# CAQH. CORE

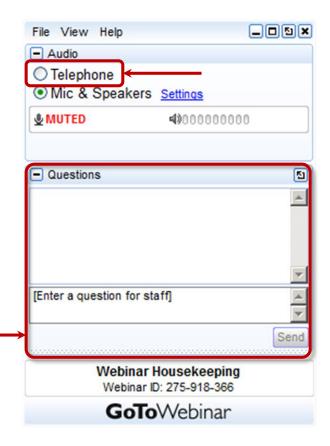


# **Voluntary** CORE Certification **National Webinar** with Alabama Medicaid Agency

Tuesday, January 26th, 2016 2:00 – 3:00 PM ET

# Logistics – How to Participate in Today's Session

- Download a copy of today's presentation on the <u>CAQH.org website</u>
  - Navigate to the CORE Education Events page and access a pdf version of today's presentation under the list for today's event
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web
  - Questions can be submitted at any time with the Questions panel on the right side of the GoToWebinar desktop





# Thank You Speakers!

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



Renee LaRosa MMIS Project Manager Alabama Medicaid



#### Sarah Viswambaran

Title XIX Project Manager/Business Analyst Hewlett Packard Enterprise (HPE)



#### **Session Outline**

- Welcome and Introduction
- CORE Certification Background
- CORE Certification and Medicaids: Benefits, Unique Considerations and Resources
- Case Study: Alabama Medicaid Agency
- Next Steps to CORE Certification
- Q&A



# CORE Certification Background

Matthew Albright
CAQH CORE Senior Manager

**Taha Anjarwalla**CAQH CORE Senior Associate

# What is Voluntary CORE Certification?



CORE Certification is the gold standard in certifying administrative simplification, assuring that entities are transacting healthcare data exchange in the most efficient and effective manner possible and ensuring the benefits of industry best practices. CORE Certification is the most robust and widelyrecognized industry program of its kind. Its multi-layered approach assures an independent, industrydeveloped confirmation of conformance with operating rules and underlying standards.

Requirements developed by broad, multistakeholder representation through transparent discussion and polling process – *Conformance is defined by industry, for industry.* 

Requires conformance testing by third party testing vendors that are experts in EDI and testing.

CAQH CORE serves as a neutral, non-commercial administrator:

Authorizes the conformance testing vendors.

Reviews and approves the Certification applications and conformance test reports before Certification Seal is awarded.



# 2015: CORE Certifications Awarded by Stakeholder Type

#### We have exceeded 235 CORE Certifications to date!

Health Plan Stakeholder Types	Provider Stakeholder Types	Clearinghouse Stakeholder Types	Vendor Solutions or Products
SATE OF FLORID	Department of Veterans Affairs	TRIZETTO° Provider Solutions	MEDITECH Reimagining healthcare. Redefining productivity.
CENTENE® Corporation	MAYO CLINIC	P.F.R.YICHS	PNC HEALTHCARE
UNITEDHEALTH GROUP	MONTEFIORE Medical Center	InstaMed Healthcare Payments Somptified	NEXTGEN° HEALTHCARE
<b>Cigna</b>	SPECTRUM LABORATORY NETWORK	OPTUM™	<b>E</b>



# Status of State Medicaid Agency CORE Certification

# **Current Landscape of Medicaid CORE-certification Nearly 16 million covered lives**

Medicaid Agency	Covered Lives	
1. Florida Medicaid	• FL - 3,585,392	
2. MaineCare	• ME - 280,587	
3. Alabama Medicaid	• AL - 878,405	CORE-
4. Nebraska Medicaid	• NE - 233,410	certified
5. Health Plan of San Mateo (Medi-Cal)	• HPSM - 113,202	Certified
6. Georgia Department of Community Health	• GA - 1,736,302	
7. Texas Medicaid	• TX - 4,684,783	
8. Alameda Alliance for Health (Medi-Cal)	• AAH - 257,285	
9. Gold Coast Health Plan (Medi-Cal)	• GCHP - 202,217	
10. Health Plan of San Joaquin (Medi-Cal)	• HPSJ - 110,991	CORE
11. San Francisco Health Plan (Medi-Cal)	• SFHP - 131,392	Pledge
12. Contra Costa Health Plan (Medi-Cal)	• CCHP - 172,568	
13. Partnership Health Plan (Medi-Cal)	• PHP - 563,434	
14. Kansas Medicaid	• KS - 396,270	
15. Michigan Medicaid	• MI - 2,289,337	Testing

# **Overview of Voluntary CORE Certification**

# Is available for the following transactions:

- Eligibility Phase I
- Eligibility and Claim
   Status Phase II
- Electronic Funds
   Transfers (EFT) and
   Electronic Remittance
   Advice (ERA) Phase
   III

Phase IV Certification coming soon -- Summer 2016

- Stakeholder-specific Each entity completes testing specific to their stakeholder type in order to become CORE-certified.
- Access a list of CORE-certified organizations <u>HERE</u>.



### **ACA Mandated Certification Compliance**

#### **ACA-Mandated HHS Health Plan Certification**

ACA mandates health plans must certify to HHS compliance with Eligibility/Claim Status/EFT/ERA operating rules and underlying standards.

Applies only to health plans and includes potential penalties for incomplete certification.

CORE Certification Seal proposed as a Document of Compliance for health plans in ACA-mandated Certification of Compliance Proposed Rule (January 2, 2014).

Status: new HHS proposed rule expected - April, 2016

# Polling Question #1: Voluntary CORE Certification

Do you anticipate your organization will become CORE certified in 2016?

- 1. Yes
- 2. Unsure
- 3. No
- 4. Not applicable to my stakeholder type
- 5. Already CORE-certified



# CORE Certification and Medicaids

Benefits, Unique Considerations and Best Practices

### **Voluntary CORE Certification: Benefits for Medicaids**

#### **Key benefits** for State Medicaid Agencies to pursue CORE Certification:

- Positions Medicaids as leaders in administrative efficiencies.
- Real-time access to eligibility and claim status information for Medicaid providers.
- Allows providers to improve their revenue cycles by standardizing claim adjustment code combinations and making it easier to receive payments via EFT.
- Gives assurance of conformance with federally mandated operating rules.
- Lowers cost within claim processing systems, including costly and cumbersome paper checks.
- Enhances opportunity for interoperability between providers and Medicaids.
- Improves relationships with hospitals and other providers.



# Voluntary CORE Certification: Unique Issues for Medicaids

# **Unique State Medicaid considerations** in pursuing CORE Certification:

- Working with Fiscal Agent
- Coordinating with other State/Federal Agencies (such as working with Treasury department on EFT operating rules)
- Patient financial responsibility(e.g. co-pay and deductibles)
- Benefit-level eligibility
- Determination of test bed data
- Continuous search for innovation and efficiency



### **Voluntary CAQH CORE Certification: Resources**

#### Free Resources used by State Medicaids:

- <u>CAQH CORE Analysis and Planning Guides</u>: Identifies system/software gaps and helps create a project plan to complete any necessary system remediation.
- <u>CAQH CORE Certification Test Suites</u> & <u>CAQH CORE Master Test Bed Data</u>: Identifies stakeholder-specific conformance testing requirements of the CAQH CORE Operating Rules for voluntary CAQH CORE Certification.
- CAQH CORE staff support via phone (202.517.0375) and email (<u>CORE@CAQH.org</u>).
- Free resources from Edifecs, CORE-authorized Testing Vendor (<u>Info.CoreCertification@edifecs.com</u>).
- <u>CAQH CORE FAQs</u>: Addresses questions pertaining to technical rule requirements and stakeholder specific implementation on the CAQH CORE Operating Rules.
- Outreach to other State Medicaids that have completed voluntary CAQH CORE Certification.

# Polling Question #2: CORE Certification of Business Partners or Products

How many of your business partners or the products/services you use are CORE certified?

- 1. All
- 2. Some
- 3. None
- 4. I don't know
- 5. Not applicable

#### **Alabama Medicaid Presentation**



#### **Speakers:**

Renee LaRosa
MMIS Project Manager
Alabama Medicaid

#### Sarah Viswambaran

Title XIX Project Manager/Business Analyst Hewlett Packard Enterprise (Fiscal Agent)





#### Currently over 1 million members

2014 Claims counts and amounts

- 24.9 million claims
- Over \$4 billion paid claims

Primarily a Fee For Service (FFS) program

Transition by 10/1/2016

- Regional Care Organizations (RCO) – Alabama Managed Care
- Use DRG's for inpatient claims



# **Decision to CORE Certify**



# Startup Plans

#### **Hewlett Packard Enterprise (HPE) performed pre-assessment:**

- Reached out to others for Lessons Learned and helpful tips
- Estimated work effort and schedule



<u>Healthful Tip:</u> HPE utilized the planning documentation provided by CAQH CORE to define needed steps for project schedule.

### **Project Overview**

#### **Project -- High Level**

Hewlett Packard Enterprise (HPE) and Alabama Medicaid Agency (AMA) worked closely together on applying system changes to the Alabama Medicaid Management Information System (AMMIS).

- Requirements Gathering
- Rule 350 Health Care Claim Payment/Advice (835) Infrastructure Rule
- ➤ Rule 360 Uniform Use of CARCs and RARCs (835) Rule
- ➤ Rule 370 EFT & ERA Reassociation (CCD+/835) Rule
- Creating Designs, Construction and System Testing
- Safe Harbor
- End User Testing

## **Certification Testing**

#### **Start Certification**

- ✓ Registration
- ✓ Navigation and familiarization with site
- ✓ Review of user

#### **Submission of Pledge**



- ✓ Reviewed test cases for certification and incorporated into our system testing <u>first</u>
- ✓ Submitted pledge once we knew our system testing was completed successfully -- the clock starts once your pledge is submitted

#### **Certification Testing**

- ✓ Had to make a few modifications to the test data based on the Edifecs data requirements
- ✓ Example

Task Name	Task Required	Task Status Message	Completion Date
#1 Indicate the date on which you signed the CORE Pledge (Rule 301)	Yes	Completed Complete	07/13/2015
#2 Download CORE Certification Test Suite	Yes	Completed Complete	04/06/2015
#3 Download v5010 835 Test File	Yes	Completed Complete	04/06/2015
#4 Receive Generic Batch Retrieval Request and validate payload receipt confirmation using HTTP Mime Multipart (Rule 350,2)	Yes	Completed Complete	07/17/2015

#### Top half of the test execution page instructions



# #14 Please submit a copy of complete paper EFT enrollment form (Rule 380, 3)

Required

To complete this task, follow the steps listed below.



#### Instructions

This task is designed to allow CORE stakeholders to submit a copy of the complete paper EFT enrollment form as specified in **4.3.1** in the EFT Enrollment Data Rule.

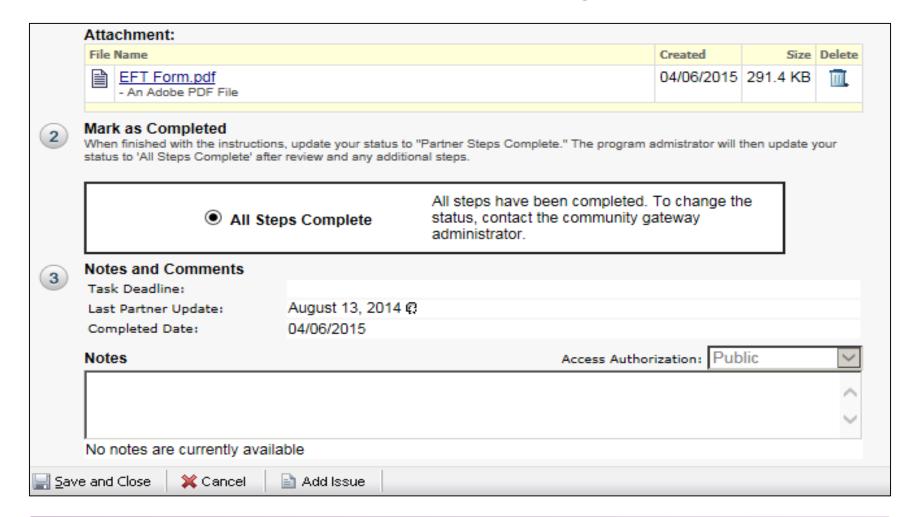
To complete this task please do the following:

- 1. Submit a complete paper EFT enrollement form.
- Use the "Add New Attachment" function in order to browse to and select the screenshot of the required element with in the PMS system, and attach that document. We accept files in the following format - DOC, JPEG, PNG, GIF, BMP, PDF, TIF, TXT.
- Select the "Partner Steps Complete" radio button to signify that you have attached the required document.
- Select the "Save and Close" button at the top or bottom of the screen in order to save the task.

By completing this task you are complying to the following CORE RULE and Test script(s):

CORE RULE 380: EFT Enrollement Data Rule. Test 3.

#### Bottom half of the test execution page instructions



#### **Error Log**

	Failed 4 835_221A1.ecs		
#			
2	Value of element N103 is incorrect. Value "XV" may not be used until National PlanID is available. Segment N1 is defined in the guideline at position 0800.  This error was detected at: Segment Count: 8 Element Count: 3 Character: 287 through 289  : 4 : Normal Element N104 is used. It should not be used until National PlanID is available. Segment N1 is defined in the guideline at position 0800.  This error was detected at: Segment Count: 8 Element Count: 8 Element Count: 8 Element Count: 4 Character: 290 through 295 : 4 : Normal	N1*PR*Alabama*XV*12233 N1*PR*Alabama*X\**12233	03 Identification Code Qualifier Relational Identifier 1 2 Used  04 Identification Code Relational Alphanumeric 2 80 Used
3	Segment MIA or MOA is missing. Remark codes are required when Claim Adjustment Reason Code 16, 17, 96, 125, 146, 162, 226, 227 or A1 is used in CAS segment. Segment MOA is defined in the guideline at position 0350.  This error was detected at: Segment Count: 21 Character: 727  . 4 . Normal	NM1*82*1*BATE5*UOHNNY****9CX*1922040 864 €**	Outpatient Adjudication Information
4	Segment MIA or MOA is missing. Remark codes are required when Claim Adjustment Reason Code 16, 17, 96, 125, 145, 182, 226, 227 or A1 is used in CAS segment. Segment MCA is defined in the guideline at position 0350.  This error was detected at: Segment Court: 34 Character: 1009  : 4 : Normal	NM1*82*1*BATES*JOHNNY****YXX*1922040 864 €**	Outpatient Adjudication Information

#### **Testing Complete**



#### #24 CORE Testing Complete and Certification Next Steps

Requi



#### Instructions

The purpose of this task is to allow the Certifying Entity to notify Edifecs that they have completed their testing and are ready to proceed to the next steps of completing CORE certification, pending appropriate Edifecs review.

To complete this task, select the radio button "Complete" once you have completed the following:

- 1. Downloaded, signed and submitted the CORE Pledge. CORE Pledge (Note: You will have 180 days to complete certification testing from the time that the Pledge is signed)
- 2. Completed all required tasks in this and all programs you are required to test for certification.
- 3. Downloaded, signed and submitted the CORE HIPAA Attestation Form. HIPAA Attestation Form
- Downloaded, signed and submitted the CORE Seal Application Form. CORE Seal Application Form.
- 5. Downloaded, signed and submitted the CORE IT Exemption Form. (if applicable) IT Exemption Form

At the completion of this task and the related tasks in the other programs you are required to comply with, you will have completed all required tasks for certification testing and should anticipate a response from CORE.



#### **CORE Certification Seal**

#### Alabama Medicaid is CAQH CORE Certified



Alabama Medicaid Agency has received CAQH (Council for Affordable Quality Healthcare) Committee on Operating Rules for Information Exchange (CORE®) certification for Affordable Care Act (ACA) Operating Rules Phases I, II and III. The Agency has committed to become COREcertified. As a valued trading partner, we strongly encourage you to also complete CORE-certification. Access to eligibility, benefits, and claims data is improved with every organization that completes the process.

#### **Lessons Learned**

- ✓ If the certification test cases are available when the project begins these need to be reviewed and included in the design and also incorporated into the system testing.
- ✓ Ensure an understanding of the Edifecs test cases ahead of time and only write internal test cases for those tests that need to be completed by Health Plans.
- ✓ Create a web page to communicate and/or document direction on what the providers should know concerning the ACA operating rules and what type of an impact these changes will have on the data exchanges with AMA.
- ✓ Outreach as much as possible to the provider community to encourage testing to minimize impact when changes are implemented into production.
- ✓ Set up a good test environment that provides a copy of production so providers may submit "real" data -- beneficial to ensure that daily processing tasks are not impacted negatively.
- ✓ Establish turn around times concerning test issue resolution and email responses with Edifecs.



**Taha Anjarwalla**CAQH CORE Senior Associate

# Polling Question #3: CORE Certification Benefits

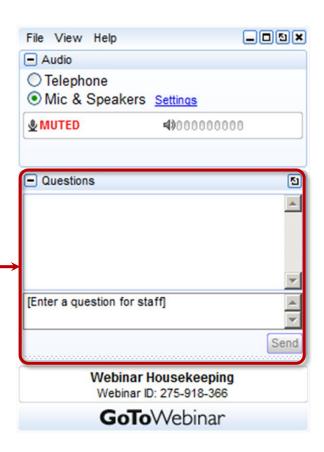
Which benefit of CORE Certification is most important to your organization?

- 1. Demonstrates conformance with the operating rules.
- 2. Improves business processes leading to greater efficiencies for our customers (for example, requires real-time patient financials for providers).
- 3. Provides an objective assessment of our systems through the use of a third-party tester (CORE-authorized) and industry-supported certification organization (CAQH CORE).
- 4. Ensures my business partners/fiscal agents are functioning as efficiently as possible and are conformant with operating rules.
- 5. It is a useful marketing tool.

#### Audience Q & A

#### Please submit your questions

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





# Key Takeaways

- CORE Certification gives assurance that entities are transacting healthcare data exchange efficiently and effectively and that they are conformant with the operating rules and underlying standards.
- Medicaids have unique considerations and achieve key benefits from CORE Certification.
- If you are considering CORE Certification, talk to other Medicaids and learn from their challenges and best practices.

# Market-based Review Survey – deadline is February 10th

If you are involved in the healthcare claim payment or remittance advice process (835 transaction), and are facing costly manual claims denials and adjustments, make your submission NOW to the CAQH CORE Code Combination **Market-based Review Survey** to improve the use of the Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC).

Submissions can be made via an easy-to-use online <u>submission</u> form before the **deadline of February 10, 2016.** 

Need more information? Go to the <u>CAQH CORE website</u> to get more information.

## **Engage with CAQH CORE!**

# <u>CAQH CORE Website</u> or contact us at <u>CORE@CAQH.org</u>

Participate in the CAQH CORE Code Combinations Task Group (CCTG) or the Enrollment Data Task Group

Become a CAQH CORE Participating Organization

**Explore** Voluntary CORE Certification

Register for our educational webinars



#### Dedicated webpages:

- ✓ Code Combination Maintenance
- ✓ <u>EFT/ERA Enrollment</u> Maintenance
- ✓ <u>Voluntary CORE</u> <u>Certification</u>
- ✓ CAQH CORE Phase IV Operating Rules



# Thank you for joining us!

Website: <a href="https://www.CAQH.org/CORE">www.CAQH.org/CORE</a>

Email: <a href="mailto:CORE@CAQH.org">CORE@CAQH.org</a>



