



CAQH CORE Town Hall

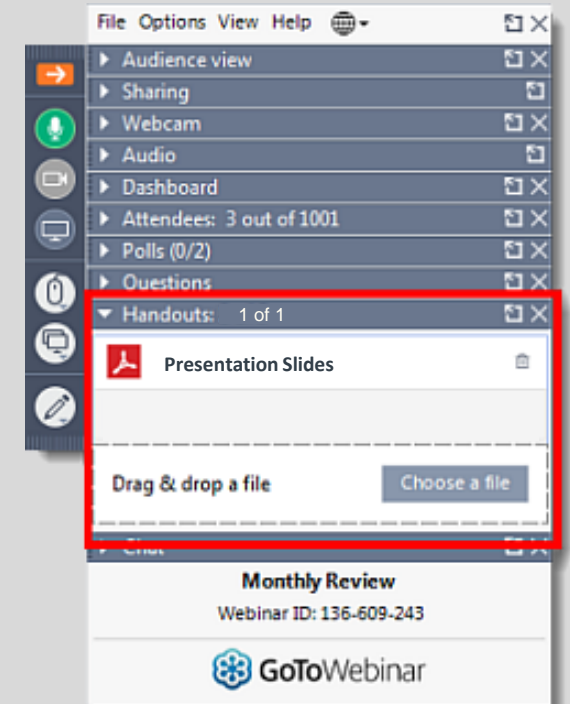
March 15, 2023

Logistics

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- Accessing webinar materials
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Agenda

- CAQH CORE: Who We Are
- Status of Operating Rules Recommended for Federal Mandate
- Federal Regulatory Activity
- 2023 Operating Rule Development
- Call to Action
- Q&A

CAQH
CORE

CAQH CORE: Who We Are

CAQH CORE Mission, Vision, & Industry Role

MISSION: Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability, and align administrative and clinical activities** among providers, payers, and consumers.

VISION: An **industry-wide facilitator** of a trusted, simple, and sustainable healthcare data exchange that evolves and aligns with market needs.

DESIGNATION: The **Department of Health and Human Services (HHS)** designated **CAQH CORE as the national Operating Rule Authoring Entity** for all HIPAA mandated administrative transactions to improve the efficiency, accuracy, and effectiveness of industry-driven business transactions.

INDUSTRY ROLE: **Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

CAQH CORE BOARD: Multi-stakeholder. Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



More than 100 CAQH CORE Participating Organizations

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

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
- South Dakota Medicaid
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Integrated Plan/Provider

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

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)
- St. Joseph's Health
- Virginia Mason Medical Center

Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Averhealth
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- 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

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 Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

Commercial, Governmental, and Integrated Health Plans account for 75% of total American covered lives

Operating Rules Defined



ACA Definition

- The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”
- Federally mandated for the HIPAA adopted electronic standards.



Common in Other Industries

- Financial services, transportation, and retail are examples of other industries that rely on operating rules.
- For example, ATM data exchange.



Support Revenue Cycle Automation

- Operating rules create common expectations for electronic data exchange, allowing provider and payer systems to automate communications across trading partners.
- Can address both the data content and infrastructure to support a transaction.

CAQH CORE Operating Rule Overview

Support for Key Revenue Cycle Functions

Rule Set	Infrastructure	Connectivity Rule	Data Content	Other		
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.1.0 Connectivity Rule vC2.2.0	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data Rule		
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.2.0				
Payment & Remittance	Claim Payment/Advice (835) Infrastructure Rule*		EFT/ERA (835/CCD+) Reassociation Rule	EFT/ERA Enrollment Data Rules	Uniform Use of CARCs and RARCs (835) Rule	
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule*	Connectivity Rule vC4.0.0**	Prior Authorization (278) Data Content Rule	Prior Authorization Web Portal Rule	Attachments Prior Authorization Rules*	
Health Care Claims	Health Care Claim (837) Infrastructure Rule*					Attachments Health Care Claims Rules*
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule*			Attributed Patient Roster (834) Data Content Rule		
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule*					
Premium Payment	Premium Payment (820) Infrastructure Rule*					

Rules in purple boxes are federally mandated.

* Rule is new or updated as of February 2022.

** Connectivity Rule vC4.0.0 can be used to support all rule sets for CORE Certification.

CORE Certification

What is
CORE
Certification?

CORE Certification is obtained when an entity has demonstrated that its **IT system or product is operating in conformance** with CAQH CORE Operating Rules for specific transaction(s).

Which
Organizations
can Become
CORE-
Certified?

CAQH awards CORE Certification Seals to entities that **create, transmit or use** the healthcare administrative and financial transactions addressed by the CAQH CORE Operating Rules.

Why is this
Important for
Providers?

It is the **responsibility of a covered entity to ensure business associate compliance** with HIPAA requirements; many entities require CORE Certification as a condition of contracting.

406 certifications have been awarded to date. Check with your vendors and clearinghouses to confirm they are CORE-certified.

CAQH CORE-Certified Health Plans and Vendor Products

Health Plans

- Aetna
- Alabama Medicaid Agency
- Alameda Alliance for Health
- 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
- DAKOTACARE
- 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
- EmblemHealth
- Empire Blue Cross Blue Shield
- Excellus Health Plan
- First Medical Health Plan
- Florida Division of Medicaid
- Georgia Department of Community Health
- Gold Coast Health Plan
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Health Net
- Healthplex
- 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
- Oklahoma Office of Management and Enterprise Services: Employees Group Insurance Division
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Priority Health
- Providence Health Plan
- Rocky Mountain Health Plans
- Sanford Health Plan
- San Francisco 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
- University of Pittsburgh Medical Center

Clearinghouses/Vendors

- Ability
- AdminisTEP, LLC
- Alight Solutions, LLC
- assertus
- Athenahealth
- Automated HealthCare Solutions
- 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.
- Elegibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- Experian Health
- FrontRunnerHC
- GE Healthcare
- Gi4
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHeLink
- HeW
- HealthFusion
- HealthTrio
- HIPAAsuite
- HMS
- ikaSystems

- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Loxogon
- Medical Present Value, Inc.
- MEDITECH
- National Electronic Attachment, Inc.
- NAviNet
- Navicare
- NextGen Healthcare
- NoMoreClipboard.com
- NNT DATA Services. LLC
- Office Ally
- Optum
- OptumInsight
- Orbograph
- Pay Span
- Phreesia
- PNS
- PNT Data
- PokitDok
- 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

Since CAQH CORE's Last Town Hall in September 2022

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New Participating Organizations

- Aspen Dental Management
- Healthcare Business Association of New York (HCBA)
- South Dakota Medicaid
- Surescripts

10

New Certified & Recertified Organizations

- Ability Network
- American Postal Workers Union Health Plan
- Cognizant
- Inmediata
- Medical Mutual of Ohio
- NantHealth
- New Hampshire Medicaid
- PrimeWest Health
- SS&C Health
- Veuu

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Status of Operating Rules Recommended for Federal Mandate

Reminder: CAQH CORE Recommendations to NCVHS* for Federal Mandate *Proposed Rule Set*



Updated

- CAQH CORE **Infrastructure Rules** for:
 - Eligibility
 - Claim Status
 - Electronic Remittance Advice
- **CAQH CORE Connectivity** Rule vC4.0.0
- CAQH CORE **Eligibility & Benefits** Operating Rules



New

- CAQH CORE **Health Care Claims Attachments** Data Content and Infrastructure Rules
- CAQH CORE **Prior Authorization Attachments** Data Content and Infrastructure Rules

*National Committee on Vital and Health Statistics

NCVHS Hearing Recap

Industry-wide Support for CAQH CORE Operating Rules

- On January 19th the CORE Board Chairs and leadership presented to NCVHS the value of the proposed new and updated CAQH CORE Operating Rules highlighting the **rule content, industry-reported benefit and impact**, and examples of how **implementation improves real-world workflows**.
- Several CORE Board organizations presented on the value of the rules as well as SDOs, providers, vendors, and health plans, most of whom represented CORE Participating Organizations and **affirmed strong support** for the proposed operating rules.

AspenDental

athenahealth


BlueCross BlueShield
of North Carolina

- Most comment letters submitted to NCVHS were also supportive of the proposed rules **across stakeholder groups**.



Industry
Consensus



New
Baselines



Operational
Efficiency



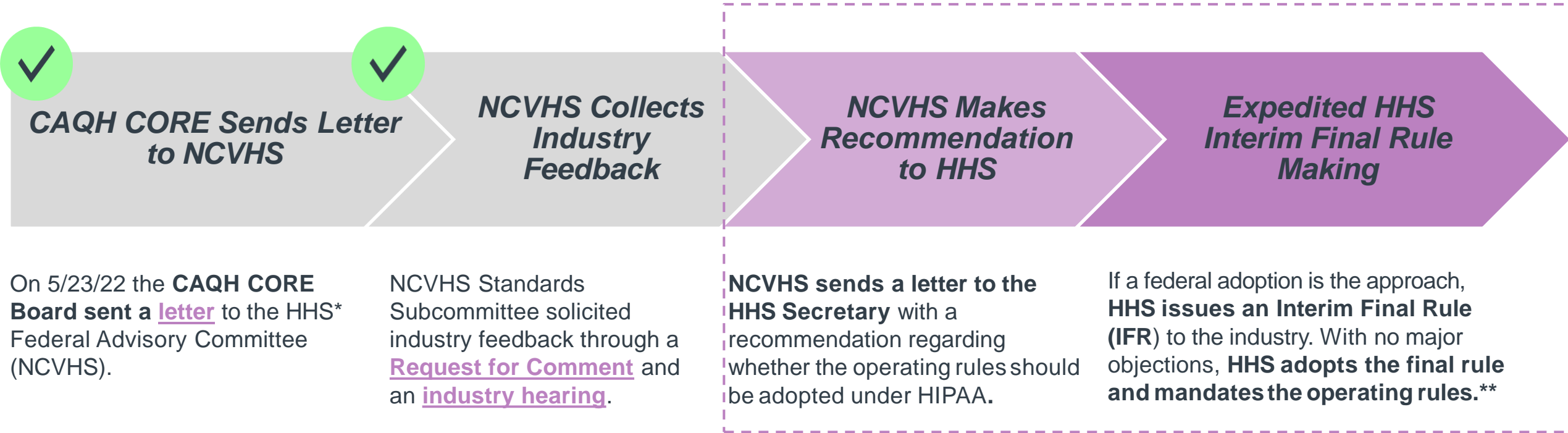
Value



Regulatory
Alignment

Status of Proposed Operating Rules

Awaiting a Recommendation from NCVHS



* Department of Health and Human Services (HHS) | **HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

Federal Regulatory Activity

- Interoperability & Electronic Prior Authorization Proposed Rule
 - Health Care Attachments Proposed Rule

Interoperability & Electronic Prior Authorization (ePA) Proposed Rule

Overview

The [Advancing Interoperability and Improving Prior Authorization](#) Proposed Rule includes:

Key Provisions on APIs	Proposals to Improve Prior Authorization Process	Requests for Information
<ul style="list-style-type: none">Proposed rule builds upon the Interoperability and Patient Access Final Rule to require the Patient Access API, Provider Access API, and Payer-to-Payer Data Exchange on FHIR include prior authorization information.Recommends Implementation Guides (IGs) for APIs but does not require their use.	<ul style="list-style-type: none">Proposal to require impacted payers build and maintain a Prior Authorization Requirements, Documentation, and Decision (PARDD) API.Proposal to require payers to:<ul style="list-style-type: none">Include a denial reason.Adhere to timeframe (payers must send PA decision within 72 hours to expedited requests and 7 calendar days for standard requests).Publicly report certain metrics.Proposal for new electronic prior authorization measures for MIPS eligible clinicians and hospitals and critical access hospitals.	<ol style="list-style-type: none">Accelerating the Adoption of Standards Related to Social Risk Factor DataElectronic Exchange of Behavioral Health InformationImproving the Electronic Exchange of Information in Medicare Fee-for-ServiceAdvancing the Trusted Exchange Framework and Common Agreement (TEFCA)Advancing Interoperability and Improving Prior Authorization Processes for Maternal Health

Comments were Due March 13th

Interoperability & Electronic Prior Authorization (ePA) Proposed Rule

CAQH Comment Summary

Prior Authorization

API Proposals

SDOH Data Collection RFI



- Importance of applying proposed rule across all payer types to prevent fragmented implementation.
 - Potential impact of required vs. supported functionality/data content in PARDD API to drive uniformity.
 - Accommodate proposals that account for back-and-forth communication required in ePA workflows.
- CAQH CORE supports efficient exchange of health information and APIs present a promising way to do so.
 - Ensure the use-cases and incentivization of APIs is appropriately aligned with infrastructure investment.
 - Where reasonable and allowed under regulation, patient data sharing permissions should be “opt out” – otherwise uptake will be limited.
- CAQH CORE highlights the positive role of standards – that have been subject to real-world testing - for the collection of SDOH data. This will encourage the documentation and exchange of patient and provider level social risk data used to combat health inequity.

Health Care Attachments Proposed Rule

Overview

The [Health Care Attachments](#) proposed rule covers three key areas:

Standards for Health Care Attachments	Standards for Electronic Signatures	Transaction Standard for Referral Certification and Authorization
<ul style="list-style-type: none">Adopts standards for “health care attachments” transactions for both health care claims and prior authorization transactions including the X12 v6020 275 and HL7 C-CDA.	<ul style="list-style-type: none">Adopts standards for electronic signatures to be used in conjunction with health care attachments transactions.	<ul style="list-style-type: none">Modifies the transaction standard for the referral certification and authorization from the X12 v5010 to X12 v6020 278.

Comments are Due March 21st

Health Care Claims Attachments Proposed Rule Opportunity

HIPAA Requires Standards and Operating Rules for Attachments

The timing of the proposed attachments rule coincides with NCVHS review of the new CAQH CORE Attachments Operating Rules for federal mandate.

If NCVHS recommends the rules for federal adoption, CMS could include them in the final rule.



Inclusion of Attachments Operating Rules in the final rule for the attachments standard **accelerates adoption, aligns implementation timelines, strengthens interoperability** and is a **rare opportunity to propel automation** in alignment with previous NCVHS recommendations.



When used with the standards currently named in the proposed rule, the Attachments Operating Rules **establish consistent data content, infrastructure, and connectivity expectations** for the payload delivery using the X12N 275 transaction, ensuring implementers are leveraging the standard using consistent, uniform methods, ultimately contributing to the safe and secure transmission of clinical data contained in the transaction.



The CAQH CORE Attachments Operating Rules are standard agnostic and include requirements that can be applied consistently across X12 and non-X12 transactions. The **operating rules are applicable to the currently proposed attachments standards and any future rulemaking** that supports the exchange of attachments using other standards.

CAQH CORE Attachments Resource Website

- CAQH CORE encourages industry to **support the opportunity** to align attachments standards and operating rules in the proposed rule through comment letters.
- In early February, CAQH CORE launched a [dedicated website](#) to help organizations understand the opportunity and guide comment letter development.



Links to:

- NPRM: Proposed Attachments Rule
- All proposed CAQH CORE Attachments Operating Rules



Model Comments:

- Key points that communicate the impact and benefit of concurrent adoption of operating rules with attachment standards



Blog Post:

- Industry Opportunity - Adopting Operating Rules with Attachments Standards



Cheat Sheet:

- For all proposed CAQH CORE Attachments Operating Rules

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2023 Operating Rule Development

2023: A Rule Development Year for CAQH CORE

Operating Rule Development Process:

We are here.



Identify Opportunities

Develop Rule Requirements

Ballot Rules

Environmental Scans, Industry Surveys, and Advisory Groups are used to research opportunities for a potential new rule and/or an update to an existing rule.

Work Groups develop requirements and **draft rules**. New groups form as CAQH CORE rule development focus changes.

CAQH CORE Participants vote on the proposed rule(s). Once quorum and approval levels are achieved, the **CORE Board votes for final approval**.



Health Care Claims

Value-based Payments




EFT/ERA Enrollment Data

NCPDP/CAQH CORE Eligibility

2023 CAQH CORE Operating Rule Development

Health Care Claims




Subgroup Vision: Establishing data content requirements for transactions supporting claim submission, acknowledgment, and error reporting that help avoid rejections and costly downstream appeals.

 Logistics	 Focus	 Cadence
<ul style="list-style-type: none">▪ White Paper with environmental scan findings to be published this spring.▪ Subgroup launching April 13th.▪ A Call for Participants has been sent.▪ CORE Participants wanting to get involved should email core@caqh.org to be added to the roster.	<ul style="list-style-type: none">▪ Establishing data content requirements for the X12 837 and associated transactions (e.g., 277CA) that will aid:<ul style="list-style-type: none">✓ Claim status and error reporting.✓ Value-based payment methodologies.✓ Telehealth claims submission.▪ Under consideration: use cases including Coordination of Benefits, and other topics as they arise.	<ul style="list-style-type: none">▪ Frequency: Approximately monthly.▪ Number of Meetings: 4 to 5.▪ Straw Polls: 1-2 offline polls will be conducted between meetings to ensure support for draft requirements.

2023 CAQH CORE Operating Rule Development

Value-based Payments

Subgroup Vision: Advancement of social determinants of health in value-based payment programs through the creation of data content rules for the claims submission transaction and benefit enrollment transaction.

 Logistics	 Focus	 Cadence
<ul style="list-style-type: none">▪ White Paper updating 2018 report findings to be published in spring.▪ Subgroup launching Spring 2023.▪ Call for Participants coming soon.	<ul style="list-style-type: none">▪ Transactions: X12 837 and X12 834.▪ Collaborative opportunities with the Health Care Claims Subgroup will be actively explored.▪ Targeting operating rule inclusions that:<ul style="list-style-type: none">✓ Support the collection and analysis of SDOH data.✓ Align industry around the use of 'best practice' data sets.✓ Align the application of infrastructure requirements to VBP models.✓ Unify contractual terms to align disparate industry definitions.	<ul style="list-style-type: none">▪ Frequency: Monthly.▪ Number of Meetings: 4 to 5.▪ Straw Polls: 1-2 offline polls will be conducted between meetings to ensure support for draft requirements.

2023 CAQH CORE Operating Rule Development

Stay Tuned for EFT/ERA and Eligibility & Benefit Opportunities!

Opportunity:

Support Industry Adoption of EFT with NACHA

- In collaboration with NACHA, update operating rules intended to **simplify provider enrollment for EFT and ERA through consistent data requirements** and electronic enrollment methods to address security and other business needs.

Opportunity:

Joint Eligibility Rule Development with NCPDP

- Joint NCPDP/CAQH CORE development of a **new eligibility data content operating rule** to support exchange of detailed coverage and benefit information for medication covered under the medical benefit.

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Call to Action

CAQH CORE On the Road



HIMSS 2023

Operating Rules: An Essential Conduit for Administrative and Clinical Interoperability

April 18, 2023 | 3:00-4:00 pm CT

National Dental EDI Council (NDEDIC)'s 2023 EDI Summit

Opportunities to Improve the Dental Revenue Cycle Workflow: 2022 CAQH Index® Findings and CAQH CORE Operating Rules

April 25, 2023 | 1:15-2:45 pm CT

Revenue Cycle Leaders Forum

Operating Rules: Improving Revenue Cycle Automation with Operating Rules

May 9, 2023 | 9:00 – 10:00 am CT

WEDI Spring Conference

Panel (X12, HL7, NCPDP and CAQH CORE): Standards Development and Operating Rules Organization Updates

May 22, 2023 | 12:00-1:00 pm ET

Call to Action

Become a CAQH CORE Participant:



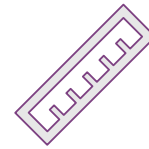
Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.

Become CORE Certified:



Demonstrate conformance and commitment to streamlining administrative data exchange.

Participate in Ongoing Pilot/ROI Assessments:



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

Be an Advocate:



Stay up to date on new policy initiatives and send in comment letters to provide support and feedback on proposed standards and operating rules.

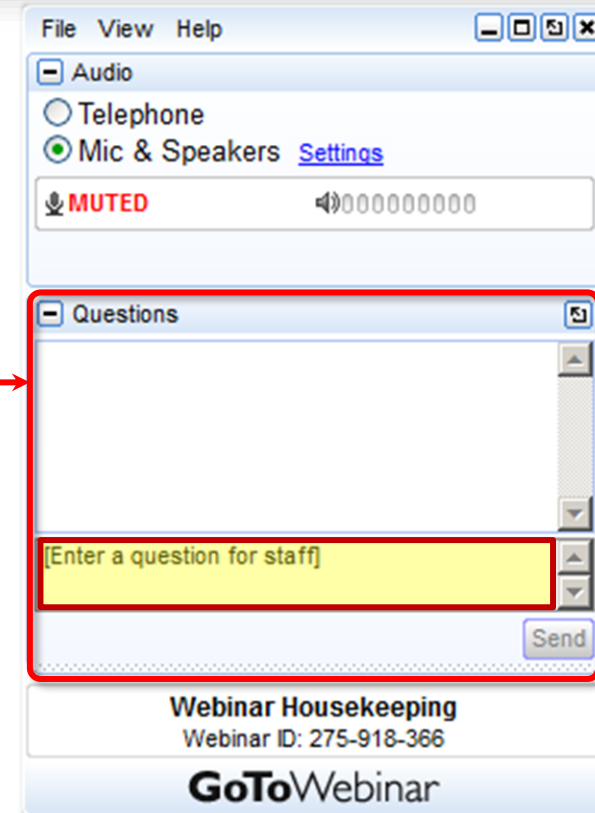
E-mail CORE@CAQH.ORG to Get Involved!

Audience Q&A

Please submit your questions

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

You can also submit questions at any time to CORE@caqh.org



Download a copy of today’s presentation slides at caqh.org/core/events

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Thank you for joining us!



Website: www.CAQH.org/CORE

Email: CORE@CAQH.org

The CAQH CORE Mission

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.