



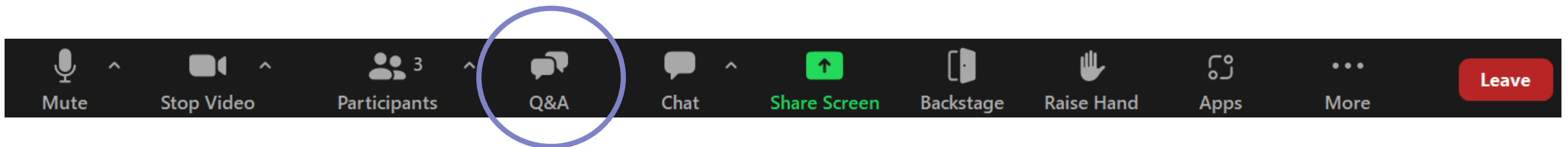
# Navigating the Future: A CORE Town Hall on Operating Rules

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March 7, 2024

# Webinar Logistics

- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.
- Your microphones will be muted during the webinar.
- Throughout the session, you may communicate a question via the panel at the bottom of your screen:



# Agenda

- CORE Overview
- 2024 Policy Update
- 2024 Initiatives
  - Status of Draft Rules
  - Streamlining CPT II Billing
  - Upcoming Rule Development
- Certification
- Q&A
- Call to Action

# CORE Overview

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## Committee on Operating Rules for Information Exchange

### LEADING INDUSTRY

10

CORE Operating Rules Mandated Under HIPAA

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

### Savings

\$18.3B

Cost savings opportunity by switching to fully automated transactions

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fully transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

### ENSURING REPRESENTATION

100+

Multi-stakeholder Participating Organizations

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

# CORE Operating Rules Support Key Revenue Cycle Functions

**ACA Operating Rule Definition:** The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



# More than 100 CAQH CORE Participating Organizations

## Account for 75% of total American covered lives.

### Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

### Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

### Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

## Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cogniant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- JP Morgan Healthcare Payments
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

## Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

## Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Healthcare Access Management (NAHAM)
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- National Dental EDI Council (NDEDIC)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Sekhmet Advisors
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

Congratulations to our newest CORE Participants **NDEDIC**, **Sekhmet Advisors** and **NAHAM**!

# CORE Welcomes New Board Members



**Jamie Bittner**  
Senior Director Provider Digital  
Transformation and Chief of Staff  
*UnitedHealthcare*



**Susan Moon**  
Senior Vice President  
Digital & Customer Experience  
*Centene*



**Dr. Walter Suarez, MD, MPH, FHMSS**  
Executive Director,  
Health IT Strategy and Policy  
*Kaiser Permanente*



# 2024 Policy Update

Mike Philips, Associate Director, CAQH CORE

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# Near-and-Long-Term CORE Policy Targets

## Interoperability and Prior Authorization

### *Final Rule Stage*

**January 19, 2024**

**Content:** Establishes use of FHIR-based APIs for data exchange and prior authorization and provides stringency for response and decision timing.

**Action:** Coordination of CAQH and industry resources to catalogue **return on investment** and support **conformant, optimized implementation.**

## No Surprises Act: IDR

### *Proposed Rule Stage*

**February 5, 2024** (CORE Response)

**Content:** Operationalizes aspects of the Independent Dispute Resolution process, requiring use of CARCs and RARCs to communicate provisions of the act.

**Action:** **Requested coordination** between CORE and the Tri-Departments and OPM when creating **code combination guidance.**

## Health Data & Interoperability (HTI-2)

### *Proposed Rule Stage*

**2024**

**Content:** Advancement of interoperability through standards and certification. Inclusive of requirements for prior authorization.

**Action:** Monitoring for release of proposed rulemaking for potential impacts to **CORE initiatives and advancement of prior authorization.**

# Near-and-Long-Term CORE Policy Targets

## Adoption of CORE Operating Rules

### *Interim Final Rule*

**2024**

**Content:** Updated and new operating rules for connectivity, eligibility and benefits, claim status and payment and remittance.

**Action:** Awaiting CMS issuance of IFR adopting the NCVHS-recommended set of operating rules. CORE has resources to **educate about contents and industry benefit.**

## Attachments Standards

### *Final Rule Stage*

**2024**

**Content:** Named X12 275 and HL7 C-CDA standards for the exchange of health care attachments for claims and prior authorization.

**Action:** Anticipated release of revised attachments final rule inclusive of named **standards and consideration of overlapping regulations** – such as Interoperability and Prior Authorization.

## No Surprises Act: AEOB

### *Proposed Rule Stage*

**Long-term 2025**

**Content:** Proposed requirements for the creation and the content included in Advanced Explanation of Benefits.

**Action:** Monitoring for release of proposed rulemaking. Anticipated to incorporate insights from a Fall 2022 request for information from the Tri-Departments and OPM.

# CORE Operating Rules Currently in Process for Federal Mandate



**May 2022:** CORE Sends [Letter](#) to HHS Federal Advisory Committee (NCVHS)\* Proposing New and Updated Operating Rules for Federal Adoption



**Dec 2022 – Jan 2023:** NCVHS Collects Industry Feedback and Holds Industry Hearing to Review and Solicit Comments on the Proposed Rules



**June 2023:** NCVHS Sends [Letter](#) to HHS Secretary Recommending the Proposed Operating Rules for Adoption Except Those for Attachments

If Federal Adoption is the Approach, HHS will issue an Interim Final Rule (IFR) to Industry with Public Comment Period.\*\*\*

**CORE has launched a [dedicated website](#) for all NCVHS recommended rules to keep industry up to date and informed.**

\*National Committee on Vital and Health Statistics (NCVHS) | \*\* Department of Health and Human Services (HHS) | \*\*\*With no major objections, HHS then adopts the final rule and mandates the operating rules. Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules. HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

# NCVHS Recommendation to HHS

On **June 30, 2023** NCVHS made the following rulemaking recommendation in a [letter](#) to HHS:

Data Content	<b>UPDATED:</b> <ul style="list-style-type: none"><li><a href="#">CORE Eligibility and Benefits (270/271) Data Content Rule vEB.2.0</a></li></ul>
	<b>NEW:</b> <ul style="list-style-type: none"><li><a href="#">CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0</a></li></ul>
Infrastructure	<b>UPDATED:</b> <ul style="list-style-type: none"><li><a href="#">CORE Eligibility and Benefits (270/271) Infrastructure Rule vEB.2.0</a></li><li><a href="#">CORE Claim Status (276/277) Infrastructure Rule vCS.2.0</a></li><li><a href="#">CORE Payment and Remittance (835) Infrastructure Rule vPR.2.0</a></li></ul>
Connectivity	<b>UPDATED:</b> <ul style="list-style-type: none"><li><a href="#">CORE Connectivity Rule vC4.0.0</a></li></ul>

While industry awaits the IFR, new and updated operating rules are **available for voluntary mandate**.

**Utilize CORE resources to help with implementation:**

## CORE Implementation Guides

- [Eligibility & Benefits Analysis & Planning Guide](#)
- [Claim Status Analysis & Planning Guide](#)
- [Payment & Remittance Analysis & Planning Guide](#)

CORE offers **Frequently Asked Questions (FAQs)** addressing all the CORE Operating Rules

- [CORE FAQs](#)

The **CORE Master Companion Guide Template** is available for use by health plans and their agents to outline how they implement HIPAA transactions.

- [CORE Master Companion Guide Template](#)

# 2024 Initiatives

Status of Draft Rules

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# CORE Voting Process



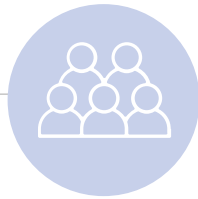
## Level 1: Subgroups & Task Groups



Formal vote is not required, but **consensus is assessed** via straw poll and must be achieved prior to moving to the next level of voting.



## Level 2: Work Groups



Work Groups require for a **quorum that 60% of all organizational participants are voting**. Simple majority vote (greater than 50%) by this quorum is needed to approve a rule.



## Level 3: Full Voting Membership



Full CORE Voting Membership vote **requires for a quorum that 60% of all Full CORE Voting Member organizations** vote on the proposed rule at this stage. **With a quorum, a 66.67%** approval vote is needed to approve a rule.

*Next Step*

## Level 4: CORE Board



The CORE Board's **normal voting procedures** would apply.

# New and Updated Draft CORE Operating Rules for 2024

Passed the All-CORE Vote

## Draft Value-based Payment Rules

- ✓ Standardize exchange of **socio-demographic** information at the point of member enrollment
- ✓ **Align technical infrastructure** requirements

## Draft Health Care Claims Rules

- ✓ Bring **clarity to telehealth** billing
- ✓ Improve **coordination of benefits**
- ✓ Facilitate **consistent and transparent** information sharing, **reducing unnecessary denials**

## Draft Payment & Remittance Rules

- ✓ **Increase flexibility** for EFT & ERA Enrollment Data Sets
- ✓ **Enhance fraud detection** capabilities
- ✓ Requires **disclosure of applicable EFT fees**
- ✓ **Notify providers** of enrollment, disenrollment, or updates to enrollments

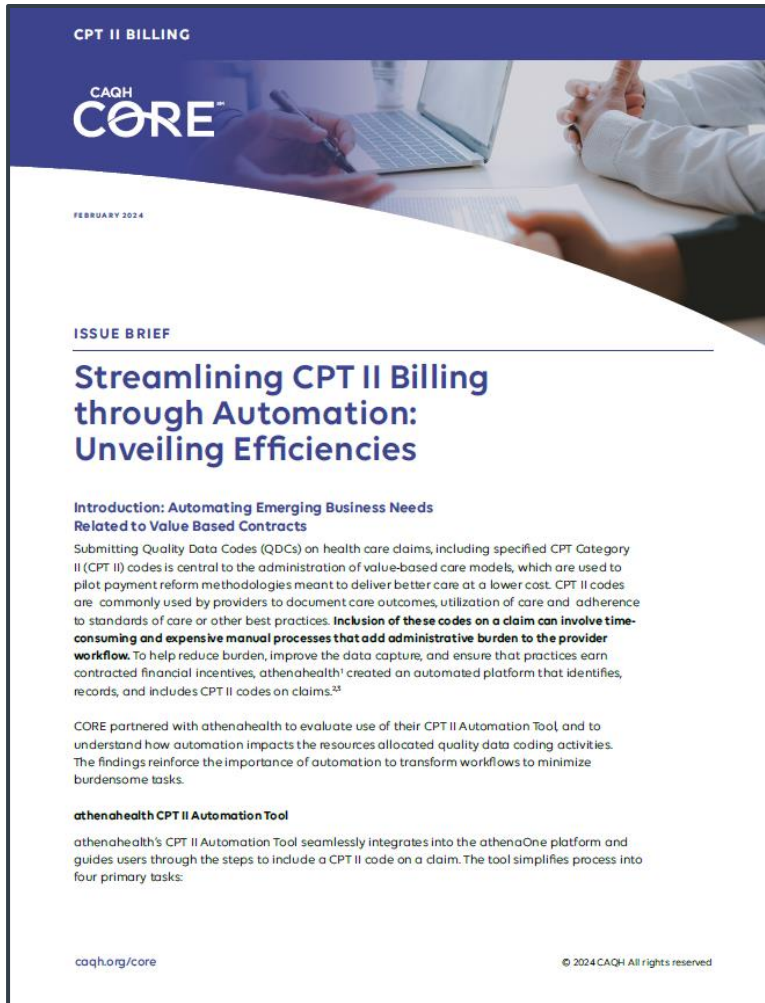


# 2024 Initiatives

Streamlining CPT II Billing

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# Streamlining CPT II Billing



**athenahealth and CORE partnered** to highlight the value of automating quality data code capture facilitated by the **athenahealth CPT II Automation Tool**.

## Hypothesis

- Use of the automation tool would result a more efficient coding workflow across four primary components of the CPT II coding workflow:
  - Determination
  - Recording
  - Review
  - Submission

## Survey Results

- Resources devoted to CPT II coding remained stable.
- FTE time shifted away from traditionally burdensome tasks.
- Effects were more pronounced in practices choosing "full" vs. "partial" automation.

Though the results did not show resource reduction, the tool is a valuable instrument to **optimize FTE allocation** and potentially to **enhance engagement with incentive-based contracts**. Read the issue brief [here](#).

# 2024 Initiatives

Upcoming Rule Development

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## Methodology



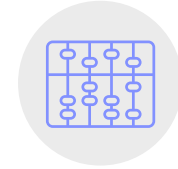
### Detailed Literature Review:

- ✓ Companion guides
- ✓ Best practices
- ✓ Transaction standards
- ✓ Thought leadership



### 20+ Interviews:

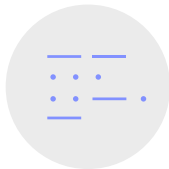
- ✓ Commercial health plans
- ✓ Government health plans
- ✓ Providers
- ✓ Clearinghouses
- ✓ Practice Management Systems



### Quantitative Analysis:

- ✓ Claim Status Data, including:
  - X12 276/277
  - X12 277CA
  - X12 277RFAI

## Identified Opportunities



### Error Code Standardization

- Claim status error codes are used differently across health plans
  - Inconsistent data negatively impacts providers' follow up abilities, forcing them to wait for a remittance advice for similar information



### Data Alignment

- Health plans require different information outside of the X12 standard for X12 276 submission
- Conditional requirements for specific claim status responses can expedite follow up



### Real Time Claim Status Processing

- Industry is slow to adopt real time claim status transactions
  - Requirements aligned with best practices could support standard development of claim status APIs
  - Standardized frequency of data refresh increases value of APIs

# Medication Eligibility Spotlight

## CORE and NCPDP Environmental Scan

<b>Overview</b>	In 2023, CORE and NCPDP engaged in a collaborative industry environmental scan to evaluate opportunities for improving access and exchange of <b>medication coverage details under the medical benefit</b> .
<b>Scope</b>	Research focused on how to facilitate exchange of information on the X12 v5010 270/271 transaction.
<b>Current State</b>	Providers face limited visibility into coverage information, <b>seeing generic information only at the Service Type Code (STC) level</b> . This prevents them from knowing the exact coverage status of specific medications (identified by J-Codes or NDC codes), impeding their ability to make informed, real-time prescribing decisions for optimal patient care.

### Challenges

Research revealed four key challenges contributing to a highly manual environment:

- X12 270/271 Transaction Limitations
- Complex Care Navigation
- Data Islands due to PBM Reliance
- Coding Complexities

### Opportunities

Findings revealed four opportunity areas to promote interoperability and automation through operating rules:

- Expansion of X12 270/271 Transaction Usage
- Real-Time Verification
- Scoping Data Exchange Requirements
- Aligning Varying Requirements Across Health Plans

# Launching Soon: 2024 CORE Rule Development Initiatives

## Updates to CORE Eligibility and Benefits Operating Rules

CORE to launch a task group to evaluate opportunities to enhance access and clarity of coverage details for **specialty medications, dental, and mental health benefits.**

*Launching Q2*

## Alignment of Information Returned for Claims

CORE will convene rule development work groups to ensure **consistent information returned along every step of claims adjudication.**

*Launching Q2*

## Market-based Review of Code Combinations

Code Combination adjustments will be considered to **address evolving industry business needs.**

*Launching Q3*

**Integration of Value-based Payment Requirements**

# Certification

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**CAQH awards CORE Certification Seals to entities that:** create, transmit or use the transactions addressed by the CAQH CORE Operating Rules **and** have demonstrated its IT system or product is operating in conformance with CAQH CORE Operating Rules for specific transaction(s).

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CORE Certification demonstrates commitment to streamlining administrative data exchange and enables us to **lower costs and improve the efficiency** of health care delivery for our clients, customers, members and the nation.

**410** certifications have been awarded to date.



# CAQH CORE-Certified Health Plans and Vendor Products

## Health Plans

- Aetna
- Alabama Medicaid Agency
- Alaska Department of Health and Social Services
- All Savers Insurance
- American Postal Workers Union Health Plan
- Anthem
- Anthem Colorado
- Anthem Connecticut
- Anthem Indiana
- Anthem Kentucky
- Anthem Maine
- Anthem Nevada
- Anthem New Hampshire
- Anthem Ohio
- Anthem Virginia
- AultCare
- Blue Cross of California
- Blue Cross Blue Shield of Georgia
- Blue Cross Blue Shield of Missouri
- Blue Cross Blue Shield of Nebraska
- Blue Cross Blue Shield of North Carolina
- BlueCross BlueShield of Tennessee
- Blue Cross Blue Shield of Wisconsin
- Boston Medical Center Health Plan
- CalOptima
- Centene Corporation
- Cigna
- ConnectiCare
- Contra Costa Health Plan
- County of Riverside – Exclusive Care
- Delta Dental of California
- Delta Dental of Delaware
- Delta Dental District of Columbia
- Delta Dental Insurance Company
- Delta Dental of New York
- Delta Dental of Pennsylvania
- Delta Dental of Puerto Rico
- Delta Dental of West Virginia
- Dentegra
- Empire Blue Cross Blue Shield
- Excellus Health Plan
- Georgia Department of Community Health
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Net
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Inland Empire Health Plan

- Kaiser Permanente Colorado
- Kaiser Permanente Washington
- MaineCare
- Medical Card System
- Medical Mutual of Ohio
- MVP Health Care
- National Association of Letter Carriers Health Benefit Plan
- Nebraska Medicaid
- New Hampshire Medicaid
- North Dakota Department of Human Services
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Rocky Mountain Health Plans
- Sanford Health Plan
- Santa Clara Family Health Plan
- Security Health Plan
- SummaCare
- Sutter Health Plus
- Texas Medicaid
- Trillium Community Health Plan
- UnitedHealthcare Life Insurance Company
- UnitedHealthGroup

## Clearinghouses/Vendors

- Ability
- AdminisTEP, LLC
- Aight Solutions, LLC
- assertus
- Athenahealth
- Availity, LLC
- Avizzor Health Solutions
- Capario
- Cerner/Healthcare Data Exchange
- Change Healthcare
- Claim.MD
- Conduent EDI Solutions
- CVS Health
- Data Dimensions
- Dorado Systems
- ECHO Health, Inc.
- EIXSYS
- Eldorado, Inc.
- Eligibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- Experian Health
- FinThrive
- FrontRunnerHC
- GE Healthcare
- Gi4
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHeLink
- HeW
- HealthFusion
- HealthTrio
- HFMI LLC
- HIPAAsuite
- HMS
- ikaSystems
- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Loxogon
- Medical Present Value, Inc.
- National Electronic Attachment, Inc.
- NaviNet
- Navicare
- NextGen Healthcare
- NoMoreClipboard.com
- NTT DATA Services. LLC
- Office Ally
- Optum
- OptumInsight
- Orbograph
- Palmetto GBA
- Pay Span
- Phreesia
- PNS
- PNT Data
- PokitDok
- pVerify
- RealMed Corporation
- Recondo Technology
- Retrace
- Smart Data Solutions
- SS&C Health
- TransUnion Healthcare, LLC
- The SSI Group, Inc
- TriZetto Provider Solutions
- UHIN
- Tallan
- Ventanex
- Veuu
- XIFIN
- Waystar
- Zelis Payments

# Newly Certified and Recertified Organizations

**Congratulations to our Recently Certified and Recertified Organizations!**

- Availity
- CalOptima
- Cigna
- FinThrive
- Office Ally
- Palmetto GBA
- pVerify
- UnitedHealthGroup
- Zelis Payments

## Recertification Process

- Recertification is required every three years, based on initial year of certification
- Recertification must be completed with 180 days of intent to recertify
- Recertification fee is  $\frac{1}{2}$  of initial Certification fee
- CORE-certified organizations must implement versions of CORE Operating Rules that have been published 24 months prior to the CORE Certification Seal renewal date

# Call to Action



## Become a CORE Participant

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



## Get CORE Certified

Does your organization use standard transactions on a day-to-day basis?  
Demonstrate conformance and commitment to streamlining administrative data exchange.



## Get Re-Certified

Organizations working on 2023 recertification need to complete by June 30, 2024 to maintain their CORE Certification. Organizations recertifying for 2024 should make plans now to have their recertification completed by end of 2024.

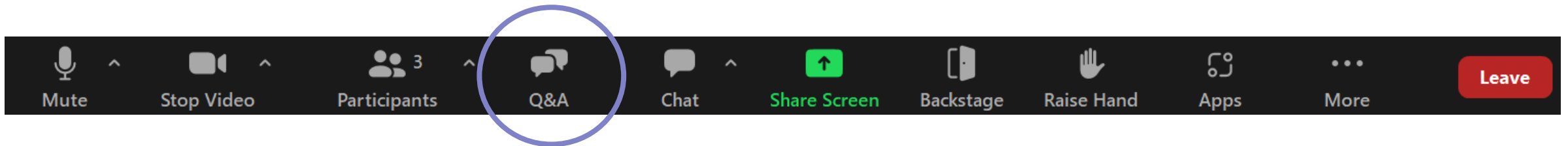


## Participate in Pilot Initiatives

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.

*E-mail [core@caqh.org](mailto:core@caqh.org)*

Submit your questions using the Q&A option in your Zoom menu:



# Thank you!

*E-mail **CORE@CAQH.ORG** to Get Involved!*