Annual Industry Opportunity to Update the CORE Code Combinations - 2021 Market-based Review

February 23, 2021

2:00-2:30 pm EST

Logistics
Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials
  - You can download the presentation slides now from the "Handouts" section of the GoToWebinar menu.
  - You can download the presentation slides and recording at www.caqh.org/core/events after the webinar.
  - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.

- Questions can be submitted *at any time* using the **Questions panel on the GoToWebinar dashboard.**

Download the Slides Now
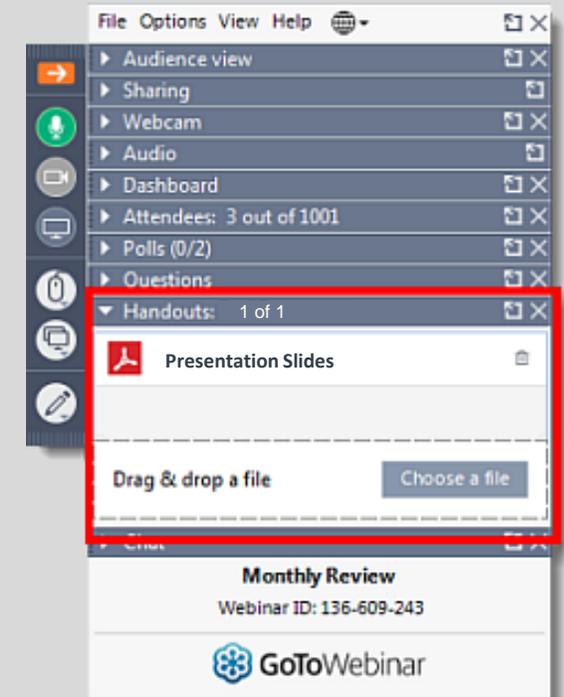
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Agenda

- Overview of the CORE Code Combinations Maintenance Process

- Overview of the 2021 Market-based Adjustments Survey

- Q&A

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Overview of the CORE Code Combinations Maintenance Process

Robert Bowman
CAQH CORE Director

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CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population.**
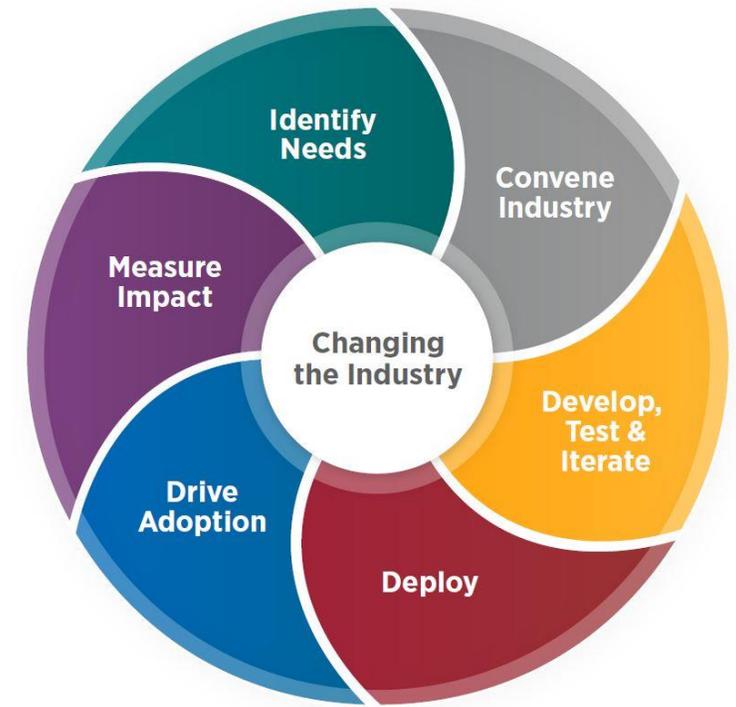
MISSION
Drive the creation and adoption of healthcare operating rules that **support standards**, **accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

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

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

DESIGNATION
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions** and designated by the Department of Health and Human Services (HHS) as the operating rule authoring entity for HIPAA-covered administrative transactions.

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.

Identify Needs · Convene Industry · Develop, Test & Iterate · Deploy · Drive Adoption · Measure Impact · Changing the Industry

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CAQH CORE Operating Rule Overview
Operating Rules Support the Full Continuum of the Healthcare Revenue Cycle

Rule Set	Infrastructure	Connectivity Rule Application	Data Content	Other
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule	Connectivity Rule vC1.0.0 Connectivity Rule vC2.0.0	Eligibility (270/271) Data Content Rule	Single Patient Attribution Data
Claim Status	Claim Status (276/277) Infrastructure Rule	Connectivity Rule vC2.0.0		
Payment & Remittance	Claim Payment/ Advice (835) Infrastructure Rule		EFT/ERA 835/CCD+ Data Content Rule	EFT/ERA Enrollment Data Rules
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule		Prior Authorization (278) Data Content Rule	Prior Auth Web Portal Rule
Health Care Claims	Health Care Claim (837) Infrastructure Rule	Connectivity Rule vC3.0.0		
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule			
Premium Payment	Premium Payment (820) Infrastructure Rule			
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule	Connectivity Rule vC4.0.0*	Attributed Patient Roster (834) Data Content Rule	

Rules in purple boxes are federally mandated.

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

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CAQH CORE Payment & Remittance Operating Rule Requirements

CAQH CORE Payment & Remittance Operating Rules are federally mandated, except for rule requirements pertaining to Acknowledgements.

INFRASTRUCTURE			DATA CONTENT
Health Care Claim Payment/Advice (835) Infrastructure Rule ▪ Includes CAQH CORE Master Companion Guide. ▪ Requires CAQH CORE Connectivity Rule. ▪ Details batch acknowledgement requirements.	**EFT/ERA Reassociation (CCD+/835) Rule** ▪ Addresses provider receipt of the CAQH CORE-required minimum ACH CCD+ Data Elements required for re-association as well as elapsed time between sending and receipt. ▪ Determines requirements for resolving late/missing EFT/ERA transactions.	**EFT & ERA Enrollment Data Rules** ▪ Identifies a maximum set of standard data elements for EFT enrollment. ▪ Requires health plan to offer electronic EFT enrollment. ▪ Requires providers to specify how payments should be made.	**Uniform Use of CARCs & RARCs (835) Rule** ▪ Identifies four CAQH CORE-defined Business Scenarios with a set of required code combinations that convey details of the claim denial or payment to the provider.

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CARCs & RARCs
Need for CORE Code Combinations Maintenance

CAQH CORE is responsible for maintaining the CORE Code Combinations via the Code Combinations Maintenance Process.

CARC
Claim Adjustment Reason Codes
364 Codes

Provides the reasons for positive/ negative financial adjustment to a claim.

This list is maintained by ASC X12 and updated three times per year.

RARC
Remittance Advice Remark Codes
1,116 Codes

Provides supplemental information about why a claim or service line is not paid in full.

This list is maintained by CMS and updated three times per year.

CAGC
Claim Adjustment Group Codes
4 Codes

Categorizes the associated CARC based on financial liability.

This list is maintained by ASC X12 and updated when base standard is updated.

The CAQH CORE Payment & Remittance Uniform Use of CARCs & RARCs (835) Rule includes a maximum set of code combinations to be used for high-volume Business Scenarios.

- Created four CORE-defined Business Scenarios which represent some of the most confusing and high-volume scenarios that are exchanged between health plans and providers.

- Defined maximum set of CORE-required Code Combinations for the four CORE-defined Business Scenarios based on extensive data.

- Established maintenance process which requires the list of CORE-required Code Combinations to be revisited at least three times annually.

CORE Business Scenario 1

Additional Information Required – Missing/Invalid/ Incomplete Documentation

384 code combos

CORE Business Scenario 2

Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim

424 code combos

CORE Business Scenario 3

Billed Service Not Covered by Health Plan
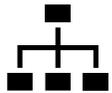
956 code combos

CORE Business Scenario 4

Benefit for Billed Service Not Separately Payable

66 code combos

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CORE Code Combinations Maintenance

Code Combinations Task Group

Compliance-based Reviews

Occur 3x per year.

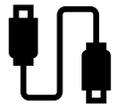Include only adjustments to align updates to published code lists.

Most Recent Publication: CORE Code Combinations v3.6.3 in February 2021.

Market-based Reviews

Occur every other year.

Consider only adjustments to address evolving industry business needs. HIPAA-covered entities submit potential adjustments for Task Group consideration.

The **CAQH CORE Code Combinations Task Group**, responsible for maintaining the CORE-required Code Combinations, is open to representatives from any CORE Participating Organization. Individuals with knowledge of the related business process and workflow of the usage of the CARCs and RARCs are encouraged to join.

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2021 Market-based Adjustments Survey Overview

Helina Gebremariam
CAQH CORE Manager

Ensuring the *CORE Code Combinations* Work for <u>You</u>
2021 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 CORE Participants.

- **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.
  - Enhance your submission with supporting evaluation criteria, a strong business case and real-world usage data.*

- **When Can I Submit?**
  - Submission period will open on Monday, March 1, 2021 and will close **5 PM ET on Friday, April 30, 2021.**

- **Great! How Can I Get Started?**
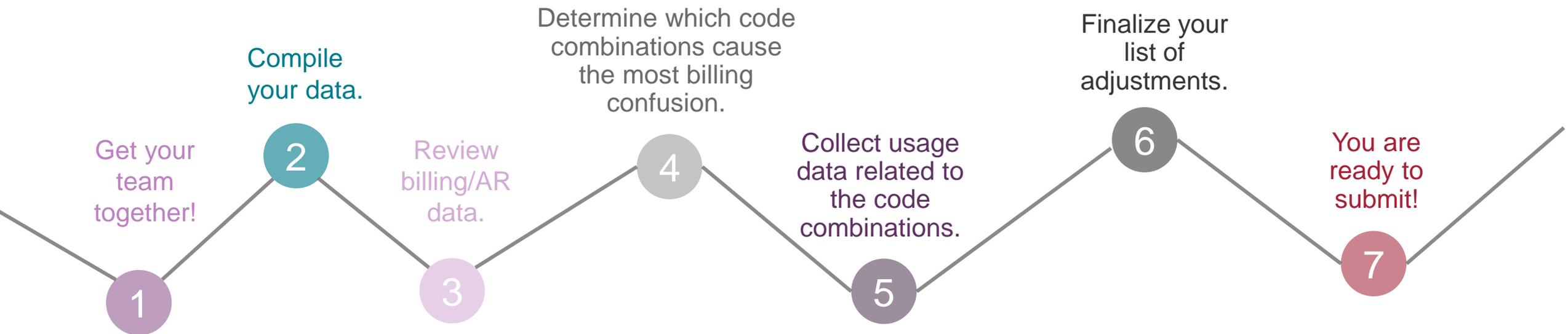 - Review the sample Market-based Adjustments Survey to help you plan your submission.
  - Complete the Market-based Adjustments Survey beginning March 1, 2021 HERE.

*Submission of real-world usage is discretionary.

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2021 Market-based Adjustments Survey
Process to Prepare and Submit Your Response

Take steps <u>now</u> to submit your survey response by April 30th!

1. Get your team together!
2. Compile your data.
3. Review billing/AR data.
4. Determine which code combinations cause the most billing confusion.
5. Collect usage data related to the code combinations.
6. Finalize your list of adjustments.
7. You are ready to submit!

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CAQH CORE 2021 Market-based Adjustment Survey

SAMPLE CAQH CORE 2021 MARKET-BASED ADJUSTMENTS FORM

Part II. Adjustments to *Existing* CORE-defined Business Scenarios

Submission for Code Adjustments for Business Scenario #1

Please select the action you wish to perform for this CORE-defined Business Scenario.

- Addition Types*
    - ○ Addition Type #1. Add CARC and RARC
    - ○ Addition Type #2. Add CARC
    - ○ Addition Type #3. Add RARC to an existing CARC
    - ○ Addition Type #4. Add CAGC(s) to an existing CARC
    - ○ Addition Type #5. Add CAGC(s) to an existing CARC and its associated RARC

- Removal Types
    - ○ Removal Type #1. Remove CARC and all associated RARCs
    - ○ Removal Type #2. Remove RARC from existing CARC
    - ○ Removal Type #3. Remove CAGC(s) from existing CARC
    - ○ Removal Type #4. Remove CAGC(s) from existing RARC and associated CARC

- Relocation Types
    - ○ Relocation Type #1. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add to another *existing* CORE-defined Business Scenario with associated CAGC(s)
    - ○ Relocation Type #2. Remove CARC and all associated RARCs from this CORE-defined Business Scenario and add CARC and *some or no* associated RARCs to another *existing* CORE-defined Business Scenario with associated CAGC(s)

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2021 Market-based Adjustments Survey
Tips and Best Practices

Use a Single Email Address for Submissions

- Create a shared email for the organization team completing the submissions.
- If team member is out of office, ensure another person is responsible for coverage to keep process going.

Keep a Detailed Spreadsheet of Submissions

- Add Entry ID to allow you to easily find the number of any submitted adjustments that you need to alter or delete.

Real World Data

- While discretionary, real world usage data will help inform the Task Group's analysis of your submission.

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2021 Market-based Adjustments Survey
Frequently Asked Questions & Additional Resources

Where can I see what a completed 2021 Market-based Adjustments looks like?

See a sample Market-based Adjustments Survey to help you plan your submission.

Is there anything that will walk me through the Market-based Adjustments Survey Submission Process?

Video recordings and materials from the CAQH CORE Market-based Review training are available via the online CAQH CORE Education and Implementation Resource Center.

What if I have any other questions?

If you have questions or need additional assistance, please contact us at CORE@caqh.org.

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Polling Question

Does your organization intend to submit a response to the Market-based Adjustments Survey?
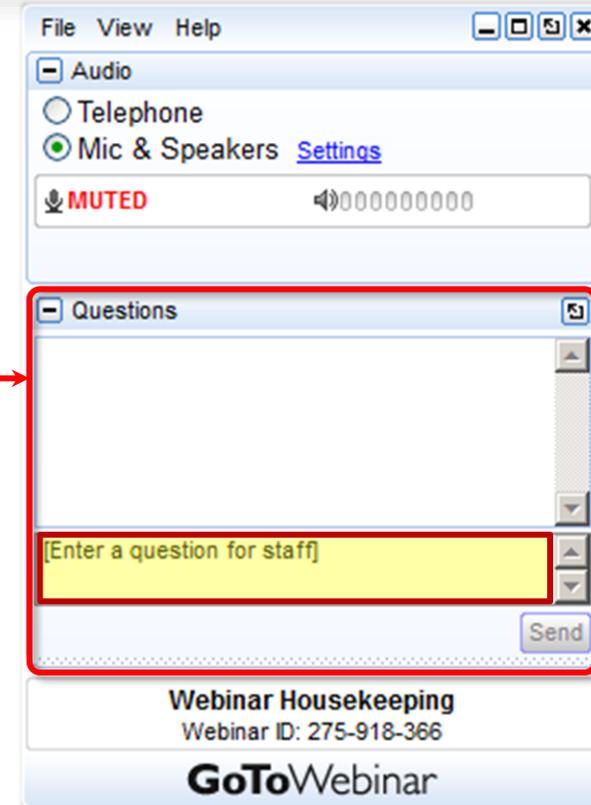
1. Yes

2. No

3. Unsure

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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

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.
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Upcoming CAQH CORE Education Sessions and Events

CAQH CORE and X12 Webinar Series: 835 Transaction, Standard & Operating Rules

for an Advanced User

April 8-10, 2021 2:00 – 3:00 PM EST

Healthcare Payments Innovations Conference

March 9-10, 2021

HIPAA Summit

March 22-25, 2021

Healthcare administration is rapidly changing.

Join Us

Collaborate across stakeholder types to develop operating rules.

Present on CAQH CORE education sessions.

Engage with the decision makers that comprise 75% of the industry.

Represent your organization in work groups.

Influence the direction of health IT policy

Drive the creation of operating rules to accelerate interoperability

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

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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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