CAOH. CORE



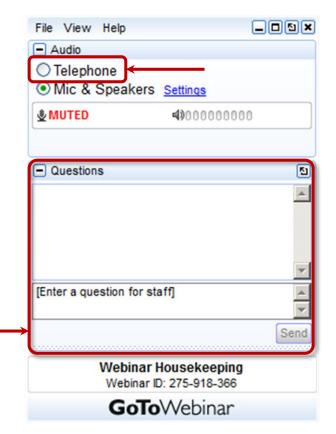
CAQH CORE: October Town Hall

Thursday, October 22nd, 2015 2:00 – 3:00 PM ET

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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





Session Outline

- 1. Welcome and Introduction
- 2. CAQH CORE Board Activities Update
- 3. CAQH CORE Mandated EFT & ERA Operating Rules Maintenance Update
- 4. Voluntary CORE Certification
- 5. Update on CAQH CORE Phase IV Operating Rules
- 6. Upcoming Education Sessions
- 7. Q&A



CAQH CORE Board Activities Update

Denise Buenning CAQH CORE Director



CAQH CORE Participants and Board Overview

CAQH CORE Participants

Who

 140+ participating entities across the Healthcare industry

Key Responsibilities

- Rule development approval
- Certification test suite approval
- Maintenance of existing rules

CAQH CORE Board

Who

- 14 voting, multi-stakeholder
 representatives from the healthcare
 industry
 - Includes non-voting advisors, e.g. Standard Development Organizations

Key Responsibilities

- Mission and Vision
- Long/Short Term Strategy
- Budget
- Bylaws

CAQH CORE Future Focus: Board Discussions

- The commitment to the CAQH CORE mission, vision and integrated model is very strong.
- CAQH CORE plays a critical and unique role in the marketplace, and is at an inflection point as it considers the next three years.
 - ACA-driven efforts are reducing; however, ongoing CAQH CORE focus is key
 - Innovative maintenance and tracking of existing operating rules
 - Implementation support for Phases I-IV
 - Voluntary pilot on Attachments to inform formal development
 - Potential new work due to <u>ACA Review Committee</u>
 - To achieve full cost savings of existing transactions, more work is needed to drive market adoption.
 - CORE Certification is essential and its support for evolving work flows and partnerships
 - Voluntary extensions of existing operating rules will be needed
 - Payment model is changing and thus the work flows and transactions that support the adjudication of the payment model is changing.



CAQH CORE Future Focus: Board Discussions (cont'd)

 Based on assessment in 2015, the CAQH CORE Board came to agreement that CAQH CORE must have a future focus on driving unnecessary cost from the fee-for-service (FFS) data exchange, and helping the collective exchange needs that will be needed for what is evolving as value-based payments (VBP).

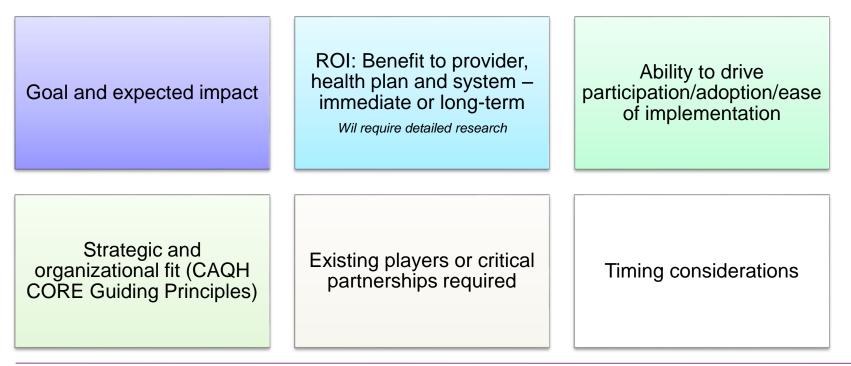
Fee-For- Service	Pay-For- Performance	Patient- centered Medical Home	Shifting Financial Risk/ACO				Provider-
			One-Sided (Shared Savings)	Bundled (Episode) Payments	Two-Sided (Shared Risk)	Full Risk (Capitation)	Sponsored Health Plan
	Incentive Payment		Transfer of Risk				

 A white paper has been developed to scope some potential roles and opportunities for CAQH CORE. In 2016, an evaluation of the potential role of CAQH CORE in value-based will occur. CAQH CORE participants and the industry at large will be essential to this. CAQH CORE integrated model and processes likely will need to adjust should VBP opportunities be pursued.



CAQH CORE Board: What Should Drive Future Focus?

The Board continues to support a strong emphasis on evaluation criteria, whether CAQH CORE is considering how to voluntary expand its existing operating rules, e.g. additional eligibility data content as outlined in recent NCVHS testimony, or to develop and adopt initial collective action on value-based payments. Applying this criteria to new potential opportunities will be a key part of 2016.





CAQH CORE Mandated EFT & ERA Operating Rules Maintenance Update

Robert Bowman Senior Manager



CAQH CORE's work goes beyond rule development and implementation and includes **maintenance** of these rules to ensure that they reflect changing industry business needs.

Examples of maintenance efforts for the CAQH CORE EFT and ERA Operating Rules include:

- The CAQH CORE Code Combinations and CORE-defined Business Scenarios -Code Combinations Task Group (CCTG)
- EFT and ERA Operating Rules Enrollment Data Task Group (EDTG)

Task Groups encourage full industry input through review and analysis, open and relevant discussions, straw polls, and final approvals.



Maintenance: Uniform Use of CARCs and RARCs Rule CORE Code Combination Adjustments – Impact

Impact -- Use of CORE 360 Rule has Mitigated:

- ✓ Unnecessary manual provider follow-up
- ✓ Faulty electronic secondary billing
- ✓ Inappropriate write-offs of billable charges
- Incorrect billing of patients for co-pays and deductibles
- ✓ Posting delays

Maintenance process applied

300,000 code combinations



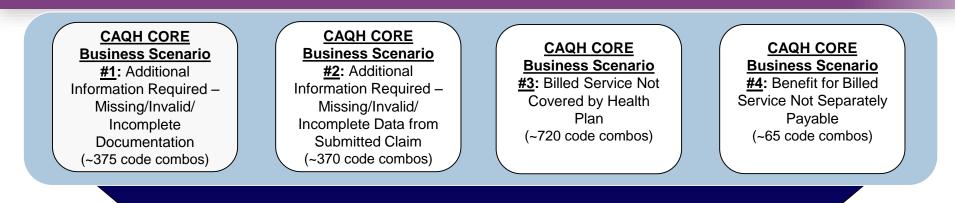
Streamlined

code set

4 common business

scenarios

CAQH CORE Code Combinations Maintenance Process



Stability of CAQH CORE Code Combinations maintained



3 CAQH CORE Compliance-based Reviews per Year

Triggered by tri-annual updates to the published CARC/RARC lists by code authors aligned with the published code list updates.

Annual CAQH CORE Market-based Reviews

Supports ongoing improvement of the CAQH CORE Code Combinations

Considers industry submissions for adjustments to the CAQH CORE Code Combinations based on business needs (addition/removal/relocation of code combinations and potential new Business Scenarios) and industry usage.



Maintenance: Uniform Use of CARCs and RARCs Rule CAQH CORE Code Combinations Task Group (CCTG)

Goal: Continuous, data-driven focus on uniformity to claim adjustment codes to improve denial management process.

- Recent CCTG Compliance-based Review Work:
 - Completed CBR for code lists published by WPC on July 1, 2015; updates reflected in CAQH CORE Code Combinations v3.2.1 published to CAQH website on October 1st

CCTG Market-based Review Work*:

- Completed MBR in response to 2014 industry submissions for adjustments to code combinations in <u>existing</u> CORE-defined Business Scenarios; updates included in June 2015 CAQH CORE Code Combinations
- Task Group conducting MBR in response to 2014 industry submissions for potential <u>new</u>
 CORE-defined Business Scenarios for *voluntary* industry adoption

Composed of more than 50 CAQH CORE Participating Organizations from a wide variety of stakeholders; led by four multi-stakeholder Co-Chairs:

- Shannon Baber, UW Medicine
- Heather Morgan, Aetna

- Lynn Franco, *UnitedHealth Group*
- Janice Cunningham, *RelayHealth*

***NOTE:** MBR updates are published concurrent with one of the three CBR updates.



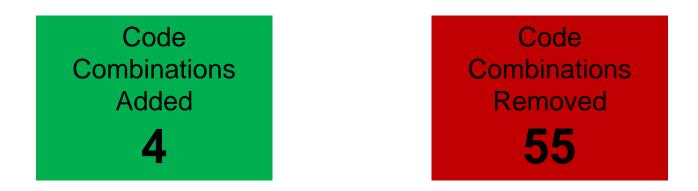


Maintenance: Uniform Use of CARCs and RARCs Rule CORE Code Combinations v3.2.1 Overview

Current version is CAQH CORE Code Combinations v3.2.1 October 2015:

Includes **Compliance-based Adjustments** that reflect changes made by the code committees to the CARC & RARC lists published on July 1, 2015

Summary of Adjustments in CAQH CORE Code Combinations v3.2.1



(Net 51 Code Combinations Removed)



Maintenance: Uniform Use of CARCs and RARCs Rule Compliance and Resources

Updated Version of the CAQH CORE Code Combinations	Compliance Date (Applies to all HIPAA-covered Entities)
October 2015 v3.2.1 (released October 1 st)	January 1, 2016
	↑

HIPAA covered entities have **90 days** from the date of publication of an updated version of the CAQH CORE Code Combinations until compliance with that version is required; any outlier deadlines set by Code Committees, e.g. code is not deactivated for 180 days, are addressed in CAQH CORE policy.

Available Resources

- For more information please visit CAQH CORE's <u>dedicated webpage</u> for the CAQH CORE 360 Rule and the CAQH CORE Code Combinations Maintenance Process
- You can access and download the <u>October 2015 CAQH CORE Code Combinations</u> <u>v3.2.1</u> and a marked-up version of the CAQH CORE Code Combinations that highlights adjustments made between v3.2.0 and v3.2.1



Maintenance: Uniform Use of CARCs and RARCs Rule *Get Involved!*

- **Participate** in the CAQH CORE Code Combinations Task Group (CCTG):
 - Any <u>CAQH CORE Participating Organization</u> can join the CCTG and give their input
 - During review cycles, the CCTG meets bi-weekly on Tuesdays from 3pm 4:30pm ET
- Submit a response to the 2015 Potential Market-based Adjustments Industry Survey:
 - The 2015 Industry Survey will launch in Q4 2015
 - For updated information on the survey, please visit CAQH CORE's <u>webpage</u>
- **Submit adjustments** via the next Market-based Review to ensure the CAQH CORE Code Combinations and CORE-defined Business Scenarios:
 - Reflect YOUR specific business cases/needs
 - Are thorough, precise and accurate
 - Address problems in the most effective way



EFT and ERA Enrollment Data Elements Maintenance 2015 Maintenance Review to Launch in November

The EFT and ERA Enrollment Data Rules require a data set maintenance process to incorporate lessons learned from increased enrollment and to meet changing industry needs.

CAQH CORE 380: EFT Enrollment Data Rule

CAQH CORE 382: ERA Enrollment Data Rule

The CAQH CORE Enrollment Data Task Group (EDTG) successfully completed the first <u>EFT & ERA Enrollment Data Sets Maintenance Review</u> in 2014.

First Maintenance Review, 2014

Agreed on non-substantive adjustments* to the Enrollment Data Sets

Agreed on key policies for ongoing maintenance

*Adjustments that do not change name, position, or collection requirements for the CORE-required data elements, sub-elements, or data element groups to improve usability of the Data Set.

2015 Review: The EDTG will reconvene in November to determine if any substantive adjustments to the Enrollment Data Sets are needed at this time.

If you are interested in joining the EDTG, email core@CAQH.org

Polling Question #1: Uniform Use of CARCs and RARCs Benefits

Have you or has your company seen improvements in the denial management process due to CORE Code Combinations for CAQH CORE 360 Rule (Uniform Use of CARCs and RARCs Rule)?

- 1. Yes
- 2. No
- 3. Unsure
- 4. Not applicable to my organization



Voluntary CORE Certification

Matthew Albright Senior Manager, CORE Certification

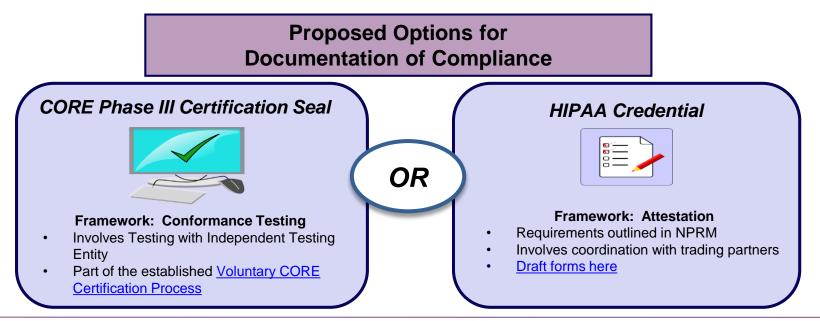
Taha Anjarwalla Senior Associate, CORE Certification



CORE's Role in ACA-mandated HHS Health Plan Certification

Notice of Proposed Rule Making (NPRM) published in Federal Register on January 2, 2014

- It is proposed that by December 31, 2015, Controlling Health Plans (CHPs) must submit to HHS :
 - Documentation of Compliance, and
 - Number of Covered Lives
- A final rule has not yet been published





The gold standard in certifying administrative simplification conformance, CORE Certification is the most robust and widely-recognized industry program of its kind. Its multi-layered approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards.

- Requirements developed by broad, multi-stakeholder representation through transparent discussion and polling process;
- 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.

About Voluntary CORE Certification

- Since its inception, CAQH CORE has offered a voluntary CORE Certification to health plans, vendors, clearinghouses, and providers.
 - Voluntary CORE Certification provides verification that your IT system or product operates in conformance with the federallymandated and voluntary Operating Rules
 - May help with internal audits
 - CORE Certification is stakeholder-specific: Each entity completes testing specific to their stakeholder type, enhancing their chance to become CORE Certified.
- CAQH CORE Certification is available for the following transactions
 - Eligibility and Claim Status (Phase I and Phase II)
 - EFT and ERA (Phase III)
 - Expected by Fall 2016: Enrollment/Disenrollment, Prior Authorization, Health Plan Premium Payments, Health Care Claims (Phase IV Master Test Suite)





Note: Learn more about voluntary CORE Certification here





Voluntary CORE Certification: Why Certify with CORE?

- Trust. Widely regarded as a must-have seal of approval across the healthcare industry, CORE Certification signifies that your organization follows a set of HIPAA-mandated standards and operating rules for exchanging electronic administrative data. Displaying the CORE Certification Seal publicly recognizes your commitment to the highest standards of electronic data interchange (EDI) performance, and your status as a trusted business partner.
- **Assurance**. In an environment of heightened enforcement, healthcare organizations are concerned about having systems that are compliant with government requirements and having trading partners and vendors with compliant systems. Examples of evolving enforcement:
 - ACA-mandated HHS Health Plan Certification (proposed)
 - ACA-mandated Audits
 - New CMS Division: Division of Administrative Simplification Compliance
- Administrative time and cost savings: Smoother ongoing use and industry transition to new federally mandated standards and operating rules results in more immediate and widespread cost savings
 - Many in industry attribute implementation difficulties to a lack of a consistent testing process or framework

"We want healthcare providers to know that whenever they exchange administrative data they can depend on real-time access to information needed to make timely and informed decisions."

Howard Messing

President and CEO, MEDITECH



CORE Certifications Awarded by Stakeholder Type

A wide range of entities have achieved CORE Certification:

Health Plan Stakeholder Types	Provider Stakeholder Types	Clearinghouse Stakeholder Types	Vendor Solutions or Products
HALTH CARE ADIRE MANDA	Department of Veterans Affairs	ATRIZETTO Provider Solutions™	Reimagining healthcare. Redefining productivity.
CENTENE	T MAYO CLINIC	CONTRACTOR OF THE PARTY OF THE	PNC HEALTHCARE
UNITEDHEALTH GROUP	MONTEFIORE Medical Center	InstaMed Heathcare Payments Simplified	NEXTGEN
🌋 Cigna.	SPECTRUM LABORATORY NETWORK	OPTUM ™	(Here)



If you would like to find out more about CAQH CORE Certification and our many resources and tools to get you started, go to our website at

www.CAQH.org

and click on "Certification" under CORE, or contact us directly at:





Polling Question #2: Voluntary CORE Certification

Do you anticipate that your organization will become CORE certified?

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

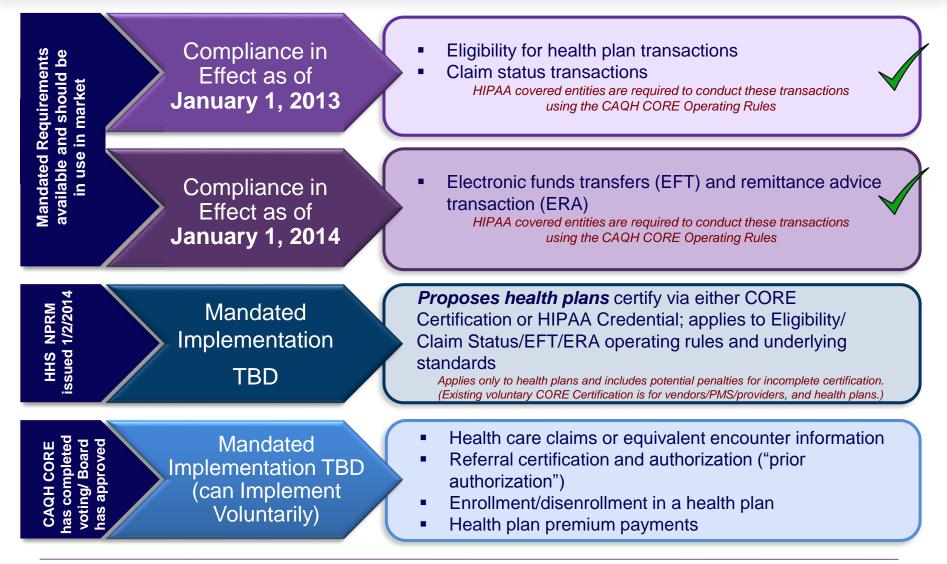


Update on CAQH CORE Phase IV Operating Rules

Denise Buenning CAQH CORE Director



ACA Mandated Operating Rules and Certification Implementation Dates





Scope of Phase IV CAQH CORE Rule Requirements

Reminder: Health Claims Attachments transaction not included; there is no formal HIPAA Health Claims Attachments standard(s).

Infrastructure Requirement	Prior Authorization	Claims	Enrollment/ Disenrollment	Premium Payment
Processing Mode	Batch OR Real Time Required	Batch Required; Real Time Optional	Batch Required; Real Time Optional	Batch Required; Real Time Optional
Batch Processing Mode Response Time	If Batch Offered	Х	Х	Х
Batch Acknowledgements	If Batch Offered	Х	Х	Х
Real Time Processing Mode Response Time	If Real Time Offered	If Real Time Offered	If Real Time Offered	If Real Time Offered
Real Time Acknowledgements	If Real Time Offered	If Real Time Offered	If Real Time Offered	If Real Time Offered
Safe Harbor Connectivity and Security	Х	Х	Х	Х
System Availability	Х	Х	Х	Х
Companion Guide Template	Х	Х	Х	Х
Other	N/A	Include guidance for COB in companion guide	Timeframe requirements to process data after successful receipt and verification of transaction	Timeframe requirements to process data after successful receipt and verification of transaction

X = Required



Existing Activities: Impact of Phase IV CAQH CORE Operating Rules

Rules address four HIPAA transactions including Claims, Prior Authorization, Enrollment, and Premium Payment

- Offering at least one common method of **connectivity** (i.e., a "safe harbor") among entities transmitting data electronically.
- A minimal amount of time for **system availability** to receive and send data.
- An **acknowledgement** to ensure the transaction has been received, has not been lost between entities, and will be addressed.
- Required response times for acknowledgement and processing for both real-time and large record "batch" submissions.
- A common format that entities must use when providing information about their proprietary data exchange systems via "companion guides."

Increase consistency and automation across entities

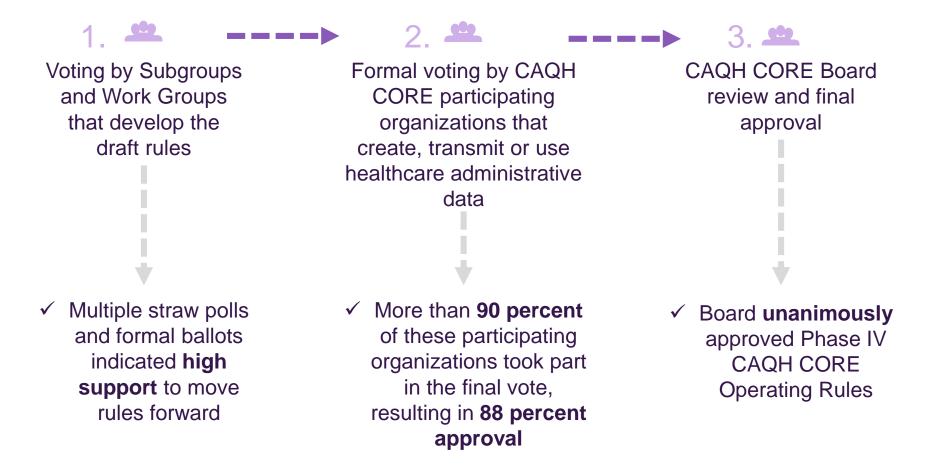
- Identify gaps or barriers at any point in the transaction
- Increase usage of automated electronic transactions
- More efficient processes resulting in reduced administrative costs
- ✓ Improve customer services to patients and providers
- Reduce staff time for phone inquiries
 - Enhance revenue cycle management, resulting in improved cash flow



Health Plan

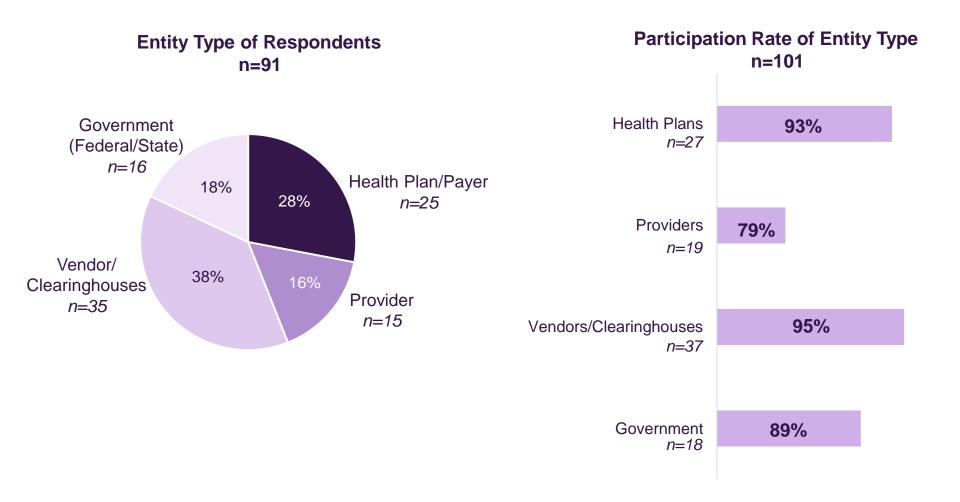
Submitter

High-Level Overview of CAQH CORE Voting Processes





Full CAQH CORE Voting by Participating Organizations Stakeholder Participation Analysis

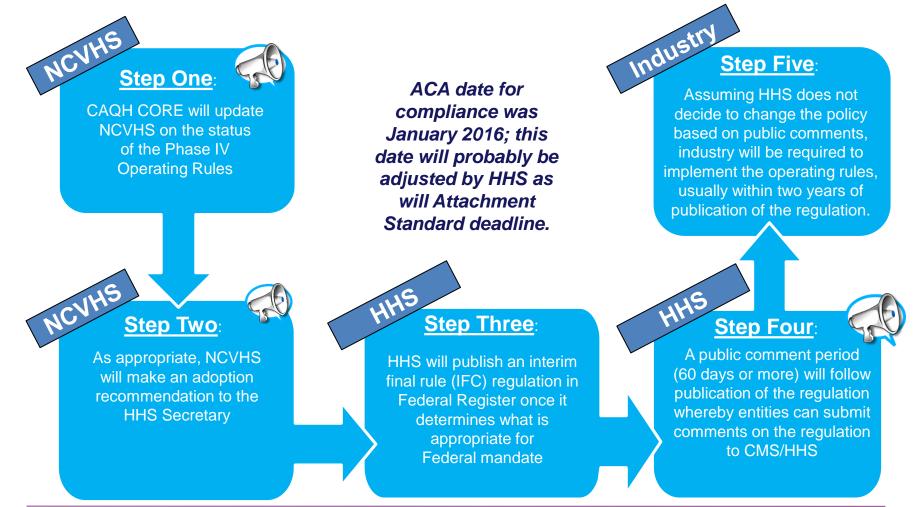


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Phase IV CAQH CORE Operating Rules Next Steps: Working with NCVHS and HHS

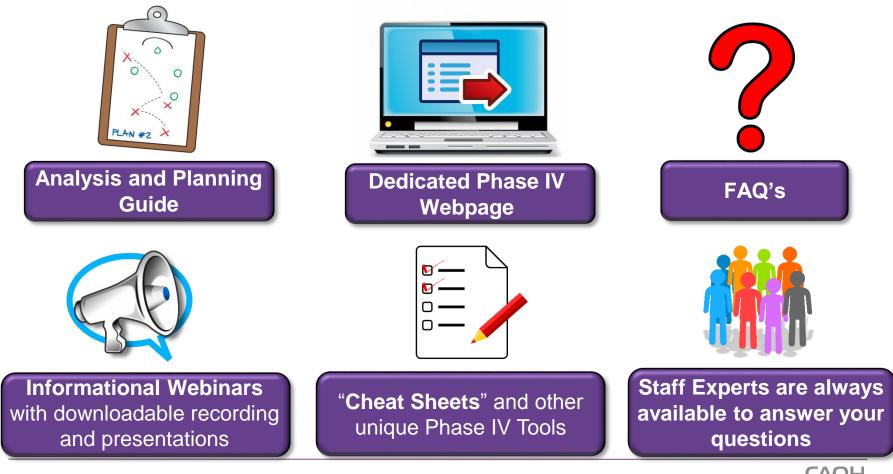
CORE

It is anticipated that the regulatory process for adoption of the Phase IV CAQH CORE Operating Rules will be similar to the process for EFT & ERA and include opportunities for public comment.



Next Steps: Phase IV Implementation Support

As with previous Phases, over the next few months CAQH CORE will roll out a set of Phase IV CAQH CORE Operating Rules education resources and implementation tools to support industry implementation of the new operating rules



CORE

Polling Question #3: Phase IV CAQH CORE Operating Rules

Please indicate whether you intend to voluntarily implement the Phase IV CAQH CORE Operating Rules:

- 1. Yes, we plan on implementing all of them
- 2. Yes, we plan on implementing some of them
- 3. Need to learn more
- 4. No



Upcoming Education Activities

Jessica Porras Senior Manager, Education & Outreach

Drew Voytal Senior Project Associate, Education & Outreach



CAQH CORE Education and Outreach What to expect in the final months of 2015 and beyond

CAQH CORE offers many opportunities and resources to assist organizations interested in implementing or learning more about operating rules and voluntary CORE Certification.

Educational Webinars

- 2-3 per month
- Webinar Series, such as Town Halls, Open Mics, Thought Leader Series, Certification Series and Implementer Case Studies
- Partnerships
 - Strengthen CAQH CORE's educational partnerships and increase speaker diversity, especially targeting providers to help them realize the benefits of Operating Rules
 - Continue to offer joint education sessions with organizations such as Standards Development Organizations, CORE Vendors and CORE-certified entities, federal and state government agencies, and stakeholder professional associations





CAQH CORE Education and Outreach What to expect in the final months of 2015 and beyond

Website – caqh.org/core/education-center

 Continue to enhance how and what type of information is presented on the CORE portion of the new CAQH website

New Educational Products

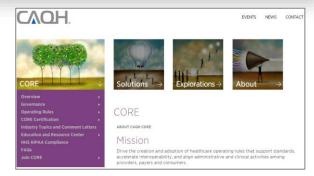
 New types of educational products to supplement existing tools, such as videos and e-learning modules

Social Media

 Enhanced emphasis on social media, such as LinkedIn and Twitter

Data & Analysis

- Continue to understand audience's need for education
 - Use tools such as surveys, instant polling and registration information to understand and respond to audience needs.











Upcoming CAQH CORE Educational Webinars

Our next CAQH CORE Educational Webinars:

- October 27th: Voluntary CAQH CORE Certification National Webinar with <u>Group Health Cooperative</u> and Edifecs
- November 5th: Implementing the Operating Rules: Implementation Experience from the Largest Integrated Healthcare System in the U.S. - Department of Veteran's Affairs
- November 10th: <u>Joint National Webinar with CAQH CORE, ASC X12 &</u> <u>NACHA</u> – "Matching Payments to Services Delivered"
- December 10th: <u>New Phase IV CAQH CORE Operating Rules National</u> <u>Webinar</u>

We want to hear from you!

If you have ideas for educational sessions that you would like to see in the future, contact Education and Outreach staff directly by emailing <u>dvoytal@caqh.org</u> or provide comments on today's Post-Event Survey.



Audience Q & A

Please submit your questions	File View Help Audio Telephone Mic & Speakers Settings MUTED	
Enter your question into the "Questions" pane in the lower right hand corner of your screen.	Questions [Enter a question for staff]	
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Thank you for joining us!

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org







