



CAQH CORE National Town Hall

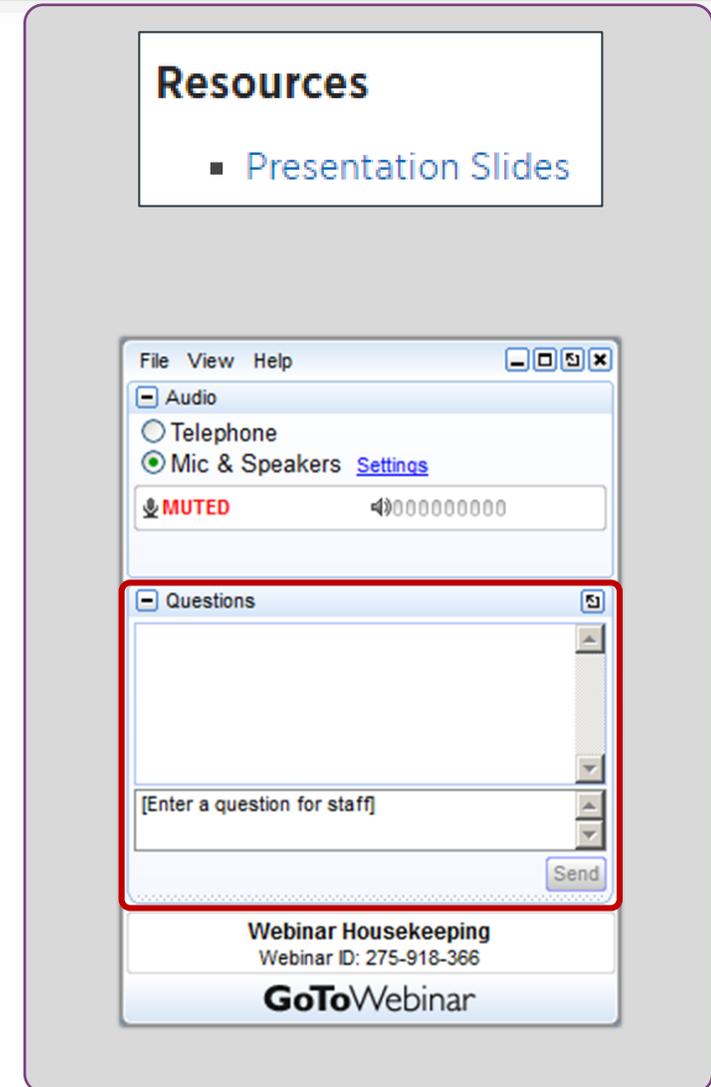
Tuesday, October 30, 2018

2:00 – 3:00 PM EST

Download the presentation slides at www.caqh.org/core/events.

- Webinar slides and recording will be emailed to all attendees and registrants in the next 1-2 business days.

Questions can be submitted *at any time* with the **Questions panel on the GoToWebinar dashboard.**



Agenda

- CAQH CORE Overview
- 2019 CAQH CORE Direction
- Federal Activities
- CORE Certification Update
- Current Initiatives to Drive Value
 - Prior Authorization
 - Attachments
 - Value-based Payments
- Q&A

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CAQH CORE Overview

Erin Weber
CAQH CORE Director

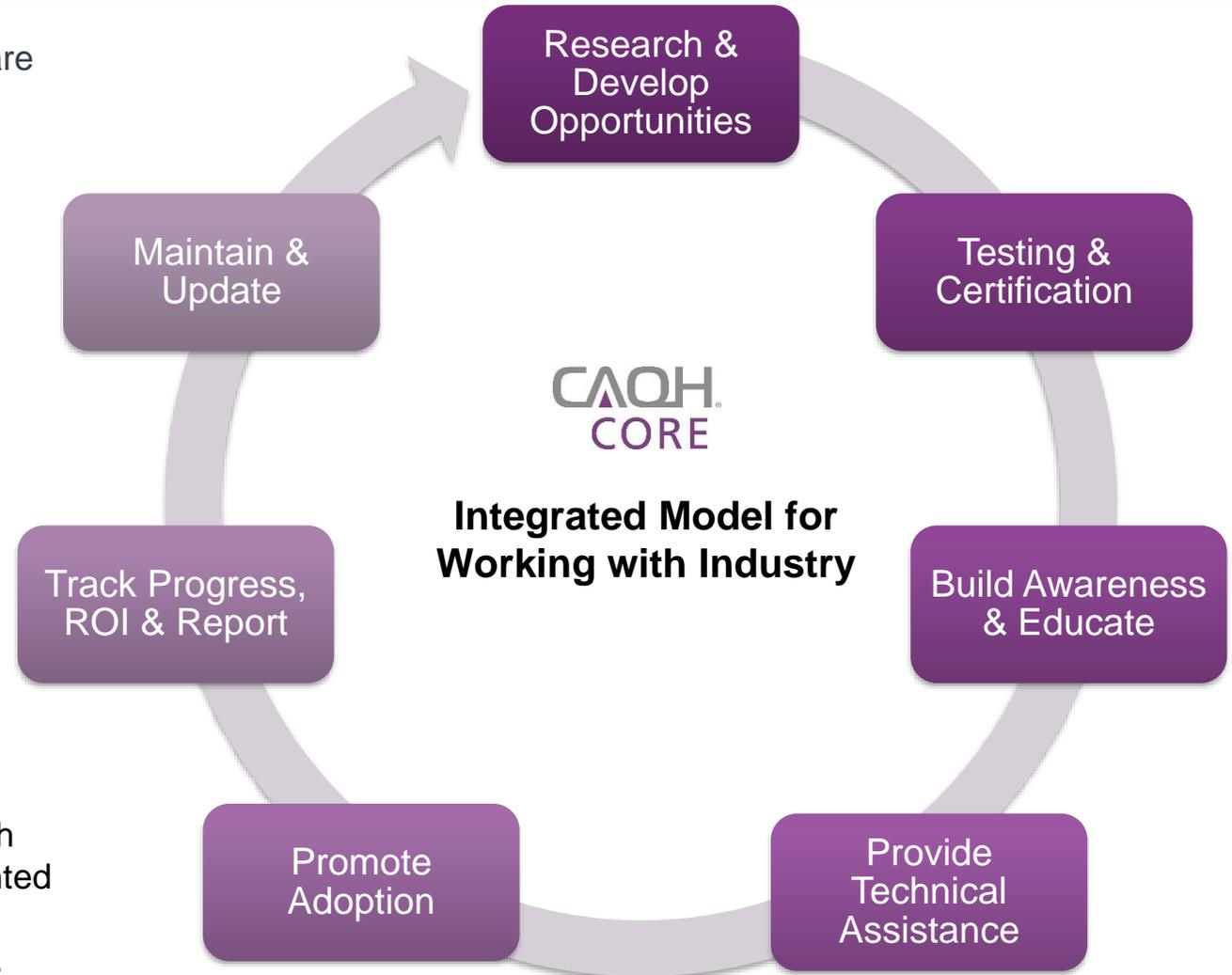
CAQH CORE Mission & Vision

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 (2017 CAQH Index)	\$6.46	Eligibility: \$6.46 Claim Status: \$7.98	Claim Payment: \$0.88 ERA: \$4.14	Claim Submission: \$2.35 Prior Authorization: \$6.84	\$6.84	\$2.15
	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.

2018 CAQH CORE Participation & Certifications

Summary of New Engagement

Six New Participating Organizations Year to Date



18 New CORE Certifications Awarded Year to Date



Phase I - III



Phase I & II



Phase I & II



Phase I & II



Phase III



Phase I - III



Phase I & II



Phase III

Announcing New 2018 CAQH CORE Board Members and Advisors

Five New Voting CORE Board Members

Kenneth L. Chung DDS, MPH; CEO, ComfortCare Dental

Jason Delimitros, Vice President, Health Plan Operations, Centene

Chris Seib, Chief Technology Officer and Co-Founder, InstaMed

Michael S. Sherman, MD, MBA, MS; Chief Medical Officer, Harvard Pilgrim Care

Troy Smith, Vice President, Healthcare Strategy and Payment Transformation, BCBSNC

Two New CORE Board Advisors

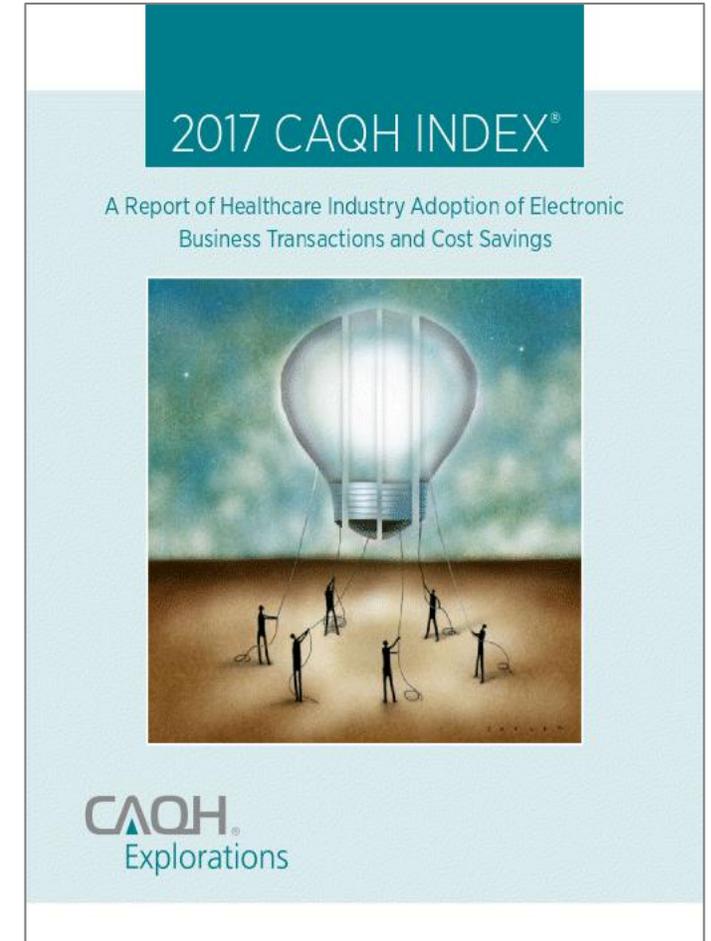
Madhu Annadata, Director, Division of National Standards, CMS

Cathy Sheppard, Executive Director, ASC X12

Latest CAQH Index Released in June 2018

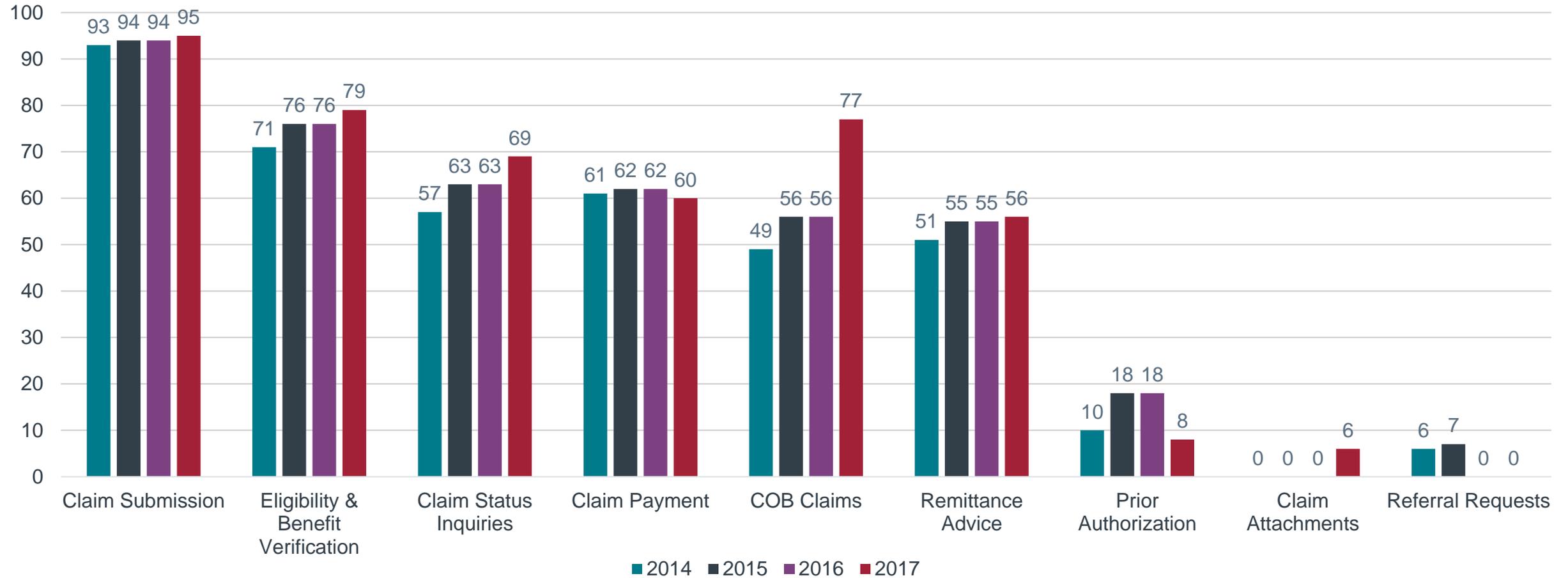
What is the CAQH Index?

- A **voluntary nationwide survey** of commercial medical and dental health plans and healthcare providers.
 - [2017 CAQH Index](#) released in June.
- The only industry source tracking the **industry-wide transition to “full adoption” of electronic transactions** and establishing benchmarks for volume and costs of transactions.
 - Tracking is critical to monitoring progress and identifying specific opportunities for further improvement.
- Guided by the **CAQH Index Advisory Council**.
 - Experts in administrative transactions, data analysis, and healthcare management representing providers, health plans, vendors and other industry partners.
- In 2017 report, over \$11 billion in potential industry savings was identified.



2017 CAQH Index Report

Medical Industry Electronic Transaction Adoption



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2019 CAQH CORE Direction

April Todd
Senior Vice President, CORE & Explorations

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

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
- Re-certification

3

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

Opportunities to Increase Pace & Impact of Rule Development

- The pace of change in healthcare technology is accelerating. CAQH CORE is working to adopt new processes to evolve to be more nimble and responsive to industry needs.
 - Current CAQH CORE rule development processes take, on average, 1.5 to 2 years from launch of an Advisory Group and environmental scan to completion of the formal CAQH CORE voting process.
 - Draft NCVHS Predictability Roadmap also recommends changes in process.
- In particular, we are working on processes to address more challenging topics where consensus may be hard but there is opportunity for real impact if the right solution can be identified.
- Processes under development include:
 - Tightening the timeline and scope of Advisory Groups.
 - Applying Agile/Lean Methodologies to the rule development process to increase pace and output.
 - Addressing more contentious topics with smaller group of stakeholders committed to piloting solutions; this also enables measurement of ROI which can then be used to encourage broader industry adoption.

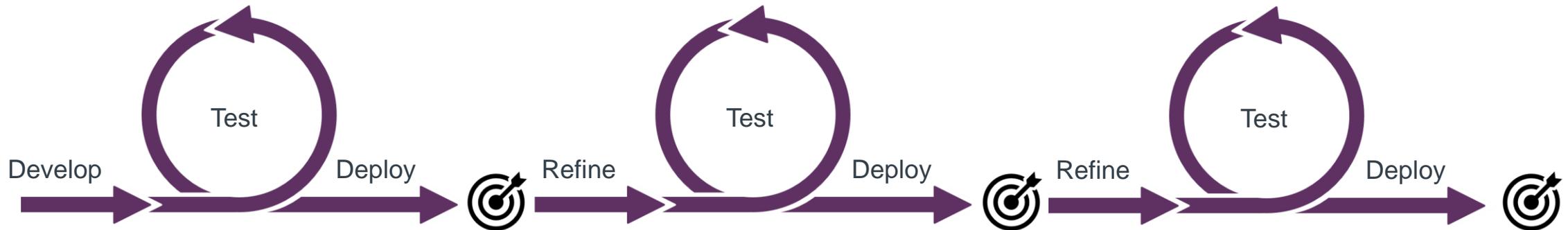
Modified Methodology Could Enable More Rapid Development Cycle

Traditional Approach



The traditional method used by CAQH CORE to identify and develop opportunity areas is a linear process and results in one major outcome at the end.

Agile Approach



Adoption of Agile/Lean Methodologies can allow for shorter iterations of rule development, piloting and ROI assessment to support quicker and broader market adoption. This method enables approaching more challenging topics by testing multiple potential solutions before deciding on a refined approach.

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Federal Activities

Erin Weber
CAQH CORE Director

NCVHS Predictability Roadmap Background

- For the past two years the National Committee on Vital and Health Statistics (NCVHS), a federal advisory committee to HHS, has worked to identify opportunities to increase the predictability and impact of new standards and operating rules for the industry.
 - NCVHS Information Gathering (May 2017).
 - Visioning Exercise (October 2017).
 - Meeting on HHS Regulatory Process (March 2018).
 - CIO Forum (May 2018).
- Predictability Roadmap Outcome Goals:
 - Improved education, outreach and enforcement of standards and operating rules.
 - Support industry process improvement changes.
 - Enable timely adoption, testing and implementation of updated or new standards and operating rules.
- CAQH CORE has been actively engaged in this initiative and will provide comments and testimony on draft NCVHS recommendations in December.

NCVHS Predictability Roadmap Draft Recommendations

The [draft NCVHS recommendations](#) emphasize:

- **Improvements for the federal process.**
 - More visible enforcement of existing regulations.
 - More frequent guidance and outreach to the industry.
 - Improved responsiveness of NCVHS recommendations and timeliness of regulatory activities.
- **Improvements for Standards Development Organization (SDO) processes.**
 - Increase diversity of industry participation in standards and operating rules workgroups.
 - Improve timeliness of standards development to support innovation and evolving business and technology changes.
 - Advance workgroup processes to effect productivity.
- **Governance and oversight.**
 - Increase transparency of processes (federal and SDO).
 - Address industry needs from standards development processes.

CAQH CORE will be hosting a [Participant Only Virtual Meeting](#) on November 5 on the NCVHS Predictability Roadmap Draft Recommendations. For more information, please contact core@caqh.org.

NCVHS Predictability Roadmap December 12-13, 2018 Hearing

The purpose of this hearing is to obtain stakeholder feedback on the Committee's draft recommendations for improvements. Next Step: Committee will use input from hearing to finalize recommendations and transmit to Secretary of Health and Human Services (HHS).

Hearing Discussion Questions

General:

1. Would these recommendations as a whole improve the predictability of the adoption of administrative standards and operating rules?
2. What additional recommendations are critical to achieve predictability?

Specific:

1. What is the value proposition of each recommendation and what improvements to the current state do you believe will arise from each recommendation or group of similar recommendations?
2. Are there potential unintended consequences from any of the recommendations? What are those and how can they be mitigated with modifications to the recommendations?

HHS Fall 2018 Unified Agenda

Topic	What is it?
Office of National Coordinator Interoperability Standards Advisory	<ul style="list-style-type: none"> ▪ Office of National Coordinator (ONC): Federal entity charged with nationwide coordination of health information technology efforts. ▪ Interoperability Standards Advisory (ISA): Process represents the model by which ONC coordinates 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. ▪ CAQH CORE submitted a letter to the HHS Office of the National Coordinator for Health Information Technology to provide recommendations and comments for the 2019 updates to the ISA.
Department of Health and Human Services (HHS) – Fall 2018 Unified Agenda	<ul style="list-style-type: none"> ▪ Proposed Rule for Adoption of Standards for Health Care Attachments Transactions, Acknowledgments Transactions, Electronic Signatures, and Modification to Referral Certification and Authorization Standard would: <ul style="list-style-type: none"> – Adopt standards for health care attachments transactions and electronic signatures to be used in conjunction with health care attachments transactions. – Adopt <u>operating rules</u> that require acknowledgments to be used for the eligibility for a health plan, health care claim status, electronic funds transfers and electronic remittance advice transactions. – Adopt acknowledgments transactions <u>standards</u> for the health care claim status, enrollment and disenrollment in a health plan, health plan premium payments, coordination of benefits, referral certification and authorization, and health care attachments transactions. – Modify the standard for the referral certification and authorization transaction from ASC X12 version 5010 to ASC X12 version 6020.

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CORE Certification Update

Taha Anjarwalla
CAQH CORE Manager

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.

Authorizes the testing vendors.

Reviews and approves the Certification applications, e.g. trading partner dependencies, number of platforms, and adoption test reports before a Certification Seal is awarded.



CORE Certifications Phase I-IV

Market Penetration Continues to Grow

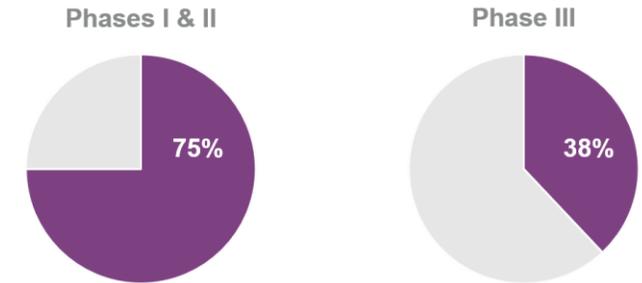
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Certifications have been awarded since the program's inception.

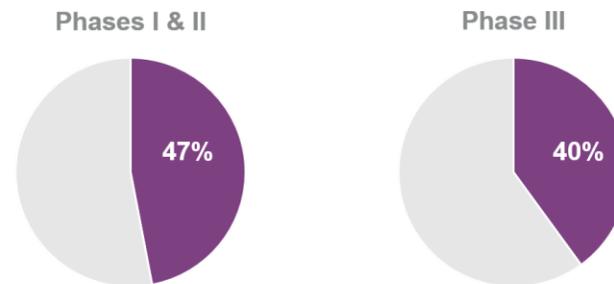
Commercially Insured - Medical
Percentage of insured population covered by a CORE-certified health plan



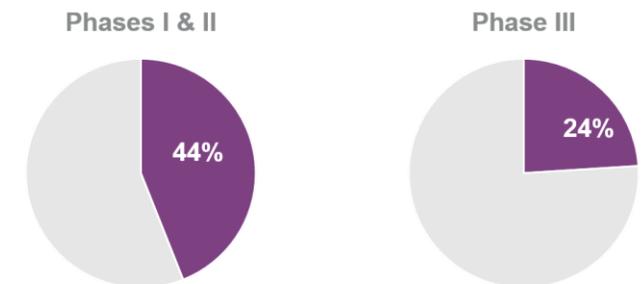
Publicly Insured (Medicare Advantage)
Percentage of insured population covered by a CORE-certified health plan



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



CORE Certification

Medicaid Certifications & Opportunities

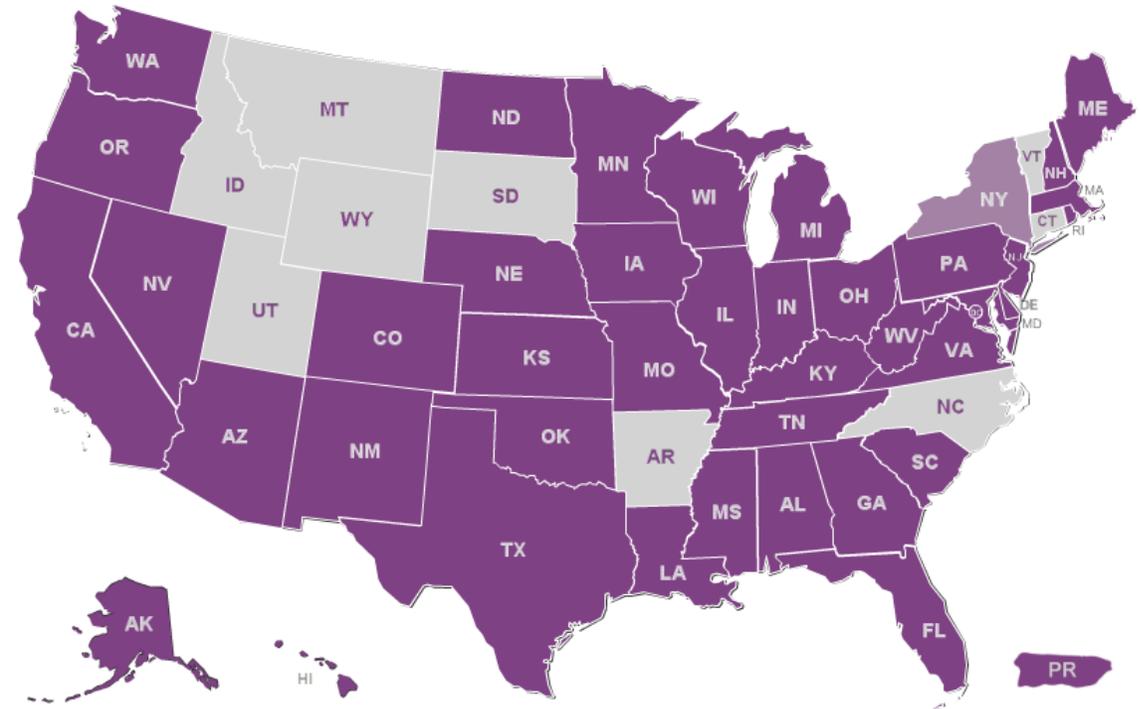
Tracking: 44% of Medicaid enrollees are covered by certified state agencies and health plans. This compares to 78 percent for commercial health plans and 75 percent for Medicare Advantage plans. Remaining payers have an opportunity for savings and operational improvements.

Benefits: By adopting all four phases of operating rules for electronic transactions – and verifying through CORE Certification - Medicaid payers can reduce overhead expenses and direct more state and federal tax dollars toward patient care.

Savings: There is an opportunity for administrative cost savings of more than \$4.8 billion annually by moving to fully electronic transactions for Medicaid agencies and health plans (see [state-by-state savings](#)). For example, Medicaid payers in California can save \$655 million annually.

Map: Medicaid Agencies and Managed Medicaid Plans

States highlighted in purple have at least one certified entity



Polling Question #1

Is your organization interested in pursuing CORE Certification?

- Yes.
- No.
- Unsure/Need more information.
- Already CORE-certified.

Current Initiatives to Drive Value

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Prior Authorization

Robert Bowman
CAQH CORE Director

Continued Industry Engagement to Address Prior Authorization

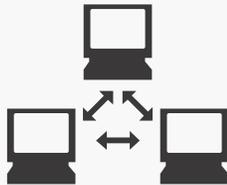
- The Phase IV CAQH CORE Operating Rule for prior authorization represented the CAQH CORE Board and Participants' commitment to promoting uniformity and accelerating industry adoption of electronic prior authorization.
- The National Committee on Vital and Health Statistics (NCVHS) recommended research and development of additional operating rules to address barriers to improving the prior authorization process.*
- Significant public and private sector interest in addressing challenges throughout the prior authorization continuum.
 - July 31, 2018 Senate Health, Education, Labor and Pensions (HELP) Committee hearing on "[Reducing Health Care Costs: Decreasing Administrative Spending](#)" was the third in a series of hearings the committee has held on reducing health care costs – prior authorization was a key topic in multiple testimonies.
 - Multiple industry statements and guiding principles from multi-stakeholder and provider coalitions.
 - CAQH CORE Board responded with an [open letter](#) to the authors of the [Consensus Statement on Improving the Prior Authorization Process](#).
 - Other complementary work efforts include [AMA research](#), WEDI PA Subworkgroup, HL7, HATA, DaVinci Project use case, etc.

In total, more than 100 organizations have substantively contributed to the CAQH CORE prior authorization rule development process through interviews, site visits, subgroup and work group participation, and surveying demonstrating the strong industry commitment to this topic.

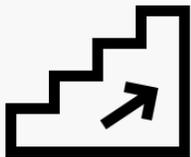
*[Letter to the Secretary - Findings from Administrative Simplification Hearing](#), [Letter to the Secretary - Recommendations for the Proposed Phase IV Operating Rules](#), [Review Committee Findings and Recommendations on Adopted Standards and Operating Rules](#).

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, ASC X12 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

Prior Authorization (278) Request / Response Data Content Rule

Operating Rules Requirement Summary

Indicates that the Draft Rule Requirements are applicable to:

 PA Submitter  PA Responder  Provider-facing Vendor

PRIOR AUTHORIZATION PROCESS CHALLENGE

- Health plans often pend or deny PA requests due to incorrect, incomplete or inconsistent patient identification.
- When providers receive pended and denied responses from the health plan/UMO, the codes supporting the Responses are not always consistent and are often ambiguous.
- Providers must then contact the health plan (often via phone) to understand next steps.

HIGH-LEVEL SOLUTION

Information included on the Request and reviewed by health plan that allows for successful adjudication.

Consistent use of codes on the Response to indicate next steps.

Detection and display of codes to enable consistent interpretation.

DRAFT DATA CONTENT RULE REQUIREMENT FOCUS AREAS

  
Consistent Patient Identification and Verification

 
Logical Identifiers Names and Codes (LOINC) or PWK01 Code on Responses Pended for Clinical Documentation¹

 
AAA Error Codes & Action Codes

 
Health Care Service Decision Reason Codes

 
Detection and Display of 278 Response Data Elements

¹Using one or more appropriate Logical Observation Identifier Names and Codes (LOINC) Codes from the HL7 CDA® R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents, Release 1.

Prior Authorization Web Portals Rule

Operating Rules Requirement Summary

The Phase V CAQH CORE Prior Authorization Web Portal Rule builds a bridge toward overall consistency for the prior authorization request and response by addressing fundamental uniformity in data field labels, ensuring confirmation of the receipt of a request and providing for system availability.

Indicates that the Draft Rule Requirements are applicable to:



PA Submitter



PA Responder



Provider-facing Vendor

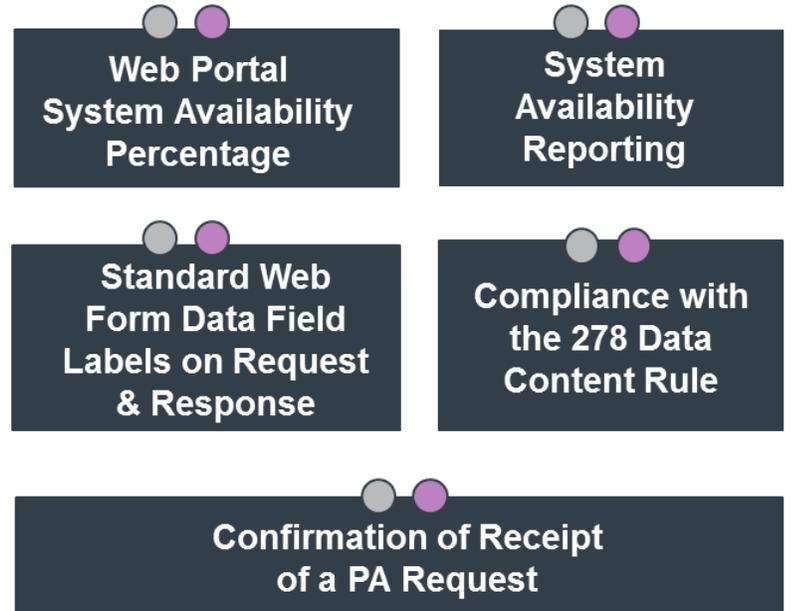
PRIOR AUTHORIZATION PROCESS CHALLENGE

- The availability of a system to receive a PA request is not always consistent, and it is difficult to determine such availability.
- Providers allocate substantial staffing resources to manage web portal submissions, as each portal is different. Lack of standardization increases time spent to enter each request.
- Providers often must call to determine next steps after a PA is submitted.

HIGH-LEVEL SOLUTION

- System availability requirements for a health plan to receive a PA request, to enable predictability for providers.
- Application of standard X12 data field labels to web portals to reduce variation in data elements to ease submission burden.
- Confirmation of receipt of PA submission to reduce manual follow-up for providers.

DRAFT PA WEB PORTAL RULE REQUIREMENT FOCUS AREAS



Phase V CAQH CORE Prior Authorization Operating Rule Development Timeline

	2018				2019	
	Q1	Q2	Q3	Q4	Q1	Q2
Phase V Rule Development <ul style="list-style-type: none"> PA Subgroup (PASG) Develops and Refines Rule Options. PASG Develops Draft Rules. <i>Rules Work Group (RWG) Reviews Draft Rules.</i> 	[Purple bar spanning Q1 and Q2 2018]		[Purple bar spanning Q2 and Q3 2018]		[Purple bar spanning Q3 and Q4 2018]	
Phase V Certification & Testing Development <ul style="list-style-type: none"> Certification & Testing Subgroup (CTSG) Develops Test Suite. Technical Work Group (TWG) Reviews Test Suite. 				[Teal bar spanning Q4 2018 and Q1 2019]		[Teal bar in Q1 2019]
CAQH CORE Phase V Voting <ul style="list-style-type: none"> All CAQH CORE Participant Vote. CAQH CORE Board Vote & Approval. 						[Light blue bar in Q2 2019]

We are here

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Attachments

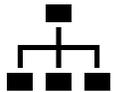
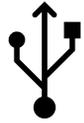
Taha Anjarwalla
CAQH CORE Manager

CAQH CORE Attachments Effort Goal

Electronic attachments ease workflow in our healthcare system related to claims, prior authorizations, appeals, etc.

Goal: Produce implementable solutions to support and accelerate the industry's adoption of electronic attachment transactions.

Considerations for attachment operating rules and guidance



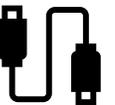
Building off existing momentum to encourage feasible progress, not least common denominator.

Ensuring operating rules work in unison with electronic transactions; do not repeat or contradict standards.

Filling gaps created by flexibility in standards.

Aligning operating rules for administrative standards with those for clinical standards (e.g., value-based care).

Addressing most common business scenarios that would improve return on investment.



CAQH CORE Attachments Opportunity Identification

Early insights:



- **Profiles:** Health Plans are primarily receiving additional documentation to support claims, prior authorization and appeals via mail and fax; followed by web portal. There is minimal support and adoption for the submission of attachments through EDI by health plans and PMS vendors.



- **Business Needs:** Without specific criteria that define additional documentation requirements from payers, providers are concerned they may need to revert to manual processes or send over-documented unsolicited attachments.

- **Data Content:** Non-uniformity in electronic use and adoption of attachments; entities are using a variety of formats to transport and process electronic attachments.



- **Infrastructure:** Stakeholders report the use of acknowledgments for when an attachment is successfully received is minimal. As a result, providers revert to re-sending attachments or incur higher cost by sending documentation via certified-mail.
- **Adoption:** Stakeholders report implementation of an electronic attachment standard would reduce administrative burden to their organizations, but many stakeholders not willing to make the investment until an attachments standard is mandated.

Next steps:

- Continue to track status of potential notice of proposed rulemaking (NPRM) for the attachments standard and determine appropriate timing to launch Advisory Group.
- Publish thought leadership piece about ROI and best practices for implementation with findings from attachments environmental scan.
- Continue development of strategic collaboration with industry leaders working on Attachments.



Polling Question #2

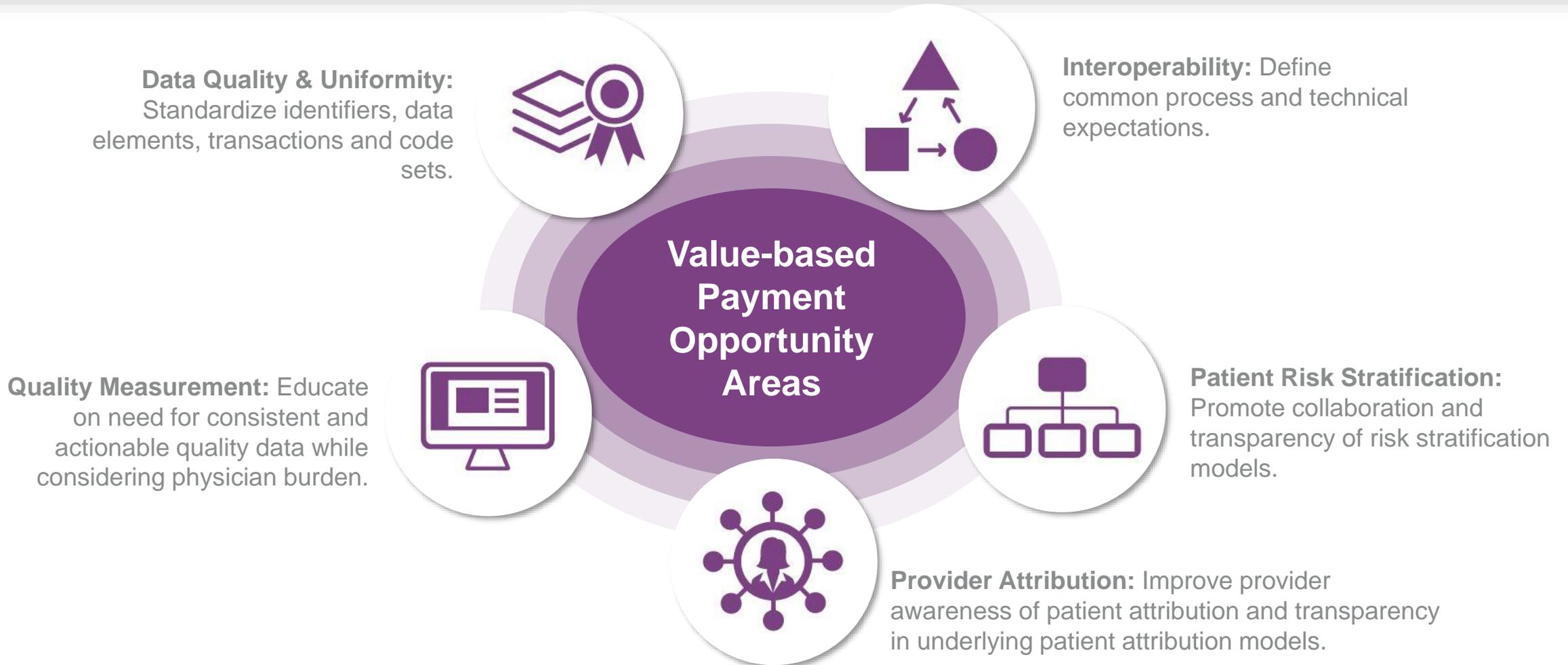
What is the primary reason for your delay in implementing an electronic attachment process/product?

- Waiting on regulatory direction.
- Waiting on industry direction.
- Waiting due to budgetary constraints.
- Already implemented an electronic attachments process/product.
- Other (please submit answer in the questions panel.)

Value-based Payments

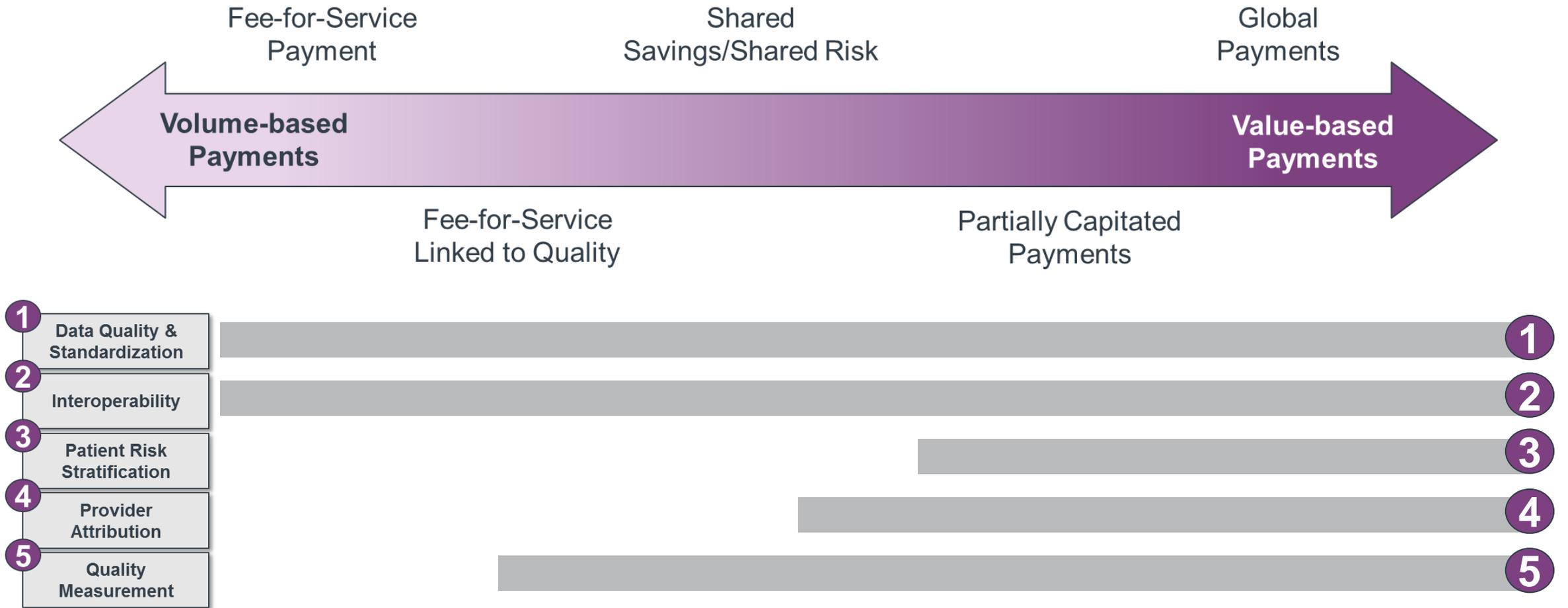
Helina Gebremariam
CAQH CORE Manager

Streamlining Adoption of Value-Based Payments



The CAQH CORE vision is a common private/public infrastructure that drives adoption of value-based payment models by reducing administrative burden, improving information exchange and enhancing transparency.

Continuum of Value-based Payment Models



Scoping the CAQH CORE Role in Value-based Payments

Example: Coverage

Fee-for-Service (FFS):

Providers need information on patient coverage delivered in real time.

Technology Solution

Health plans offer and providers accept electronic eligibility, coverage, and benefit transactions in real time.

X12 270/271 Health Care Eligibility Benefit Inquiry/Response

Supporting Business Solution

CAQH CORE operating rules require submission and return of certain uniform data elements in real time for electronic eligibility, coverage, and benefit transactions.

CAQH CORE 260: Eligibility Data Content Rule

Value-based Payments (VBP):

Providers need to know patient coverage information and whether a patient is attributed to them prospectively.

Current Technology Solutions

Health plans create proprietary provider portals to provide population and member level attribution data content monthly/quarterly.

Provider Portals

Emerging API technology and data format requirements for certain coverage use cases.

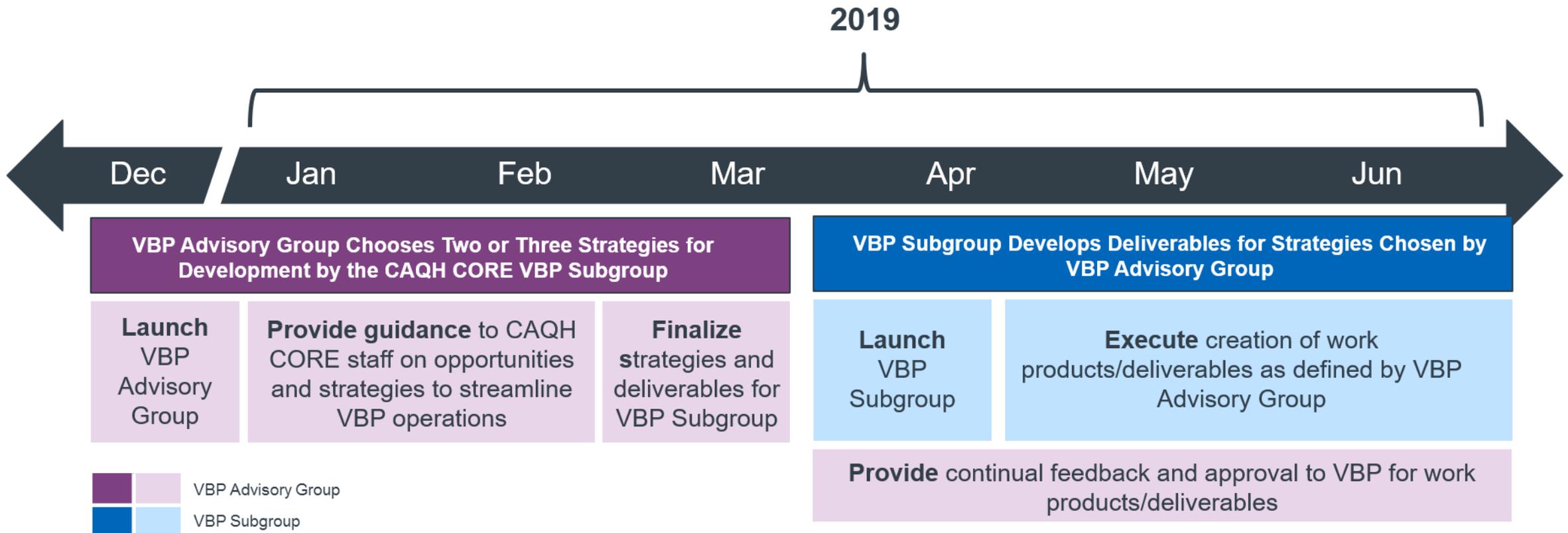
HL7 DaVinci Coverage Requirements Discovery Use Case

Potential Business Solution

CAQH CORE operating rules could prescribe a uniform use of the X12 270/271, X12 834 and/or HL7 FHIR Patient Resource Extension to define member level attribution data content in a specific VBP arrangement updated routinely or in real-time.

Next Steps for Value-based Payment Initiative

The Value-based Payment (VBP) Advisory Group will be a multi-stakeholder group composed of eleven CAQH CORE Participating Organizations including health plans, providers, vendors, government entities and advisors. Participants will identify and select specific strategies for CAQH CORE to pursue. In advance of Advisory Group launch, CAQH CORE is creating an inventory of health plan and provider VBP work flows and industry efforts to serve as guidance documents.

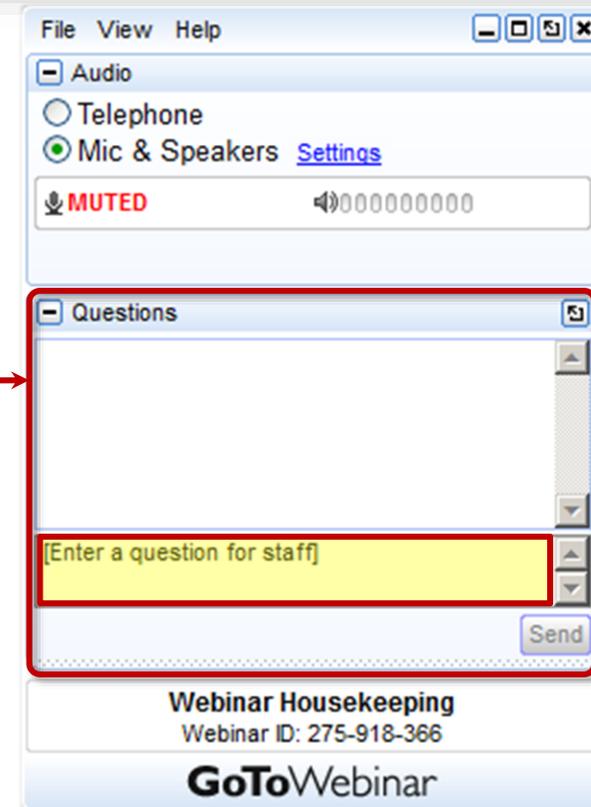


Audience Q&A

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](#)

Become a CAQH CORE Participating Organization to Maximize Impact

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



Represent your organization.



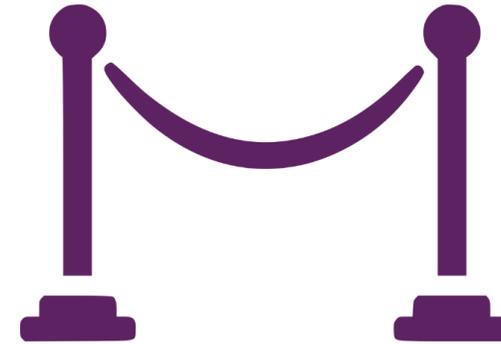
Work with others around the industry.



Communicate to industry partners and with your organization's leadership.



Present on CAQH CORE education sessions.



UPCOMING OPPORTUNITIES:

TESTING & CERTIFICATION SUBGROUP
AND
TECHNICAL WORK GROUP

Click [here](#) for more information on joining CAQH CORE as well as a complete list of Participating Organizations.

Upcoming CAQH CORE Education Sessions

CAQH CORE Participant Virtual Meeting on NCVHS Predictability Roadmap Draft Recommendations

MONDAY, NOVEMBER 5, 2018 – 2 PM ET

Go Paperless and Get Paid: Use of the EFT/ERA Transactions with X12 and OhioHealth

WEDNESDAY, NOVEMBER 14, 2018 – 2 PM ET

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

Thank you for joining us!



@CAQH

Website: www.CAQH.org/CORE

Email: 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.