# CAOH. CORE



# CAQH CORE Town Hall Webinar

Thursday, May 10, 2018

2:00 – 3:00 pm ET

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### **Session Outline**

- CAQH CORE Overview
- Industry Updates
- Value-based Payments
- Voluntary Efforts to Drive Value
  - Prior Authorization
  - Attachments
- CORE Certification
- Operating Rules Maintenance
- Q&A



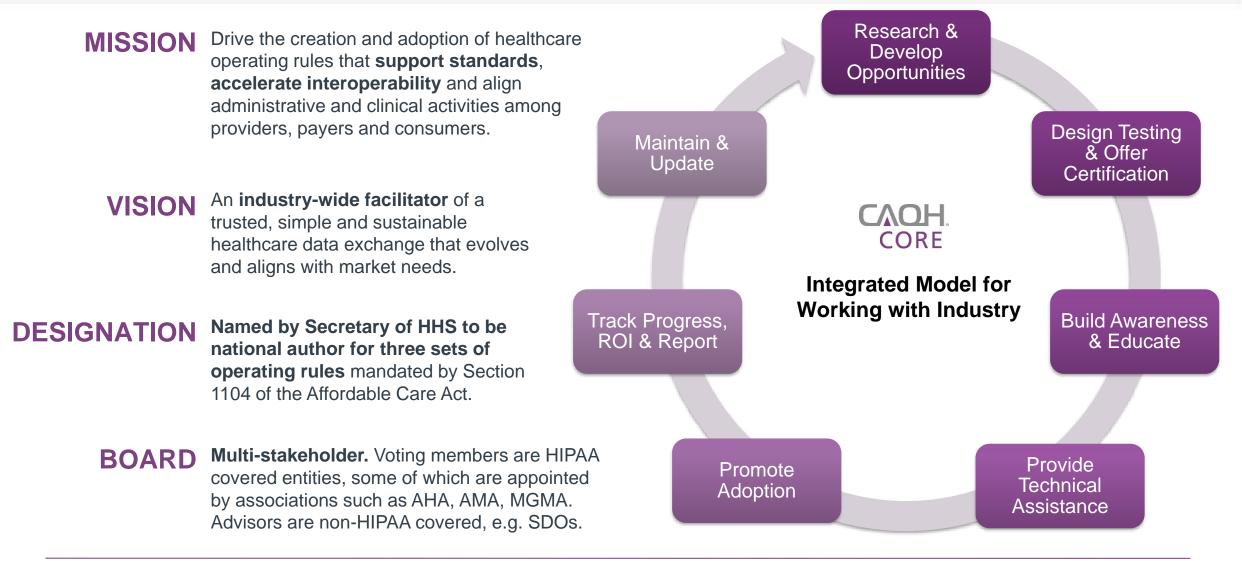


# **CAQH CORE Overview**

Robert Bowman CAQH CORE Director



# **CAQH CORE Mission & Vision**



# **CAQH CORE by the Numbers**

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130

Participating Organizations

working in collaboration to simplify administrative data exchange through development and maintenance of operating rules.



Phases of Operating Rules

developed to facilitate administrative interoperability and encourage clinicaladministrative integration by building upon recognized standards.



Federally Mandated Phases of Operating Rules

for HIPAA-covered entities per Section 1104 of the Affordable Care Act to support a range of administrative transactions.





CAQH CORE Certifications

awarded to entities that create, transmit or use the healthcare administrative transactions addressed by the CAQH CORE Operating Rules.



## **Operating Rules are Crucial in a Technology-driven World**

#### Importance of Operating Rules

Operating rules support standards; specify business actions each party must follow to ensure successful transaction exchange.

For more than a decade, CAQH CORE has brought healthcare stakeholders together to develop, agree upon and then adopt operating rules for the industry.

	Phase	Transactions	Benefits	
<b>~</b> ))	Phase I – II	<ul><li>Health plan eligibility.</li><li>Claim status transactions.</li></ul>	<ul> <li>Improved revenue cycle management.</li> <li>Reduces claim denials.</li> <li>Decreases duplicate claim submissions.</li> <li>Reduces misidentification of patients and mistaken denials.</li> </ul>	
S	Phase III	<ul><li>Electronic funds transfer.</li><li>Health care payment and remittance advice.</li></ul>	<ul> <li>Improves cash flow.</li> <li>Eliminates the need for manual re-keying of reconciliations.</li> <li>Increases ability to conduct targeted payment issue follow-ups.</li> </ul>	
	Phase IV	<ul> <li>Health claims or equivalent encounter information.</li> <li>Referral, certification and authorization.</li> <li>Enrollment/disenrollment in a health plan.</li> <li>Health plan premium payments.</li> </ul>	<ul> <li>Enhances revenue cycle management.</li> <li>Reduces staff time on manual phone or fax inquiries for prior authorization.</li> <li>Alleviates delays or errors in processing employee change-of-life events.</li> </ul>	



# Welcome to CAQH CORE

o, Chief by Officer, Chan Annadata, Division of Standards,	<ul> <li>CAQH CORE Participating Organizations</li> <li>MDxHealth</li> <li>Tata Consultancy Services</li> <li>Tesia Clearinghouse</li> </ul>
enters for Medicare and edicaid Services	<ul> <li>TransUnion</li> </ul>



# **Industry Updates**

Bob Bowman CAQH CORE Director



# National Committee on Vital & Health Statistics

Standards & Operating Rules Predictability Roadmap	Chief Information Officer (CIO) Forum
<ul> <li>NCVHS goal to develop a predictable schedule for the industry of updates to the HIPAA standards and operating rules.</li> <li>Predictability Roadmap objectives: <ul> <li>Standards Development Process.</li> <li>Standards Adoption Governance.</li> <li>Data Harmonization and Cohesion.</li> <li>Regulations Published on Regular Timetable.</li> <li>Current Covered Entity Designations.</li> </ul> </li> <li>Next Meeting: May 15-16, 2018 – agenda.</li> </ul>	<ul> <li>NCVHS is holding a one day forum to solicit input from a diverse group of CIOs who are end users of the standards and operating rules. This will inform the Predictability Roadmap.</li> <li>Date: May 17, 2018 – <u>agenda</u>.</li> </ul>



Centers for Medicare and Medicaid Services (CMS) announced HHS would **pursue proactive compliance reviews of health plans and clearinghouses** for compliance with Administrative Simplification transaction standards.

The <u>HHS Administrative Simplification Optimization Project Pilot</u> is the first step and involves volunteer organizations, including health plans and clearinghouses, who undergo transactions reviews for compliance.

Volunteers submit electronic transaction files for review and testing by HHS and attest to compliance with operating rules.

HHS identifies compliance issues and areas for optimization and provides volunteers with a report that flags any issues that need to be addressed for full compliance.

Volunteers develop a corrective action plan to remedy areas of noncompliance. Volunteers that achieve successful reviews receive a dated certificate to that effect from HHS. Volunteers may choose to share their certificate with potential business associates, the public and other stakeholders.





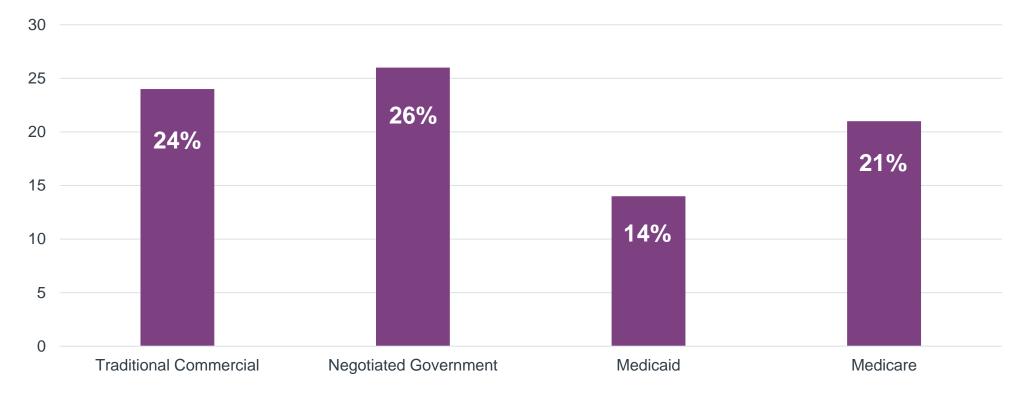
# **Value-Based Payments**

Erin Weber CAQH CORE Director

## Increasing Use of Value-based Payment Models Across Industry

A recent HFMA survey found that from 2015 to 2017, commercial payers using value-based mechanisms have **increased from 12% to 24%.** 

Overall percentage of payments from health plans that incorporate value-based mechanisms.

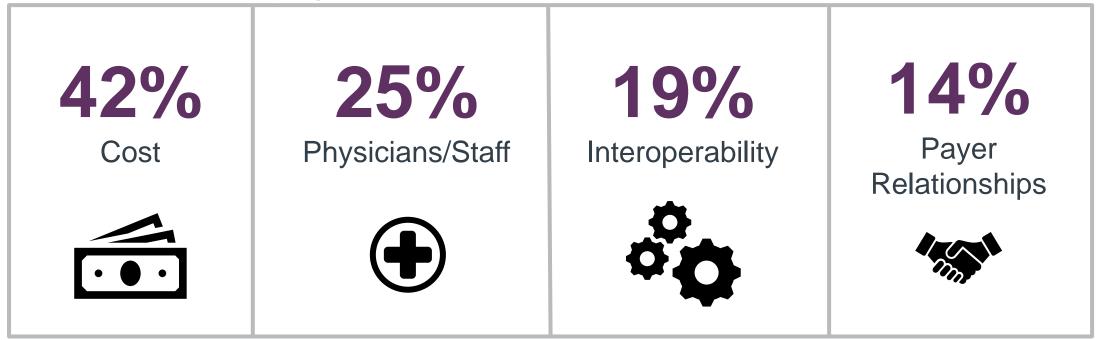


Source: HFMA's Executive Survey; "Value-Based Payment Readiness Sponsored by Humana," 2018.



The shift from fee for service to value-based payments requires intensive work from stakeholders. Providers are asked to look beyond an upside of care and follow a patient's health across the care continuum and may encounter several barriers to initial implementation and eventual success.

Percent of Healthcare Executives Reporting Barrier to Success



Source: KPMG Survey; "Overcoming Barrier for Success with Population Health Programs," 2018.



For over a decade, stakeholders have collaborated through CAQH CORE to bring consistency to the fee-for-service healthcare system.



CAQH CORE Board recognized the importance of valuebased payments (VBP).

Agreed that **CAQH CORE must expand its scope** to driving out unnecessary costs and inefficiencies from information exchange in both fee-for-service and VBP.

#### **Alignment & Collaboration**



Healthcare stakeholders must act decisively and collaboratively to prevent VBP from confronting the administrative roadblocks once encountered in fee-for-service. **CAQH CORE has expertise in developing** industry solutions.



# New CAQH CORE Report: All Together Now

The <u>report</u> found there is a need for industry collaboration to minimize variations and identified opportunity areas that, if improved, would smooth Value-based Payments (VBP) implementation.

#### **Contents of Report**

#### **5** Opportunity Areas

Unique operational challenges associated with VBP.

#### 9 Recommendations

Address challenges and may be implemented by CAQH CORE or others.

#### **Candidate Organizations**

Identifies over a dozen industry organizations and leaders to successfully propel VBP operations forward.

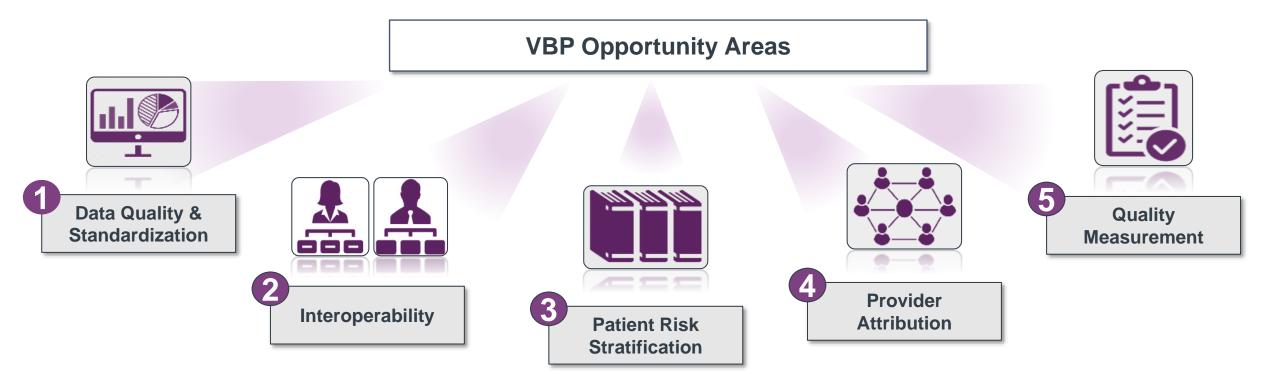


All Together Now: Applying the Lessons of Fee-for-Service to Streamline Adoption of Value-Based Payments





Our vision is a common foundation that drives adoption of evolving VBP models by reducing administrative burden, improving information exchange and enhancing transparency.





# **Polling Question #1**

#### Which opportunity area has the most potential to improve the operational components of Valuebased Payments in your organization?

- Data Quality & Standardization
- Interoperability
- Patient Risk Stratification
- Provider Attribution
- Quality Measurement

### CAQH CORE Value-based Payments Initiative Next Steps

#### **Next Steps**

- Continue CAQH CORE VBP Education Series.
- Outreach to other organizations to build awareness and collaboration.
- Continuously update and add to detailed research findings to inform opportunity areas.
- Launch Advisory Group charged with identifying specific strategies within the opportunity areas for CAQH CORE to pursue.
  - Advisory Group will then provide guidance to "Tiger Teams" responsible for executing identified deliverables.



## **CAQH CORE Value-based Payments Education Series**



Role of Interoperability in Value-based Payments with ONC TUESDAY, JUNE 26, 2 PM ET

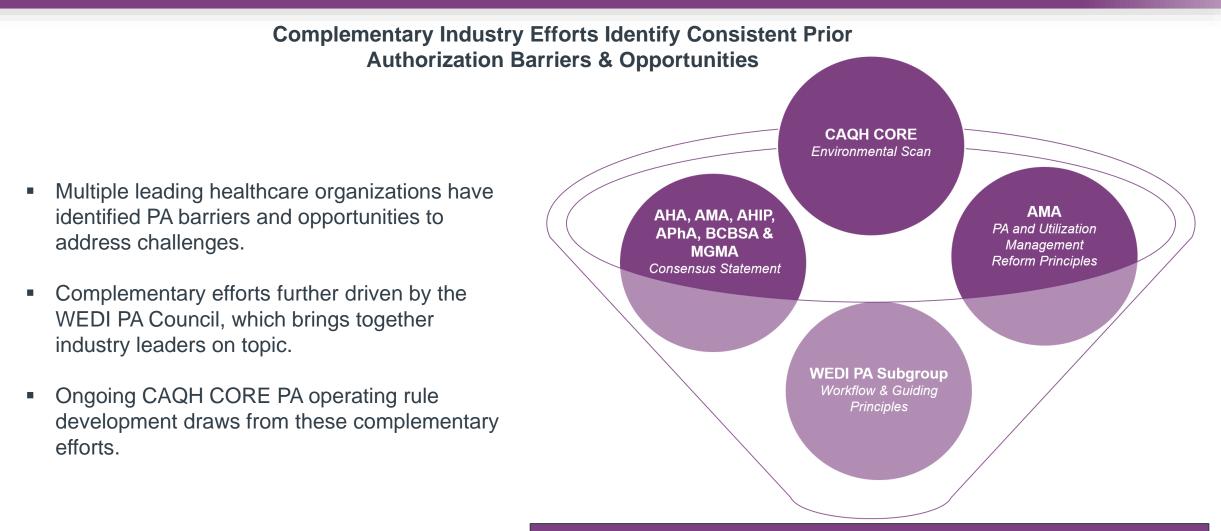




# **Prior Authorization**

Rachel Goldstein CAQH CORE Manager

### Industry Interest & Activity in Prior Authorization CAQH CORE Alignment



The CAQH CORE Operating Rules for PA Submissions and Responses.



# CAQH CORE Prior Authorization Subgroup (PASG)

Draft Rule Development

The Phase V Prior Authorization (PA) draft requirements reduce unnecessary back and forth between providers and health plans. These efficiencies enable shorter time to final adjudication and more timely delivery of patient care.

#### **Potential Draft Rule**

Data Content Requirements for the X12 278 The X12 278 Data Content draft rule (in development) provides implementable solutions to two major issues:

- PA Requests submitted via the X12 278 are often pended or denied due to missing or incomplete information. Providers do not always have consistent and/or clear guidance on when to provide certain information, and where it should be placed.
- 2. When providers receive pended and denied Responses, the codes supporting the Response are not always clear and unambiguous, and providers must contact the health plan (often via phone) to understand next steps.

#### **Additional Potential Draft Rules**

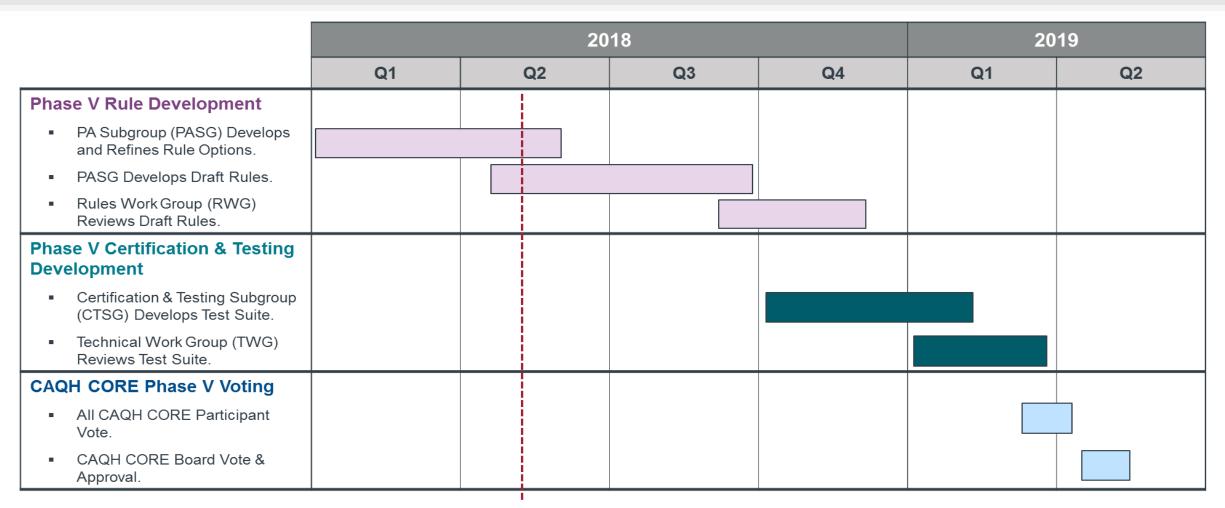
Infrastructure Requirements for PA Requests Submitted via Proprietary Method

Standard Use of Minimum Data Set for Proprietary Submission Methods



### **CAQH CORE Phase V Prior Authorization**

Tentative Timeline – from Rule Development to Phase V Approvals



#### We are here

Timeline is subject to change based on feedback from CORE Participants.



# **Attachments**

Taha Anjarwalla CAQH CORE Manager

#### **Upcoming HHS Activity**

HHS Unified Agenda was published in December 2017.

"This proposed rule would **adopt standards and operating rules for attachments** based on statutory requirements introduced in the Health Insurance Portability and Accountability Act (HIPAA) and reinforced in the Affordable Care Act." **NPRM is expected in August 2018.** 

Ensuring electronic attachments are a work-flow friendly feature in our healthcare system is a critical goal for CAQH CORE given its mission and HHS designation.



### **CAQH CORE Efforts on Attachments**

Scope of Work – Environmental Scan

#### Completed

#### **Research and Planning**

- Research: CAQH CORE surveyed attachments initiatives occurring across the industry including pilot projects, work groups, conferences, publications and regulatory activities.
- Planning: CAQH CORE is conducting an Environmental Scan with identified key stakeholders and focused opportunity areas – attachment profiles, volumes, resources, business needs, data content requirements and infrastructure components.

#### In Progress

#### **Outreach and Initial Findings**

- CAQH CORE has reached out to over 50+ organizations; currently interviewing CAQH CORE Participants, CAQH Index participating providers and interested stakeholders (includes site visits, stakeholder interviews and vendor product assessment).
- Preliminary findings show disparities and non-uniformity in electronic use and adoption of attachments as entities await a mandated attachment standard. Initial interviews indicate that most health plans have launched attachment pilot programs.

The goal of the CAQH CORE Attachments Environmental Scan is to inform the industry of trends in the transition to electronic attachments, estimate cost savings of automation and identify opportunity areas to support electronic adoption.



# CAQH CORE Efforts on Attachments



2018

2019

### **Environmental Scan**

### Advisory Group

Advisory Group: Review

environmental scan findings; develop list of high priority opportunity areas to recommend to an Attachments Subgroup. Launch Fall 2018. Subgroup

**Subgroup:** Review Advisory Group recommendations; identify areas to address in attachment rule writing. Launch Winter 2018/2019.



## **Polling Question #2**

#### Is your organization interested in participating the CAQH CORE Attachments environmental scan?

- Yes
- No
- Unsure/Need More Information



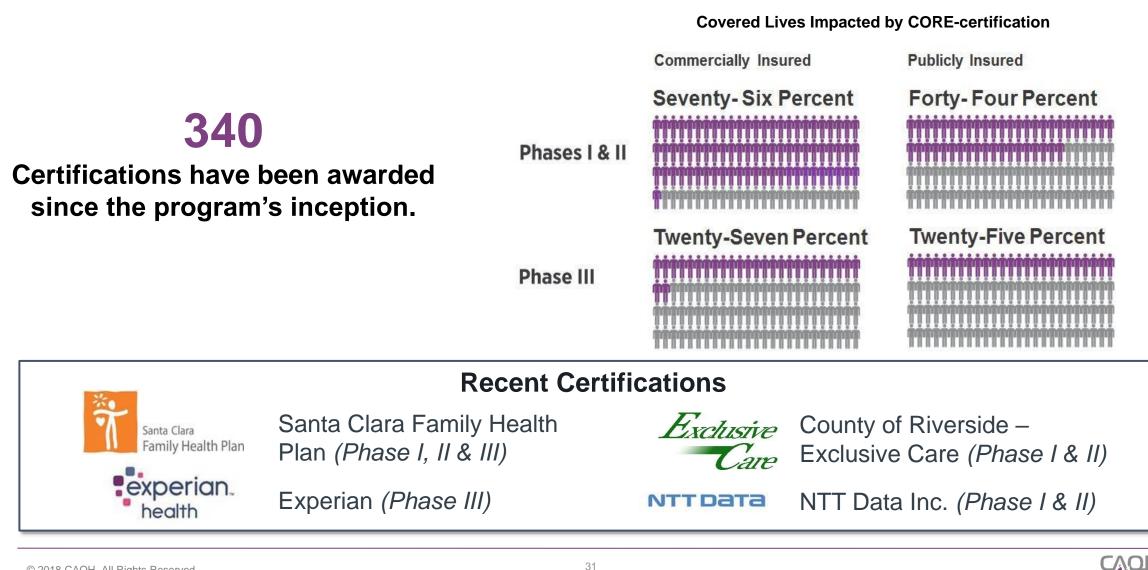


# **CAQH CORE Certification**

Taha Anjarwalla CAQH CORE Manager



Entities Recognizing the Benefits Continues to Grow



# **Demonstrate Due Diligence with CORE Certification**

CORE Certification Prepares Organizations for Potential Compliance Reviews

Conformance with Federal Mandates	CORE Certification Prepares Industry for Compliance Reviews
<ul> <li>Compliance with Administrative Simplification requirements yields benefits to the healthcare industry; \$9.4 billion in potential savings according to the 2016 CAQH Index.</li> <li>Healthcare providers, health plans, payers and other <u>HIPAA-covered entities</u> must comply with <u>federally</u> mandated standards and operating rules.</li> <li>CORE Certification provides a way for organizations to demonstrate their IT system or product is operating in conformance with applicable requirements of the specific phase(s) of the CAQH CORE Operating Rules.</li> </ul>	<ul> <li>CORE Certification helps organizations demonstrate, document and certify conformance with federally mandated standards and operating rules, positioning entities to successfully complete external audit – avoid penalties.</li> <li>Allows 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.</li> </ul>



# **Polling Question #3**

### Are you interested in learning more about CORE Certification?

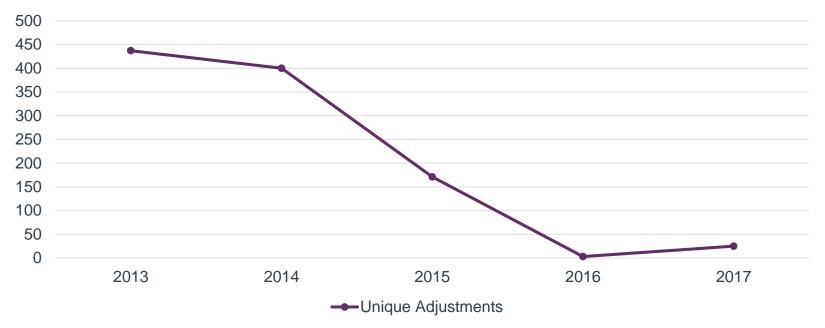
- Yes
- No
- Unsure



# **Operating Rules Maintenance**

Lina Gebremariam CAQH CORE Senior Associate

- The latest published version of the <u>CORE Code Combinations</u> from the most recent Compliance Based Review (CBR) included 82 total adjustments.
- The next publication of the CORE Code Combinations includes the most recent CBR and 2017 MBR and will be released <u>June 1, 2018</u>.

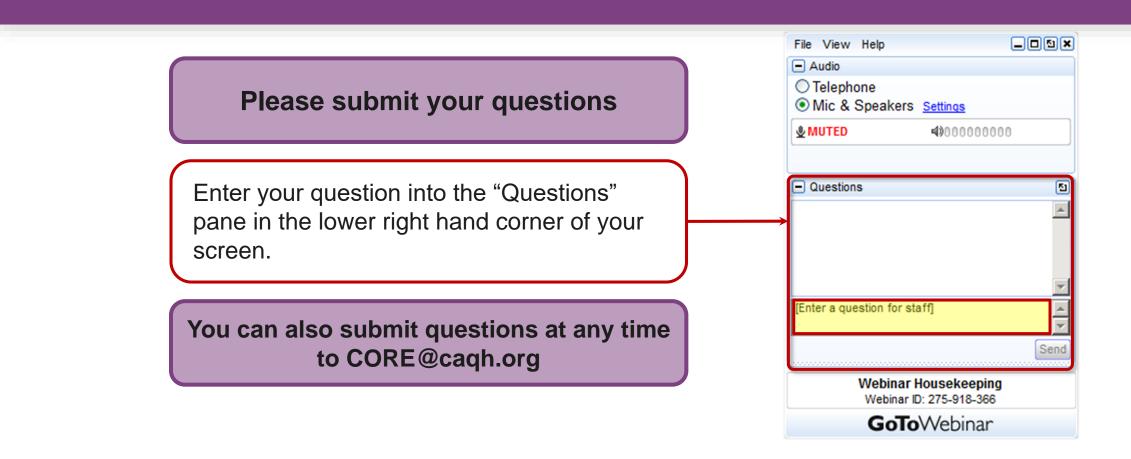


#### Total Number of Adjustments from Submissions to MBR

Over time MBR submissions have decreased dramatically; CORE Code Combinations are being used consistently by the industry.



### Audience Q&A



#### 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



# **Upcoming CAQH CORE Education Events**



Webinars

Role of Interoperability in Value-based Payments with ONC TUESDAY, JUNE 26, 2 PM ET

The Office of the National Coordinator for Health Information Technology

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



# Thank you for joining us!



Website: <a href="http://www.CAQH.org/CORE">www.CAQH.org/CORE</a> Email: <a href="http://www.CAQH.org">CORE@CAQH.org</a>

#### **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.

