



CAQH CORE National Town Hall

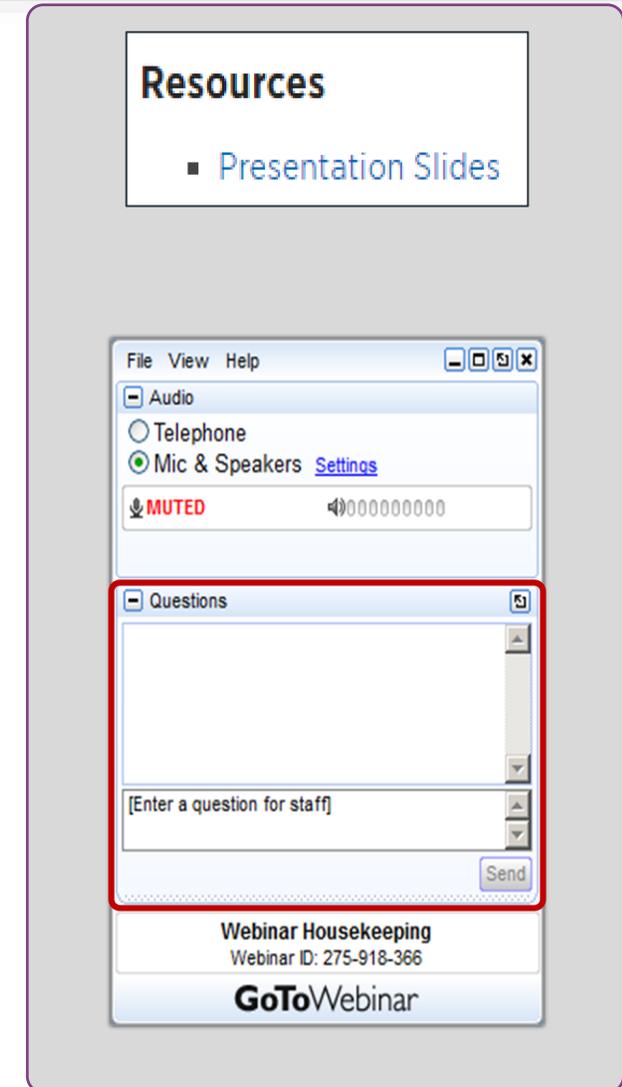
January 31, 2019

2:00 – 3:00 PM EST

Logistics

Presentation Slides and How to Participate in Today's Session

- You can download the presentation slides at www.caqh.org/core/events after the webinar.
- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the presentation slides.
- A copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.
- Questions can be submitted **at any time** using the **Questions panel on the GoToWebinar dashboard**.



Session Outline

- CAQH CORE Overview
- Federal Activities
- 2018 CAQH Index
- Current CAQH CORE Initiatives
 - Value-based Payments
 - Attachments
 - Prior Authorization
- CORE Certification
- Q&A

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CAQH CORE Overview

Erin Weber
CAQH CORE Director

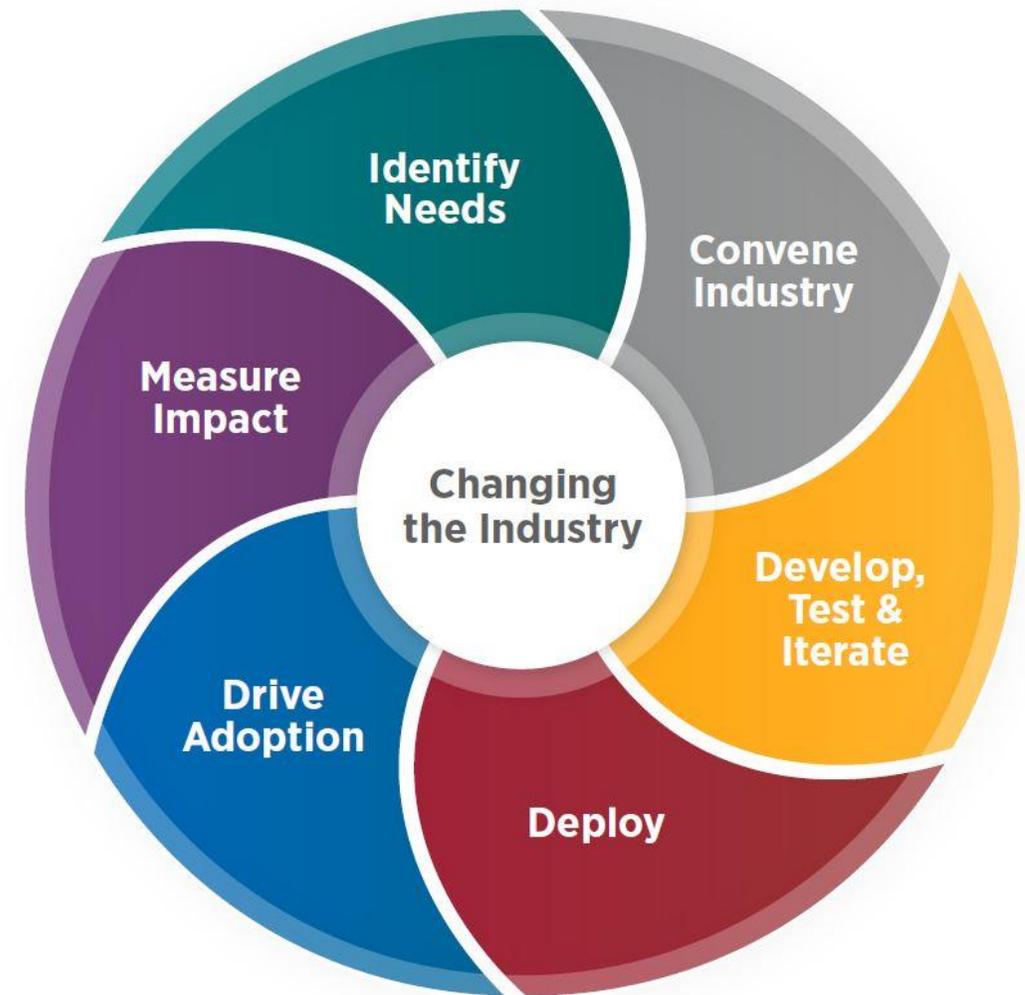
CAQH CORE Mission and Vision

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 Named by **Secretary of HHS to be national author for operating rules** mandated by Section 1104 of the Affordable Care Act.

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.



CAQH CORE Operating Rule Overview

CAQH CORE is the [HHS-designated Operating Rule Author](#) for all HIPAA-covered transactions, including Claims Attachments.
HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules.

	Phase I	Phase II	Phase III	Phase IV	Phase V	Phase VI
Transactions	Eligibility	Eligibility Claims Status	Electronic Funds Transfer Electronic Remittance Advice	Health Claims Referral, Certification and Authorization Enrollment Premium Payments	Prior Authorization Web Portals	Attachments
Manual to Electronic Savings per Transaction (2018 CAQH Index)	\$6.52	Eligibility: \$6.52 Claim Status: \$9.22	Claim Payment: \$0.65 ERA: \$2.32	Claim Submission: \$1.32 Prior Authorization: \$7.28	\$7.28	N/A
	Active				In Progress	

Notes: (1) All Active Phases include requirements for acknowledgements, e.g., 999 Functional Acknowledgement, 277CA Claims Acknowledgement. (2) CAQH CORE is also evaluating maintenance areas and opportunities to build on existing rules to support value-based payment. (3) Operating rules for eligibility, claim status, EFT, ERA, claims, enrollment, premium payment, and referral, certification and authorization support the HIPAA mandated transactions.

1

Continue to successfully serve as the national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.

- Prior Authorization
- Acknowledgements
- Rule Enhancements
- Attachments
- Value-based Payments

2

Effectively serve as the “Gold Standard” industry certifier for operating rules and underlying business standards.

- Targeted effort to increase certification for Phase III, Phase IV, Medicaid and dental.
- Modify certification processes to increase value and adoption.

3

Evolve CAQH CORE Integrated Model (rule writing, certification, outreach/education/participant relations) to drive future multi-stakeholder value.

- Increase pace of rule development through adoption of lead/agile methodologies and pilots.
- Improve value/ROI messaging across work products.

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Federal Activities

Erin Weber
CAQH CORE Director

NCVHS Predictability Roadmap Draft Recommendations

The NCVHS Predictability Roadmap is an initiative to evaluate barriers to the update, adoption and implementation of standards and operating rules under HIPAA and the ACA. The [draft NCVHS recommendations](#) emphasize:

- Improvements for the federal process.
 - Enforcement of existing regulations.
 - Guidance, outreach and education.
 - Responsiveness to recommendations.
- Improvements for Standards Development Organization (SDO) processes.
 - Diversity of industry participation in standards and operating rule development.
 - Ability of standards to support innovation and evolving business and technology.
 - Timeliness and reliability of updates.
- Governance and oversight.
 - Transparency of processes (Federal and SDO).
 - Responsiveness to industry needs.

NCVHS requested industry feedback on the draft recommendations via comment letters and invited key stakeholders, including CAQH CORE, to participate in a discussion-based hearing on December 12 and 13, 2018. **The next NCVHS Meeting will be held on February 6 and 7, 2019 during which they plan to finalize recommendations to the HHS Secretary.**

CAQH CORE Comments to Draft NCVHS Predictability Roadmap

Key Themes

CAQH CORE submitted a comment [letter](#) to NCVHS in response to the draft recommendations and actively participating in the NCVHS hearing. Key comments included:

- Support for where draft recommendations align with 2019 CAQH CORE Goals:
 - Expedited development of standards and operating rules.
 - Importance of broad industry collaboration.
 - Support for greater adoption of operating rules.
 - Focus on cost-benefit analyses to drive industry adoption.

- General feedback on how to ensure recommendations have greatest impact and value to industry:
 - Consider using flexibility in existing statutes and regulations rather than new rulemaking to achieve predictability goal.
 - Ponder potential for unintended consequences of using regulation to encourage innovation as regulation can be stifling.
 - Contemplate how to balance the benefit of predictability versus the benefit to the business case related to new/updated standards and operating rules.

Updates on Relevant HHS Regulations

<u>Health Plan Identifier</u>	<u>HHS Unified Agenda – Upcoming NPRM</u>
<p>On December 19, 2018, the Department of Health and Human Services (HHS) announced the Notice of Proposed Rulemaking (NPRM) pertaining to the Health Plan Identifier (HPID).</p> <ul style="list-style-type: none">▪ This NPRM proposes to eliminate the regulatory requirement for health plans to obtain and use an HPID, as well as eliminate the voluntary acquisition and use of the Other Entity Identifier (OEID).▪ The proposed rule would also simplify the process for terminating the existing identifiers to minimize operational costs for covered entities. <p>There is a 60-day public comment period for the proposed rule, which closes on February 19, 2019.</p>	<ul style="list-style-type: none">▪ Adopts standards for health care attachments transactions and electronic signatures used with the transaction.▪ Adopts operating rules that require acknowledgments be used with the following transactions -- Eligibility, Claim Status, Electronic Funds Transfer, Electronic Remittance Advice.▪ Adopts standards that require acknowledgments be used with the following transactions -- Claim Status, Enrollment/Disenrollment, Premium Payments, Coordination of Benefits, Referral Certification and Authorization, Attachments.▪ Modifies the standard for the referral certification and authorization transaction from ASC X12 version 5010 to 6020.

Recently Published ONC Interoperability Standards Advisory for 2019

Background:

- Office of National Coordinator (ONC): Federal entity charged with nationwide coordination of health information technology efforts.
- [Interoperability Standards Advisory \(ISA\)](#): Catalog of the identification, assessment, and public awareness of interoperability standards and implementation specifications that can be used by the healthcare industry to address specific interoperability needs.
- Addresses interoperability needs for clinical, public health and research purposes.

ISA Activity Related to CAQH CORE:

- CAQH CORE [submitted a letter](#) to ONC to provide recommendations and comments for the 2019 updates to the ISA.
 - Comments were intended to enhance the quality of information in the ISA and improve usability:
 - > Inclusion of non-mandated operating rules available for industry implementation.
 - > Updating adoption information, including use of the CAQH Index.
- On January 14, 2019, ONC released the [2019 Reference Edition](#):
 - Added the Phase IV CAQH CORE Operating Rules for claims, enrollment, and premium payments and updated industry adoption levels for Phases I-III CAQH CORE Operating Rules.

ONC Draft Strategy on Reducing Burden Relating to the Use of Health IT and EHRs

Background:

- The [21st Century Cures Act](#) identified the importance of easing regulatory and administrative burdens associated with the use of electronic health records (EHRs) and health information technology.
- The draft [Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs](#) from ONC outlines three overarching goals designed to reduce clinician burden:
 1. Reduce the effort and time required to record health information in EHRs for clinicians.
 2. Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and healthcare organizations.
 3. Improve the functionality and intuitiveness (ease of use) of EHRs.

ONC Draft Strategy Activity Related to CAQH CORE:

- CAQH CORE [submitted a letter](#) to ONC with recommendations which fall under three overarching themes:
 1. Healthcare operating rules support standards to ensure common industry expectations across electronic transactions; addressing the business aspects of these transactions is critical to long-term industry-wide adoption and ROI.
 2. Stakeholders are working together through CAQH CORE to streamline administrative transactions for prior authorization and attachments; HHS can support these efforts by adopting an attachments standard.
 3. As healthcare transitions from fee-for-service to value-based payment, there is a need for clinical and administrative operations to work in synch; operating rules can help convergence.

CAQH Index

Kristine Burnaska
Director, Research and Measurement, CAQH

What Is the CAQH Index?

A national benchmarking survey.

- Measures adoption of fully electronic administrative transactions.
- Estimates cost and time savings opportunities.
- Sixth annual report.

Tool to track and monitor industry progress.

- Tracks industry progress in the ongoing transition from manual to electronic administrative transactions.
- Monitoring progress makes it possible to identify successes and to make course corrections when necessary.

A collaborative initiative.

- The CAQH Index Advisory Council.
- Experts in administrative transactions, data analysis and healthcare management.
- Represents providers, health plans, vendors and other industry partners.

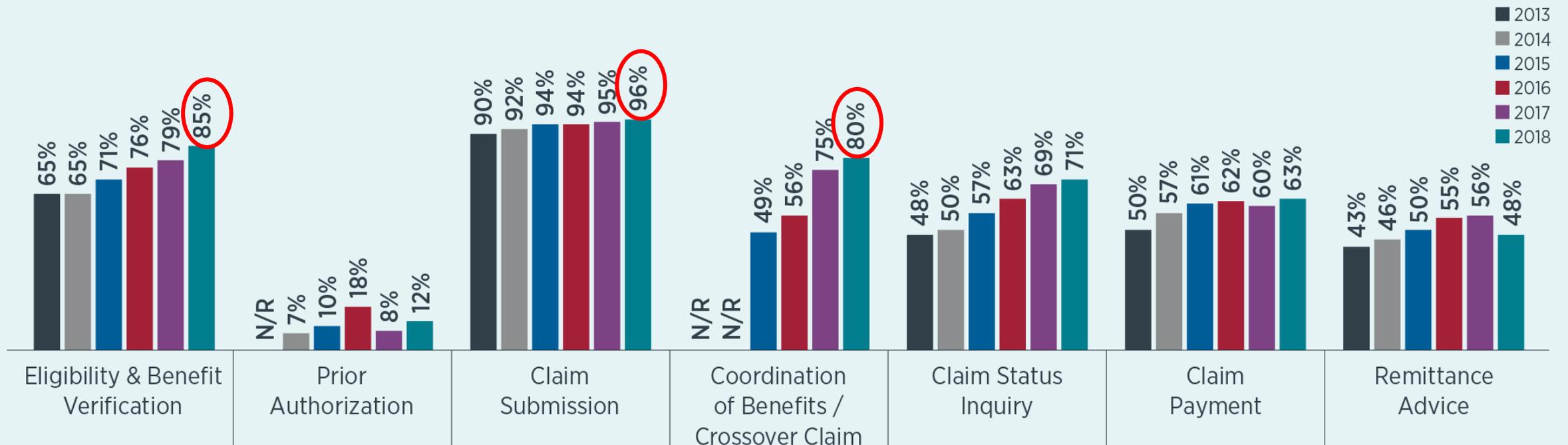
2018 Index: What Did We Find?

- Adoption of electronic transactions continued to improve for most transactions.
- Dental industry experienced progress, but continues to significantly trail the medical industry.
- Volume of transactions increased substantially overall, with manual transactions declining for the medical industry.
- Savings opportunity declined for the first time in CAQH Index history.

High-Level Findings

Electronic Adoption Improved for Most Transactions in the Medical Industry

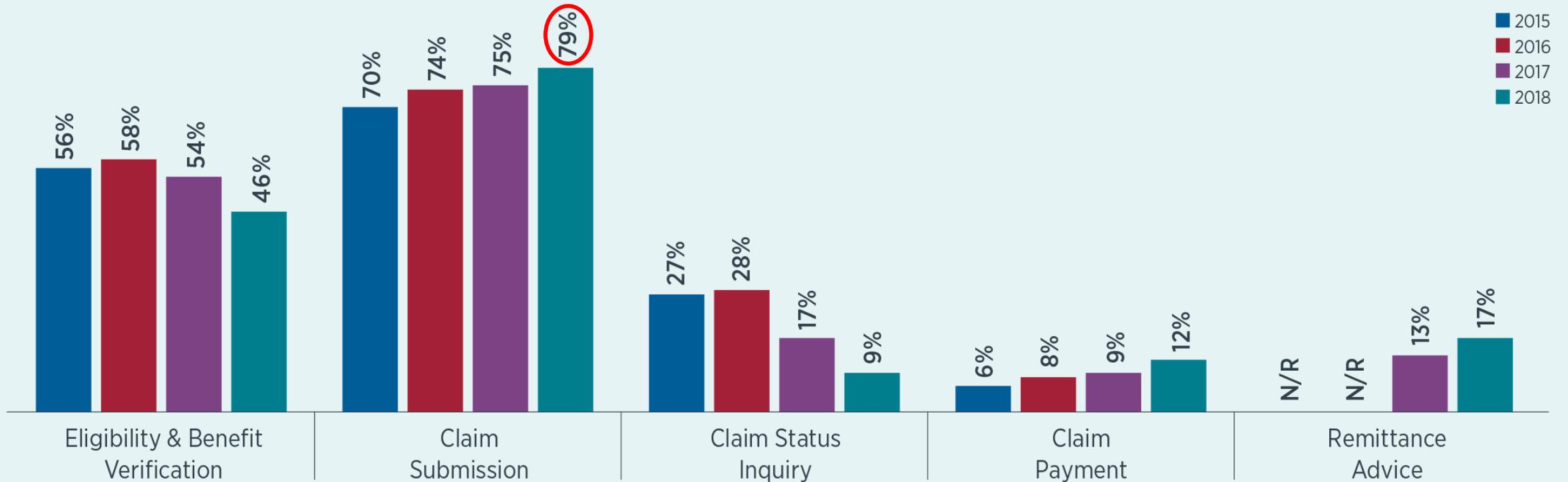
Figure 1: Adoption of Electronic Administrative Transactions, Medical, 2013 – 2018 CAQH Index



N/R = Not Reported

Dental Electronic Adoption of Transactions Improved, But Continues to Lag

Figure 2: Adoption of Electronic Administrative Transactions, Dental, 2015 – 2018 CAQH Index



N/R = Not Reported

Volume Rose Overall, But Volume of Manual Transactions Declined in Medical Industry

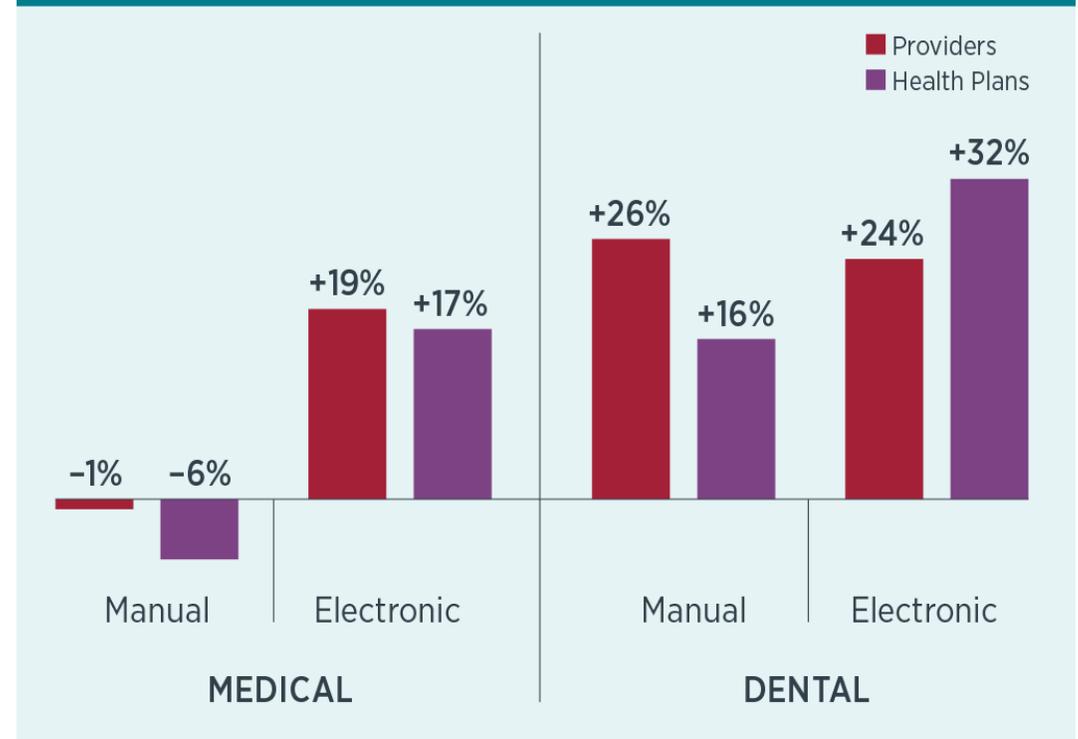
Medical

- Electronic medical industry transaction volume increased by over 18 percent.
 - 17 percent for health plans.
 - 19 percent for providers.
- Volume of manual transactions declined for the medical industry.
 - -6 percent for health plans.
 - -1 percent for providers.

Dental

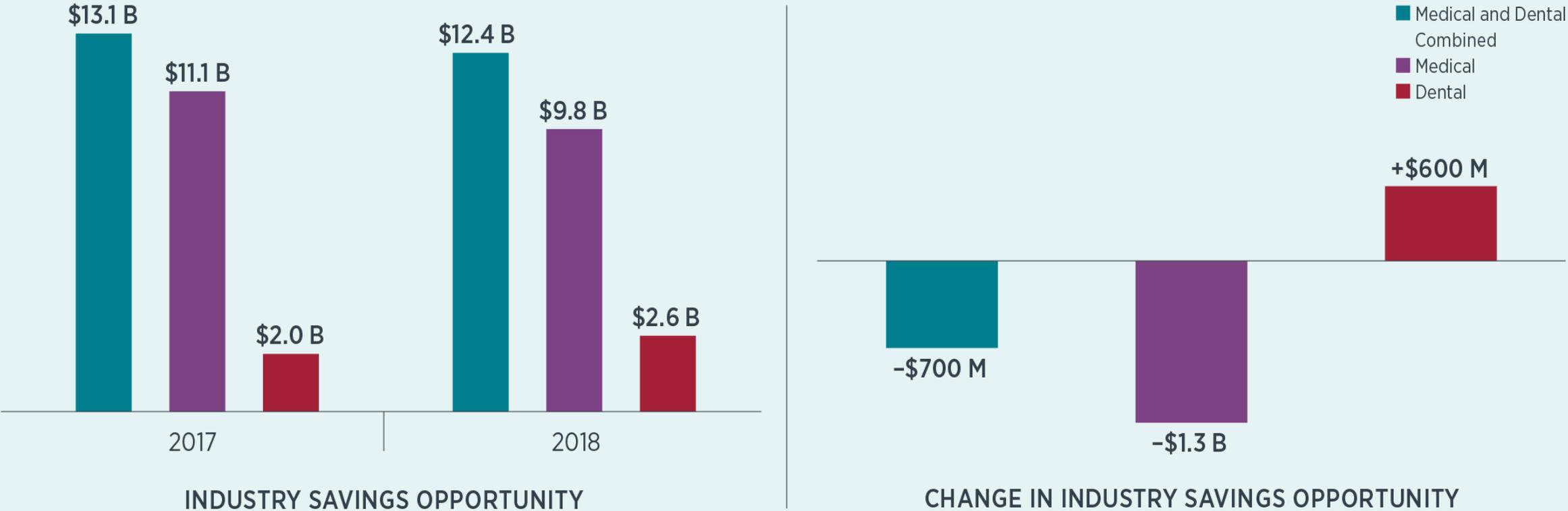
- Overall dental transaction volume increased at a greater rate than medical volume.
- Electronic and manual transaction volume increased:
 - Similar electronic and manual volume increase for dental providers.
 - Electronic volume increased more than manual volume for dental plans.

Figure 3: Year-over-Year Percent Change, Estimated National Volume of Manual and Electronic Transactions, 2017 – 2018 CAQH Index



Savings Opportunity Decreases for Medical and Increases for Dental

Figure 4: Industry Savings Opportunity and Year-Over-Year Change, 2017 – 2018 CAQH Index



Medical Industry Savings Opportunity Declined For First Time in CAQH Index History

- Despite the continued increase in volume, the potential savings opportunity dropped, suggesting that the industry is becoming more efficient in conducting administrative transactions.

Figure 5: Estimated National Volume and Potential Savings Opportunity, Medical, 2013 – 2018 CAQH Index



Participate in the 2019 CAQH Index

- Promote and support participation.
- Health plans and healthcare providers can participate.
- Vendors may also participate in the Index.
- All participants receive benchmark reports, which provide important information specific to your organization.
 - How your company compares to the industry at large.
 - How much time and effort your staff spends on electronic and manual transactions.
 - Potential for efficiency gains by further transitioning to electronic transactions.

Contact explorations@caqh.org.

Visit www.caqhindex.org.

Polling Question #1

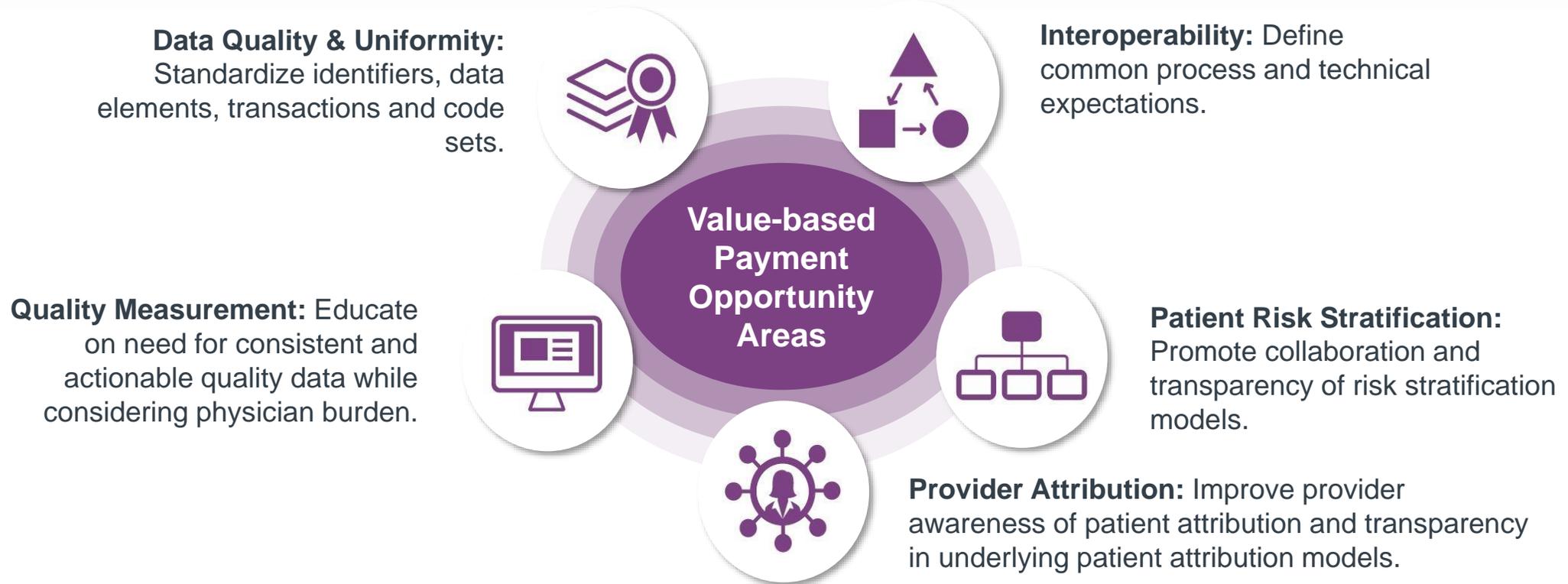
Is your organization interested in participating in the 2019 CAQH Index?

- Yes
- No
- Unsure/Need more information
- Already participating

Value-based Payments

Lina Gebremariam
CAQH CORE Manager

Streamlining Adoption of Value-Based Payments



CAQH CORE Vision

A common infrastructure that drives adoption of value-based payment models by reducing administrative burden, improving information exchange and enhancing transparency.

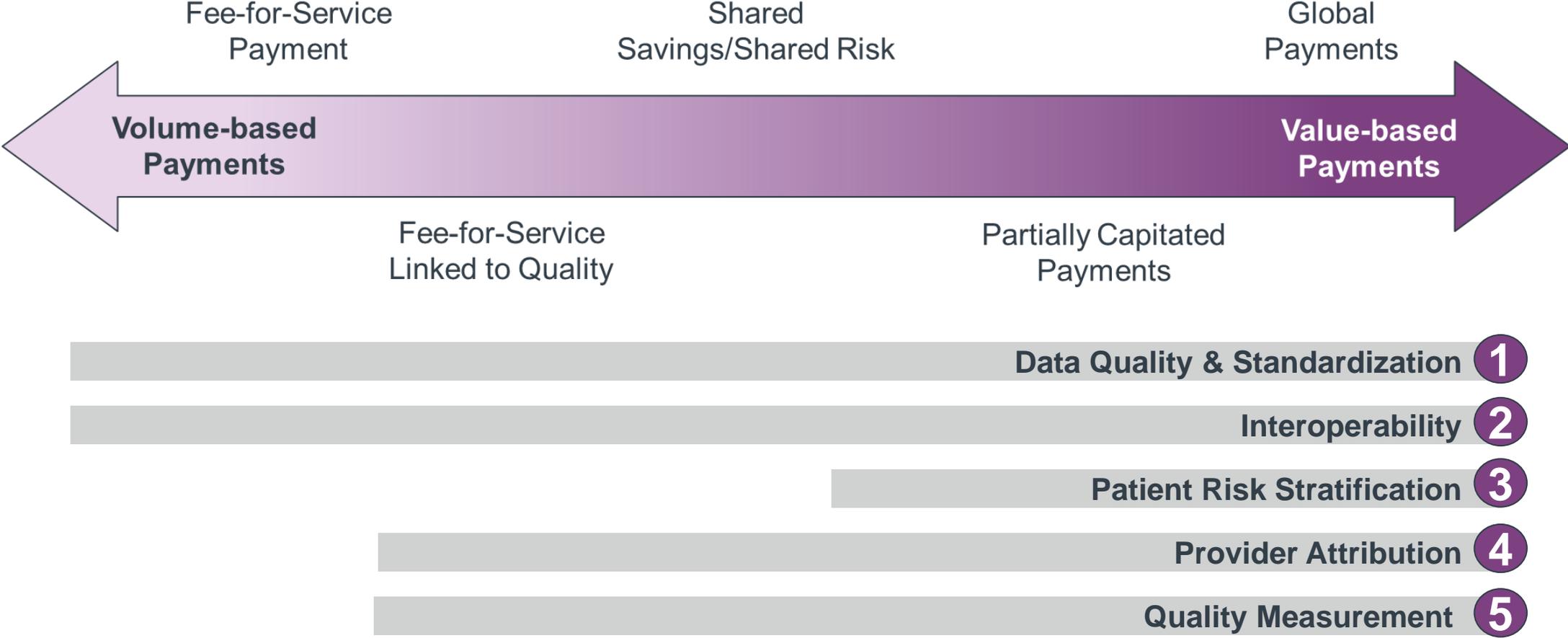
CAQH CORE [Report](#)

Identified five opportunity areas in the industry that could smooth the implementation of value-based payments.

Next Steps

CAQH CORE is launching an Advisory Group this week to guide the work effort.

Continuum of Value-based Payment (VBP) Models



Potential Opportunities for Administrative Simplification in VBP

Provider often does not know if a patient is attributed to them until after care is delivered.

Provider is not always aware of quality metrics required by patient's specific health plan.

Provider is unclear as to which NPI and/or TIN to submit. May have multiple NPIs or TINs.

Claim cannot convey pertinent clinical and health information not related to a service provided during visit.

Remittance advice does not fully explain how providers payment relates to VBP arrangements (e.g. were quality metrics met?)



Opportunity: Return patient attribution information when provider submits an eligibility check.

Opportunity: Return requirements for quality measure reporting when provider submits eligibility check.

Opportunity: Standardize use of NPI Type I and Type II in claims submissions.

Opportunity: Standardize additional documentation, including data content, format and method of transfer, for critical clinical information that is non-service related.

Opportunity: Outline provider next steps in remittance advice to ensure full payment at the end of the fiscal year, e.g. reporting requirements.

Role of CAQH CORE VBP Advisory Group

Purpose

- Provide guidance to CAQH CORE on opportunities to streamline value-based payments and collaborate with industry leaders.
- Identify and select specific strategies for CAQH CORE Subgroup to pursue, resulting in a pre-defined work product/deliverable.
- Provide continual feedback and approval of work products developed by CAQH CORE Subgroup to ensure meaningful industry impact.

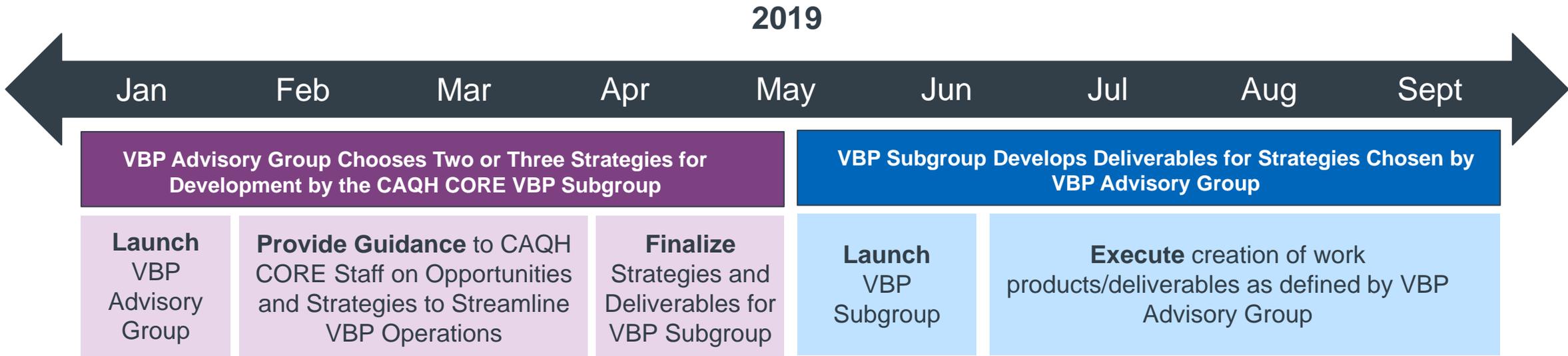
Scope of Work

- Review, provide feedback and evaluate a list of specific strategies to streamline VBP within each of the five opportunity areas from the CAQH CORE VBP Report.
- Assist in recruitment of SMEs to participate in Subgroups for each selected strategy.
- Review, approve and monitor completion of Subgroup project plan with milestones to ensure agreed upon deliverables are completed timely.
- Provide deliverable oversight and approval.

Advisory Group Participating Organizations

athenahealth | Blue Cross Blue Shield North Carolina | Centers for Medicare and Medicaid Services (CMS) | Edifecs | Health Edge | Humana | Marshfield Clinic Health System | Medical Group Management Association (MGMA) | Minnesota Department of Health | Montefiore Medical Center | National Quality Forum (NQF) | UnitedHealthcare

Next Steps for Value-based Payment Initiative



		VBP Advisory Group
		VBP Subgroup

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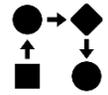
Attachments

Robert Bowman
CAQH CORE Director

Attachments Environmental Scan Results

State of the Industry

Attachment Profiles



Mail and Fax: Participating health plans reported 70% of attachments exchanged for claim adjudication are done via mail and fax, 18% are exchanged via web portals and 12% via EDI (primarily pilots).

Trending Markets: Dental and Workers Compensation markets are increasing adoption and support for the submission of attachments in an electronic format (e.g. portals and proprietary vendor solutions).

Time/Resources



Staff Resources: A regional health plan reported approximately 792 hours are spent each week processing attachments received via mail, fax and web. A regional health system reported that 19 FTEs are dedicated to managing and processing attachments.

Claim Adjudication: On average providers report that it takes health plans 44 days to adjudicate a claim with attachments sent by mail, 16.5 days by fax, five days by portal and two days by EDI.

Adoption



Adoption Challenges: The majority of respondents (44%) identified waiting for regulatory direction as the primary reason for delay. 23% reported waiting for industry direction and only 9% of organizations listed budget constraints as a reason for delay.

Pilot Programs: Progressive health plans and vendors have launched attachment pilot programs working with the following attachment protocols: X12 275, DIRECT Messaging, HL7 FHIR, Clinical Data Repositories.

Attachments Environmental Scan Results

Operating Rule Opportunity Areas

Data Content



Common Formats: Health plans and vendors reported that over half of data file types that are electronically sent/received today are PDFs and Image files.

Common Data Fields: Providers reported that despite record type, almost all payers needed patient and provider demographic information such as patient first name, patient last name, date of birth, member ID number and NPI. Less consistency exists for other data types, but stakeholders stated that standardization of code sets and values is needed to see an ROI for electronic exchange of clinical information.

Infrastructure



Acknowledgements: Only 25% of health plans reported the use of acknowledgments when an attachment is successfully received. As result, providers revert to re-sending attachments or incur higher cost by sending documentation via certified-mail.

Infrastructure Needs: Nearly all stakeholders reported that infrastructure rules such as connectivity & security, response time and companion guides should be considered and evaluated alongside an attachments standard.

Business Needs



Real Time: Majority of stakeholders reported that a real-time attachment scenario would be the preferred method for sending additional documentation either through automated solicited requests (solicited) or defined payer documentation policies (unsolicited).

Solicited vs Unsolicited Attachments: Health plans overwhelmingly support a solicited documentation process, while vendors are split 60/40 preferring solicited. Providers would prefer an unsolicited process where they could send attachments with claims.

Next Steps for Attachments Initiative

CAQH CORE plans to build upon the environmental scan by producing guiding materials, educational content and implemental solutions to move industry adoption of electronic attachments a step forward.

Immediate Next Steps

The focus for Q1 2019 will include identifying key themes, workflows, common barriers, best practices and strategies outlined in this report to provide the industry with education and guidance for electronic attachments implementations via a **White Paper**.

Future Next Steps

Future steps include monitoring federal activity for publication of a **NPRM** on attachment standard and launch of an **Attachments Advisory Group and Subgroup** given the CAQH CORE role as the designated operating rules authoring entity.

Polling Question #2

Of the following topic areas related to Attachments, would you like to receive more information?
Check all that apply.

- Work Flows
- Solicited vs Unsolicited Attachments
- Acknowledgements
- Connectivity
- Other (Enter in questions panel)

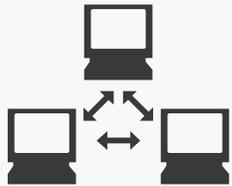
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Prior Authorization

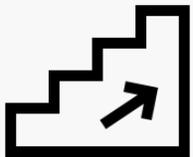
Robert Bowman
CAQH CORE Director

CAQH CORE Vision for Prior Authorization

Introduce targeted change to propel the industry collectively forward to a prior authorization process optimized by automation, thereby reducing administrative burden on providers and health plans and enhancing timely delivery of patient care.



The Phase IV Operating Rule established foundational infrastructure requirements such as connectivity, response time, etc. and builds consistency with other mandated operating rules required for all HIPAA transactions.



The Draft Phase V Operating Rules address needed data content in the prior authorization transaction, enable greater consistency across other modes of PA submissions and potentially address time to final adjudication.

Optimized

Entire prior authorization process is at its most effective and efficient by eliminating unnecessary human intervention and other waste. Optimized PA process would likely include automating internal provider/health plan workflows.

Partially Automated

Parts of the prior authorization process are automated and do not require human intervention. Typically includes manual submission on behalf of provider which is received by health plan via an automated tool, e.g., health plan portals, IVR, 5010X217 278, etc.

Manual

Entirety of provider and health plan workflows, including request and submission, is manual and requires human intervention, e.g., telephone, fax, e-mail etc.

Automation Spectrum

Overview: Draft Phase V CAQH CORE Prior Authorization Operating Rules

The Draft Phase V Prior Authorization Rules focus on **standardizing key components of the prior authorization process**, closing gaps in electronic data exchange to move the industry toward a **more fully automated adjudication of a request**.

These efficiencies enable **shorter time to final adjudication and more timely delivery of patient care**.



DRAFT Requirements

- ✓ **Consistent patient identification** to reduce common errors and associated denials.
- ✓ **Consistent review of diagnosis, procedure and revenue codes** to allow for full health plan adjudication.
- ✓ **Consistent use of codes** to indicate errors/next steps for the provider, including need for additional documentation.
- ✓ **Detection and display of code descriptions** to reduce burden of interpretation.

Applies to **Prior Authorization**



DRAFT Requirements

- ✓ **System availability and reporting requirements for a health plan to receive a prior authorization or referral request**, to enable predictability for providers when using a web portal.
- ✓ **Application of standard X12 data field labels to web portals** to reduce variation in data elements to ease submission burden and encourage solutions that minimize the need for providers to submit information to multiple portals.
- ✓ **Confirmation of receipt of prior authorization or referral** (submitted via web portal) to reduce manual follow-up for providers.

Applies to **Prior Authorization and Referral**

¹Full citation: X12/005010X217 Health Care Services Review – Request for Review and Response (278) transactions (referred to as “5010X217 278 Request and Response”).

Requirements Development: Draft Phase V CAQH CORE Prior Authorization Operating Rules

CAQH CORE Rules Work Group (RWG): In Q4 2018, the CAQH CORE Rules Work Group (RWG) continued the work of the CAQH CORE Prior Authorization Subgroup to review and refine the draft operating rules. Polling of the RWG entities revealed the need to:

Web Portal

- **Further consider the web portal system availability percentage requirement.** While the draft requirement initially attempted to increase system availability from 86% to 95%, entities expressed concern with feasibility. The RWG decided to adjust the system availability back to 86%.

Data Content

- **Adjust the logic in the requirement pertaining to requesting additional documentation for a pended response.** The RWG decided to allow for a health plan to return to the provider a PWK01 Attachment Report Type Code, or a [Logical Observation Identifier Names and Codes \(LOINC\)](#) code in addition to a PWK code.
- **Further specify which HCR03 Industry Codes should be used** along with the HCR01 Action Code (A4 Pended) to indicate why additional documentation is needed.
- **Further clarify where to return the Error Code 35-Out of Network** (requester provider, service provider or special entity submitted on the 5010X217 278 Request transaction). Removed recommendation pertaining to providers conducting eligibility checks.

December 2018 RWG Ballot Results: Support levels for the draft Phase V CAQH CORE Prior Authorization Operating Rules exceeded quorum and demonstrated strong support for the draft rules.

CAQH CORE Rules Work Group Ballot		
Quorum Levels	Required	60%
	Actual	69%
Approval Levels	Required	50%
	Actual	Data Content: 88% Web Portal:75%

Current Activity: Develop Phase V CAQH CORE Certification Test Suite for Technical Work Group Ballot

Goal: Draft a Certification Test Suite that meets industry needs for conducting the 5010X217 278 Request and Response with specific data content outlined in the draft operating rule and accommodates conformance testing for the rule set.

CAQH CORE Certification & Testing Subgroup (CTSG):

The Subgroup completed its review and design of the *Draft Phase V CAQH CORE Certification Test Suite* through calls, discussion, and straw poll. On January 28, the CTSG agreed to forward the Test Suite to the CAQH CORE Technical Work Group for review and Ballot.

CAQH CORE Technical Work Group (TWG): The Work Group, launching February 5, will review and Ballot *the Draft Phase V CAQH CORE Certification Test Suite*. Once Balloted, the TWG will send the Test Suite to the **Final CAQH CORE Vote**, along with the draft Phase V CAQH CORE Operating Rules.

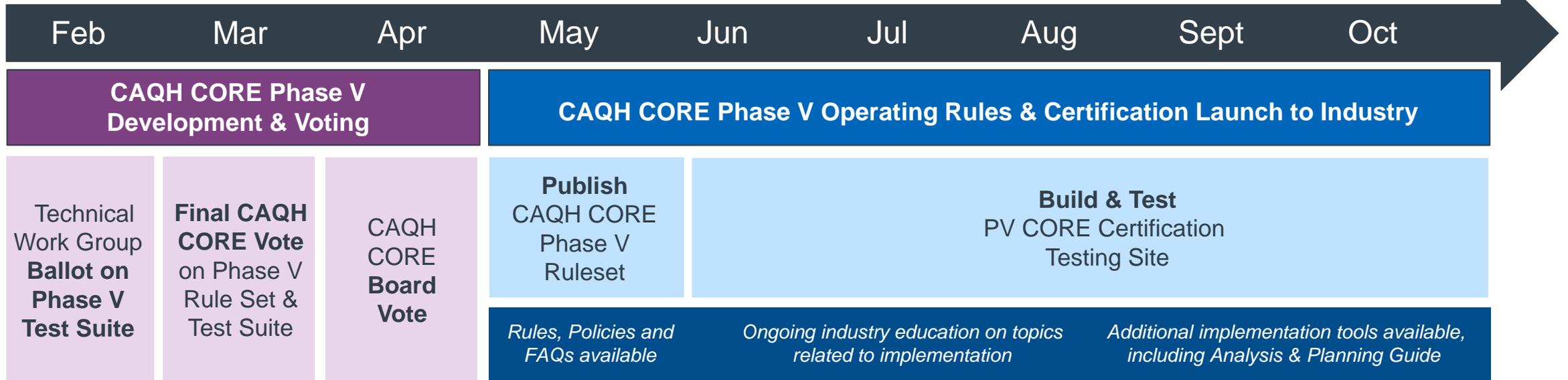
Phase V CAQH CORE Certification Test Suite

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Next Steps: Phase V CAQH CORE Prior Authorization Operating Rule Development, Voting and Launch to Industry

2019



CAQH CORE will continue to focus on prior authorization beyond Phase V. Opportunities under consideration include:

- Updating the timeframe requirement in the CAQH CORE Phase IV Prior Authorization Rule to require a final determination within a set timeframe (current requirement only addresses timeframe for initial response).
- Pilots to measure impact of potential high-value operating rules with less consensus and then iterate requirements based on findings.

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CORE Certification

Robert Bowman
CAQH CORE Director

CORE Certification

Developed by Industry, for Industry to Promote Adoption

[CORE Certification](#) is the most robust and widely-recognized industry program of its kind – the Gold Standard. The approach allows organizations to demonstrate their ability to reduce administrative costs through adoption of operating rules.



Requirements are developed by broad, multi-stakeholder industry representation via transparent discussion and polling processes.



Required testing is conducted by third party vendors that are experts in EDI and testing.



CAQH CORE serves as a neutral, Certification administrator.

Beginning February 1, 2019 CAQH CORE will offer **bundled pricing** for all CORE Certifications. For more information on this savings opportunity, please email core@caqh.org.



CORE Certifications Phase I-IV

Market Penetration Continues to Grow

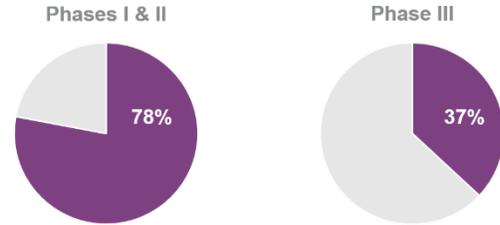
Newest CORE-certified Entities



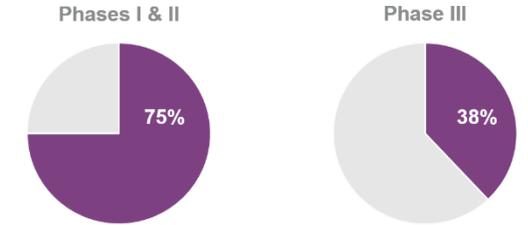
Newest CORE Endorsers



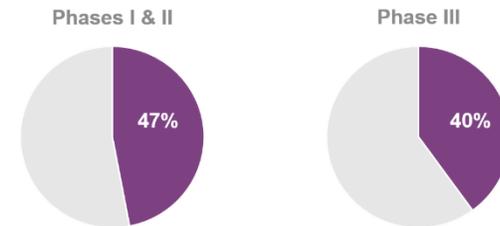
Commercially Insured - Medical
Percentage of insured population covered by a CORE-certified health plan



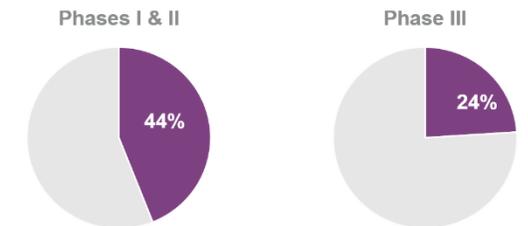
Publicly Insured (Medicare Advantage)
Percentage of insured population covered by a CORE-certified health plan



Commercially Insured - Dental
Percentage of insured population covered by a CORE-certified health plan



Publicly Insured (Medicaid)
Percentage of insured population covered by a CORE-certified health plan



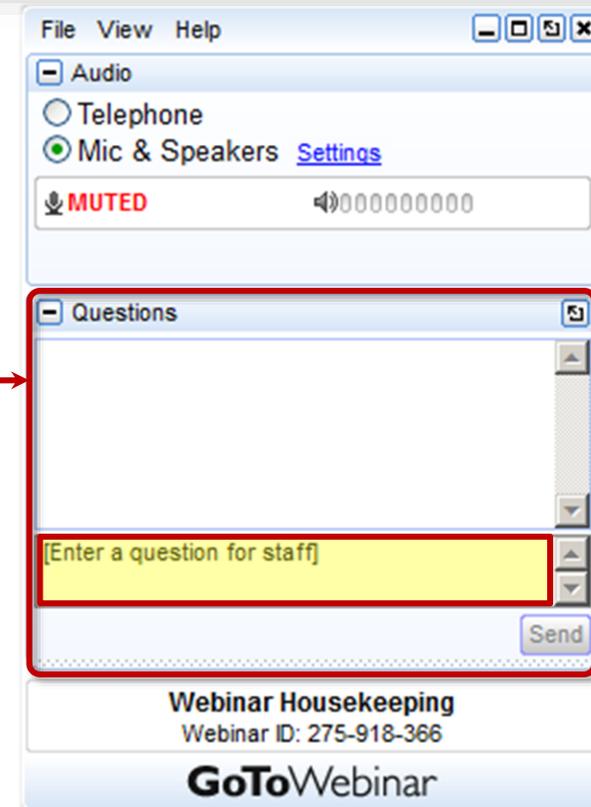
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Certifications have been awarded since the program's inception.

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



Download a copy of today’s presentation slides at caqh.org/core/events

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Resources

- [Presentation Slides](#)

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Address common industry challenges.



Present on CAQH CORE education sessions.

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Be a part of CAQH CORE's mission to drive the creation and adoption of new healthcare operating rules.

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CAQH CORE Participants can register for the upcoming [CAQH CORE Participant Forum](#) and hear from the CAQH CORE Board Chairs regarding program updates and new initiatives.

FRIDAY, FEBRUARY 22, 2019 – 3 PM ET

CONFERENCES

14th National Value-based Payment and Pay for Performance Summit

FEBRUARY 25-27, 2019

12th Healthcare Payments Innovations

FEBRUARY 26-27, 2019

28th National HIPAA Summit

MARCH 4, 2019

To register for these, and all CAQH CORE events, please go to www.caqh.org/core/events

Thank you for joining us!



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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.