CAQH CORE 360 Rule:
Uniform Use of CARCs and RARCs

Implementation Considerations
for CARCs and RARCs

January 28, 2014
2:00 pm – 3:30 pm ET

Additional information/resources available at www.caqh.org

Participating in Today's Interactive Event

- Download a copy of today's presentation <u>HERE</u>

- The phones will be muted upon entry and during the presentation portion of the session

- At any time throughout today's session, you may communicate with our panelists via the web

  - Submit your questions on-line *at any time* by entering them into the Q&A panel on the right-hand side of the WebEx desktop

  - On-line questions will be addressed first

- There will be an opportunity for the audience to submit questions through the telephone during today's presentation

  - When directed by the operator, press * followed by the number one (1) on your keypad

Session Topics

- **Welcome Introduction**

- **CAQH CORE 360: Uniform Use of CARCs and RARCs Rule**
    - Brief Overview of CAQH CORE 360 Rule
    - *CORE Code Combination* Maintenance Process

- **Medicaid Health Plan Implementation Perspectives – Michigan Department of Community Health**

    - Implementation Considerations and Challenges

    - Best Practices and Lessons learned

- **Provider Implementation Perspectives – Montefiore Medical Center**

    - Implementation Considerations and Challenges

    - Best Practices and Lessons learned

- **Overview of 2013 Market Based Review (MBR)**
    - General information and Submission Process

- **Q&A**

Polling Question #1:
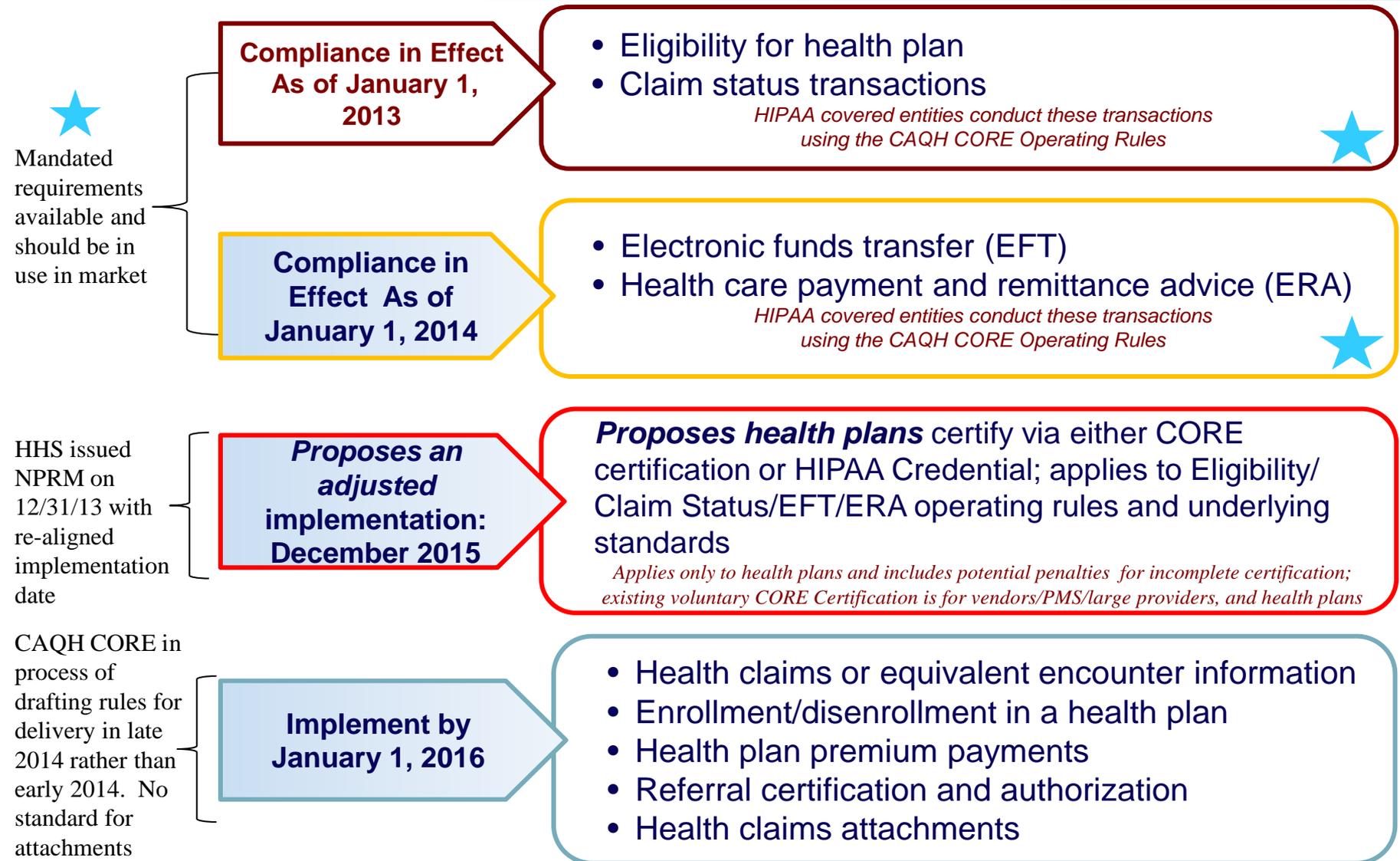## *CAQH CORE 360 Rule Implementation Status*

Select the response that best describes how far along your organization is with implementing the CAQH CORE Uniform Use of CARCs and RARCs Rule:

1. Awareness

2. Getting Started

3. Fully Underway

4. Completed

5. I'm Not Sure

6. Does not apply to me (not a HIPAA-covered Entity)

CAQH CORE 360 Rule:

Uniform Use of CARCs and RARCs

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Status: ACA Mandated Operating Rules and Certification

Mandated requirements available and should be in use in market

Compliance in Effect As of January 1, 2013

- Eligibility for health plan
- Claim status transactions

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Compliance in Effect As of January 1, 2014

- Electronic funds transfer (EFT)
- Health care payment and remittance advice (ERA)

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

HHS issued NPRM on 12/31/13 with re-aligned implementation date

Proposes an adjusted implementation: December 2015

Proposes health plans certify via either CORE certification or HIPAA Credential; applies to Eligibility/ Claim Status/EFT/ERA operating rules and underlying standards

Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans

CAQH CORE in process of drafting rules for delivery in late 2014 rather than early 2014. No standard for attachments issued by HHS

Implement by January 1, 2016

- Health claims or equivalent encounter information
- Enrollment/disenrollment in a health plan
- Health plan premium payments
- Referral certification and authorization
- Health claims attachments

6

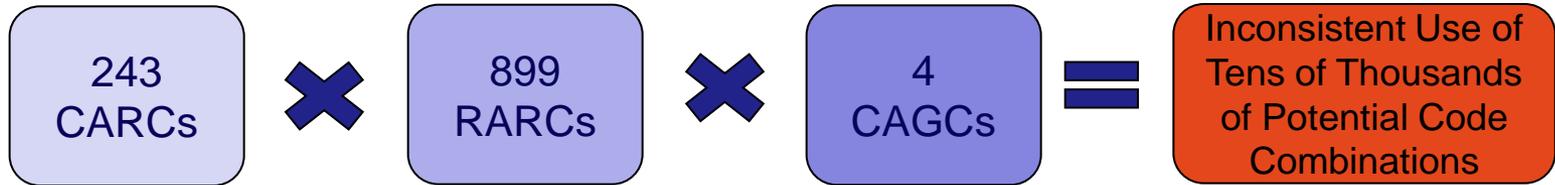# CORE 360 Rule: Uniform Use of CARCs and RARCs
Scope & High-level Rule Requirements

- Foundational requirements
  - HIPAA covered entities should currently support the X12 v5010 835 transaction

- Scope of the rule
  - Applies to entities that use, conduct or process the X12 v5010 835 transaction
    - Builds on your *existing* X12 v5010 835 implementation bringing consistency and uniformity by establishing uniform business scenarios and code combinations

- High-level rule requirements
  - Identifies *minimum* set of four CORE-defined Business Scenarios with a *maximum* set of code combinations to convey claim denial/adjustment details (codes in separate document)
  - Establishes quality improvement maintenance process to review and update the *CORE Code Combinations*
  - Enables health plans and PBM agents to:
    - Use new/modified codes with CORE-defined Business Scenarios prior to CAQH CORE Compliance-based Review
    - Develop additional, non-conflicting business scenarios when CORE-defined Business Scenario do not meet business needs
  - Requires receivers of the X12 v5010 835 (e.g., a vendor's provider-facing system or solution) to make available to the end user (i.e. the provider) text describing the CARC/RARC/CAGCs included in the remittance advice and text describing the corresponding CORE-defined Business Scenario
  - Identifies applicable CORE-defined Business Scenarios for retail pharmacy

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CORE 360 Rule: Uniform Use of CARCs and RARCs
Four Business Scenarios

| 243 CARCs | ✕ | 899 RARCs | ✕ | 4 CAGCs | = | Inconsistent Use of Tens of Thousands of Potential Code Combinations |

Post CORE Rules

Four Common Business Scenarios

CORE Business Scenario #1:
Additional Information Required – Missing/Invalid/Incomplete Documentation
(332 code combos)

CORE Business Scenario #2:
Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim
(306 code combos)

CORE Business Scenario #3:
Billed Service Not Covered by Health Plan
(453 code combos)

CORE Business Scenario #4:
Benefit for Billed Service Not Separately Payable
(40 code combos)

Code Combinations not included in the CORE-defined Business Scenarios may be used with other non-CORE Business Scenarios

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CARCs and RARCs Code List Maintenance
External to CAQH CORE

As the recognized Federal standard/code authors, Code Maintenance Committees and ASC X12 are responsible for maintaining CARC/RARC/CAGC definitions and meet in-person on a tri-annual basis. Adjustments to the definition of such codes must be addressed via the specific author.

CARCs
(CARC Code Committee)

- Total # of CARCs: **243**
  - not all in *CORE Code Combinations*
- There are approximately 35 CARC Committee members representing a variety of stakeholder including health plans, associations, vendors, and government entities
- Entities can complete the CARC Change Request Form found HERE*

RARCs
(RARC Code Committee)

- Total # of RARCs: **899**
  - not all in *CORE Code Combinations*
- The RARC Committee members represent various components of CMS
- Entities can complete the RARC Change Request Form found HERE

CAGCs
(ASC X12)

- Total # of CAGCs: **4**
  - All are in *CORE Code Combinations*
- Part of the ASC X12 standard, therefore, **can *only* be revised when a new HIPAA mandated version of X12 standards is issued**; current version is ASC X12 v5010
- Entities can submit a request to ASC X12

*Before submitting a CARC Change Request Form, entities are first encouraged by the Committee to contact a member of the committee to "*facilitate their request by allowing someone familiar with the approval process to discuss an alternate solution (if appropriate) for their need, or enabling that committee member to obtain additional background information which could help with the request*". Committee list is available HERE.

CAQH CORE Code Combinations Maintenance Process

| CORE Business Scenario #1: Additional Information Required – Missing/Invalid/ Incomplete Documentation (332 code combos)	CORE Business Scenario #2: Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim (306 code combos)	CORE Business Scenario #3: Billed Service Not Covered by Health Plan (453 code combos)	CORE Business Scenario #4: Benefit for Billed Service Not Separately Payable (40 code combos)

CAQH CORE Compliance-based Reviews

Stability of *CORE Code Combinations* maintained
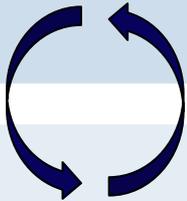
- Occur 3x per year
- Triggered by tri-annual updates to the published CARC/RARC lists by code authors
- Include only adjustments to code combinations to align with the published code list updates (e.g. additions, modifications, deactivations)

CAQH CORE Market-based Reviews

Supports ongoing improvement of the *CORE Code Combinations*

- Occur 1x per year
- Considers industry submissions for adjustments to the *CORE Code Combinations based on business needs* (addition/removal of code combinations and potential new Business Scenarios)
- *Opportunity to refine the CORE Code Combinations as necessary to ensure the CORE Code Combinations* reflect industry usage and evolving business needs

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CORE Code Combinations Task Group (CCTG)

- Any CORE participating entity can join the CCTG and any entity can join CAQH CORE

- Composed of more than 40 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:
  - Shannon Baber, *UW Medicine*
  - Janice Cunningham, *RelayHealth*
  - Heather Morgan, *Aetna*
  - TBD (identifying fourth chair from health plan)

- Conducts three Compliance-based Reviews and one Market-based Review per year using teleconferences and tools such as online surveys to ensure maximum participation; representatives from any CORE Participating Organization are eligible to join

- Compliance-based Review Work Efforts in 2013
  - CAQH CORE has a policy for the timing of each Compliance-based update and all deadlines have been met
  - Completed a Compliance-based Review based on the 03/01/13 published code list updates and published the *May 2013 CORE Code Combinations*
  - Completed a Compliance-based Review based on the 07/01/13 published code list updates and published the *October 2013 CORE Code Combinations*
  - Began Compliance-based Review of the 11/01/13 published code list updates and plan to publish updated *CORE Code Combinations* on 02/01/14

- Market-based Review Work Efforts
  - Agreed on scope of 2013 Market-based Review
  - Developed the content for the Market-based Review Form which entities will use to submit potential Market-based code additions/removals or potential new business scenarios
  - Distributed call for Market-based submissions on 12/13/13

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CAQH CORE Uniform Use of CARCs and RARCs Rule: Medicaid Agency Perspective

Tammie Savage

Michigan Department of Community Health

January 28, 2014

Introduction to Michigan Department of Community Health

- MDCH is one of the largest of the executive branch departments
  - MDCH is responsible for health policy and management of the state's health, mental health, and substance abuse care systems
  - Handles all claims and eligibility within this department
- MDCH covers all beneficiaries within the State of Michigan who are eligible for any type of assistance
- MDCH is involved with many organizations and workgroups including:
  - CMS
  - NMEH
  - CAQH CORE
  - WEDI

EFT and ERA at Michigan Department of Community Health

- EFT and ERA at MDCH (2013)
  - EFT – 98,599 Transactions
  - ERA – 224,687 Transactions
- Current Usage of EFT and ERA
  - Payroll cut off
    - Schedule on a weekly basis
  - Payment within 9 days
    - When payment is received by last day of cut off
  - ERA's on a weekly basis
    - Auto delivery of files to Trading Partners mailboxes

Implementation Planning

- Assessing Resources Needed
  - Third Party Liability and Recovery Department
  - Policy Department
  - EDI Services
  - Claims Processing Department
- Perform Gap Analysis
  - Schedule of timeframe for implementation and maintenance for *CORE Code Combinations*
  - Specific providers to work with addition or deletions of CARC/RARC on inbound 837 file and outbound 835 file
- Implementation
  - Figure out which CARC/RARC code combination had the most critical impact for providers
  - Work around for immediate script fix to handle deletions or additions of the new *CORE Code Combinations* rather than wait for an upcoming release
  - Post review of all RA/835 sent out to Trading Partners and providers to make sure they are ready to be compliant with *CORE Code Combinations*

Working with Trading Partners

- Clearinghouses
  - MDCH works with multiple Clearinghouses, Trading Partners and software vendors – large and small – on a daily basis
    - Clearinghouses are responsible for the testing and production of 835 and sending out to providers who have requested the file through them
  - Discussed the implementation and testing process for the new CARC/RARC *CORE Code Combinations*, including changes made to the 85 based on the crosswalk of our internal edits, with our trading partners
- Challenges
  - Our trading partners have noted that providers are not completing enrollment updates in order to receive the 835 file
  - We have to follow up with Trading Partners like BlueCross BlueShield of Michigan when changes are not done on time and when the Claim Adjustment Group Code is used incorrectly based on CARC/RARC

Working with Trading Providers

- Providers
  - Communication is important
    - We have policy bulletins on our website to alert providers to the new changes
      - We also ask for public comment to discuss policy bulletins before implementation and posting on website
    - Post to website – "Biller B Ware"
      - This link is for any updates for system availability, issues with claims or take backs being done and information on the ACA changes being made
    - Contact providers by telephone and email regarding changes coming to their 835
      - We found that contacting our providers by phone, rather than email, was good customer service and they appreciated that we went out of our way to contact them
      - Our Provider Outreach Division will come to our providers where ever they are located instate to discuss any denials, why we assigned the particular CARC/RARC, and how to correct and resubmit

▸ Challenges

- Verifying that the CARCs/RARCs that are returned to providers on 835/RA meet one of the four business scenarios.
  - Departmental discussions were necessary to understand fully the four business scenarios and how they are incorporated into our processing system
- We have various edits that can be marked 'informational' vs. 'suspend' or 'deny' based on the internal crosswalk, and we give providers time to handle the new change
- Made changes to up front edits from 'informational' to 'deny' to keep claims from being able to be submitted with end-dated CARC/RARC codes
- We made decisions based on date of service or adjudication date from the code combination crosswalk with our internal edits—this was based on Medicaid being payer of last resort
- Locating an appropriate message that clearly defines the Program's coverage/payment intent is difficult
  - Some do not fit into the standard four business scenarios making it difficult for providers to understand the rejections
- Staff time spent going through each and every internal error code in the system and making sure there is a crosswalk to appropriate CARC/RARC

Post Implementation and Lessons Learned

▸ Start early and make sure all upper management teams are on board with the changes need to be in place

  o Discuss timeline for all departments involved and how much time is needed for testing and implementation

  o Set realistic implementation goals and timeframes from start to finish for each of the involved departments

  o Have a plan for how to handle the post implementation process and develop a strategy for additions and deletions to be treated as an ongoing maintenance process

  o Speak the same language – very important

    • This gives you an understanding of each department and what they do to make the project a success, as well as, who is responsible for each piece of the puzzle when something is not quite right

Post Implementation and Lessons Learned cont'd

- Reach out to Provider and Trading Partners
  - Let them know of any changes coming with new releases as well as script fixes that would impact their organization
  - Do not be afraid to ask providers their opinions on new code combinations
    - Everyone must work together to fully understand the new code combinations and how it impacts both Health Plans and Providers
  - Investigate their complaints and get back to them in a timely fashion
  - Take all issues to the next level to ensure compliancy of both inbound CARC/RARC and outbound RA/ERA
  - Cooperate to make it a success and test with as many providers and Trading Partners as possible
    - All providers have different skill levels so test with a variety to avoid any issues
    - Above all, TEST several weeks before planning on implementation with continued maintenance of additions and deletions
- Have a back up plan in case some issues cannot be resolved immediately so the project is not on hold
  - Work out a plan on how to deal with issues that arise from testing

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Provider Perspective:
Uniform Use of CARCS and RARCs

Michael Shoja

Asst. Director Revenue Cycle Systems

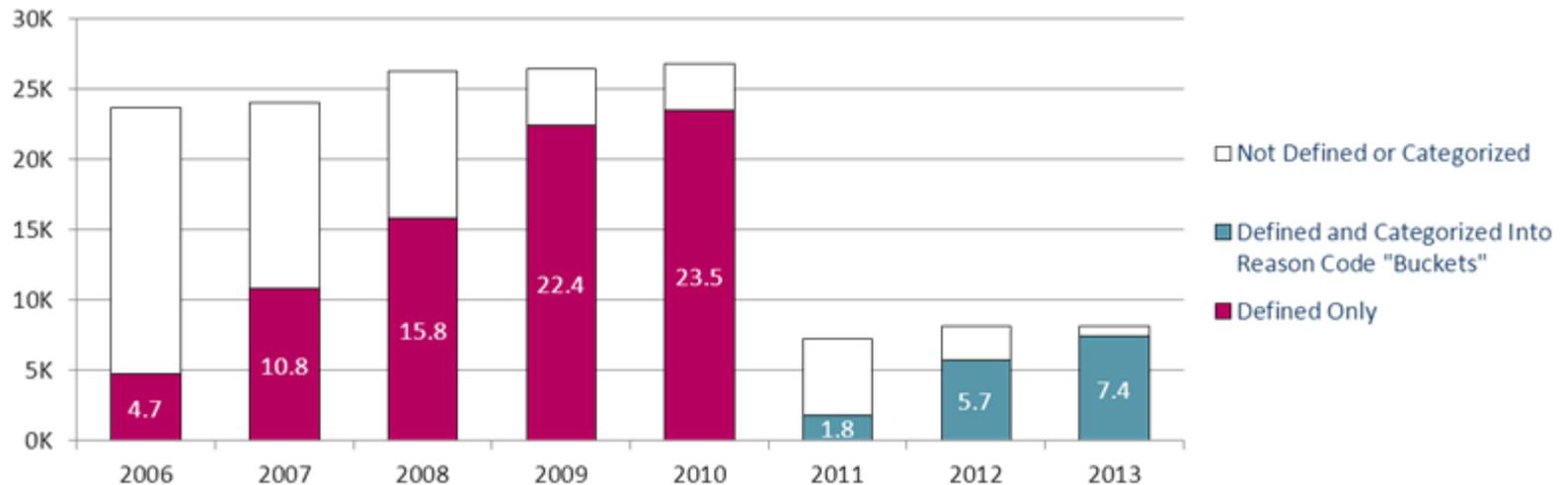**January 28, 2014**

Montefiore Medical Center

- **About Montefiore Medical Center**
  - Staffed beds: 1,491
  - Annual cash: approximately $2 Billion
  - Acute care facilities: 4
  - Clinics: 100+
  - Physicians: 1,600+

- **The Team**
  - 3 "Revenue Cycle Engineers"
  - Bridge between Revenue Cycle and IT

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Overview

- **The Beginning**
  - Years of "just add it to the dictionary"
  - Same plans sending different formats and multiple crosswalks
  - Transitioning to electronic remittances (~90% today)
  - 2011 started leveraging CARC/RARC codes
  - Began putting the highest volume denials into "buckets"

Denial Codes Defined and Categorized at Montefiore

Legend:
- Not Defined or Categorized
- Defined and Categorized Into Reason Code "Buckets"
- Defined Only

Data labels: 2006: 4.7; 2007: 10.8; 2008: 15.8; 2009: 22.4; 2010: 23.5; 2011: 1.8; 2012: 5.7; 2013: 7.4

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Implementation

- **Uniform use and denial group "buckets"**

  – Creation of master database

  – Almost all codes are defined and bucketed

  – New denials fall under unknown till mapped

  – Each denial group has a standard set of dispositions and actions

  – Bundle specific problems and assign them to specialized staff

  – Some system actions can now be automated

Denial Reason Code Groups
- Authorization
- Billing Issue
- Coding
- Coordination of Benefits
- Cost Outliers
- Credit Variance
- Debit Variance
- Duplicate Claim
- Eligibility
- Informational Only
- Information Required from Patient
- Information Required from Provider
- Medical Records
- Non Covered Service
- Pre-adjudication
- Unknown Code
- Untimely

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Challenges

- Maintenance of new codes/combinations (Unknowns)

- Keeping all the systems up-to-date

- System limitations (character length constraints)

- Varying interpretations of code sets from payers

- Initiating feedback from teams to identify exceptions

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Why Did We Embrace the Rules?

- **Expedite revenue cycle processes…"work smarter not harder"**

  – Need for consistency and clear guidance

  – Future implementations are easier

  – Minimize the need for phone/web follow-up

  – Reposition staff / bring outsourced functions back in-house

  – Meet timely filing deadlines

  – More efficient reporting

  – First step in a large scale goal of "no-touch" revenue cycle

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CORE Code Combinations Maintenance Process
2013 Market-based Review

2013 Market-based Review Process Basics

- **Basic Information**
  - 2013 MBR was launched on 12/13/2013
  - All adjustment recommendations must be submitted to CAQH CORE via the online MBR Form by 2/14/2014
  - CAQH CORE Expects to publish any adjustments to the CORE Code combinations based on the 2013 MBR in June 2014
  - Adjustments must be requested using the latest version of the CORE Code Combinations
    - The latest version is *CORE-required Code Combinations for the CORE-defined Business Scenarios v3.0.3 October*
    - A new version will be available 2/1/14 due to a Compliance Based Review driven by the CCTG. To align with the two code authors, the Compliance Based Review removes deactivated codes, modifies codes and adds newly approved codes (with combinations) that meet the CORE Evaluation Criteria

- **MBR Training Sessions**
  - CAQH CORE holds training sessions to offer organizations more information on the MBR submission process and to help them navigate the online MBR Submission Form
  - If you were unable to attend any of these training sessions, we strongly suggest that you take the time to watch the MBR Training Session Recording before accessing the Online MBR Submission Form

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2013 Market-based Review Process Basics cont'd

- **Key Terms**
  - **Entry**: a single code addition, code removal, or potential new business scenario including any supporting information included on an entity's online MBR Form
  - **Supporting Information:** Additional information requested on the online MBR Form for each entry i.e. an assessment of the CORE Code Combination Evaluation Criteria, a business case, and discretionary Real World Usage Data
  - **Submission**: An entity's complete Market-based submission including all entries (e.g. all code additions, code removals, and new business scenarios included in the submission)

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Level Set: Scope of 2013 Market-based Review

- Per the [CAQH CORE Code Combination Maintenance Process](), the 2013 Market-based Review (MBR) collects two types of industry submissions – Code Combination additions/removals and ideas for potential New Business Scenarios

- The 2013 Market-based Review will **collect early ideas** for potential new Business Scenarios to inform CCTG discussion and planning for the 2014 MBR
  - The 2014 Market-based Review, launching at the end of 2014, will collect Potential New Business Scenarios for possible inclusion in CORE Rule 360

1. Code Combination Additions/Removals

- **Scope:** Includes **code additions/removals** for existing CORE-defined Business Scenarios

- **High-Level Approval Process:** Submissions are reviewed and approved by CAQH CORE Code Combinations Task Group

- **Status for 2013 MBR:** Task Group is collecting industry submissions for code combination additions/removals

2. New Business Scenarios

- **Scope:** Includes addition of **new** CORE-defined Business Scenarios and/or **substantive adjustments** to existing CORE-defined Business Scenarios

- **High-Level Approval Process:** Any adjustment or addition to the CORE-defined Business Scenarios will require substantive adjustment to CAQH CORE 360 Rule and thus require formal CAQH CORE Approval and Voting Process:

  Task Group → Rules Work Group → All-CORE Vote

- **Status for 2013 MBR**: Includes an "Early Call for Submissions of New Business Scenario Ideas"; Task Group is **only** collecting ideas for potential New Business Scenarios in 2013 – no voting will occur and a second, "Formal Call" will occur later in 2014

MBR Submission Process

- **Eligible Submitters**:
  - All CORE Participants plus *non-CORE Participants* that create, use, or transmit HIPAA-covered transactions may submit potential Market-based entries
  - NOTE: Each organization is limited to ONE SUBMISSION (may contain multiple entries); please coordinate with your colleagues
- **How to Submit**:
  - The CAQH CORE Code Combinations Task Group designed content for an online *Market Based Review submission form* (MBR Form) to collect the necessary input from the industry
  - Submissions will *only* be accepted through the online MBR Form. CAQH CORE, CCTG Co-Chairs and CAQH Staff will not be able to accept direct email submissions of the MBR Form
- **When to Submit:**
  - All eligible submitters can access the online MBR Form **NOW!**
- **Submission Deadline:**
  - All eligible submitters must complete their submissions by **2/14/2014** –No submissions will be accepted after that date
    - Launched on 12/13/2013, the Call for Industry Submission for the 2013 Market-based Review will be open for 60 days
    - An email was distributed from CAQH CORE on 12/13/2013 and the MBR submission process was placed on the CAQH CORE website the same day
    - The first training session for the 2013 MBR was held on 12/20/2013

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MBR Submission Process: Entries for Market-based Code Additions and Removals

- The 2013 online MBR Form will only consider the addition/removal of *CORE Code Combinations* in the existing four CORE-defined Business Scenarios; the current version of the *CORE Code Combinations* can be found HERE
- Potential code(s) additions and removals to the CORE-defined Business Scenarios for CAQH CORE 360 Rule may include:

Types of Additions	Types of Removals
1. Add CARC and RARC along with a CAGC(s)	1. Remove CARC and all associated RARCs and CAGC(s)
2. Add CARC along with a CAGC(s)	2. Remove RARC and associated CAGC(s) from existing CARC
3. Add RARC to an existing CARC along with a CAGC(s)	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	

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Polling Question #2:
Market-based Review

Does your organization plan on submitting adjustments to the CORE Code Combinations during the Market-based Review?

1. We have already submitted adjustments for review

2. Yes, we have already begun the submission process

3. Yes, we plan to

4. No

5. Not Sure

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CAQH CORE 360 Rule:

Uniform Use of CARCs and RARCs

Resources and How to Get Involved

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Participate in the CAQH CORE Code Combinations Maintenance Process

- **CAQH CORE Participants can join Task Group**
  - Meeting on a regular basis due to Compliance based review and preparation for Market-based review

- **Entities are encouraged to join CAQH CORE**
  - Any CAQH CORE participating organization and their representatives can join
  - Any entity can become a CAQH CORE Participating Organization; cost to join is extremely low/free

- **Entities can also contribute a number of other ways, for example:**
  - Submission of Market-based Adjustments to the *CORE Code Combinations* via the Online Market-based Review Submission Form
  - Work directly with other key entities to advance knowledge and adoption: CMS OESS, the standard setting bodies like ASC X12, and the various industry code committee authors
  - Comment on the Draft Model Letter being developed by CAQH CORE which outlines industry comments and questions about the Notice of Proposed Rulemaking (NPRM) issued by HHS for Health Plan Certification
    - The Draft Model Letter will be available HERE on January 29th, 2014
  - CAQH CORE Town Hall Calls
  - Respond to public surveys or submit requests to CORE@caqh.org

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CAQH CORE 360 Rule and the Code Combinations Maintenance Process Website

- A free and accessible "one stop shop" webpage to provide resources and tools to implementers of the CAQH CORE 360 Rule
- Interactive website includes easy to access information and valuable tools for implementers including:
  - Access to current and past versions of the *CORE Code Combinations*
  - Publication schedule and Compliance Dates for updated versions of the *CORE Code Combinations*
  - Status of CORE Code Combinations Task Group efforts
  - Process for Market-based Reviews including access to online submission form
  - Outline the impact of updated versions of the *CORE Code Combinations* for each stakeholder
  - Online submission of questions/feedback regarding the CORE Code Combinations Maintenance Process
  - Lists of internal and external resources related to the CARCs and RARCs

Please send any additional ideas or needs for this website to CORE@caqh.org

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Implementation Steps for HIPAA Covered Entities:
Tools and Resources

Free Tools and Resources Available

Education is key

Get executive buy-in early

– Read the **CAQH CORE EFT & ERA Operating Rules**
– Listen to archive of past **CAQH CORE Education Sessions** or register to attend a future one
– Search the EFT & ERA **FAQs** for clarification on common questions
– Use our **Request Process** to Contact technical experts throughout implementation

Determine Scope of Project

– The **Analysis and Planning Guide** provides guidance to complete systems analysis and planning for implementation; Information attained from the use of this guide informs the impact of implementation, the resources necessary for implementation, as well as, what would be considered an efficient approach to, and timeline for, successful implementation.

Just Getting Started

↓

Analysis and Planning

↓

Systems Design

↓

Systems Implementation

↓

Integration & Testing

↓

Deployment/ Maintenance

Engage Trading Partners Early and Often

– **Provider's**: Use the EFT/ERA **Sample Health Plan** and **Sample Financial Institution** Letters as a way to help facilitate the request to receive EFT from your health plans and the request for delivery of the necessary reassociation data elements from your financial institutions

TEST, TEST, TEST!

– Leverage **Voluntary CORE Certification** as a quality check, a way to test with partners, and as a way of communicating compliance to the industry and other trading partners

Get Involved with CAQH CORE

– **Join** as a Participant of CAQH CORE in order to give input on rule-writing maintenance by joining a task group and to stay up-to-date on implementation developments

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Q&A

Please submit your question:

- <u>Via the Web</u>: Enter your question into the Q&A pane in the lower right hand corner of your screen
- <u>By Phone</u>: When prompted by the operator, press * followed by the number one (1) on your keypad

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Thank You for Joining Us!