CAQH CORE Town Hall Webinar

December 12, 2017

2:00 – 3:00 pm ET

Download the presentation slides at www.caqh.org/core/events.

- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the presentation slides.

- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Questions can be submitted *at any time* with the **Questions panel on the GoToWebinar dashboard.**
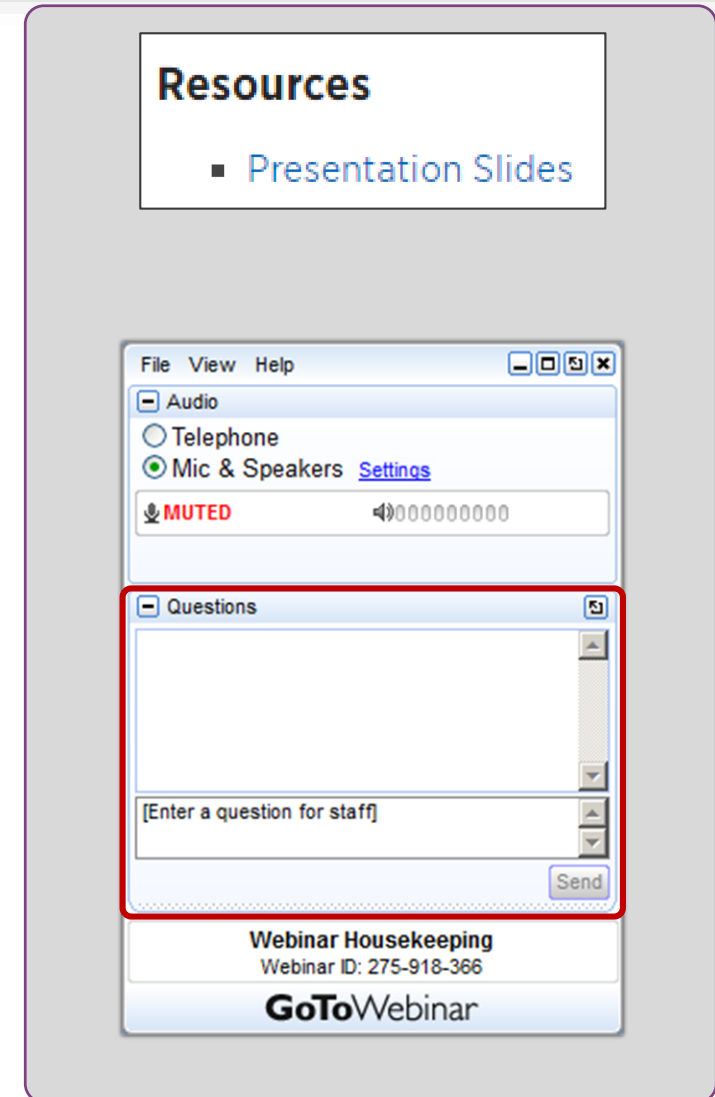
Session Outline

- 2017 CAQH CORE Overview.

- Federal Update.

- Mandated Operating Rule Maintenance.

- Voluntary CORE Certification.

- Voluntary Efforts to Drive Value.

  - Prior Authorization.

  - Attachments.

  - Value-based Payments.

- Q&A.

2017 CAQH CORE Overview
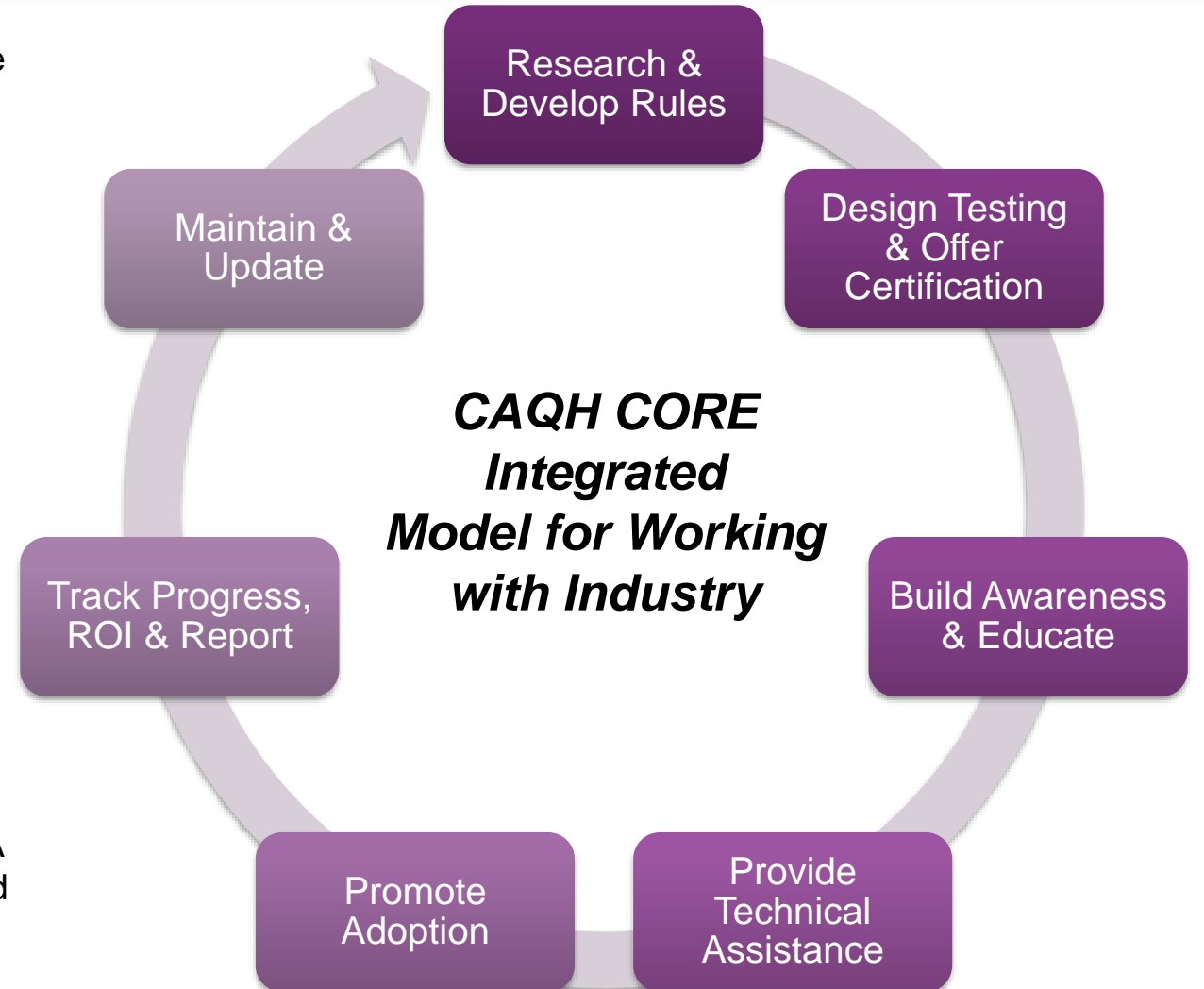
Bob Bowman
CAQH CORE Director

CAQH CORE Mission and Vision

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 Named by Secretary of HHS to be national author for three sets of operating rules mandated by Section 1104 of the Affordable Care Act.

BOARD Multi-stakeholder. Voting members are HIPAA covered entities, some of which are appointed by associations such as AHA, AMA, MGMA. Advisors are non-HIPAA covered, e.g. SDOs.

CAQH CORE Integrated Model for Working with Industry

- Research & Develop Rules
- Design Testing & Offer Certification
- Build Awareness & Educate
- Provide Technical Assistance
- Promote Adoption
- Track Progress, ROI & Report
- Maintain & Update

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Operating Rules Require Collaboration
Operating Rules are Crucial in a Technology-driven World

> *"When everyone adheres to the operating rules, eligibility is verified quickly and accurately, claim status is easily available, funds are exchanged seamlessly and securely, and all parties are clear on which services have been rendered."*
>
> -Susan L. Turney, MD, MS, FACP, FACMPE, Chief Executive Officer, Marshfield Clinic Health System

Today, more than 130 organizations participate in CAQH CORE, including healthcare providers, health plans representing 75 percent of insured Americans, vendors, government entities and standard setting organizations.

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2017 CAQH CORE Goals and Accomplishments

Serve as federally recognized national operating rule author using existing CAQH CORE Integrated Model.

- Phase I-III Implementation Support.
- Phase III Maintenance Efforts.
- Federal Activities – HPID, NCVHS Predictability Roadmap, ONC ISA.
- X12 v7030.

Evolve to best pursue efforts to drive voluntary multi-stakeholder value.

- Phase IV Implementation Support.
- Value-based Payments.
- Prior Authorization.
- Attachments.

Function as effective voluntary certifier for operating rules and underlying standards.

- Voluntary Phase I-III CORE Certification.
- New Phase IV Certification.
- CAQH CORE Enforcement Policy.

Align and evolve to continue to support Mission/Vision.

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Federal Update

Erin Weber
CAQH CORE Director

Mandated Operating Rule Compliance Updates

HHS Health Plan Certification of Compliance
Regulation Withdrawn by HHS

March 2010
ACA Section 1104

ACA Section 1104 mandates a certification process for health plans.

Health plans must file a statement with Department of Health and Human Services (HHS) certifying their data and information systems are in compliance with applicable transaction standards and associated operating rules.

January 2014
HHS Issues NPRM

HHS issues Notice of Proposed Rulemaking (NPRM) on the ACA-mandated health plan certification.

NPRM includes health plan certification requirements for eligibility, claim status, electronic funds transfers (EFT) and electronic remittance advice (ERA) transactions.

NPRM defined two potential certification options for health plans to meet HHS compliance requirements: HIPAA Credential and CORE Certification.

October 4, 2017
HHS Withdraws NPRM

HHS publishes notice withdrawing the January 2014 Health Plan Certification of Compliance NPRM.

Health plans must still comply with HIPAA-mandated standards and operating rules for electronic transactions.

While **HHS retains authority to review health plans for compliance**, health plans will not have to certify their compliance as outlined in the proposed rule.

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New Announcement from CMS
HHS HIPAA Administrative Simplification Optimization Project

- On 11/29/17, the Centers for Medicare and Medicaid Services (CMS) announced the **HHS will pursue proactive compliance reviews of health plans and clearinghouses for compliance** with Administrative Simplification transaction standards including adopted standards, code sets, unique identifiers and operating rules.
  - Goal: Compliance reviews will results in an environment that requires minimal government intervention because entities are conducting electronic transactions in adopted standard formats.

- CMS announcement emphasizes that compliance with the Administrative Simplification requirements will:
  - Reduce the burden on compliant entities of needing to exchange health care information with trading partners that are not compliant with the adopted standards.
  - Improve efficiency across the health care system by streamlining communications about billing and insurance related matters, which allows providers and health plans to spend less time on these tasks.

- Proactive approach implements a progressive penalty process with the goal of remediation, not punishment. However, **the full array of enforcement actions are also possible**, which includes corrective action plans (CAPs) and HHS technical assistance.

> First step is the **HHS Administrative Simplification Optimization Project Pilot**.
> Pilot will inform the rollout of the Administrative Simplification Optimization Program, where HHS will begin conducting proactive reviews of health plans and clearinghouses.

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HHS Optimization Project Pilot Launching in January
Currently Seeking Volunteer Participants

- **HHS is seeking a total of 6 volunteers**—3 health plans and 3 clearinghouses–who will undergo reviews of their transactions for compliance with adopted standards, code sets, unique identifiers, and operating rules.
- Volunteers will submit electronic transaction files for review and testing by HHS and **attest to compliance with operating rules**.
- During the pilot, HHS will identify compliance issues and areas for optimization, and **volunteers will develop a corrective action plan to remedy areas of noncompliance**.
- Upon completion, HHS will provide volunteers with a report that flags any issues that need to be addressed for full compliance.
- **Volunteers that achieve successful reviews will receive a dated certificate to that effect from HHS.** Volunteers may choose to share their certificate with potential business associates, the public and other stakeholders.

HHS will choose volunteers from emails received by December 13, 2017 and will make a decision by December 27, 2017, regarding selected volunteers. Reviews will be conducted beginning January 2018.

To sign up, write to **HIPAAcomplaint@cms.hhs.gov**.

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Other Federal Activities

National Committee on Vital and Health Statistics
Advisors to the Secretary of the Department of Health and Human Services

Topic	What is it?	How is CAQH CORE Involved?
Standards & Operating Rules Predictability Roadmap	▪ NCVHS established a goal to develop a predictable schedule for the industry of when updates to the HIPAA standards and operating rules will occur; help market prepare for change. ▪ Developing a "predictability roadmap" is one of the Subcommittee on Standards' priorities.	▪ **May 2017:** CAQH CORE and four standards setting bodies received request to participate. ▪ **June 2017**: Preparations for in-person workshop: information gathering questionnaire and phone interview. ▪ **August 21, 2017:** In person workshop with key stakeholders (e.g. CAQH CORE, SDOs, Associations, Advisory Groups, etc.) to identify key opportunities for improvement of current processes. ▪ **September 2017:** Subcommittee update at September NCVHS Full Committee meeting. ▪ **December 14, 2017:** Meeting with key stakeholders on next steps.
Health Plan Identifier (HPID)	▪ NCVHS Subcommittee asked key questions regarding the HPID landscape of how they are generated and their use in current business.	▪ **July 2015**: CAQH CORE Board letter in response to the CMS 2015 Request for Information. ▪ **May 2017**: CAQH CORE Testimony to NCVHS on HPID.

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Office of National Coordinator (ONC)
Federal Entity Charged with Nationwide Coordination of Health Information Technology Efforts

Topic	What is it?	How is CAQH CORE Involved?

Interoperability Standards Advisory (ISA)	▪ The ISA is a dynamic, coordinated catalog of the standards and implementation specifications that can be used to meet interoperability needs in healthcare.
	
	   • The 2018 ISA was the first time administrative standards and operating rules were included.
	
	   • ISA will play a role in ONC's efforts to implement the 21st Century Cures Act.
	
	   • Way to harness industry input on best fit interoperability standards for use in health IT.
	
	▪ ONC comment period for ISA's online "2018 Reference Edition" ended November 20, 2017.
		CAQH CORE submitted comments to the ISA. Highlights include:
		
		▪ Inclusion of Phase II CAQH CORE 258: Normalizing Patient Last Name Rule to Section III-E: Patient Identification Management.
		
		▪ Recommendations for organizing and presenting content on operating rules.
		
		▪ Inclusion of the CAQH CORE Phase IV Operating Rules.
		
		▪ Verifying adoption rates outlined in the ISA via the CAQH Index.

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X12N v7030 Public Comment Period

Robert Bowman
CAQH CORE Director

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X12N v7030 Public Comment Period
New Schedule - Revised December 2017

CYCLE 1
60 days

September 1, 2016 - October 31, 2016

Enrollment (834)
Premium Payment (820)

CYCLE 2
60 days

October 1, 2016 – November 30, 2016

Claim Status (276/277)	Claim Acknowledgment (277CA)*
Acknowledgement (999)*	Claim Pending (277P)*

CYCLE 3
90 days

November 1, 2016 – January 30, 2017

ERA (835)

CYCLE 4
120 days

February 1, 2017 – June 1, 2017

Professional Claim (837P)	Dental Claim (837D)
Institutional Claim (837I)	Health Care Service: Data Reporting (837R)*

CYCLE 5
150 DAYS

September 1, 2017 – January 31, 2018

Healthcare Services Review Request – Response (278)

CYCLE 6

Postponed - TBD

Eligibility/Benefit Inquiry (270/271)

CYCLE 7

Postponed - TBD

Application Reporting for Insurance (824)
Claim Request for Additional Info (277RFI)
Claims Attachments (275)

NOTE: These transactions are not federally mandated.

*Draft TR3 and submitted comments are not available after public review period ends.
Cycle 8 has been eliminated; it included the Health Care Fee Schedule (832). For more information, see *X12 Public Comment Period Timeline for X12N 7030™ Technical Reports*.

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X12N v7030 Public Comment Period
Update on CAQH CORE Engagement

Date	ASC X12 Action	CAQH CORE Response
June 2017	▪ ASC X12 announced intended launch of X12N v7030 Public Comment Cycles 5 & 6 on September 1st.	▪ CAQH CORE announced following milestones for CAQH CORE review of the Draft X12N v7030 270/271 and 278 Type 3 Technical Reports (TR3s): • Milestone 1: CAQH CORE Notification to CORE Participants. • Milestone 2: Development of Draft CAQH CORE Comments, as appropriate. • Milestone 3: CORE Participant Feedback on Draft Comments. • Milestone 4: Revise Draft CAQH CORE Comments. • Milestone 5: Submission of CAQH CORE Comments to X12.
August 2017	▪ ASC X12 announced delay of publication of Draft X12N v7030 270/271 TR3 for public comment. • ASC X12 will publish new Cycle 6 start and end dates when finalized.	▪ CAQH CORE will apply established milestones for review of Draft X12N v7030 270/271 TR3 once publicly available.
September 2017	▪ ASC X12 published Draft X12N v7030 278 TR3s for public comment.	▪ CAQH CORE Staff conducted review of Draft X12N v7030 278 TR3 as part of pre-work to launch new CAQH CORE Prior Authorization rule development.

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Mandated Operating Rule Maintenance

Robert Bowman
CAQH CORE Director

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Ongoing Maintenance of the EFT and ERA Operating Rules

The CAQH CORE EFT & ERA Operating Rules support the healthcare industry's transition to electronic payment and remittance advice and recognizes the need for <u>ongoing maintenance activities</u>.

Ongoing Maintenance of the CORE Code Combinations for CAQH CORE 360 Rule	Ongoing Maintenance of the EFT & ERA Enrollment Data Sets for CAQH CORE 380/382 Rules

Goal: Address need for the CORE-required Code Combinations to align with changes to the published CARC and RARC lists made by the respective Code Maintenance Committees as well as ongoing and evolving industry business needs.

The Operating Rule simplifies the language used to communicate about claim payment and remittance information.

Goal: Incorporate lessons learned from increased EFT and ERA enrollment and address emerging, new or changing industry business needs on an ongoing basis.
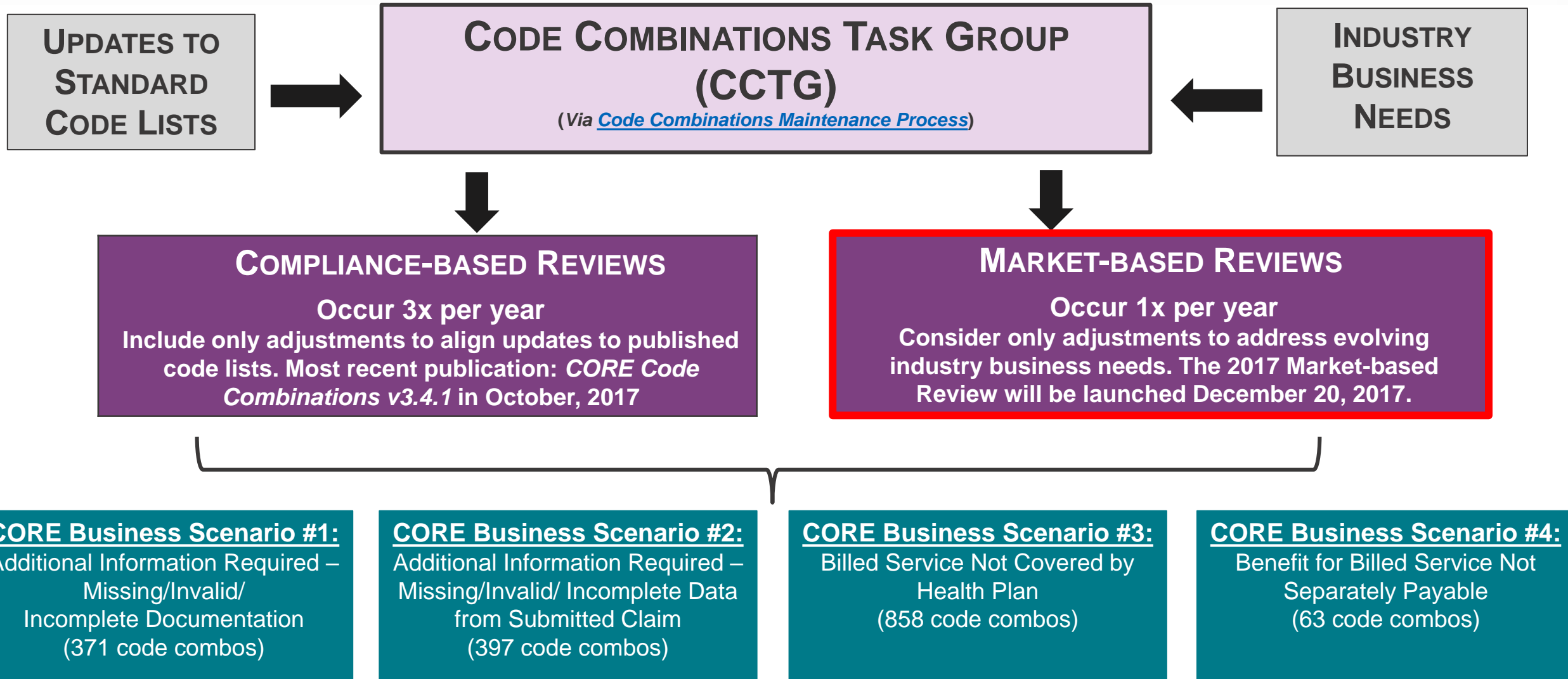
The Operating Rules address barriers to greater provider EFT and/or ERA enrollment due to the variance in the required processes and data elements.

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CAQH CORE Code Combinations Maintenance

CAQH CORE Code Combinations Maintenance

| UPDATES TO STANDARD CODE LISTS | → | **CODE COMBINATIONS TASK GROUP (CCTG)**
(*Via Code Combinations Maintenance Process*) | ← | INDUSTRY BUSINESS NEEDS |

COMPLIANCE-BASED REVIEWS

Occur 3x per year
Include only adjustments to align updates to published code lists. Most recent publication: *CORE Code Combinations v3.4.1* in October, 2017

MARKET-BASED REVIEWS

Occur 1x per year
Consider only adjustments to address evolving industry business needs. The 2017 Market-based Review will be launched December 20, 2017.

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

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

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

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

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Ensuring the *CORE Code Combinations* Work for <u>You</u>
2017 Market-based Adjustments Survey

What is it?

Industry's annual opportunity to ensure the CORE Code Combinations are meeting business needs.

Who can respond?

Open to all entities that create, use or transmit HIPAA-covered transactions, plus all CAQH CORE Participants.

How do I get started?

- Instructions on how to submit the survey will be released when the survey goes live on December 20th.
- If you have any questions regarding the MBR, please contact CORE@caqh.org

What does the survey ask?

- Survey seeks input on the CORE Code Combinations within the four CORE-defined Business Scenarios.
- Potential code combination adjustments that can be submitted include additions, removals or relocations to existing CORE-defined Business Scenarios.
- Enhance your submission with supporting evaluation criteria, a strong business case and real world usage data.*

When can I submit?

Submission period opens on **Wednesday, December 20, 2017** and will close 5 PM ET on **Friday, March 2, 2018**.

*Submission of real world usage is discretionary.

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EFT and ERA Enrollment Data Sets Maintenance

EFT and ERA Enrollment Data Sets Maintenance

CAQH CORE Effort

Section 3.4 in the CAQH CORE 380 and CAQH CORE 382 Rules recognizes the need for ongoing maintenance of the CORE-required Maximum EFT & ERA Enrollment Data Sets and requires a policy and process to review the Enrollment Data Sets on an annual basis.

CAQH CORE Enrollment Data Rules Key Impacts

✓ Simplify provider EFT & ERA enrollment by having health plans collect the same consistent data from all providers.

✓ Address situations where providers outsource financial functions.

✓ Incorporate lessons learned from increased enrollment and changing industry needs.

✓ Enable health plans to collect standardized data for complex organizational structures and relationships.

The EFT & ERA Enrollment Data Sets Maintenance Process webpage provides more details on past reviews, key policies and procedures and how to get involved with the CAQH CORE Enrollment Data Task Group.

The annual review of the Enrollment Data Sets incorporates lessons learned from increased EFT and ERA enrollment and changing industry business needs.

The CAQH CORE Enrollment Data Task Group conducts two types of reviews on an alternating, annual schedule:

- **Limited Review:** Addresses only non-substantive adjustments; HIPAA-covered entities do not need to update enrollment forms/systems.
- **Comprehensive Review:** Addresses substantive and non-substantive adjustments; if substantive adjustments are approved, HIPAA-covered entities are required to update enrollment forms/systems.

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EFT and ERA Enrollment Data Sets Maintenance
Enrollment Questionnaire Summary

Based on an industry scan, Task Group Co-Chairs agreed the Enrollment Data Sets are meeting industry business needs and resources would be better spent addressing other items. In lieu of a Comprehensive Review in 2017, the Co-chairs agreed to collect feedback on future potential needs related to the CAQH CORE Enrollment Data Rules to inform future maintenance efforts.

Entity Type	# (%)
Total Responses	38
Health Plan Responses	13 (34%)
Provider Responses	9 (24%)
Clearinghouse/Vendor Responses	8 (21%)
SDO/Associations Responses	5 (13%)
Government (Medicaid) Responses	3 (8%)

Notable Findings:

Overall, data sets are currently meeting industry needs:
- 87% of respondents indicated the enrollment data sets are currently meeting organizational needs, or need minimal, non-substantive adjustments.

Key benefits realized since implementation of the EFT & ERA Enrollment Data Rules:
- 60% of respondents chose that a key benefit from implementation of the Enrollment Data Sets were either consistent and more accurate enrollment data from providers or increased provider adoption of EFT & ERA.

Current schedule is appropriate:
- 76% of respondents think the current schedule of every two years is the appropriate frequency for the Task Group to consider substantive adjustments, or only when critical business needs are identified.

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Voluntary CORE Certification

Taha Anjarwalla
CAQH CORE Manager

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Voluntary CORE Certification
Developed BY Industry, FOR Industry

CORE Certification is the most robust and widely-recognized industry program of its kind – the Gold Standard. Its approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards.

	Requirements are developed by broad, multi-stakeholder industry representation via transparent discussion and polling processes.
	Required conformance testing is conducted 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, e.g. trading partner dependencies, number of platforms,** and conformance test reports before a Certification Seal is awarded.

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330

Certifications have been awarded since the program's inception.

Covered lives impacted by CORE-certified commercial and public health plans.

Commercially Insured

Seventy-Six Percent

Phases I & II

Publicly Insured

Forty-Four Percent

Twenty-Seven Percent

Phase III

Twenty-Five Percent
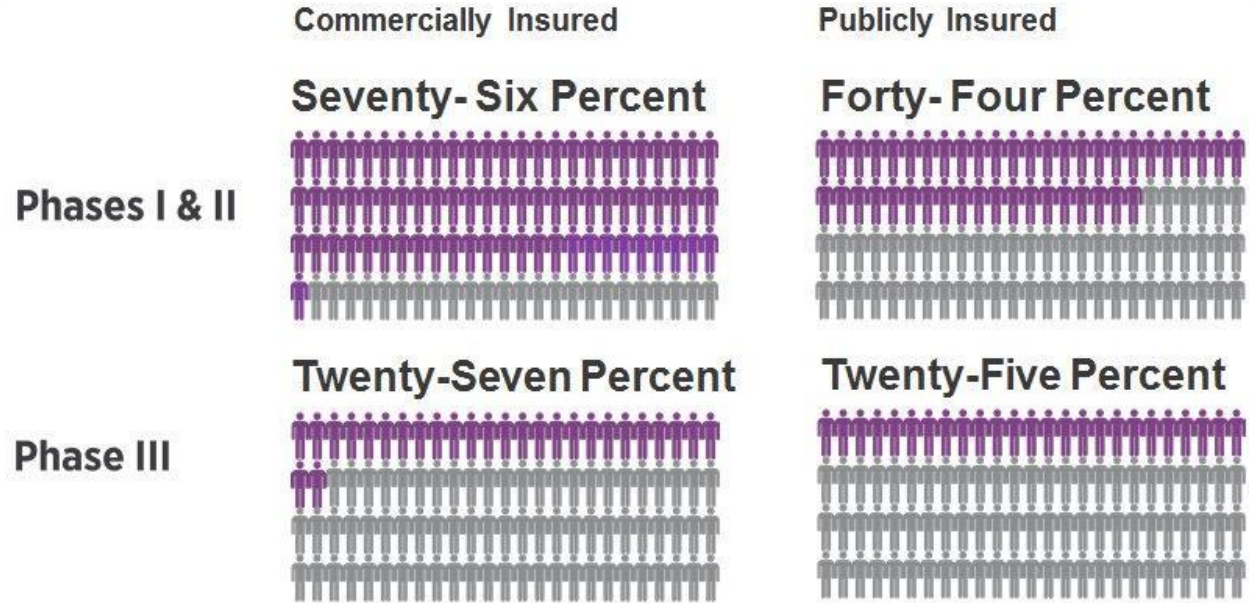
Recent Certifications

Humana — Humana (Phase IV)

WorkCompEDI *Connectivity Simplified* — WorkComp EDI (Phase IV)

DELTA DENTAL — Delta Dental (Phase III)

pokitdok — PokitDok (Phase IV)

TEXAS Health and Human Services — Texas Medicaid (Phase IV)

DENTEGRA *Insurance Company* — Dentegra (Phase III)

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Phase IV CORE Certification is Here

Tangible Benefits of Phase IV CORE Certification

- **Enhances revenue cycle management during healthcare claim submission** as providers immediately learn if the claim submission was successfully received by the plan and moved into adjudication.

- **Reduces staff time on manual phone or fax inquiries for prior authorization requests** as they are informed electronically whether a health plan has received and is reviewing a prior authorization request for a specific medical procedure or service.

- **Alleviates delays or errors in processing employee change-of-life events** through acknowledging receipt of employee information between health plan and employer.

Webinar
Phase IV CORE Certification Pioneers: Panel Discussion with Humana, PokitDok and WorkComp EDI

December 20 at 2 pm ET

The Phase IV CORE Certification Pioneers Panelists will discuss why they decided to pursue Phase IV CORE Certification, any challenges they encountered during the CORE Certification process as well as the value and efficiencies they anticipate from implementation.

Register here.

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Phase IV CORE Certification Testing Portal

Demonstrate Due Diligence with CORE Certification
Prepare for Potential Compliance Reviews

Conformance with Federal Mandates	CORE Certification Prepares Industry for Compliance Reviews
- Compliance with Administrative Simplification requirements yields benefits to the healthcare industry; **$9.4 billion in potential savings** according to the CAQH Index. - Healthcare providers, health plans, payers and other HIPAA-covered entities **must comply with operating rules and adopted standards** according to federal regulation. - CORE Certification provides a way for organizations to **demonstrate their IT system or product is operating in conformance** with applicable requirements of a specific phase(s) of the CAQH CORE Operating Rules.	- CORE Certification helps organizations demonstrate, document and certify conformance with federally mandated operating rules and standards, **positioning entities for potential external audits and penalties.** - It allows the industry to monitor, regulate and correct itself enabling preparation for enforcement audits and associated penalties where **instances of non-compliance could cost up to $1.5 million.**

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CAQH CORE Certification Enforcement

Enforcement Toolkit: Engagement in the CORE Certification Enforcement Process

- Visit the CORE-certified Organization webpage to determine if your trading partner is CORE-certified.

- For non-certified trading partners, use the CAQH CORE Benefits of Operating Rules Tool to identify gaps and encourage your trading partner to become CORE-certified.

- For instances of non-compliance with CORE-certified trading partner, leverage the Enforcement Letter Template to help engage and start a conversation with the trading partner.

- For those trading partners not cooperating with requests to comply with a CORE CAQH Operating Rule(s), begin to document instances of non-compliance.

- After five documented instances of non-compliance, complete a Request for Review of Possible Non-Conformance Form for each applicable phase(s) CORE Certification: Phase I, Phase II, Phase III, & Phase IV.

Polling Question

In light of the CMS announcement regarding compliance reviews with adopted standards and operating rules, how likely are you to pursue CORE Certification?

1. More likely.

2. No change.

3. Unsure./Need More Information.

4. Already CORE-certified.

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Voluntary Efforts to Drive Value

Prior Authorization

Rachel Goldstein
CAQH CORE Manager

CAQH CORE Efforts on Prior Authorization
Phase IV Laid the Foundational Infrastructure

CAQH CORE Vision for Prior Authorization (PA)

Introduce targeted change to propel the industry collectively forward to a PA Process optimized by automation, thereby reducing administrative burden on providers and health plans and enhancing timely delivery of patient care.
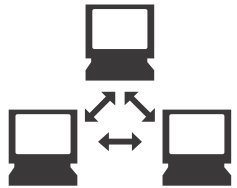
The Phase IV Operating Rule* established foundational infrastructure requirements such as connectivity, response time, etc., and builds consistency with other mandated operating rules required for all HIPAA transactions.
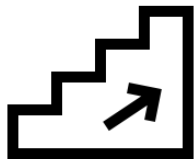
CAQH CORE not only develops operating rules to automate the PA process, but also drives adoption to realize meaningful change.

Highlights of Phase IV Infrastructure Requirements
Connectivity Requirements Facilitate Electronic Information Exchange between Providers and Health Plans
Real-time and Batch Processing of PA Requests
Acknowledgement of Receipt of PA Request
Responses within Specified Timeframe

* Phase IV Rule is currently underway. Complete rule available here: Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response (278) Infrastructure Rule v4.0.0.

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CAQH CORE Efforts on Prior Authorization
Prioritized Opportunity Areas for the Next Phase of Rule Development

The CAQH CORE Prior Authorization Subgroup (PASG) launched in 2017 to draft additional, voluntary operating rules that will **expand on the foundational infrastructure requirements established by the Phase IV Operating Rule**, and move the needle closer to a more efficient PA process. The PASG's efforts also build upon the research and analysis conducted by the CAQH CORE PA Advisory Group.

CAQH CORE Develops List of Draft Opportunity Areas for Potential Rule Development.*

CAQH CORE Advisory Group Reviews Draft Opportunity Areas List.

CAQH CORE Conducts PA Environmental Scan.

Includes CAQH CORE Participant Survey, Stakeholder Interviews, Provider Site Visits & Vendor Product Assessment.

CAQH CORE Advisory Group Applies Prioritization Process* to Reach Agreement on High Priority Opportunity Areas to Recommend to PA Subgroup.

CAQH CORE PA Subgroup Develops Operating Rules Addressing High Priority Opportunity Areas Identified by Advisory Group.

* Included thorough review and analysis of: X12 v5010X217 278 TR3; NCVHS testimonies; CAQH CORE industry surveys; Industry forum discussions and initiatives; CAQH CORE Phase IV Subgroup discussions

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CAQH CORE Prior Authorization Top Opportunity Areas
Two Opportunity Areas are within the Current Scope of CAQH CORE Prior Authorization Subgroup

PA Subgroup to Pursue Rule Development, Beginning Q4 2017

CAQH CORE to Incorporate into Potential Attachments Rule Development Effort, 2018

CAQH CORE to Conduct Additional Research Prior to Pursuing Rule Development, 2018

Data Content & Data Sets

Robust Data Content Requirements for HIPAA-Mandated v5010X217 278 Prior Authorization Request and Responses

Uniform and Consistent Robust Data Sets for Initiating a Prior Authorization via any Method

Attachments (Additional Documentation)

Uniform Set of Electronic Document Formats for Submission of Additional Documentation

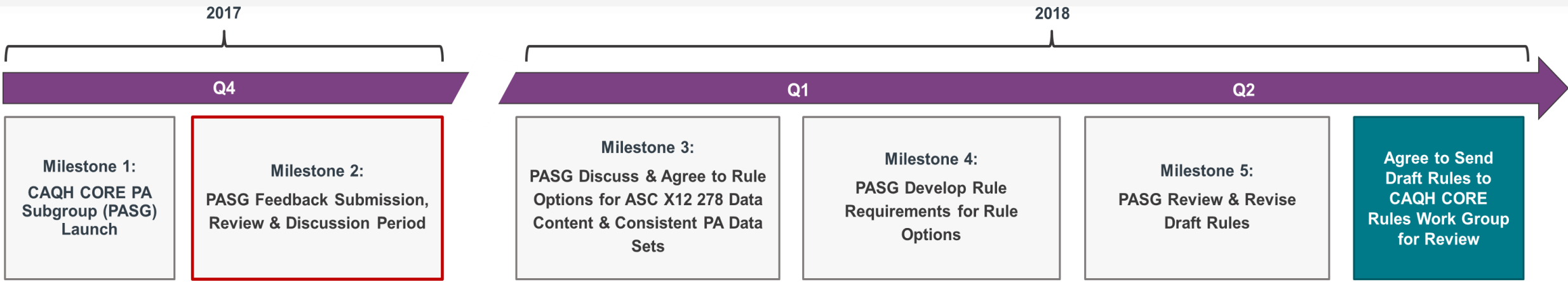Transport Methods for Additional Documentation Submission

Workflows

Examine Capability to Notify Provider of Prior Authorization Requirement in the Mandated v5010 270/271 Eligibility Request and Response

Consistent & Efficient Workflows for Provider pre-submission and Health Plan post-receipt of a Prior Authorization Request

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CAQH CORE Prior Authorization Subgroup (PASG)
Roadmap

2017

2018

Q4	Q1	Q2

Milestone 1:
CAQH CORE PA Subgroup (PASG) Launch

Milestone 2:
PASG Feedback Submission, Review & Discussion Period

Milestone 3:
PASG Discuss & Agree to Rule Options for ASC X12 278 Data Content & Consistent PA Data Sets

Milestone 4:
PASG Develop Rule Requirements for Rule Options

Milestone 5:
PASG Review & Revise Draft Rules

Agree to Send Draft Rules to CAQH CORE Rules Work Group for Review

In Progress	Upcoming
▪ **PASG Feedback Submission, Review & Discussion Period**: Collect information on challenges PASG participants encounter when preparing, submitting or reviewing data during the PA process, specific to data content. Feedback informs potential rule options and requirements to address the two opportunity areas.	▪ **Rule Option(s) Selection**: After reviewing the feedback collected during the PASG Participation Utilization Feedback period, the Subgroup identifies and selects rule options to pursue the two opportunity areas.

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Polling Question

Are you and/or your organization interested in participating in the CAQH CORE PA Subgroup?

1.   Yes, please reach out to me.

2.   Unsure, would need more information.

3.   Already participating in the PA Subgroup.

4.   No, not at this time.

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Attachments

Robert Bowman
CAQH CORE Director

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CAQH CORE Efforts on Attachments
Scope of Work

In Progress		Upcoming Activities in 2018
Environmental Scan	**Industry Education Series**	**Advisory Group/Subgroup**

Environmental Scan

- Monitor trends in transition to electronic attachments, estimate cost savings of automation and identify opportunity areas to support provider adoption.
- Scan includes provider site visits, stakeholder interviews and vendor product assessment.
- Currently interviewing CAQH CORE Participants, CAQH Index participating providers and interested stakeholders.

Industry Education Series

- Topics in series focus on electronic attachments basics (Part I); best practices from claims attachments case studies (Part II) and clinical content for document metadata (Part III).

Next Webinar:

Use and Adoption of Attachments in Healthcare Administration, Part IV: Clinical Document Architecture (CDA) Basics

January 18th, 2018 at 2 PM ET.

Register here.

Advisory Group/Subgroup

Advisory Group:
- Advisory Group will review environmental scan findings to develop list of high priority opportunity areas to recommend to an Attachments Subgroup.

Subgroup:
- Subgroup will review Advisory Group recommendations to identify areas to be addressed in attachment rule writing.

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Polling Question

CAQH CORE Action

CAQH CORE has conducted preliminary interviews with different stakeholders and have others scheduled through Q1 2018, but we are continuing to recruit additional organizations to participate. Participation will include:
 	
    ▪ A one hour phone interview or half day site visit.
    ▪ Time to query colleagues and solicit input on the technical questions seen in the interview guide.
    ▪ Time to collect applicable data or business case for support.
 	
If your organization is interested in participating in this important work, contact CORE@caqh.org.

Are you interested in participating in the CAQH CORE Environmental Scan on attachments?

1. Yes.

2. No.

3. Need more information.

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Value-based Payments

Erin Weber
CAQH CORE Director

From Fee-for-Service to Value-based Payments
Operational Capabilities Essential to Support Shift from Volume to Value

CAQH CORE recognizes the importance of emerging value-based payment (VBP) models to meet future needs for improved healthcare quality and cost:

30%-50%
providers currently engaged in VBP.
(Modern Healthcare, 2017)

Expected that more than half of healthcare payments will be value-based by 2020.
(Forbes, 2017)

VBP models already accruing cost-savings with equal or better care results.
(American Hospital Association, 2016)

Transition to VBP not without challenges – improvement in operational capabilities needed to ensure success.

- By implementing VBP on preexisting systems and unrefined processes, the industry may potentially be setting up a scenario ripe for repeating the same mistakes.

- The volume-to-value transformation may slow if providers encounter barriers that make participation burdensome – need efficient, uniform operational system as support.

- Important to collaborate now and apply lessons learned from fee-for-service to ensure historic volume-to-value shift continues unimpeded by administrative hassles before proprietary systems and processes become entrenched.

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Streamlining Value-based Payments Operations
Why CAQH CORE

Change Agent

- Collaborative, voluntary model led the way for healthcare stakeholders to dramatically **reduce the administrative burden** in fee-for-service operations.

- Considerable expertise, experience and resources to **support development of a sound operational system for VBP**.

Proven Success
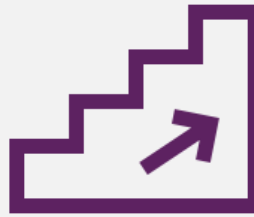
- **Significant improvements in fee-for-service operations**, reducing cost and improving care delivery and administrative coordination.

- More than **76% of commercially insured and 44% of publicly insured individuals** are covered by health plans that have certified their use of the operating rules.

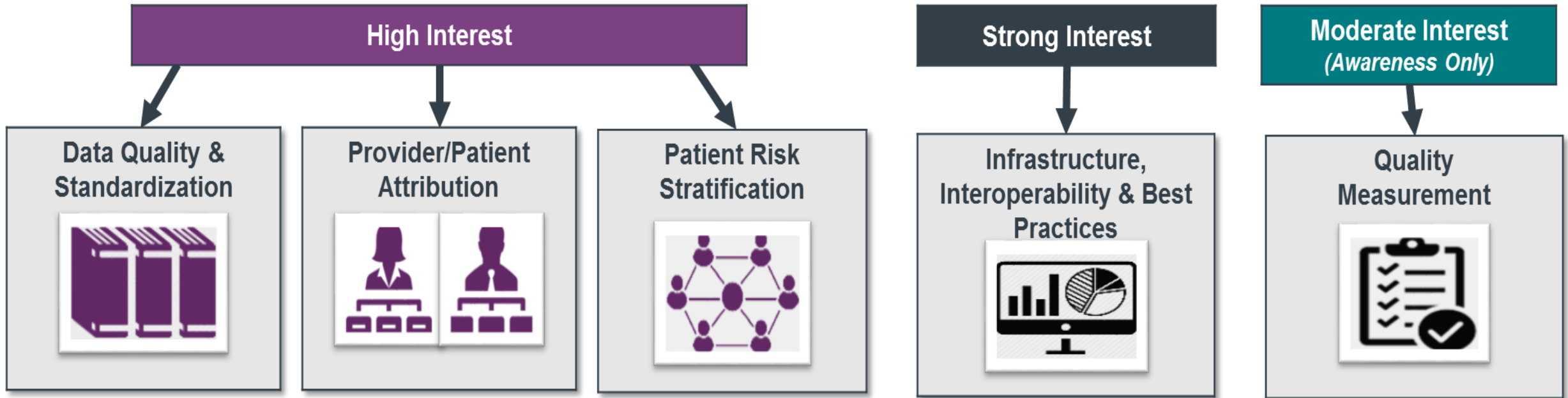## Industry Collaboration

- **Represents interests of more than 130 organizations**, including providers, health plans, government agencies and standards development organizations.

- Expertise developing operating rules for the administrative and financial areas where providers and health plans must work together -- **ability to harmonize practices between providers and health plans**.

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CAQH CORE Efforts on Value-based Payments
Potential Areas for Action

VBP Opportunity Areas

CAQH CORE will release VBP report outlining problem space, opportunity areas and recommendations/strategies to address opportunity areas.

High Interest			Strong Interest	Moderate Interest *(Awareness Only)*
Data Quality & Standardization	Provider/Patient Attribution	Patient Risk Stratification	Infrastructure, Interoperability & Best Practices	Quality Measurement

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CAQH CORE Efforts on Value-based Payments
Activities in VBP to Date and Beyond

To Date/In Progress

Stage 1:
CAQH CORE Board Decision

- Board agreement that CAQH CORE must focus both on both driving unnecessary cost from fee-for-service data exchange and helping collective exchange needs for VBP.

Stage 2:
Conduct Research to Identify Opportunity Areas

- Conducted extensive environmental scan and SWOT analysis to identify initial set of potential operational areas for industry action.
- Conducted structured interviews w/ ~20 multi-stakeholder entities to confirm, refute, &/or add to the potential areas for action.
- Conducted survey of CAQH CORE Participants to collect feedback on interview findings.

Stage 3:
Build Industry Awareness

- Present high-level research findings on CAQH CORE webinars.
- Develop VBP report outlining problem space, opportunity areas, and recommendations/strategies to address opportunity areas.
- Launch CAQH CORE VBP Industry Education Series - CAQH CORE VBP research identified strong need for more industry education on VBP.

Stage 4:
Upcoming CAQH CORE VBP Initiatives

- Publish VBP Report to CORE Participants & industry.
- The next education event *Implementing Successful Value-based Payment: Alternative Payment Models with CMMI* will be held January 11, 2018 at 2 pm. Register for the event here.
- Launch CAQH CORE VBP Action Group charged with furthering the recommendation/strategy identified in VBP report.

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Become a CAQH CORE Participating Organization to Maximize Benefits!

Healthcare administration is changing.
Be a part of CAQH CORE's mission to drive the creation and adoption of new healthcare operating rules.

Lead development of rules that remove unnecessary cost and complexity from the healthcare system.

Ensure that rules continue to **meet evolving business needs** and **address specific markets.**

2018 Priorities

Develop guidelines for **measurement and tracking of ROI across the industry.**

Stay up to date on industry developments, upcoming regulations & real-world case studies.
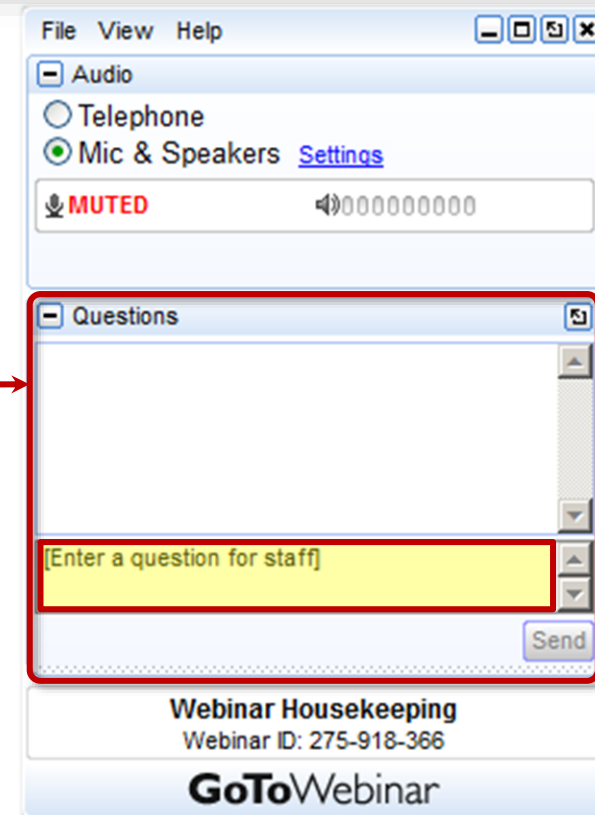
VPB | ATTACHMENTS | PRIOR AUTH. | MAINTENANCE

Click here for more information on joining CAQH CORE as well as a complete list of Participating Organizations.

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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.

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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.
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Resources
- Presentation Slides

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Upcoming CAQH CORE Education Sessions

> **Phase IV CORE Certification Pioneers: Panel Discussion with Humana, PokitDok and WorkComp EDI**
> WEDNESDAY, DECEMBER 20TH, 2017 – 2 PM ET

> **Implementing Successful Value-based Payment: Alternative Payment Models with CMMI**
> THURSDAY, JANUARY 11TH, 2018 – 2 PM ET

> **Use and Adoption of Attachments in Healthcare Administration, Part IV: Clinical Document Architecture (CDA) Basics – Clinical Content (Body)**
> THURSDAY, JANUARY 18TH, 2018 – 2 PM ET

To register for these, and all CAQH CORE events, please go to **www.caqh.org/core/events.**

CAQH CORE

Thank you for joining us!

@CAQH

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.

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