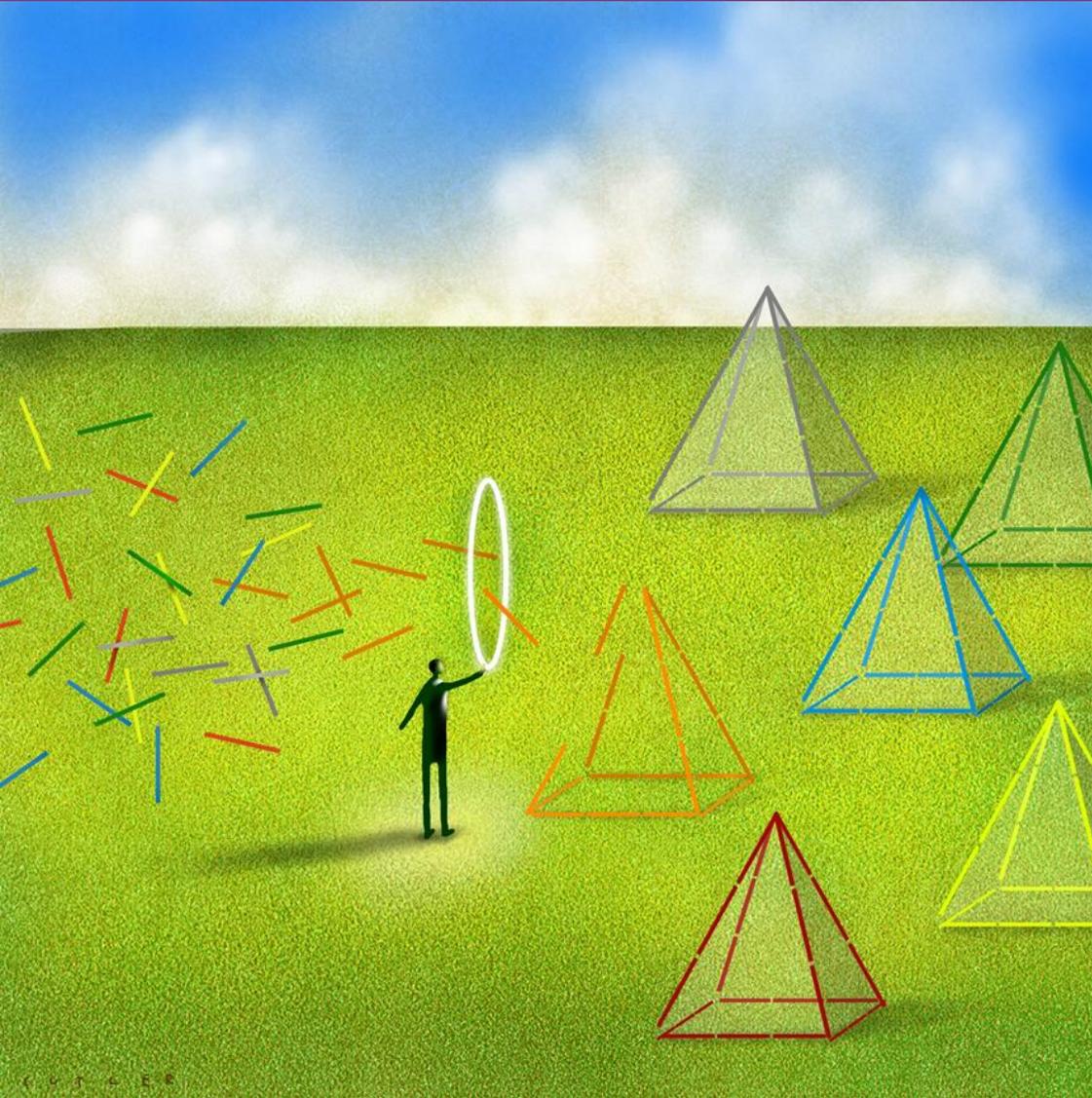
Engage in industry discussions, assess additional use cases, evaluate opportunity areas, and consider pilot projects to drive the industry forward to support price transparency.

## Focus Group Topics:

- **Policy Updates:** Review the latest regulatory guidance related to implementation of Advanced EOB requirements.
- **Industry Progress:** Understand provider perspectives on the types of use cases being prioritized for implementing Good Faith Estimates and learning health plan strategies for implementing health plan-to-member and health plan-to-provider delivery of Advanced EOBs.
- **Messaging Standards:** Evaluate the types of standards (i.e., X12 837 Pre-Determination, HL7 FHIR, etc.) organizations are considering implementing to facilitate the exchange of Good Faith Estimates.
- **Current Gaps:** Determine the types of gaps that are not currently addressed by existing standards or standards development efforts.
- **CAQH CORE Opportunities:** Provide direction on future focus areas that CAQH CORE should address and be promoting as part of next steps.

# Next Steps to Drive Adoption

## *Support for Standardization Across the Industry*



**NCVHS Recommendations for Mandate:** The CORE Board is working on a rule package for NCVHS consideration which includes both new rules and updates to mandated rules.



**Under Development:** Testing platform development to support CORE Certification for Attachments rules.



**Ongoing Pilot and ROI Measurement:** Collecting measurement and impact data from organizations that implement operating rules.



**Environmental Scans:** Conducting industry research to understand opportunities for automation across key topics including value-based payments, health care claims, and PMS/EHR data exchange.

# Polling Question

**CAQH CORE is planning to engage the healthcare industry via research and environmental scanning on several topic areas that are critical to reducing administrative and clinical burden.**

**Please identify which of the following topic areas your organization would be interested in participating in:**

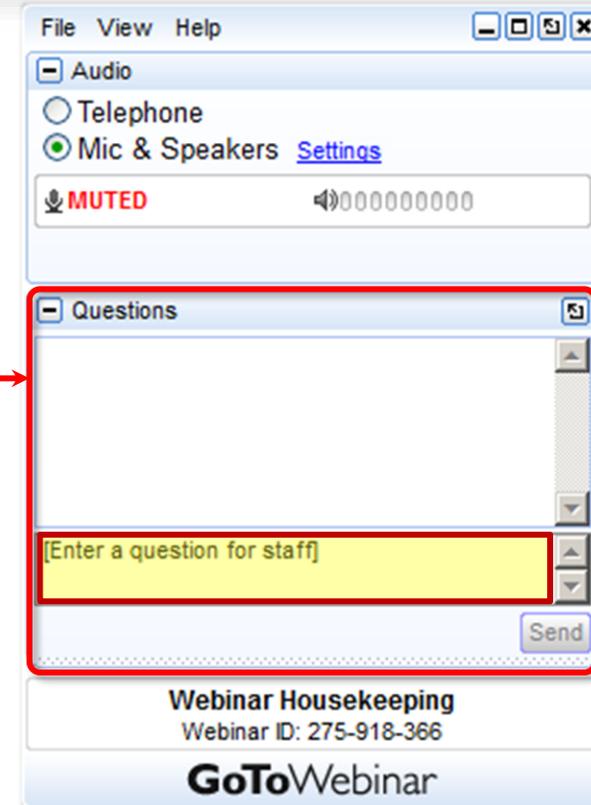
- Electronic Health Record/Practice Management System Integration – Environmental Scan
- Value Based Payment – Environmental Scan
- Health Care Claims Data Content – Opportunity Area Research
- Attachments – Pilot & Measurement Study

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**



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- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
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# Upcoming CAQH CORE Education Sessions and Events

## Nacha and CAQH CORE: Dental Case Study

June 8, 2022 | 1:00-2:00 pm ET



## Price Transparency Series: Regulatory Landscape & Industry Readiness

TBD

## X12 and CAQH CORE: Eligibility & Benefits Standards and Operating Rules

July 11, 2022 | 1:00-2:00 pm ET



## WEDI Spring Conference

May 23-26, 2022

# Thank you for joining us!



Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CAQH CORE 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.