# CAQH. CORE



# Phase IV CAQH CORE Operating Rules

Implementation
Benefits and
Requirements

Thursday, April 20<sup>th</sup>, 2017 2:00 – 3:00 PM ET

# Logistics

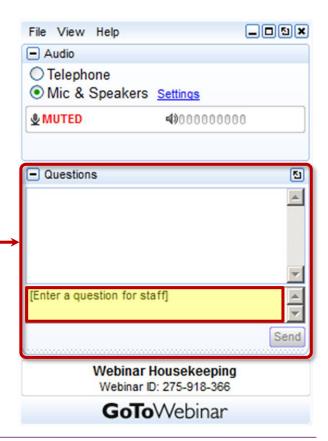
#### Presentation Slides & How to Participate in Today's Session

- 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.
- 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.

#### Resources

Presentation Slides





# **Session Outline**

- Welcome and Introduction
- Testimonial from Phase IV Implementer Eligible
- Phase IV Infrastructure Requirements & Implementation Value
- Phase IV Implementation Resources & Certification
- Audience Q&A

# Testimonial from Phase IV Implementer - Eligible



**Kelly Gleason**Payer Growth Manager, Eligible



# **Eligible and CAQH CORE**

# What is Eligible?

- Eligible is an electronic API platform that allows healthcare companies to pass and receive financial transactions.
- Eligible integrates with healthcare systems to provide patient cost estimations, denial scrubbing, and real-time eligibility functionality.
- Connected to more than 2,000 payers.
- 14 to 18 million transactions per month.
- Eligible maintains the highest standards of compliance and certification:
  - > SOC III compliant
  - > HiTrust Certification
  - > CAQH CORE Certification





# **Eligible and CAQH CORE**

# Why Certify with CAQH CORE for Phases I-III?

- Eligible understands and values the benefits and advantages of operating rules throughout the healthcare industry.
- CAQH CORE Certification is a highly regarded gold standard.
  - > Eligible pledged to certify on Phases I III on September 28, 2016
  - > Eligible completed certification for all Phases I III on March 7, 2017.
  - > Click <u>here</u> for Eligible's article on achieving Phase I, II, & III CAQH CORE Certification.





# **Eligible and CAQH CORE**

# What benefits do our customers see with standardized operating rules? How does it directly impact them?

- Done right the first time!
- Provides transparency to our users!
- Helps keep the guesswork out of claims!
- With Eligible Integration, RadNet sees \$7,000,000 Revenue Increase.
- Zwanger-Pesiri Sees 300% Revenue Growth with Eligible.

#### What's Next? Phase IV certification!

- Eligible is now beginning the process to be certified in Phase IV.
- Team is forming for pre-certification planning and systems evaluation.
- In the next few months, will begin process to CORE Certify.
- Already supporting the Claims (837) and Prior Authorization (278)
   transactions.







# **Polling Question #1**

Please indicate whether your organization intends to voluntarily implement the Phase IV CAQH CORE Operating Rules.

- 1. Yes.
- 2. Need to learn more.
- 3. Not at this time.



# Phase IV CAQH CORE Operating Rules: Infrastructure Requirements & Implementation Value

Robert Bowman
CAQH CORE Associate Director

# Scope of Phase IV CAQH CORE Rule Requirements

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	X	X	X
Batch Acknowledgements	If Batch Offered	X	x	X
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	X	X	x	X
System Availability	X	X	X	X
Companion Guide Template	X	X	X	X
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

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



# **Batch Requirements**

### Processing Mode Response Time

Batch Processing Mode Response Time requirements specify the overall length of elapsed time from when a transaction is sent to a health plan and when the acknowledgement(s) or response to the transaction is available for pick up (retrieval) by the sender.

#### **Applicability of Requirements**

(1)	Sent by 9 pm ET on a business day.
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2 Available by 7 am ET within specified # of business days

Infrastructure	X12N	X12N	X12N	X12N
Requirement	v5010 837	v5010 278	v5010 834	v5010 820
Batch Processing Mode Response Time	X	If Batch Offered	X	X

REQUIREMENT VALUE  GRID	Reduces Time	Reduces Cost	Better Communication	Better Coordination	Improved Interoperability	Process Efficiency	Patient Satisfaction
837 Health Claim	✓	✓	✓	✓	✓	✓	✓
278 Health Service Review	✓	✓	✓	✓	✓	✓	✓
834 Enrollment/Maintenance	✓	✓	✓	✓	✓	✓	
820 Payment/Remittance	✓	✓	✓	✓	✓	✓	

# **Batch Requirements**

# Acknowledgement

# ASC X12N v5010 837 Transaction

- Health plan must return an ASC X12C v5010 999 to indicate the Functional Group was accepted, accepted with errors, or rejected and to specify the Transaction Set was accepted, accepted with errors, or rejected.
- A health plan must acknowledge each claim received using the ASC X12N v5010 277CA unless previous processing resulted in rejection of the Interchange or a Transaction Set in a Functional Group.

# ACS X12N v5010 278 Transaction

- An entity must return an ASC X12C v5010 999 to indicate the Functional Group(s) was accepted, accepted with errors, or rejected and to specify the Transaction Set was accepted, accepted with errors, or rejected.
- ACS X12N v5010 834 & 820 Transaction
- A health plan must return an ASC X12C v5010 999 to indicate the Functional Group is accepted, accepted with errors, or rejected.

Infrastructure Requirement	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		X12N v5010 834	X12N v5010 820
Batch	X	If Batch	V	V

REQUIREMENT VALUE  GRID	Reduces Time	Reduces Cost	Better Communication	Better Coordination	Improved Interoperability	Process Efficiency	Patient Satisfaction
837 Health Claim	✓	✓	✓	✓	✓	✓	✓
278 Health Service Review	✓	✓	✓	✓	✓	✓	✓
834 Enrollment/Maintenance	✓	✓	✓	✓	✓	✓	
820 Payment/Remittance	✓	✓	✓	✓	✓	✓	



# **Real Time Requirements**

### Processing Mode Response Time

Real Time Processing Mode Response Time requirements specify the overall length of elapsed time from when a provider/health plan purchaser (sender) sends a transaction to a health plan and the related response transaction is received by the sender.

# **20 Seconds**Round Trip Max Response Time

Infrastructure	X12N v5010	X12N v5010	X12N v5010	X12N v5010
Requirement	837	278	834	820
Real Time Processing	If Real Time	If Real Time	If Real Time	If Real Time
Mode Response Time	Offered	Offered	Offered	Offered

REQUIREMENT VALUE  GRID	Reduces Time	Reduces Cost	Better Communication	Better Coordination	Improved Interoperability	Process Efficiency	Patient Satisfaction
837 Health Claim	✓	✓	✓	✓	✓	✓	✓
278 Health Service Review	✓	$\checkmark$	✓	✓	✓	✓	✓
834 Enrollment/Maintenance	✓	✓	✓	✓	✓	✓	
820 Payment/Remittance	✓	$\checkmark$	✓	✓	✓	✓	

# **Real Time Requirements**

### Acknowledgement

When a claim is submitted in real time processing mode without adjudication:

ASC X12N v5010 837 Transaction

- A health plan must return an ACS X12C v5010 999 to indicate Functional Group is rejected.
- A health plan must return an ASC X12N v5010 277CA to indicate Functional Group is accepted or accepted with errors.

ASC X12C v5010 278 Transaction

- A health plan must return an ASC X12C v5010 999 to indicate Functional Group was rejected.
- ACS X12N v5010 834 & 820 Transaction
- A health plan must return an ASC X12C v5010 999 to indicate the Functional Group is accepted, accepted with errors or rejected.

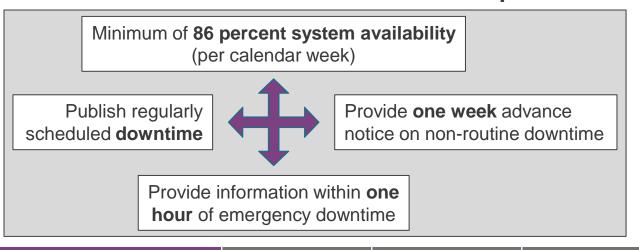
Infrastructure Requirement X12N v5010		X12N	X12N	X12N
		v5010	v5010	v5010
		278	834	820
Real Time	If Real Time	If Real Time	If Real Time	If Real Time
Acknowledgement	Offered	Offered	Offered	Offered

REQUIREMENT VALUE  GRID	Reduces Time	Reduces Cost	Better Communication	Better Coordination	Improved Interoperability	Process Efficiency	Patient Satisfaction
837 Health Claim	✓	✓	✓	✓	✓	✓	✓
278 Health Service Review	✓	✓	✓	✓	✓	✓	✓
834 Enrollment/Maintenance	✓	✓	✓	✓	✓	✓	
820 Payment/Remittance	✓	✓	✓	✓	✓	✓	



# **System Availability Requirements**

# System Availability requirements establish the amount of time a system must be available to process the specified transactions:



Infrastructure	X12N	X12N	X12N	X12N
Requirement	v5010 837	v5010 278	v5010 834	v5010 820
System Availability	X	X	X	X

REQUIREMENT VALUE  GRID	Reduces Time	Reduces Cost	Better Communication	Better Coordination	Improved Interoperability	Process Efficiency	Patient Satisfaction
837 Health Claim	✓	✓	✓		✓	✓	
278 Health Service Review	✓	✓	✓		✓	✓	
834 Enrollment/Maintenance	✓	✓	✓		✓	✓	
820 Payment/Remittance	✓	$\checkmark$	✓		✓	✓	



# Companion Guide Requirements

When an entity publishes a Companion Guide, the CAQH CORE Companion Guide requirements establish the format and flow of Companion Guides.

#### FORMAT & FLOW SPECIFIED IN TEMPLATE

- Introduction
- Getting Started
- Testing with the Payer
- Connectivity with Payer/Communications
- Contact Information
- Control Segment/Envelopes

- Payer Specific Business Rules and Limitations
- Acknowledgements and/or Reports
- Trading Partner Agreements
- Transaction Specific Information

Infrastructure	X12N	X12N	X12N	X12N
Requirement	v5010 837	v5010 278	v5010 834	v5010 820
Companion Guide	X	X	X	X

REQUIREMENT VALUE  GRID	Reduces Time	Reduces Cost	Better Communication	Better Coordination	Improved Interoperability	Process Efficiency	Patient Satisfaction
837 Health Claim	✓	✓	✓	✓	✓	✓	
278 Health Service Review	✓	✓	✓	✓	✓	✓	
834 Enrollment/Maintenance	✓	✓	✓	✓	✓	✓	
<b>820</b> Payment/Remittance	✓	✓	✓	✓	✓	✓	



# Unique Phase IV Infrastructure Requirements

Phase IV Operating Rule	Unique Phase IV Infrastructure Requirement (e.g. not included in previous CAQH CORE Rules)
Health Care Claim Infrastructure Rule	The receiver (defined as the HIPAA-covered provider or its agent) of ASC X12C v5010 999 transaction and ASC X12N v5010 277CA transaction is required to:  Process any ASC X12C v5010 999 or ASC X12N v5010 277CA transaction within one business day of its receipt.  Recognize all error conditions that can be specified using all standard acknowledgements named in this rule and to pass all such error conditions to the end user as appropriate OR to display to the end user text that uniquely describes the specific error condition(s), ensuring that the actual wording of the text displayed accurately represents the error code and the corresponding error description specified in the related ASC X12 acknowledgement specification without changing the meaning and intent of the error condition description.
Benefit Enrollment and Maintenance Infrastructure Rule	A HIPAA-covered health plan or its agent must process benefit enrollment/maintenance data by its system within five business days following the receipt and validation of the data.
Payroll Deducted and Other Group Premium Payment for Insurance Products Infrastructure Rule	A HIPAA-covered health plan or its agent must process the Payroll Deducted and Other Group Premium Payment for Insurance Products data by its internal application system within five business days following the successful receipt and validation of the data.



# **Polling Question #2**

Is your organization planning on implementing the operating rules for the Phase IV transactions? If so, which ones? (Check all that apply)

- 1. Healthcare claims.
- 2. Prior authorization.
- 3. Employee premium payment.
- 4. Enrollment and disenrollment in a health plan.

# Phase IV CAQH CORE Operating Rules: Infrastructure Requirements & Implementation Value

Robert Bowman
CAQH CORE Associate Director



(Cont'd)

Key Features & Implementation Value

# **Technical Improvements**



Added implementer feedback to improve the clarity of the rule wording.



Increases network transport security.



Separates the payload and processing mode documentation into separate documents for easier change maintenance.



Simplifies interoperability.

- Convergence to a single message envelope.
- Single authentication standard.



Contains additional message interactions for conducting additional transactions.

# **Transaction Support**



Adds support for the Claims, Premium Payments, Benefit Enrollments and Prior Authorizations transactions.

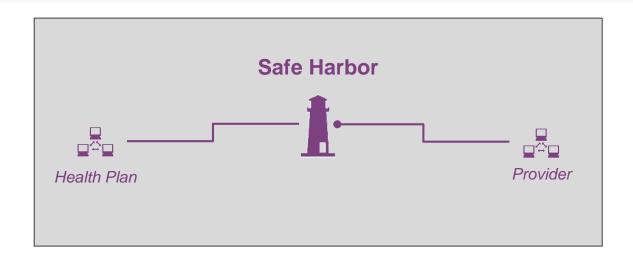


The CORE Safe Harbor allows entities to implement the Phase I, II and/or the Phase IV Connectivity Rules for all transactions, or other connectivity methods.



# Safe Harbor Connectivity & Security Requirements





#### Enables trading partners to use different communications and security methods than what is specified in rule:

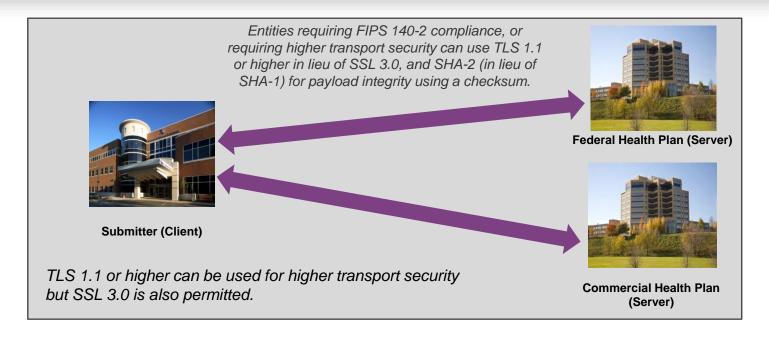
- HIPAA covered entities must support CORE Connectivity Rule requirements for real time and batch processing modes.
- Can offer other communications and security methods.
- Does not require trading partners to de-implement any existing connectivity methods not compliant with CORE Connectivity Rule.

# Technical Requirements & Relationship to Phase I-III Requirements

Connectivity Rule Area	CORE Phase I Connectivity Rule Requirements	CORE Phase II & III Connectivity Rule Requirements	CORE Phase IV Connectivity Rule Requirements
Network	Internet	Internet	Internet
Transport	HTTP	НТТР	НТТР
Transport Security	SSL	SSL 3.0 with optional use of TLS 1.x	SSL 3.0, or optionally TLS 1.1 or higher.  • Entities that must also be FIPS 140-2 compliant or that require stronger transport security may implement TLS 1.1 or higher in lieu of SSL 3.0
Submitter (Originating System or Client) Authentication	Name/Password	UserName + Password or X.509 Digital Certificate	X.509 Digital Certificate based authentication over SSL/TLS     Removed Username + Password
Envelope and Attachment Standards	Unspecified	SOAP 1.2 + WSDL 1.1 and MTOM (for Batch) or HTTP+MIME	SOAP 1.2 + WSDL 1.1 and MTOM (for both Real Time and Batch)  • Removed HTTP+MIME
Envelope Metadata	Unspecified	Metadata defined (Field names, values) (e.g., PayloadType, Processing Mode, Sender ID, Receiver ID)	<ul> <li>Metadata defined (Field names, values) (e.g., PayloadType, Processing Mode, Sender ID, Receiver ID)</li> <li>SHA-1 for Checksum</li> <li>FIPS 140-2 compliant implementations can use SHA-2 for checksum.</li> </ul>
Message Interactions/ Routing	Real-time     Batch (Optional if used)	Real-time     Batch (Optional if used)	Batch and Real-Time processing requirements defined for each transaction     Push and Pull Generic messages for 820/834 transactions
Acknowledgements, Errors	Specified	Enhanced Phase I, with additional specificity on error codes	Errors Codes updated
Basic Conformance Requirements for Client and Server Roles	Minimally specified	Well specified	Well specified
Response Time	Specified	Maintained Phase I time requirements	Maintained Phase I time requirements
Connectivity Companion Guide	Specified	Enhanced Phase I, with additional recommendations	Enhanced Phase I, with additional recommendations



### Security Requirements



#### 1. Submitter Authentication:

- X.509 Digital Certificate over SSL/TLS.
- Username and Password authentication has been phased out in this rule.

#### 2. Transport Security:

- SSL Version 3 or TLS 1.1 or higher (TLS 1.1 or higher can be used in addition to or in lieu of SSL 3.0 for FIPS 140-2 compliance, or to support an entity's stronger security policy).
- SHA-2 for payload integrity using a checksum (in lieu of SHA-1).



X.509 Digital Certificate: A Single Submitter Authentication Method

#### **Benefits**

- X.509 Client Certificate based authentication over SSL/TLS is stronger than username + password.
- Reduced implementation cost and complexity having one standard.
- Client certificate based authentication requires the submitter to access its cryptographic key (private key) to use its public key certificate.
- Digital Certificates:
  - Expire and need to be renewed; the potential for a successful brute force attack is low.
  - Can be revoked through a Certificate Revocation List (CRL) or Online Certificate Status Protocol (OCSP) mechanism.
- Aligned with clinical initiatives and industry trends (e.g., NwHIN Exchange) that use SOAP over HTTP for clinical data exchanges, and use client certificate based authentication for Business-to Business authentication.

#### **Submitter Authentication**

X.509 digital certification as the single authentication standard.

(Username + password was removed.)

#### **Background**

- The CAQH CORE Connectivity Rule Version 2.2.0 has two submitter authentication standards:
  - X.509 Client Authentication over SSL Version 3.0 or TLS 1.0 (FIPS 140).
  - Username-Password.



# **Message Encapsulation Layer**

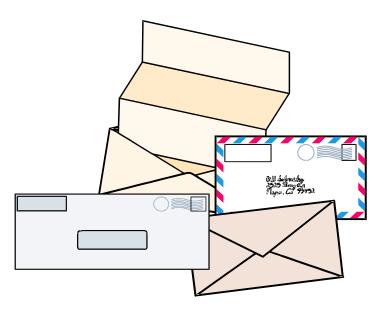
### Envelopes and Metadata

#### The Message Envelope:

- Provides a container for electronic documents (e.g., electronic claims) to be transmitted from the sender to receiver.
- Keeps the contents intact, supports auditing/tracking, and provides other critical details.
- Needs to include information to identify the sender/receiver (i.e., Message Envelope Metadata) and ensure documents (i.e., Message Payloads) are delivered to the receiver.
- Examples of Message Payloads include the HIPAA administrative transactions (ASC X12), HL7 clinical messages and zipped files.

#### Within the CORE Connectivity Rules:

- Message Envelope and Message Envelope Metadata is used primarily to conduct administrative transactions using administrative Message Payloads (e.g., ASC X12 administrative transactions).
- The Message Envelope consists of a well-defined structure for organizing and formatting Message Envelope Metadata.
- The Message Envelope Metadata is normative, and helps message receivers route messages for internal processing without opening the envelope, reducing costs and improving response time.
- The Message Envelope and Metadata can also be used for non-administrative Message Payloads.





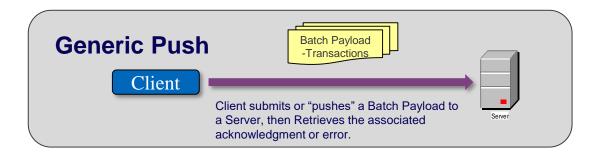
Generic "Push" and "Pull" Batch Processing Mode Message Interactions

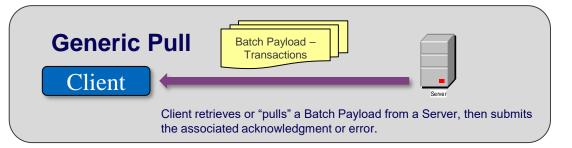
#### The Generic Push and Generic pull message interactions:

- The Phase II CAQH CORE Connectivity Rule defined message interactions for conducting Real Time and Batch interactions.
- Phase IV CAQH CORE Connectivity Rule keeps the Real Time and Batch interactions and added message interactions that could be used as generic building blocks for supporting current and future transactions.
- The Generic Push and Pull Batch Interaction requirements support the conduct of the ASC X12N v5010 834 and the ASC X12N 5010 820 transactions.

#### Benefits:

- Provides flexibility to support common industry message interactions for the ASC X12N v5010 820 and ASC X12N v5010 834 where:
  - o A Health Plan Sponsor (Client), can "Push" a Batch to a Health Plan (Server).
  - o A Health Plan (Client) can "Pull" a Batch from a Health Plan Sponsor (Server).







Processing Modes for Transactions

#### **Processing Mode:**

 Refers to how the payload of the connectivity message envelope is processed by the receiving system, in Real Time or Batch mode.

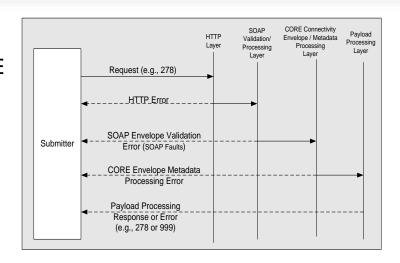
Transaction	Processing Modes
ASC X12N 837 Version 5010 Health Care Claim (Institutional, Professional, Dental)	<ul><li>Batch Mode Required</li><li>Real Time Mode Optional</li></ul>
ASC X12N Version 5010 278 Health Care Services Review – Request for Review and Response	Either Real Time Mode or Batch Mode Must be implemented  • Both modes may be implemented
ASC X12N Version 5010 820 Payroll Deducted and Other Group Premium Payment for Insurance Products	<ul><li>Batch Mode Required</li><li>Real Time Mode Optional</li></ul>
ASC X12N Version 5010 834 Benefit Enrollment and Maintenance	<ul><li>Batch Mode Required</li><li>Real Time Mode Optional</li></ul>

Note: The processing modes for the transactions are specified in a separate external document:

Phase IV CAQH CORE 470 Connectivity Rule CAQH CORE-Required Processing Mode and Payload Type Tables v4.0.0 §2 Processing Mode Table

### Error Handling Enhancements

- Error Handling occurs at HTTP, SOAP, CORE Envelope Metadata, and Payload Processing Layers.
- CORE Connectivity Rules provides normative error codes and definitions for CORE Envelope Metadata processing:
  - Error handling at HTTP, SOAP and Payload Processing Layers are not defined by CORE.
- Phase IV CAQH CORE Connectivity Rule builds on error handling of Phase II CAQH CORE Connectivity Rule:
  - Addition of error codes based on implementer feedback.
  - Removal of error codes that were required for HTTP+MIME based envelope metadata processing.
  - Added examples and clarified the presentation of the error handling.



Error Codes Added	Error description in Rule 470	Reason for Addition	
<fieldname>UnSupported</fieldname>	Value is a legal value, but is not supported by the end poi Guide should indicate where to find specific SOAP Oper Phase IV CAQH CORE Connectivity.		
NotSupported	A request was received at this server with a valid <i>Payload</i> implemented by this server (e.g., it may be implemented at	Implementer feedback from previous phases	
<b>Error Codes Removed</b>	Error description in Rule 270	Reason for Removal in Rule	470
<fieldname>Required</fieldname>	The field <fieldname> is required but was not provided</fieldname>	This is handled by SOAP Fault. Since Rule envelope, this error code is longer needed	470 does not have HTTP+MIME
<fieldname>NotUnderstood</fieldname>	The field <fieldname> is not understood at the receiver.</fieldname>	Same reason as above	



# Polling Question #3

Which of the following would you consider to be the biggest challenge to your organization's voluntary implementation of the Phase IV CAQH CORE 470 Connectivity Rule v4.0.0? (Select only one)

- 1. Fully understanding the requirements of the Phase IV CAQH CORE 470 Connectivity Rule v4.0.0.
- 2. Having enough time and staff for implementation.
- 3. Organization's internal decision makers have not given the go ahead.
- 4. No major challenges.
- 5. Not applicable.



# Phase IV CAQH CORE Operating Rules: Implementation Resources and Certification

**Taha Anjarwalla**CAQH CORE Manager



# Phase IV CAQH CORE Operating Rule Implementation Challenges



# **CAQH CORE Commitment to Operating Rule Implementation**

The <u>CAQH CORE Implementation Resources</u> webpage has a number of resources and tools available at no cost.

CAQH CORE offers <u>CORE Certification</u> which means an entity has demonstrated that its IT system or product is operating in conformance with a specific phase(s) of the CAQH CORE Operating Rules and underlying standards. CORE Certification lets implementers showcase that their IT systems or products are operating in conformance with Phase IV Operating Rules.

"Show your clients that you've implemented the rules!"

# Phase IV CAQH CORE Analysis & Planning Guide

Understand the Applicability of Rules to Various Trading Partners

As with previous Phases, CAQH CORE now has an <u>Analysis & Planning Guide</u> for the Phase IV CAQH CORE Operating Rules



Planning Guide should be used by project staff to:

Understand applicability of the Phase IV CAQH CORE Operating Rule requirements to organization's systems and processes that conduct the transactions.

*Identify all impacted external and internal systems* and outsourced vendors that process the transactions.

Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business processes which may be impacted.

# **Stakeholder & Business Type Evaluation**

Know What Aspects of your Business or Outsourced Functions are Impacted

#### CAQH Committee on Operating Rules for Information Exchange (CORE) Analysis & Planning Guide for Implementing the Phase IV CAQH CORE Operating Rules Version 4.0.0

A user-friendly Excel workbook containing the Stakeholder & Business Type Evaluation is available HERE.

	(and		
Question	Points for Consideration	Your Response	Bla-gaille
What is your stakeholder type(s)? (e.g., health plan, provider, vendor, clearinghouse; see question 3 for more information on other trading partners)	The Phase IV CAQH CORE Voluntary Certification Test Suite defines four stakeholder types that implement the operating rules: health plan, clearinghouse, provider, and vendor; the applicability of specific Phase IV CAQH CORE Operating Rule requirements vary according to stakeholder type. Please reference Section 2 of the Phase IV CAQH CORE Voluntary Certification Test Suite for further information.		Turis Inti Seust
2. What role and responsibilities does my organization have for implementing the Phase IV CAQH CORE Operating Rules, given our stakeholder type(s) (e.g., ASC X12N v5010 837 Claim, ASC X12N v5010 278 Request and Response, ASC X12N v5010 834, and ASC X12N v5010 820)?	The Phase IV CAQH CORE Operating Rules outline the specific roles and responsibilities for each stakeholder type; review Phase IV CAQH CORE Operating Rule text for more detail.		Key Takeaway: Coordinate planning and
3. Does my organization rely on other organizations (e.g., software vendors, clearinghouses, business associates) to assist with ASC X12N v5010 837 Claim, ASC X12N v5010 278 Request and Response, ASC X12N v5010 834, and ASC X12N v5010 820 processing?	The applicability of a specific Phase IV CAQH CORE Operating Rule requirement may vary according to trading partner relationship, contracted services, and other arrangements. If your organization relies on a software vendor or a clearinghouse or other business associate to meet any of the Phase IV CAQH CORE Operating Rule requirements, you will need to coordinate with that entity as part of your pre-implementation planning and outline applicability of each requirement to the vendor, clearinghouse or business associate. See Section 4 of this document (above) for additional resources.  Ensure appropriate business associate agreements are in		implementation.  Determine your  stakeholder type and which Phase IV rules apply to you and your trading partners.
	place with necessary stakeholders		

Analysis & Planning Guide for Adopting the Phase IV CAQH CORE Operating Rules

# System Inventory & Impact Assessment Worksheet

Identify and Inventory all Impacted Systems and Products

# CAQH Committee on Operating Rules for Information Exchange (CORE) Analysis & Planning Guide for Implementing the Phase IV CAQH CORE Operating Rules Version 4.0.0

A user-friendly Excel workbook containing the Systems Inventory & Impact Assessment Worksheet is available HERE.

CAQH CORE Systems Inventory & Impact Assessment Worksheet						
Phase IV CAQH CORE Operating Rule	Are One or More Systems/Processes Impacted? (Yes/No; Name of Impacted System/Process)	Is the System/Process In- House, COTS/Cloud- based, or Outsourced to a Third Party?	Potential Options to Address Rule Requi (e.g. remediate an in-house developed system, replace any COTS/cloud-based system, work with third party ensure they meet CAQH CORE Operating Rule requin update manual processes)			
Infrastructure Rule						
450: Health Care Claim (837) Infrastructure Rule v4.0.0 (ability to support ASC X12N v5010 837 Claim processing) 452: Health Care Services Review						
Request for Review and Response (278) Infrastructure Rule v4.0.0 (ability to support ASC X12N v5010 278 Request and Response processing)						
454: Benefit Enrollment &  Maintenance (834) Infrastructure  Rule v4.0.0 (ability to support  ASC X12N v5010 834 processing)						
456: Premium Payment (820) Infrastructure Rule v4.0.0 (ability to support ASC X12N v5010 820 processing)						
470: Connectivity Rule v4.0.0 (ability to support updated Connectivity Rule; please also refer to the Phase IV CAQH CORE-Required Processing Mode and Payload Type Tables v4.0.0)						



#### **Key Takeaway:**

Understand how many of your systems/ products are impacted by each Phase IV rule requirement and with which vendors you will need to communicate and coordinate.

Analysis & Planning Guide for Adopting the Phase IV CAOH CORE Operating Rules

# **Gap Analysis Worksheet**

# Determine the Level of System Remediation Needed to Adopt the Rule Requirements

# CAQH Committee on Operating Rules for Information Exchange (CORE) Analysis & Planning Guide for Implementing the Phase IV CAQH CORE Operating Rules Version 4.0.0

A user-friendly, Excel workbook containing the Gap Analysis Worksheet is available HERE.

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted (Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)	System/ Process Currently Meets the Requirement (Yes/No)	Gap (Briefly describe gap)	Estimated System/ Process Remediation Effort (Required number, type of skilled resource, person hours required)	Business Processes Impacted (Briefly describe)	Business Processes/ Documentation Revisions Required & Effort Estimates
Phase 1	V CAQH CORE 450 Health Care Claim (837) Infrastructure Ru	<u>le v4.0.0</u>					
	Processing Mode Requirements (§4.1)						
1	Health plan must support server requirements for Batch processing mode.						
2	Health plan may optionally also support server requirements for Real Time processing mode.						
	Connectivity Requirements (§4.2)						
3	A HIPAA-covered entity must be able to support the Phase IV CAQH CORE 470 Connectivity Rule v4.0.0.						
	System Availability Requirements (§4.3.1)						
4	Publication of regularly scheduled downtime, including holidays and method(s) for such publication.						
5	Publication of non-routine downtime notice and method(s) for such publication.						
6	Publication of unscheduled/emergency downtime notice and method(s) for such publication.						
	Acknowledgement Requirements (§4.4.1)						
7	An ASC X12C v5010 999 is returned on a rejected ASC X12 Functional Group of ASC X12N v5010 837 in either Real Time Processing Mode or Batch Processing Mode.						
8	An ASC X12C v5010 999 is not returned on an accepted ASC X12 Functional Group of an ASC X12N v5010 837 in Real Time Processing Mode.						
9	An ASC X12C v5010 999 is returned on any accepted ASC X12 Functional Group of an ASC X12N v5010 837 in Batch Processing Mode.						
10	An ASC X12N v5010 277CA transaction is returned for a transaction set that complies with the ASC X12N v5010 837 TR3 implementation guide.						



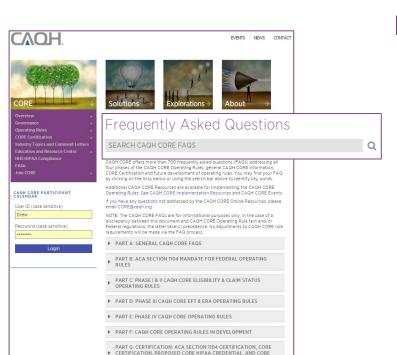
#### **Key Takeaway:**

Understand the level of system remediation necessary for adopting the business and technical requirements of the Phase IV CAQH CORE Operating Rules.

Analysis & Planning Guide for Adopting the Phase IV CAQH CORE Operating Rules



# Phase IV CAQH CORE Operating Rules - Frequently Asked Questions (FAQs)



More FAQs are added every month!

#### **CAQH CORE FAQ Website**

Includes more than 100 Phase IV CAQH CORE Operating Rule FAQs, from general concepts to technical questions.

#### Part E: Phase IV CAQH CORE Operating Rules

I. Overview of Phase IV CAQH CORE Operating Rules

II. CAQH CORE 450: Health Care Claim (837) Infrastructure Rule

III. CAQH CORE 452: Health Care Services Review - Request for Review and

Response (278) Infrastructure Rule

IV. CAQH CORE 454: Benefit Enrollment and Maintenance (834) Infrastructure Rule

V. CAQH CORE 456: Premium Payment (820) Infrastructure Rule

VI. CAQH CORE 470: Connectivity Rule

VII. Resources for Implementing the Phase IV CAQH CORE Operating Rules

Part G: ACA Section 1104 Certification, CORE Certification, Proposed CORE HIPAA Credential, and CORE Endorsement

II. A. i. CORE Certification Overview

II. C. I. CORE Certification Testing Overview

II. C. v. Phase IV CIRE Certification Testing



# **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.









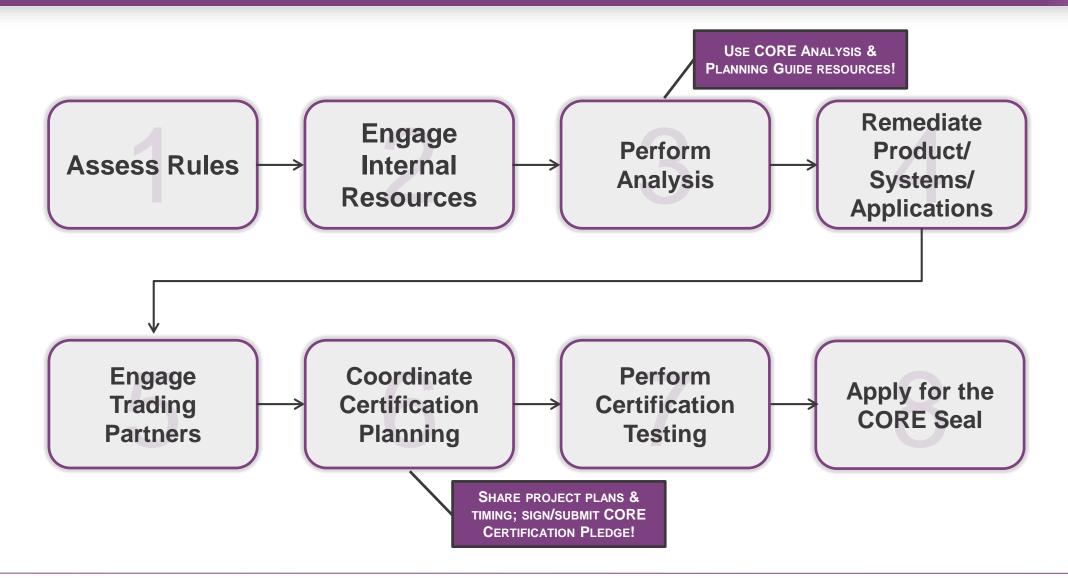


# **Voluntary CORE Certification is Good for Business**

HEALTH PLANS	PROVIDERS	CLEARINGHOUSES	VENDOR SOLUTIONS		
Conduct secure, timely and streamlined electronic transactions.					
Demonstrate conformance with federally mandated operating rules and underlying standards.	Increase patient satisfaction through efficient patient services.	Trading partner contract expectation by bealth bit			
Show that you are maximizing the efficiencies afforded by the operating	Show that you are maximizing the efficiencies afforded by the	conformant with the ope	ms, products, or services are rating rules and underlying dards.		
rules and underlying standards.	, ODERAING MIES AND UNGERVING		Help your customers: CORE Certification allows your customers the value-add of "drafting" behind your certification and also becoming CORE-certified.		
Achieve these goals through CORE Certification, a process that uses industry-developed conformance requirements, a third-party tester, and a neutral, non-commercial administrator.					



# Phase IV CAQH CORE Operating Rule Implementation Approach



# Phase IV CAQH CORE Operating Rule Implementation Keys to Success



# **Establish Open Communication**with Trading Partners

 Build on operating rule implementation efforts from prior phases.



# Have the Right Plan & Set Yourself up for Success!

- Start with Certification goal in mind.
- Document all necessary actions, not just testing.
- Base your approach on CAQH CORE implementation tools.
- Communicate with trading partners frequently regarding planning and testing approaches.

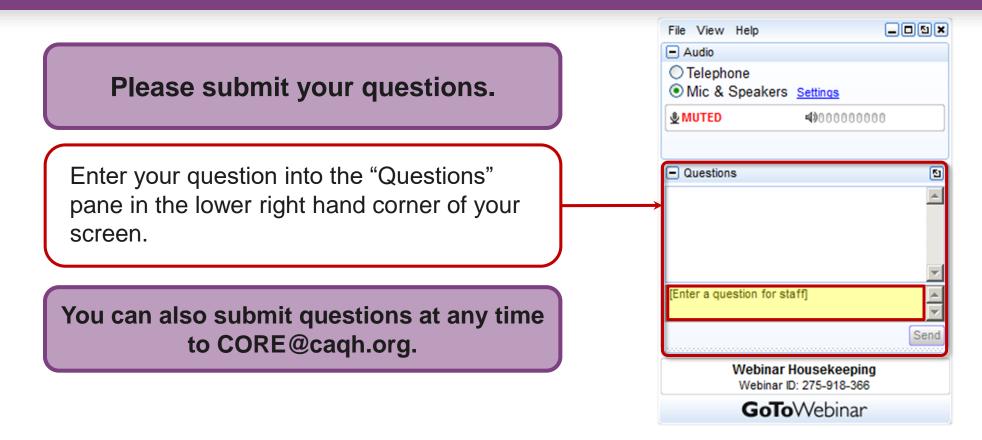


# **Polling Question #4**

# What Phase IV CAQH CORE Operating Rule topics would you like to learn more about in future educational webinars? (Check all that apply)

- 1. Implementation benefits.
- 2. Implementation "how to."
- 3. Voluntary Phase IV CORE Certification.
- 4. Implementer stories.

### Audience Q&A



#### 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



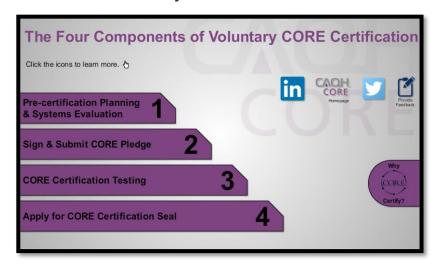
# **E-Learning Resources from CAQH CORE**

### www.caqh.org/core/elearning-resources

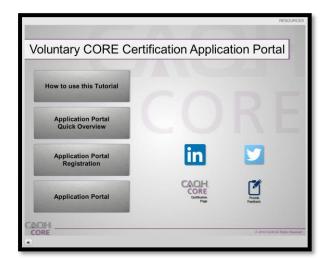




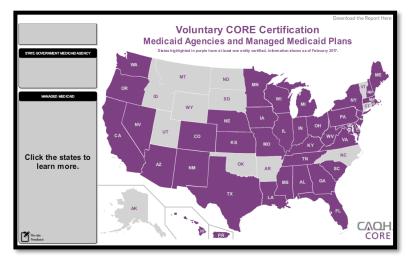
Understand the four components needed to complete voluntary CORE Certification.



Learn about the new CORE Certification Application Portal.



Explore an interactive map to see which Medicaid entities around the country have achieved CORE Certification.





# **Engage With Us!**

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





### Dedicated webpages:

- ✓ Code Combination Maintenance
- ✓ <u>EFT/ERA Enrollment</u>

  <u>Maintenance</u>
- ✓ Voluntary CORE Certification
- ✓ <u>CAQH CORE Phase IV</u> <u>Operating Rules</u>



# 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.





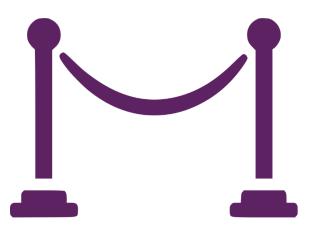
Work with others around the industry.



Communicate to industry partners and with your organization's leadership.



Present on CAQH CORE education sessions.



2017 Priorities – special content available only to CAQH CORE Participating Organizations.

VPB | ATTACHMENTS | PRIOR AUTH. | MAINTENANCE

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



# Thank you for joining us!



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

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.