CAOH. CORE



Phase IV CORE Certification Pioneers

Panel Discussion with Humana, PokitDok and WorkComp EDI

Wednesday, December 20, 2017 2:00 – 3:00 PM ET

© 2017 CAQH, All Rights Reserved.

Logistics *Presentation Slides & How to Participate in Today's Session*

- 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.
- At any time throughout the session, you may communicate a question via the web.

Questions can be submitted *at any time* with the **Questions panel on the right side of the GoToWebinar desktop.**

Resources							
•	Presentation Slides						
	Presentation Slides						

File View Help	_ 0 § ×
- Audio	
 Telephone Mic & Speakers 	Settings
MUTED	4>000000000
Questions	5
	A
	v
[Enter a question for st	aff]
	Send
	Housekeeping D: 275-918-366
GoTo	Webinar



Session Outline

- Welcome and Introduction.
- Phase IV CAQH CORE Operating Rule Requirements.
- Phase IV CORE Certification.
- Panel Discussion with Phase IV Pioneers Humana, PokitDok and WorkComp EDI.





CAQH CORE would like to thank our guest panelists for today's webinar.

Humana

Amy Peterson Process Manager Lisa Savicki Operations Program Manager

pokitdok

Faride Beaubien Director of EDI



Jennifer Jones Director of Operations & Support



Phase IV CAQH CORE Operating Rule Requirements

Robert Bowman CAQH CORE Director



CAQH CORE Operating Rule Overview

Phase I	Phase II	Phase III	Phase IV*
			Health claims (or equivalent encounter information)
	Health plan eligibility	Electronic funds transfer (EFT)	Referral, certification and authorization
Health plan eligibility	Claim status transactions	Health care payment and remittance advice (ERA)	Enrollment/ disenrollment in a health plan
			Health plan premium payments
Mandated	Mandated	Mandated	Voluntary

*Health claims attachments (HHS Standard not yet mandated therefore not included in PIV).

Scope of Phase IV CAQH CORE Rule Requirements

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

X = Required.



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

1 Sent by 9 pm ET on a business day.	Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
2 Available by 7 am ET within specified # of business days.	Batch Processing Mode Response Time	Х	If Batch Offered	Х	Х

Batch Acknowledgment

All Four Transactions: •	Health plan must return an ASC X12C v5010 999 to indicate the Functional Group was accepted, accepted with errors, or rejected and to specify the Transaction Set was accepted, accepted with errors, or rejected.	
ACS X12N v5010 837 ■ Transaction Only:	A health plan must acknowledge each claim received using the ASC X12N v5010 277CA unless previous processing resulted in rejection of the Interchange or a Transaction Set in a Functional Group.	

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Batch Ack	Х	If Batch Offered	Х	Х



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



Applicability of Requirements

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

Real Time Acknowledgment

When a claim is submitted in real time processing mode without adjudication:

All Four Transactions: A health plan must return an ACS X12C v5010 999 to indicate Functional Group is rejected.

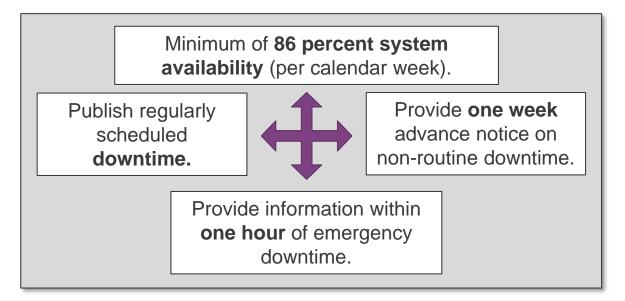
ASC X12C v5010 837 Transaction A health plan must return an ASC X12N v5010 277CA to indicate Functional Group is accepted or accepted with errors.

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



Phase IV System Availability Requirements

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



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



The CAQH CORE Companion Guide requirements establish the format and flow for any entity that publishes a Companion Guide.

	Format & Flow Specified in Template							
2	Introduction. Getting started. Testing with the payer. Connectivity with	•	Payer specific business rules and limitations. Acknowledgements and/or reports.					
•	payer/communications. Contact information.		Trading partner agreements. Transaction specific information.					
•	Control segment/envelopes.							

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



Unique Phase IV Infrastructure Requirements

Phase IV Operating Rule		
Health Care Claim Infrastructure Rule	 The receiver (defined as the HIPAA-covered provider or its agent) of ASC X12C v5010 999 transaction and ASC X12N v5010 277CA transaction is required to: Process any ASC X12C v5010 999 or ASC X12N v5010 277CA transaction within one business day of its receipt. Recognize all error conditions and pass all such error conditions to the end user OR display to the end user text that describes the specific error conditions. 	
Benefit Enrollment and Maintenance Infrastructure Rule	A HIPAA-covered health plan or its agent must process benefit enrollment/maintenance data by its system within five business days following the receipt and validation of the data.	
Payroll Deducted and Other Group Premium Payment for Insurance Products Infrastructure Rule	A HIPAA-covered health plan or its agent must process the Payroll Deducted and Other Group Premium Payment for Insurance Products data by its internal application system within five business days following the successful receipt and validation of the data.	

Phase IV Rule Enhances Phase II Connectivity Requirements

Technical Improvements

Added implementer feedback to improve the clarity of the rule wording.



Ę

Increases network transport security.



Separates the payload and processing mode documentation into separate documents for easier change maintenance.



Simplifies interoperability.

- Convergence to a single message envelope.
- Single authentication standard.



Contains additional message interactions for conducting additional transactions.

Transaction Support



Adds support for the Claims, Premium Payments, Benefit Enrollments and Prior Authorizations transactions.

The CORE Safe Harbor allows entities to implement the Phase I, II and/or the Phase IV Connectivity Rules for all transactions, or other connectivity methods.



Safe Harbor Connectivity & Security Requirements

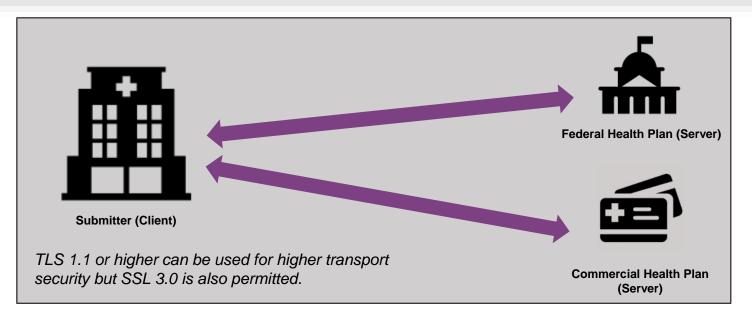


Enables trading partners to use different communications and security methods than what is specified in rule:

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



Security Requirements



1. Submitter Authentication:

- X.509 Digital Certificate over SSL/TLS.
- Username and Password authentication has been phased out in this rule.

2. Transport Security:

- SSL Version 3 or TLS 1.1 or higher (TLS 1.1 or higher can be used in addition to or in lieu of SSL 3.0 for FIPS 140-2 compliance, or to support an entity's stronger security policy).
- SHA-2 for payload integrity using a checksum (in lieu of SHA-1).

Entities requiring FIPS 140-2 compliance, or requiring higher transport security can use TLS 1.1 or higher in lieu of SSL 3.0, and SHA-2 (in lieu of SHA-1) for payload integrity using a checksum.

X.509 Digital Certificate: A Single Submitter Authentication Method

Benefits

- X.509 Client Certificate based authentication over SSL/TLS is stronger than username + password.
- Reduced implementation cost and complexity having one standard.
- Client certificate based authentication requires the submitter to access its cryptographic key (private key) to use its public key certificate.
- Digital Certificates:
 - Expire and need to be renewed; the potential for a successful <u>brute force attack</u> is low.
 - Can be revoked through a Certificate Revocation List (CRL) or Online Certificate Status Protocol (OCSP) mechanism.
- Aligned with clinical initiatives and industry trends (e.g., NwHIN Exchange) that use SOAP over HTTP for clinical data exchanges, and use client certificate based authentication for Business-to Business authentication.

Submitter Authentication

X.509 digital certification as the single authentication standard.

*Username + password was removed.



The CAQH CORE Connectivity Rule Version 2.2.0 has two submitter authentication standards:

- X.509 Client Authentication over SSL Version 3.0 or TLS 1.0 (FIPS 140).
- 2. Username-Password.

Polling Question

Which Phase IV CAQH CORE Operating Rule transactions does your organization conduct? (Check all that apply)

- 1. Healthcare claims (837).
- 2. Prior authorization (278).
- 3. Employee premium payment (820).
- 4. Enrollment and disenrollment in a health plan (834).



Phase IV CORE Certification

Taha Anjarwalla CAQH CORE Manager





<u>CORE Certification</u> is the most robust and widely-recognized industry program of its kind – the Gold Standard. Its approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards.



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



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

CAQH CORE serves as a neutral, non-commercial administrator.
 Authorizes the conformance testing vendors.
 Reviews and approves the Certification applications, e.g. trading partner dependencies, number of platforms, and conformance test reports before a Certification Seal is awarded.







CORE Certifications Phase I-IV

Entities Recognizing the Benefits Continues to Grow







Phase IV Implementation Tools CAQH CORE Analysis & Planning Guide

As with previous Phases, CAQH CORE offers an <u>Analysis & Planning Guide</u> for the Phase IV CAQH CORE Operating Rules.



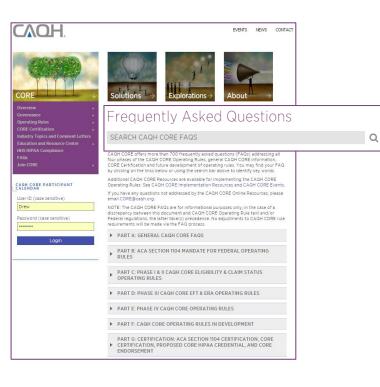
Planning Guide should be used by project staff to:

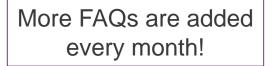
- Understand applicability of the Phase IV CAQH CORE Operating Rule requirements to organization's systems and processes that conduct the transactions.
- Identify all impacted external and internal systems and outsourced vendors that process the transactions.
- Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business processes which may be impacted.



Phase IV Implementation Tools

Frequently Asked Questions (FAQs)





CAQH CORE FAQ Website

Includes more than 100 Phase IV CAQH CORE Operating Rule FAQs, from general concepts to technical questions.

Part E: Phase IV CAQH CORE Operating Rules

- I. Overview of Phase IV CAQH CORE Operating Rules
- II. CAQH CORE 450: Health Care Claim (837) Infrastructure Rule
- III. CAQH CORE 452: Health Care Services Review Request for Review and
- Response (278) Infrastructure Rule
- IV. CAQH CORE 454: Benefit Enrollment and Maintenance (834) Infrastructure
- <u>Rule</u>
- V. CAQH CORE 456: Premium Payment (820) Infrastructure Rule
- VI. CAQH CORE 470: Connectivity Rule
- VII. Resources for Implementing the Phase IV CAQH CORE Operating Rules

Part G: ACA Section 1104 Certification, CORE Certification, Proposed CORE HIPAA Credential, and CORE Endorsement

- II. A. i. CORE Certification Overview
- II. C. I. CORE Certification Testing Overview
- II. C. v. Phase IV CIRE Certification Testing

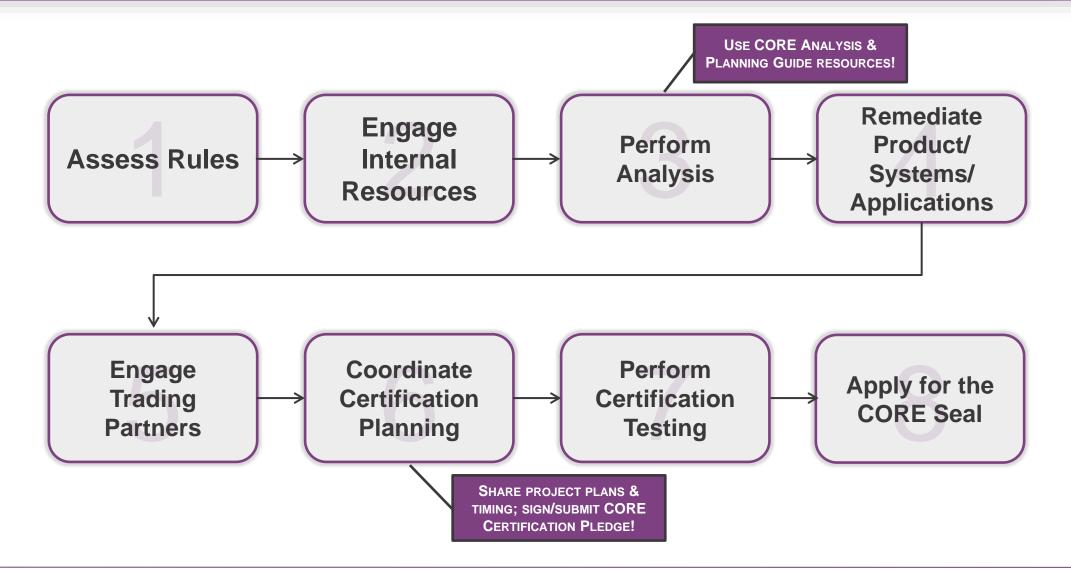


Phase IV Implementation Tools CORE Certification Testing Portal

edifecs (ne Adam Nichols Manag tification Testing Manag
Home Partne	rs Contacts Issues Reports Programs	🎝 Setup 🗮 Help 🏟 Lo
Start		edifecs
lanage		
bout Edifecs	Welcome to the Edifecs CAQH-CORE Testing Portal	Edifecs Solutions
	Congratulations! You have successfully enrolled into the Edifecs CORE testing system and are ready to begin Phase IV certification testing. Edifecs is proud to have been selected by CAQH as an approved certification vendor and is offering this certification testing portal at no charge to you.	
	In preparation for testing please make sure that you have reviewed the CAQH Step-by-step CORE Certification Process and Phase IV Rules information. This webpage will provide you with links to the necessary documents to complete the initial steps of CORE certification, as well as provide you a step-by-step review of the certification process. Please note that the primary	Resources
	document to begin the certification process is the CORE Pledge . You can begin testing without having signed the Pledge, but the Pledge must be signed and submitted prior to applying for the CORE seal. Also note that once you have signed the Pledge you will have 180 business days to complete the certification testing required for your Stakeholder type. To begin testing please follow the simple outlined steps below.	
	Download and Review the CORE Testing Quick Start Guide.	
	2 Determine the transactions for which you would be performing the testing to be CORE certified. Select appropriate test suite and options from the test cases to perform the testing	
	Make certain that you have the required connectivity resources available.	
	Please check with your internal IT team if you have questions regarding these requirements or your organization's ability to meet them. Before you begin testing, please be sure you have the resources to formulate the posts and communications required during the process. Edifecs experts will be available to answer any questions related to testing. However, Edifecs experts will not available to solve any connectivity issues. Questions related to connectivity and your internal capabilities should be directed to your internal IT staff.	
	Gick on the "Programs" tab at the top to access the testing programs that you have been enrolled in for CORE testing.	
	Copyright © 2016 Edifecs, Inc. All Rights Reserved	
Powered by:		
edifecs		

© 2017 CAQH, All Rights Reserved.

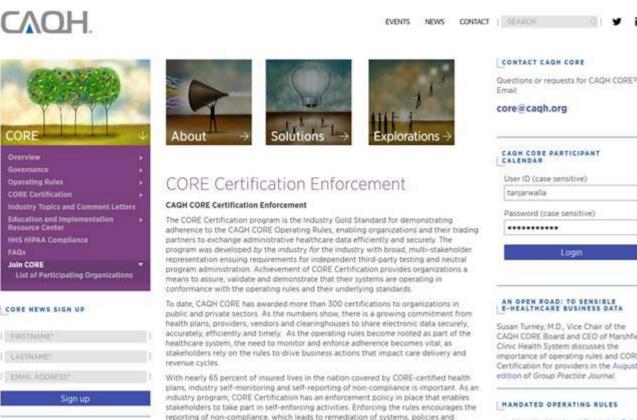
Phase IV CAQH CORE Operating Rule Implementation Approach







CAQH CORE Certification Enforcement



processes to reach conformance and recertify. An industry-driven enforcement policy

strengthens the exchange of administrative data and information sharing across the

in

AN OPEN ROAD: TO SENSIBLE E-HEALTHCARE BUSINESS DATA

Susan Turney, M.D., Vice Chair of the CAQH CORE Board and CEO of Marshfield Clinic Health System discusses the importance of operating rules and CORE Certification for providers in the August edition of Group Practice Journal.

MANDATED OPERATING RULES

· View the Mandated Operating Rules Timeline

CORE EVENT LISTING

Enforcement Toolkit: Engagement in the **CORE Certification Enforcement Process**

- Visit the CORE-certified Organization webpage to determine if your trading partner is CORE-certified.
- For non-certified trading partners, use the CAQH CORE Benefits of Operating Rules Tool to identify gaps and encourage your trading partner to become CORE-certified.
- For instances of non-compliance with CORE-certified trading partner, leverage the Enforcement Letter Template to help engage and start a conversation with the trading partner.
- For those trading partners not cooperating with requests to comply with a CORE CAQH Operating Rule(s), begin to document instances of non-compliance.
- After five documented instances of non-compliance, complete a Request for Review of Possible Non-Conformance Form for each applicable phase(s) CORE Certification: Phase I, Phase II, Phase III, & Phase IV.

© 2017 CAQH, All Rights Reserved.

healthcare system

Panel Discussion

MODERATOR: Jessica Porras CAQH CORE Senior Manager



About Humana

- Leading health care company that offers a wide range of insurance products and health and wellness services; founded in 1961; headquartered in Louisville, KY
- 2016 revenues of \$54.4 billion
- Total assets of approximately \$33.0 billion as of September 30, 2017
- Over 30 years of experience in the Medicare program
- One of the nation's top providers of Medicare Advantage benefits with approximately 3.3 million members as of September 30, 2017
- Approximately 14.0 million medical members nationwide as of September 30, 2017
- Approximately 6.9 million members in specialty products as of September 30, 2017

Humana

PokitDok enables healthcare organizations to accelerate app development and integration.

Our customers can plug directly into 650+ trading partners to immediately scale transactional data. No need to rip and replace legacy systems to innovate.







About WorkCompEDI

WorkCompEDI is the nation's leading clearinghouse for the work comp, auto, and personal injury markets. We specialize in bringing together Submitters, Receivers, and Vendors to promote the open exchange of EDI to accelerate revenue cycles that lower costs and increase operational efficiencies. Specialized business process outsource (BPO) services (OCR/paper-to-EDI; document management systems & services; printing services; custom EDI translation and transmission services) enhance our ongoing efforts to deliver Connectivity Simplified[™]. Our firm offers an array of flexible solutions and services for all parties (Payors, Vendors, Bill Review Companies, Clearinghouses, Software Vendors, Provider Networks & more) that facilitate connectivity amongst the integral parties of our industries, helping achieve the expansion and development of advanced transactions for the future.

WorkCompEDI's management team has been delivering EDI solutions and services since 1991, having built the healthcare industry's first and leading real-time claims clearinghouse. Our experiences have allowed us to process hundreds of millions of healthcare claims, deliver services to tens of thousands of submitters, receivers and vendors nation-wide, and allowed us to develop the industry's most flexible clearinghouse for the P&C (workers' compensation, auto, and personal injury/no-fault) markets.

- EDI Clearinghouse (submitters, receivers, vendors) for P&C (workers' compensation, auto, PI)
- Mailroom / OCR / Paper-to-EDI Conversion Services
- Document Management System (IMSLink™) Licensing & Deployment
- Custom EDI Translation & Transmission Services
- Printing & Fulfillment Services
- Workflow & Custom Software Application Development (SaaS)

Panel Discussion with PIV Pioneers

Amy Peterson

Process Manager Humana

Lisa Savicki Operations Program Manager Humana

Fay Beaubien

Director of EDI PokitDok

Jennifer Jones

Director of Operations & Support WorkComp EDI

Taha Anjarwalla

Manager CAQH CORE

Robert Bowman

Director CAQH CORE

Jessica Porras

CAQH CORE Senior Manager MODERATOR

Value Proposition: Implementing Phase IV CAQH CORE Operating Rules

Improve Business Processes:

- Applying consistent infrastructure across transactions to achieve economies of scale.
- Recognizing that the steps in financial management are a set of interrelated processes.
- Addressing the interrelatedness of clinical and financial data.

Reduce cost and increase efficiency:

- Response time and acknowledgment requirements ensure nothing falls into a black hole and that providers are informed.
- Less time is spent verifying information over the phone.
- CAQH CORE safe harbor ensures providers can connect online for all of their transactions using their preferred connection method.

Improve Customer Satisfaction:

- Use of the CORE Companion Guide Template makes it easier to engage trading partners.
- Timely data will lead to faster treatment and consolidation of clinical and financial transactions improving patient satisfaction.



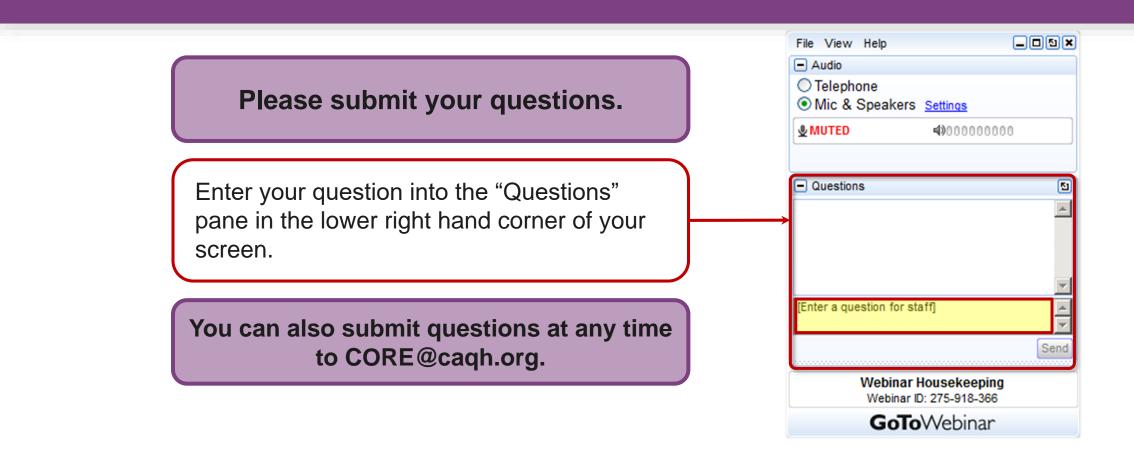
Polling Question

Is your organization planning to pursue voluntary Phase IV CORE Certification?

- 1. Yes.
- 2. No.
- 3. Not at this time.
- 4. Need more information.



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



CORE Certification E-Learning Resources

www.caqh.org/core/elearning-resources



e-Learning Resources

Welcome to the new CAQH CORE e-Learning Resources page.

CORE Education and Outreach is working to create new online learning resources including e-learning modules, information widgets and dashboards, and short informational videos.

Understand the four components needed to complete voluntary CORE Certification.

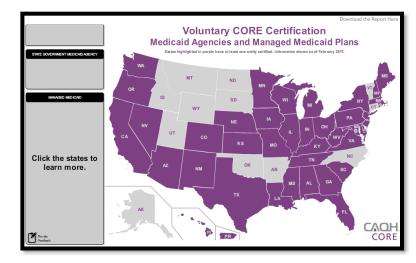




Learn about the new CORE

Certification Application Portal.

Explore an interactive map to see which Medicaid entities around the country have achieved CORE Certification.





Implementing Successful Value-based Payment: Alternative Payment Models with СММІ ТНURSDAY, JANUARY 11TH, 2018 – 2 РМ ЕТ

Use and Adoption of Attachments in Healthcare Administration, Part IV: Clinical Document Architecture (CDA) Basics – Clinical Content (Body) THURSDAY, JANUARY 18TH, 2018 – 2 PM ET

> CAQH Core Town Hall National Webinar TUESDAY, FEBRUARY 6TH, 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!



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.

