

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

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SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

Overview: *Sample CAQH CORE 2016 Market-based Adjustments Form*

What is the Sample CAQH CORE 2016 Market-based Adjustments Form?

The Online CAQH CORE 2016 Market-based Adjustments Form is organized into two parts:

- Part I. General Overview & Submitter Information
- Part II. Adjustments to Existing CORE-defined Business Scenarios

The Sample Form provides an example of a complete CAQH CORE 2016 Market-based Adjustments Form including all of Part I and in Part II, one example each for:

- One type of addition (*Addition Type #1. Add CARC and RARC*)
- One type of deletion (*Removal Type #1. Remove CARC and all associated RARCs*)
- One type of relocation to an *existing* Business Scenario (*Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s)*)

NOTE: There are 5 types of additions, 4 types of removals, and 2 types of relocations that can be made to the existing CORE-defined Business Scenarios via the form. See the [Appendix](#) for a detailed list of each type of adjustment that can be requested via the CAQH CORE 2016 Market-based Adjustments Form.

How to Use the Sample CAQH CORE 2016 Market-based Adjustments Form

The Sample Form is to be used as a guide for entities to consider their submission to the CAQH CORE 2016 Market-based Adjustments Form. The CAQH CORE Code Combinations Task Group (CCTG) developed the CAQH CORE Market-based Adjustments Form to ensure that submitters consider the CORE Code Combination Evaluation Criteria, define a business case, and provide discretionary Real World Usage Data for each entry to help inform the CCTG review and consideration of each submission.

What the Sample CAQH CORE 2016 Market-based Adjustments Form Cannot Be Used For

The Sample Form **cannot** be used to submit recommendations for Market-based adjustments to the *CORE-required Code Combinations for the CORE-defined Business Scenarios* for consideration by the CCTG. The only recommendations that can be accepted are those submitted using the online CAQH CORE 2016 Market-based Adjustments Form.

Additional Resources

CAQH CORE provides additional resources to assist entities in submitting a response for the 2016 Market-based Review (MBR):

- Detailed instructions to assist in the completion of the online form are available [HERE](#).
- CAQH CORE holds a training session to provide the industry with guidance on completing the MBR submission process. Materials from this training, including a video recording of the training, are available via the online [CAQH CORE Education and Implementation Resource Center](#).

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Sample Online CAQH CORE 2016 Market-based Adjustments Form

Part I. General Overview & Submitter Information

Section 1: Background, Scope, Format, and Instructions

Background: CAQH CORE 360 Rule

The goal of the [CAQH CORE 360: Uniform Use of CARCs and RARCs \(835\) Rule](#) is to ensure consistent use of the Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs) and the Claim Adjustment Group Codes (CAGCs) across the industry. To meet this goal, the CAQH CORE 360 Rule specifies a minimum set of CORE-defined Business Scenarios with an applicable maximum set of CORE-required CARC, RARC, CAGC, and NCPDP Reject Code Combinations. As of 01/01/2014, all [HIPAA covered entities](#) must comply with the ACA-mandated CAQH CORE EFT & ERA Operating Rules when using the HIPAA-mandated EFT and ERA transaction standards. This set of CORE Code Combinations must be maintained to align with the current published [CARC](#) and [RARC](#) lists that are maintained by the respective Code Committees via the CAQH CORE Code Combinations Maintenance Process.

Per the [CAQH CORE Code Combinations Maintenance Process](#), the CAQH CORE Code Combinations Task Group (CCTG) conducts two types of review and adjustment to the *CORE Code Combinations*: Compliance-based Reviews and Market-based Reviews. Market-based Reviews occur once a year and for 2016 will consider industry submissions addressing additions, removals, and relocations to the *existing CORE Code Combinations* in *existing* CORE-defined Business Scenarios.

The CCTG will review and update the *CORE Code Combinations* based on a review of the submissions. Individuals from any [CAQH CORE Participating Organization](#), particularly those with knowledge of the business process of the usage of CARCs and RARCs, are encouraged to join the CCTG by emailing core@caqh.org. Any entity can join CAQH CORE.

Scope of 2016 Market-based Review

The 2016 Market-based Review will consider adjustments to *CORE Code Combinations* in the existing four CORE-defined Business Scenarios only¹. The purpose of this 2016 Market-based Adjustments Form is to enable entities to submit requests for additions, removals, and relocations to the code combinations in the existing CORE-defined Business Scenarios.

As shown in Table 1 below, potential code combination adjustments for the existing CORE-defined Business Scenarios may include:

- **Addition** or **removal** of existing *CORE Code Combinations*
- **Relocation** of a *CORE Code Combination* from an *existing* CORE-defined Business Scenario to another *existing* CORE-defined Business Scenario

¹ **NOTE:** During its review of the potential new CORE-defined Business Scenarios submitted via the 2014 industry survey, the CCTG agreed to defer additional collection and consideration of potential new CORE-defined Business Scenarios until such time as a process has been confirmed for regulatory adoption into the Federal mandate of any new Business Scenarios approved the CCTG. CAQH CORE is currently exploring the options for such a regulatory process.

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Table 1: Potential Code Combination Adjustments To Existing CORE-defined Business Scenarios

Additions	Removals	Relocations
1. Add CARC and RARC	1. Remove CARC and all associated RARCs	1. Remove CARC and all associated RARCs from an <i>existing</i> CORE-defined Business Scenario and add to another <i>existing</i> CORE-defined Business Scenario with associated CAGC(s)
2. Add CARC without an associated RARC	2. Remove RARC from existing CARC	2. Remove CARC and all associated RARCs from an <i>existing</i> CORE-defined Business Scenario and add CARC and some or no associated RARCs to another <i>existing</i> CORE-defined Business Scenario with associated CAGC(s)
3. Add RARC to an existing CARC	3. Remove CAGC(s) from existing CARC	
4. Add CAGC(s) to an existing CARC	4. Remove CAGC(s) from existing CARC and associated RARC	
5. Add CAGC(s) to an existing CARC and its associated RARC		

The current list of *CORE Code Combinations* can be found [HERE](#).

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Section 1: Background, Scope, Format, and Instructions

Format

The CAQH CORE 2016 Market-based Adjustments Form is organized into two parts as follows:

Part I. General Overview & Submitter Information

- Section 1. Background, Scope, Format, and Instructions
- Section 2. Submitter Information

Part II. Adjustments to Existing CORE-defined Business Scenarios (You will be able to submit as many adjustments for each CORE-defined Business Scenario as needed.)

- Section 3. Additions to Business Scenario
- Section 4. Removals to Business Scenario
- Section 5. Relocations to Existing Business Scenario

To assist in this review, this form requires submitters to determine whether the requested code combination adjustment meets specified Evaluation Criteria, to provide a Strong Business Case for the code combination adjustment, and, at its discretion, to include a summary of Real World Usage Data to support the Business Case for each requested code combination adjustment. Submitters can exercise discretion whether or not to include Real World Usage Data, recognizing that providing such an analysis can strengthen a Business Case for the requested code combination adjustment.

Additional Resources

A sample version of the CAQH CORE 2016 Market-based Adjustments Form can be downloaded [HERE](#). This document is intended to assist submitters in preparing their response to the CAQH CORE 2016 Market-based Adjustments Form. It cannot be submitted as the response to the 2016 Market-based Review. Only responses submitted via the online form will be considered.

NOTE: In accordance with CAQH CORE policy, all submissions will be kept strictly confidential and only identified by stakeholder category. If your organization chooses not to submit an online Market-based Adjustments Form, CAQH CORE will not be able to capture your organization's feedback on potential adjustments for the 2016 Market-based Review.

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Section 1: Background, Scope, Format, and Instructions

Instructions

The table below provides guidance for each section of the Form. Each section is listed with the completion instructions and any additional details for completion of the Form.

Part & Section Titles	Completion Instructions: Required/Discretionary	Additional Notes
Part I. General Overview & Submitter Information		
Section 1: Background, Scope, Format and Instructions	N/A	Informational
Section 2: Submitter Information	Required	Please complete all fields
Part II. Adjustments to Existing CORE-defined Business Scenarios		
Section 3: Additions		
Section 3A: Specific Codes for Addition	Required	Complete all applicable fields
Section 3B: CORE Code Combination Evaluation Criteria for Additions	Required	Provide information to assist the Task Group in assessing whether your request meets the criteria
Section 3C: Business Case for Addition	Required	Complete all questions in this section
Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions	Discretionary	Not required to be complete but encouraged to provide usage analysis data
Section 4: Removals		
Section 4A: Code for Removal	Required	Complete all applicable fields
Section 4B: CORE Code Combination Evaluation Criteria for Removals	Required	Provide information to assist the Task Group in assessing whether your request meets the criteria
Section 4C: Business Case for Removal	Required	Complete all questions in this section
Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals	Discretionary	Not required to be complete but encouraged to provide usage analysis data
Section 5: Relocations to Existing Business Scenario		
Section 5A: Code Combination for Relocation	Required	Complete all applicable fields
Section 5B: CORE Code Combination Evaluation Criteria for Relocations	Required	Provide information to assist the Task Group in assessing whether your request meets the criteria
Section 5C: Business Case for Relocation	Required	Complete all questions in this section
Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations	Discretionary	Not required to be complete but encouraged to provide usage analysis data

NOTE: Evaluation Criteria, Business Case and discretionary submission of Usage Data analysis will be asked for each code combination adjustment that is submitted.

Eligible Submitters: All CAQH CORE Participants, plus non-CORE Participants that create, use, or transmit the HIPAA mandated transactions, are eligible to submit a request. Each entity is limited to one response per organization; please coordinate with your colleagues.

Deadline: Submitters will have **60 days** to complete their submissions; submissions will not be accepted after the closing date. The due date for submissions is 01/31/17. **REMINDER:** All requests must be submitted using the online web-based form in order to be considered.

Questions: Contact core@caqh.org with questions related to the 2016 Market-based Review process and/or the CAQH CORE Code Combination Maintenance Process. Submitters will be notified via email when the updated version of the *CORE Code Combinations* is published.

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Section 2: Submitter Information

Date (MM/DD/YYYY):	<input type="text"/>
Entity Name:	<input type="text"/>
Contact First Name:	<input type="text"/>
Contact Last Name:	<input type="text"/>
Title:	<input type="text"/>
Phone (NNN-NNN-NNNN) + ext:	<input type="text"/>
E-mail Address:	<input type="text"/>

This CAQH CORE Market-based Adjustments form has been designed so you can suspend entering data into the form and then resume entering data up to the final due date for submission. You will not be able to resume entering data and submit the form after the final due date for submission.

In order to enable this functionality, please reenter below the email address you entered above.

Confirm Email Address: _____

When you have completed this section of the survey a confirmation email will be sent to you which will include a unique URL (link) you must use to access the online survey form to enter your submissions. You may start, stop, and resume entering your submission multiple times throughout the 60 days the form will be available via your unique URL. You will also receive an email confirmation at the email address entered above for each entry submitted in Part 2 of the form.

In addition to your unique URL, your confirmation email will also include all of your submitter information for reference as you enter your submissions.

Be sure to retain this email. If you have any questions, please send an email to CORE@caqh.org.

Entity Stakeholder Type (select one):

- Health Plan
- Provider
- Clearinghouse
- Vendor
- Government Entity
- Other Business Associate
- SDO/Association
- Other: _____

Entity is a CORE Participant?

- Yes
- No

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Entity Creates, Uses, or Transmits the HIPAA Mandated Transactions in its daily business (HIPAA covered entity or Business Associate)?

- Yes
- No

Targeted education sessions are offered via webinar by CAQH CORE on the CAQH CORE 360 Rule and the Market-based Review process. It is highly recommended that anyone involved in preparing or approving the submission of this Market-based Review Form attend this training. A schedule of upcoming CORE Education Sessions, as well as recordings and materials from past CAQH CORE Education Sessions, is available via the online [CAQH CORE Education and Implementation Resource Center](#).

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Navigation Page for 2016 Market-based Adjustments Submissions

This page serves as the main point of navigation for the remainder of the Market-based Adjustments submission process. On this page you may select:

- The CORE-defined Business Scenario for which you wish to enter a code addition, removal, or relocation, or delete a previously entered code addition, removal, or relocation.
- Finish the survey

After each of the aforementioned actions you will be returned to this page unless you select “Finish Survey” in which case your submission will be sent to CAQH CORE for review.

After you make a selection below and click on NEXT, the form will automatically take you to the corresponding section of the form where you will then enter your specific codes for additions, removals, and/or relocations, or delete a previous entry. You may select the same CORE-defined Business Scenario as many times as needed to complete entering all of your requested adjustments. A sample version of the CAQH CORE 2016 Market-based Adjustments Form can be downloaded [HERE](#). This document is intended to assist submitters in preparing their response to the CAQH CORE 2016 Market-based Adjustments Form.

NOTE: Each individual code combination addition, removal, and relocation is defined as a single “entry.” When you have completed an entry you will receive an email confirmation for each entry that includes a unique Entry ID. You can use the unique Entry ID if you decide to delete a specific entry. Please retain this email for your record as it includes a copy of your full submission for that entry (including evaluation criteria selected, business case, and usage data).

- CORE-defined BS #1: Additional Information Required - Missing/Incomplete/Invalid Documentation
- CORE-defined BS #2: Additional Information Required - Missing/Incomplete/Invalid Data from Submitted Claim
- CORE-defined BS #3: Billed Service Not Covered by Health Plan
- CORE-defined BS #4: Benefit for Billed Service Not Separately Payable
- Delete a Previous Entry
- Finish Survey

If you have completed the survey and have no more entries, you may now close your browser.

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Part II. Adjustments to *Existing* CORE-defined Business Scenarios

CORE-defined BS #1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Submission for Code Adjustments for Business Scenario #1

Please select the action you wish to perform for this CORE-defined Business Scenario.

- Addition Types*
 - Addition Type #1. Add CARC and RARC
 - Addition Type #2. Add CARC
 - Addition Type #3. Add RARC to an existing CARC
 - Addition Type #4. Add CAGC(s) to an existing CARC
 - Addition Type #5. Add CAGC(s) to an existing CARC and its associated RARC

- Removal Types
 - Removal Type #1. Remove CARC and all associated RARCs
 - Removal Type #2. Remove RARC from existing CARC
 - Removal Type #3. Remove CAGC(s) from existing
 - Removal Type #4. Remove CAGC(s) from existing RARC and associated CARC

- Relocation Types
 - Relocation Type #1. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add to another *existing* CORE-defined Business Scenario with associated CAGC(s)
 - Relocation Type #2. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add CARC and *some or no* associated RARCs to another *existing* CORE-defined Business Scenario with associated CAGC(s)

***NOTE:** Per the CORE Code Combinations Task Group Criteria, all appropriate CAGCs will be included should the Task Group approve the code combination for addition. For requests to add a CAGC to an existing CARC or CARC/RARC combination, respondents should ensure that the submitted CAGC(s) align with the CORE Code Combinations Task Group Evaluation Criteria. If needed, submissions may be adjusted by the CORE Code Combinations Task Group to ensure alignment.

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3A: Specific Codes for Addition

(Addition Type #1. Add CARC and RARC)

Please specify the code(s) you are requesting for this CORE-defined Business Scenario.

Add CARC

and RARC

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3B: CORE Code Combination Evaluation Criteria for Additions

(Addition Type #1. Add CARC and RARC)

Reason for Addition

The CAQH CORE Code Combinations Task Group established a set of CORE Code Combination Evaluation Criteria for assessing potential additions to the *CORE Code Combinations*. Requests to add a code combination addition that do not meet the following criteria will not be considered.

- Each CARC must only be used with one CORE-defined Business Scenario
- If CARC definition requires a RARC, one has been included in this request for addition
- CARC is not marked as Deactivated in the Published CARC List
- RARC is not marked as Deactivated in the Published RARC List
- RARC is not an ALERT RARC

For the following criteria, you are asked to provide information to assist the Task Group in assessing whether your request meets the criteria.

1. Definition of CARC is consistent with the CORE-defined Business Scenario description
2. If code combination more clearly conveys the reason and actions as existing code combination(s) in the CORE-defined Business Scenario, a request has been submitted to remove those existing code combination(s)
3. CAGC(s) to be used are consistent with the CORE-defined Business Scenario description
4. Code combination precisely and accurately reflects the reason that the health plan made the adjustment
5. Code combination clearly defines what action, if any, is needed by the provider
6. Code combination is unique in its message, and does not duplicate existing Code Combinations
7. Definition of RARC is consistent with the definition of the CARC and associated CORE-defined Business Scenario description
8. RARC definition adds additional specificity to the CARC

1. Criteria for Assessing the Addition: Describe how your submitted code(s) for addition meet the criteria above, e.g., *Existing Code Combinations do not provide a means to precisely report that an adjustment is due to patient weight exceeds a feasible value, the CARC references values which exceed an expected amount, the RARC definition refers to weight and the codes in conjunction with the requested CAGCs clearly define the action needed by the provider.*

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3C: Business Case for Addition

(Addition Type #1. Add CARC and RARC)

Reason for Addition

Submitters must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) addition.

1. Is the Business Case applicable to:

- Only to your organization
- The larger overall healthcare system

2. *Expected Outcome of Change*: Please indicate how administrative procedures would be simplified or improved by the addition of this code(s). Check all that apply.

- Reduction in unnecessary manual provider follow-up
- Improved electronic secondary billing
- Less write-offs of billable charges
- More accurate billing of patients for co-pays and deductibles
- Quicker posting
- Less staff time spent on phone calls and/or websites
- Fewer resources needed to conduct targeted follow-up with health plans and/or patients
- Reduced provider calls for additional information or clarification
- More accurate and efficient payment of claims
- More accurate and clear 835 claim denial/adjustment messages
- Other cost savings/efficiencies _____

3. *Business Need for Addition*: Please describe why none of the existing CORE-required Code Combinations in the CORE-defined Business Scenario precisely and accurately reflect your business need.

For example: “Shoe size is needed to adjudicate claims under this plan. There is no code combination in the Business Scenario that allows us to report that an adjustment was made because shoe size is needed, has not been received, and should be submitted by the provider if they wish the adjustment to be reconsidered.”

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions

(Addition Type #1. Add CARC and RARC)

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for addition. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

1. *Completion of Real World Usage Data Analysis:* Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

- Yes. Please complete Subsection I.
 - No. Proceed back to Navigation Page.
-

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 3: Codes for Addition

Section 3D: Discretionary Reporting of Supporting Real World Usage Data for Additions

(Addition Type #1. Add CARC and RARC)

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. *Timeframe of Analysis*: Please indicate the timeframe of your Usage Data analysis using the options below. Timeframe of Data Reviewed.

- Less than one week of data
- 1 week to 1 month of data
- More than 1 month of data

2. *Scope of Analysis*: Please indicate below the Estimated Percentage of Remittance Data **OR** the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).

- Remittance Data - All remittances sent/received/transmitted by entity were reviewed
- Remittance Data - 51 - 99%
- Remittance Data - 20 - 50%
- Remittance Data - Less than 20%

OR

- Claim Data - All claims sent/received/transmitted by entity were reviewed
- Claim Data - 51 - 99%
- Claim Data - 20 - 50%
- Claim Data - Less than 20%

3. *Summary of Analysis*: Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Please indicate the number of payment cycles included in their data.

For example: *"In 20 payment cycles (prior to 1/1/2016) we used this code combination 1000 times in ERAs from our managed Medicaid business, No code combination currently in the scenario can convey the information needed by the provider."*

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4A: Specific Codes for Removal

(Removal Type #1. Remove CARC and all associated RARCs)

Please specify the code(s) you are requesting for this CORE-defined Business Scenario.

Remove CARC

(Note: All RARCs and CAGCs associated with this CARC will automatically be removed as well)

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4B: CORE Code Combination Evaluation Criteria for Removals

(Removal Type #1. Remove CARC and all associated RARCs)

Reason for Removal

The CAQH CORE Code Combinations Task Group established the following CORE Code Combination Evaluation Criteria for assessing potential removals from the *CORE Code Combinations*.

1. Definition of CARC is not consistent with the CORE-defined Business Scenario description
2. A code combination requested to be added to the CORE-defined Business Scenario more clearly conveys the same reason and actions as this code combination.
3. Definition of RARC is not consistent with the definition of the CARC and associated CORE-defined Business Scenario description
4. CAGC(s) is/are not consistent with the CORE-defined Business Scenario description
5. Code combination does not precisely and accurately reflect the reason that the health plan made the adjustment
6. Code combination does not clearly define what action, if any, is needed by the provider
7. Code Combination is not unique in its message and is duplicative of existing Code Combinations
8. RARC definition does not add additional specificity to the CARC

1. *Criteria for Assessing the Removal:* After reviewing the Evaluation Criteria identified above, describe how the submitted code(s) for removal meets the Evaluation Criteria, e.g., *RARC definition does not add additional specificity to the CARC.*

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4C: Strong Business Case for Removals

(Removal Type #1. Remove CARC and all associated RARCs)

Reason for Removal

Submitter must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) removal. NOTE: Provision of business need is discretionary for removals.

1. Is the Business Case applicable to:

- Only to your organization
- The larger overall healthcare system

2. *Expected Outcome of Change*: Please indicate how administrative procedures would be simplified or improved by the removal of this code(s). Check all that apply.

- Reduction in unnecessary manual provider follow-up
- Improved electronic secondary billing
- Less write-offs of billable charges
- More accurate billing of patients for co-pays and deductibles
- Quicker posting
- Less staff time spent on phone calls and websites
- Fewer resources needed to conduct targeted follow-up with health plans and/or patients
- Reduced provider calls for additional information or clarification
- More accurate and efficient payment of claims
- More accurate and clear 835 claim denial/adjustment messages
- Other cost savings/efficiencies _____

3. *Business Need for Removal*: If your responses to the questions above related to Business Case do not fully address why the code(s) submitted for removal, e.g. the combination does not precisely and accurately reflect your business needs, please describe. NOTE: Entities may, at their discretion, elect not to provide a Business Need for Removal recognizing that provision of a Business Need may strengthen your Business Case.

For example: "As a provider, we receive this code combination in CORE-defined Business Scenario #1 from multiple health plans. However, Health Plan "A" uses it to convey one message/action while Health Plan "B" uses it to convey a different message/action. Both messages/actions could be accurately conveyed by using other code combinations already in the scenario."

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals

(Removal Type #1. Remove CARC and all associated RARCs)

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for removal. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

- Yes. Please complete Subsection I.
 - No. Proceed to Navigation Page.
-

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CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 4: Codes for Removal

Section 4D: Discretionary Reporting of Supporting Real World Usage Data for Removals

(Removal Type #1. Remove CARC and all associated RARCs)

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. *Timeframe of Analysis*: Please indicate the timeframe of your Usage Data analysis using the options below. Timeframe of Data Reviewed.

- Less than one week of data
- 1 week to 1 month of data
- More than 1 month of data

2. *Scope of Analysis*: Please indicate below the Estimated Percentage of Remittance Data **OR** the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).

- Remittance Data - All remittances sent/received/transmitted by entity were reviewed
- Remittance Data - 51 - 99%
- Remittance Data - 20 - 50%
- Remittance Data - Less than 20%

OR

- Claim Data - All claims sent/received/transmitted by entity were reviewed
- Claim Data - 51 - 99%
- Claim Data - 20 - 50%
- Claim Data - Less than 20%

3. *Summary of Analysis*: Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Senders should indicate the number of payment cycles included in their data.

For example: *"In a recent month we received this code combination 100 times from ten payers. In 75% of those situations, the payers did not actually require additional or corrected information."*

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5A: Specific Codes for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Please specify the code(s) you are requesting be moved from this CORE-defined Business Scenario.

Move CARC

To CORE-defined Business Scenario # Choose an item.

(Note: All RARCs and CAGCs associated with this CARC will automatically be removed as well)

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5B: CORE Code Combination Evaluation Criteria for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Reason for Relocation

The CAQH CORE Code Combinations Task Group established the following CORE Code Combination Evaluation Criteria for assessing potential relocations to the *CORE Code Combinations*.

1. Code combination(s) is not consistent with the current CORE-defined Business Scenario description but is consistent with the description of the CORE-defined Business Scenario to which relocation is requested
2. CAGC(s) to be used are consistent with the description of the CORE-defined Business Scenario to which relocation is requested
3. Code combination in the CORE-defined Business Scenario to which relocation is requested precisely and accurately reflects the reason that the health plan made the adjustment
4. Code combination is unique in its message, and does not duplicate existing Code Combinations in the CORE-defined Business Scenario to which relocation is requested

1. *Criteria for Assessing the Relocation:* After reviewing the Evaluation Criteria identified above, describe how the submitted code(s) for relocation meets the Evaluation Criteria, e.g., *This CARC is used in situations similar to (but has a distinct message from) a CARC that is already included in the CORE-defined Business Scenario to which relocation is requested. These situations are not consistent with the CORE-defined Business Scenario in which this CARC is currently included.*

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5C: Business Case for Relocation

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Reason for Relocation

Submitter must provide a Business Case based on the Evaluation Criteria, scope of applicability, expected outcome, and business need to support the code(s) relocation.

1. Is the Business Case applicable to:

- Only to your organization
- The larger overall healthcare system

2. **Expected Outcome of Change:** Please indicate how administrative procedures would be simplified or improved by the relocation of this code(s). Check all that apply.

- Reduction in unnecessary manual provider follow-up
- Improved electronic secondary billing
- Less write-offs of billable charges
- More accurate billing of patients for co-pays and deductibles
- Quicker posting
- Less staff time spent on phone calls and websites
- Fewer resources needed to conduct targeted follow-up with health plans and/or patients
- Reduced provider calls for additional information or clarification
- More accurate and efficient payment of claims
- More accurate and clear 835 claim denial/adjustment messages
- Other cost savings/efficiencies _____

3. **Business Need for Relocation:** Please describe the business need for relocation of the code(s) submitted, e.g. in the current CORE-defined Business Scenario, the combination does not precisely and accurately reflect your business needs. However, it does precisely and accurately reflect your business needs for the CORE-defined Business Scenario to which relocation is requested.

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an *Existing* Business Scenario

Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Real World Usage Data analysis can serve as a tool to strengthen your Business Case. If your entity analyzed Usage Data, you are encouraged to provide a summary of this analysis to support your submission for relocation. Submitters may, at their discretion, elect not to complete a Usage Data analysis or not to provide a summary of such analysis. If your entity elects not to submit a summary of Usage Data analysis, you will be asked to complete Subsection II.

Completion of Real World Usage Data Analysis: Please indicate if your organization conducted an analysis of Usage Data related to the submitted code combination.

- Yes. Please complete Subsection I.
 - No. Proceed to Navigation Page.
-

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

CORE-defined BS#1: Additional Information Required - Missing/Incomplete/Invalid Documentation

Section 5: Codes for Relocation to an Existing Business Scenario

Section 5D: Discretionary Reporting of Supporting Real World Usage Data for Relocations

(Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s))

Subsection I

Please answer the following questions about your Usage Data analysis for the submitted code(s). NOTE: This Subsection must be completed as you selected Yes on the previous page.

1. *Timeframe of Analysis:* Please indicate the timeframe of your Usage Data analysis using the options below. Timeframe of Data Reviewed.

- Less than one week of data
- 1 week to 1 month of data
- More than 1 month of data

2. *Scope of Analysis:* Please indicate below the Estimated Percentage of Remittance Data **OR** the Estimated Percentage of Claims Data your entity reviewed in your Usage Data analysis. NOTE: If you would like to expand on the volume of Usage Data your entity reviewed, please do so in the next question (Summary of Analysis).

- Remittance Data - All remittances sent/received/transmitted by entity were reviewed
- Remittance Data - 51 - 99%
- Remittance Data - 20 - 50%
- Remittance Data - Less than 20%

OR

- Claim Data - All claims sent/received/transmitted by entity were reviewed
- Claim Data - 51 - 99%
- Claim Data - 20 - 50%
- Claim Data - Less than 20%

3. *Summary of Analysis:* Please provide a summary of your Usage Data analysis related to the submitted code(s). Your summary should indicate the number and/or percentage of times the code(s) was present in the data and if the usage was found to be specific to a particular type of type of coverage. ERA recipients should indicate the number of health plans whose remittances are included in the data, and if the usage frequency varies significantly by health plan. Senders should indicate the number of payment cycles included in their data.

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

Delete a Previous Entry

To delete a previously submitted entry (a single code addition, code removal, or code relocation) you will need either the Entry ID from the email confirmation of that original entry OR the specific code(s) submitted in the entry.

After you have deleted the original entry, you will be returned to the *Navigation Page for 2016 Market-based Adjustments Submissions* where you can continue entering code combination adjustments for the *existing* CORE-defined Business Scenarios, or choose to “Finish Survey” and submit your results to CAQH CORE.

Note: If you clicked on this response option by accident or do not wish to delete any entry, simply click Next without choosing any Entry ID.

Please select the Entry ID for the entry you wish to delete from the drop down list: Choose an item.

END OF ONLINE ADJUSTMENTS FORM

SAMPLE CAQH CORE 2016 MARKET-BASED ADJUSTMENTS FORM

Appendix: *Potential CAQH CORE 2016 Market-based Code Adjustments*

This appendix includes a detailed list of each potential type of code adjustment that can be requested via the online CAQH CORE 2016 Market-based Adjustments Form. There are 5 types of additions, 4 types of removals, and 2 types of relocations that can be made to the existing CORE-defined Business Scenarios.

Code Adjustments for Existing CORE-defined Business Scenarios

Potential code combination adjustments for the existing CORE-defined Business Scenarios include:

- **Addition** of a new CORE Code Combination to an existing CORE-defined Business Scenario(s) including:
 - Addition Type #1. Add CARC and RARC
 - Addition Type #2. Add CARC without an associated RARC
 - Addition Type #3. Add RARC to an existing CARC
 - Addition Type #4. Add CAGC(s) to an existing CARC
 - Addition Type #5. Add CAGC(s) to an existing CARC and its associated RARC
- **Removal** of an existing CORE Code Combination from the existing CORE-defined Business Scenario(s) including:
 - Removal Type #1. Remove CARC and all associated RARCs
 - Removal Type #2. Remove RARC and associated CAGC(s) from existing CARC
 - Removal Type #3. Remove CAGC(s) from existing CARC
 - Removal Type #4. Remove CAGC(s) from existing CARC and associated RARC
- **Relocation** of a CORE Code Combination from an existing CORE-defined Business Scenario to another existing CORE-defined Business Scenario including:
 - Relocation Type #1. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add to another existing CORE-defined Business Scenario with associated CAGC(s)
 - Relocation Type #2. Remove CARC and all associated RARCs from this existing CORE-defined Business Scenario and add CARC and **some or no** associated RARCs to another existing CORE-defined Business Scenario with associated CAGC(s)