CAQH CORE

# CAQH CORE November Town Hall

Thursday, November 3, 2016

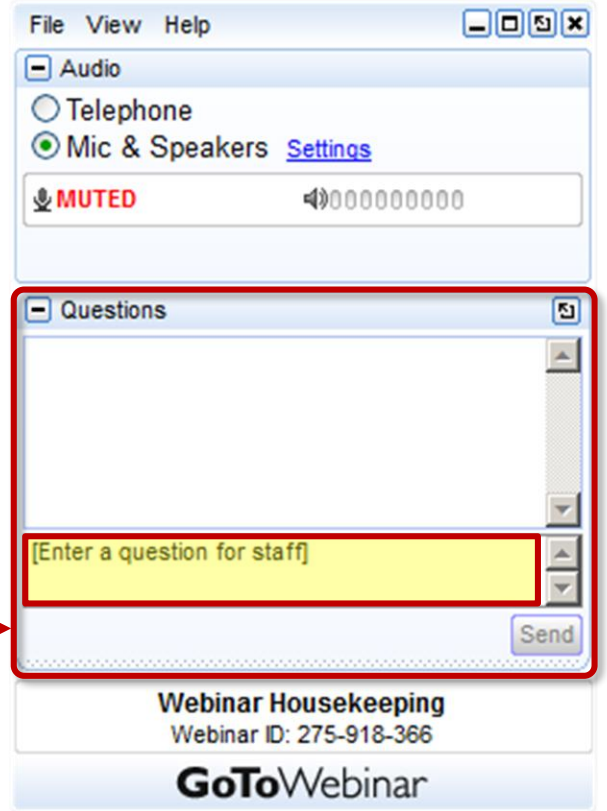
2:00 – 3:00 PM ET

# 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 in the next 1-2 business days.
- The phones will be muted upon entry and during the presentation portion of the session.
- At any time throughout the session, you may communicate a question via the web.

Questions can be submitted ***at any time*** with the **Questions panel on the right side of the GoToWebinar desktop.**



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# Session Outline

- Welcome and Introduction
- CAQH CORE Regulatory Update
- Current Rule Writing Activity
- Voluntary CORE Certification
- CAQH CORE Future Focus
- Audience Q&A

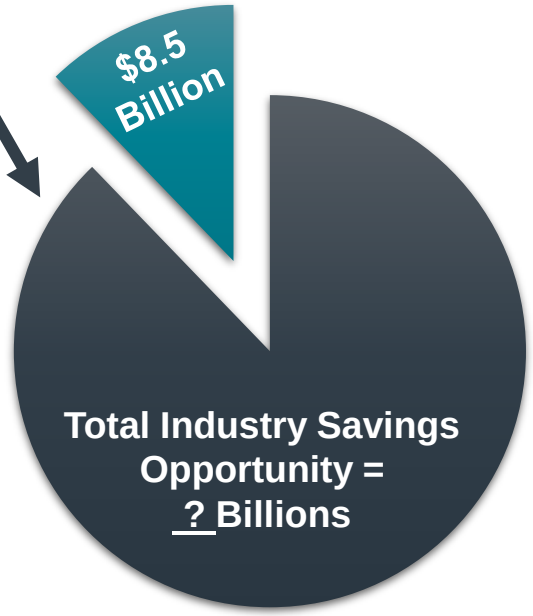
# CAQH CORE Regulatory Update

**Denise Buenning**
Director, CAQH CORE

# How Much Could the Industry *Really* Save with Electronic Transactions?

**2015 CAQH Index Reported Labor-only Savings Opportunity for Six HIPAA Transactions that have CAQH CORE Operating Rules; Adoption by Transaction is at Different Stages:**

1. Claim Submission (Phase IV)
2. Eligibility and Benefit Verification (Phases I-II)
3. Claim Payment (Phase III)
4. Claim Status Inquiry (Phase II)
5. Remittance Advice (Phase III)
6. Referral Certification (Phase IV)




- Report used data from 4.2 billion transactions.
- These cost estimates only represent a fraction of the true industry savings opportunity associated with adoption of electronic transactions:
  - Includes direct labor cost for only *six* of the twelve key transactions in the claims cycle for commercial plans.
  - A more comprehensive estimate of industry cost savings opportunity would include indirect and direct cost all twelve transactions in the claim cycle for *private and public* payers.

**Other Cost Not Currently in CAQH Estimates**

Six Additional Transactions
Indirect Labor Cost (transaction prep & follow-up)
Vendor and Other Overhead
Public Payers

# ACA Mandated Operating Rules and Certification

## *Significant Change over Short Period of Time*

### Phases I-II

**Compliance Date**
**January 1, 2013**

**Health plan eligibility**

**Claim status transactions**

***HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules***

**Mandated Requirements**

### Phase III

**Compliance Date**
**January 1, 2014**

**Electronic funds transfer (EFT)**

**Health care payment and remittance advice (ERA)**

***HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules***

**Mandated Requirements**

### ACA-Mandated HHS Health Plan Certification

**TBD**

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

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

**New HHS proposed rule TBD**

### Phase IV

**Currently Voluntary**

- Health claims (or equivalent encounter information)
- Referral, certification and authorization
- Enrollment/ disenrollment in a health plan
- Health plan premium payments
- Health claims attachments (HHS Standard not yet mandated therefore not included in PIV)

**Phase IV Op Rules approved and available from CAQH CORE for implementation. NCVHS recommended voluntary use and HHS response TBD.**





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# Federal Advisory Efforts: National Committee on Vital and Health Statistics (NCVHS) & ACA Review Committee

NCVHS Full Committee and Subcommittee on Standards meetings were held on 09/28/16 and 09/29/16.

| Topic Area | Summary |
|---|---|
| **Changes to NCVHS Leadership** | • Walter Suarez's term as chair ended on 10/15/16; replaced by William Stead, Chief Strategy Officer, Vanderbilt University Medical Center.<br>• One vacancy remains on the NCVHS Full Committee. |
| **CMS Update to NCVHS** | • CMS provided update that Administrative Simplification Enforcement and Testing Tool (ASETT) is now available for use.<br>• ASETT is a web-based application that can be used to file a complaint against a HIPAA covered entity for potential non-compliance with the non-Privacy/Security provisions of HIPAA. |
| **ACA Review Committee Report to HHS** | • In June 2015, ACA Review Committee held first hearing to gather industry feedback on state of implementation of the HIPAA transactions, standards, code sets, identifiers, and operating rules.<br>• Hearing findings were summarized. Committee approved final report for issuance to HHS Secretary on 10/13/16. |
| **NCVHS Subcommittee on Standards** | • Outlined a set of potential priorities for 2017, including:<br>– Develop a roadmap for future updates to HIPAA standards/operating rules.<br>– Issue a report on the future of HIPAA (i.e., HIPAA 3.0).<br>– Social Security Number Replacement Initiative (SSNRI).<br>– Adoption of All Payer Claim Database (APCD) standards and National Patient Identifier. |



7

# Polling Question #1:

**Which is the highest Phase of the CAQH CORE Operating Rules that your organization has implemented to date?**

1. Phases I-II
2. Phase III
3. Phase IV
4. Not an implementer
5. Unsure

# Current Rule Writing Activities

## Mandated Operating Rule Activity:

- **Overview of *CORE Code Combinations* Maintenance Activities**
- **CAQH *CORE Code Combinations* Maintenance 2016 Market-Based Review**
- **2016 CORE-required Maximum EFT & ERA Enrollment Data Set Maintenance**

## Voluntary Operating Rule Activity

- **Prior Authorization**

**Robert Bowman**
Associate Director, CAQH CORE

# CAQH CORE Groups Support Operating Rule Development and Maintenance

***Actively Engage with CAQH CORE***

Currently the active CAQH CORE Groups supporting rule development and maintenance include:

CAQH CORE Code Combinations Task Group

CAQH CORE Enrollment Maintenance Task Group

CAQH CORE Certification/Testing Subgroup

Also coming soon:

CAQH CORE Participant Survey on Potential Additional Prior Authorization Operating Rule Opportunities

Interim Report on Value-based Payment Opportunities for Industry Action

Get involved!
core@caqh.org

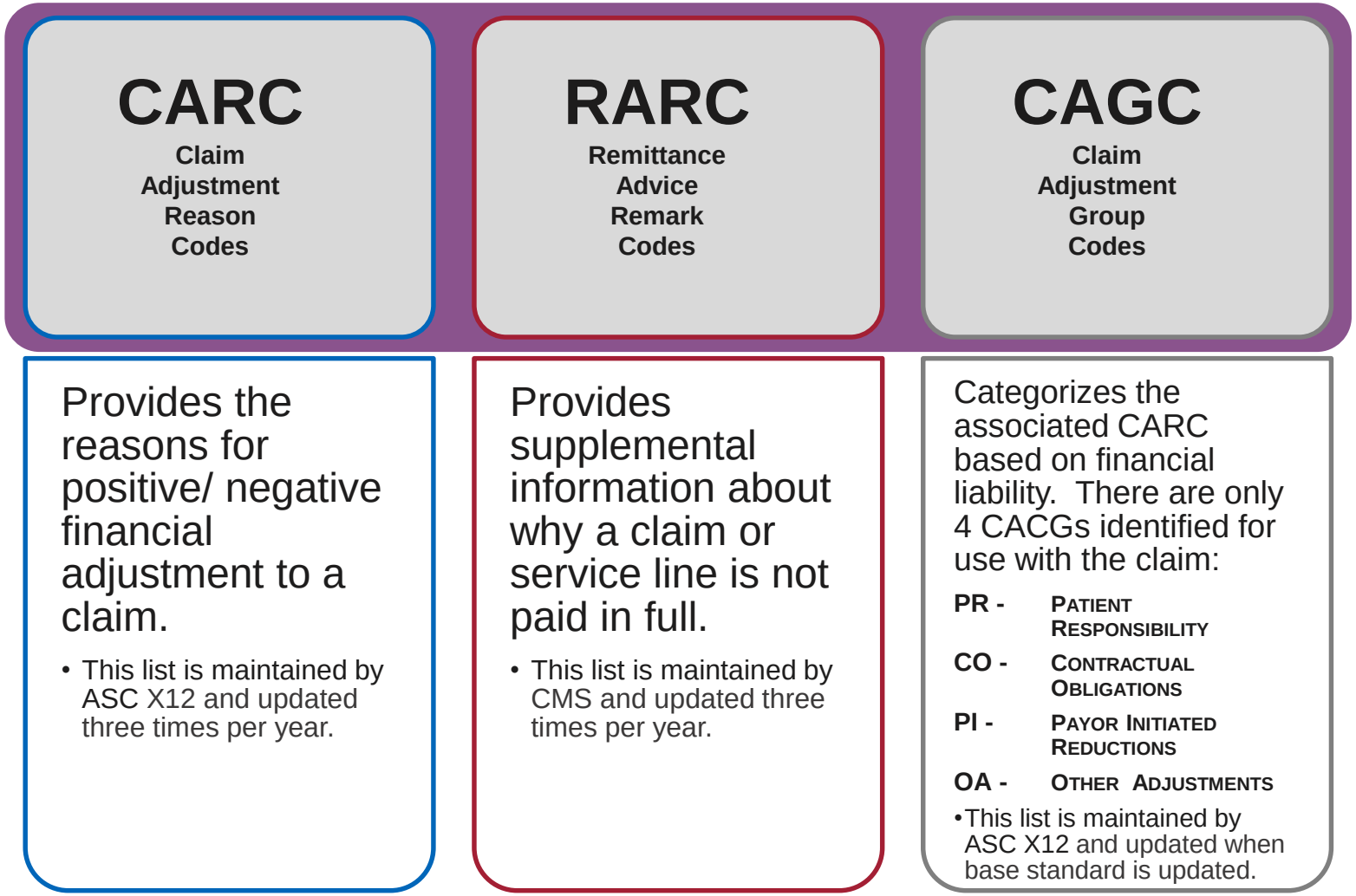
# Overview of *CORE Code Combinations* Maintenance Activities Related to Mandated Phase III Operating Rules

**Robert Bowman**
Associate Director, CAQH CORE

# CAQH *CORE Code Combinations* Maintenance

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

Health plans deny or adjust claims via combinations of claim denial/adjustment codes sets that are meant to supply the provider with the necessary detail regarding the payment or denial of the claim.

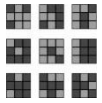


# CAQH *CORE Code Combinations* Maintenance
## *Why was this needed?*

The industry determined that the healthcare industry required operating rules to establish requirements for the consistent and uniform use of these codes:

There was extensive confusion throughout the healthcare industry regarding the use of these codes.

Providers did not receive the same uniform and consistent CARC/RARC/CAGC combinations from all health plans requiring manual intervention.



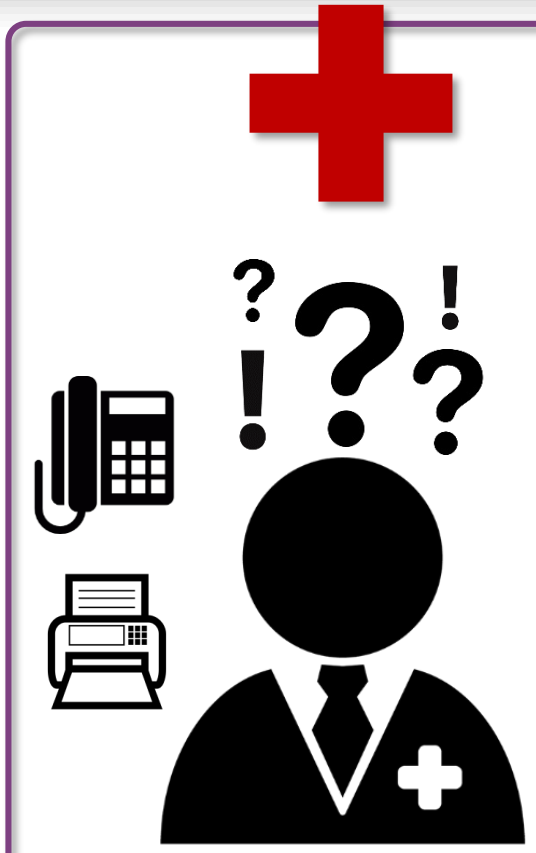
Providers were challenged to understand the hundreds of different CARC/RARC/CACG combinations, which can vary based upon health plans' internal proprietary codes and business scenarios.

Decisions on the CARC and/or RARC used to explain a claim payment business scenario were left to the health plans, lending a high level of subjectivity and interpretation to the process.

Codes are updated three times a year, so many plans and providers were not using the most current codes and continued to use deactivated codes.

# Claim Denial Process
## *BEFORE the CORE Code Combinations*

**NOTE:** This was an animated slide in the live presentation. To view the animation, please view the webinar recording HERE.



**Healthcare Provider**

**Large number of available CARCs and RARCs and health plan use of proprietary codes meant providers did not receive uniform and consistent CARC/RARC combinations across all health plans.**

**Resulted in:**

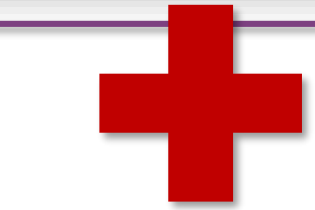
- Provider confusion about reasons for claim payment adjustments and denials.
- Multiple claim re-submissions attempting to receive payment, wasting time and money.

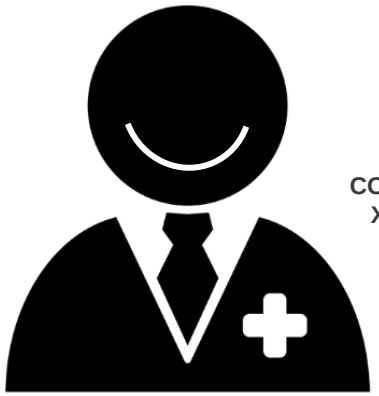
**Claim denied by Payer due to errors and/or missing information.**

**Healthcare Payer**

# Claim Denial Process
## *AFTER the CORE Code Combinations*

**NOTE:** This was an animated slide in the live presentation. To view the animation, please view the webinar recording HERE.





CORE CODE
XXX XXX
XXX

**Healthcare Provider**

**Because of four *CORE-defined Business Scenarios*, standardized CARC and RARC combinations are provided to indicate:**

Additional Information Required – Missing/Invalid/ Incomplete Documentation

**OR**

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

**OR**

Billed Service Not Covered by Health Plan

**OR**

Benefit for Billed Service Not Separately Payable

**Claim received and processed.**


**Healthcare Payer**





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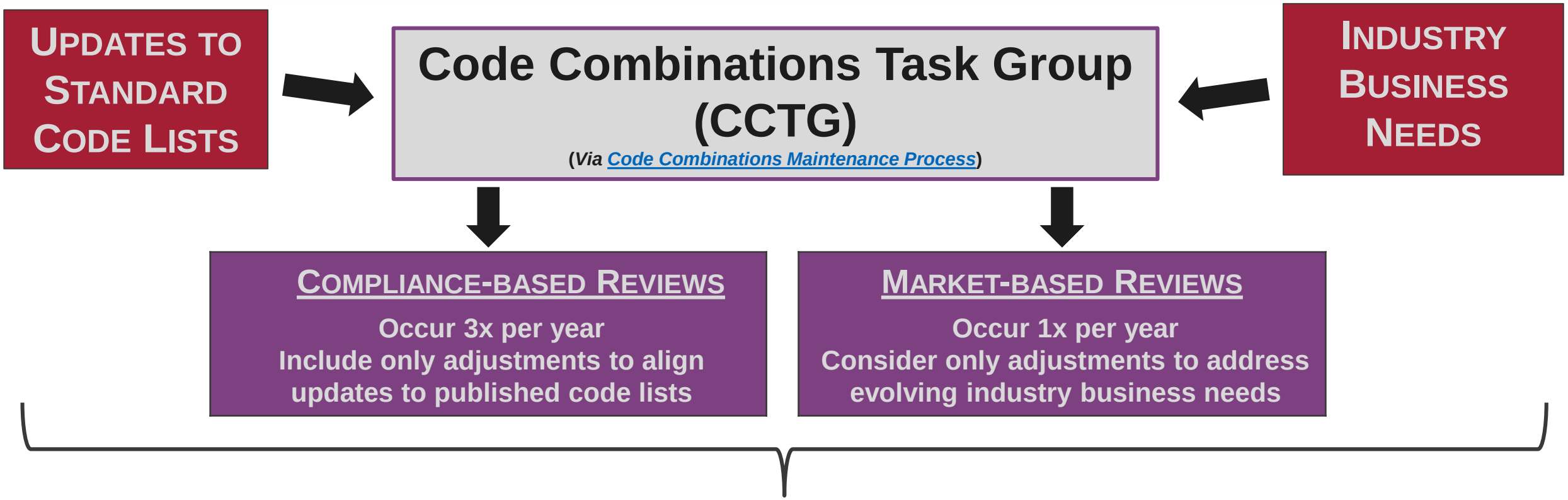
# CAQH *CORE Code Combinations* Maintenance

***Body of Work***



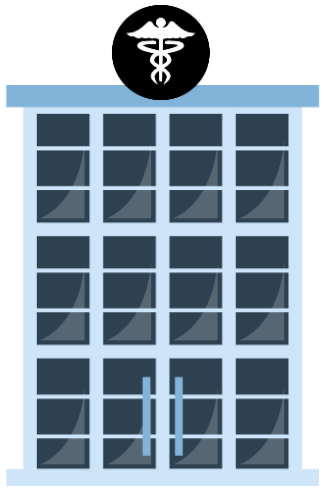
# CAQH *CORE Code Combinations*
# Maintenance 2016 Market-Based Review

**Omoniyi Adekanmbi**
Project Manager, CAQH CORE

# MBR - Plans, Providers, & Government Entities

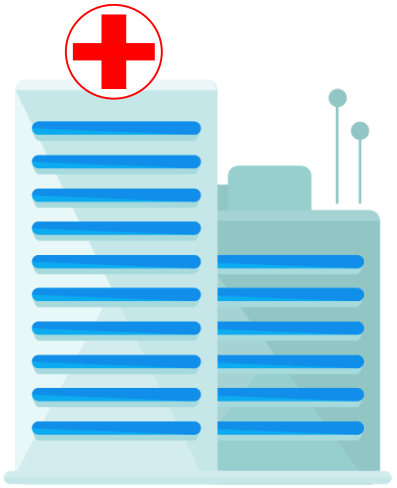
## *Does This Look Familiar?*

I keep getting questions about this billing situation. I wonder if there are code combinations CORE can add for this.



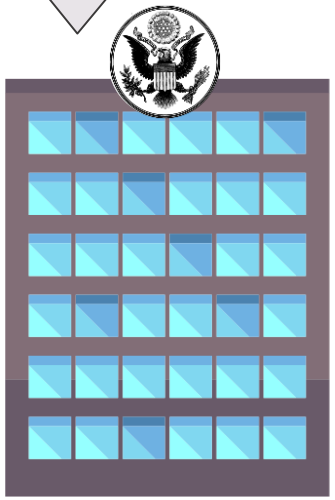
**Health Plan**

This code combination is so confusing. I have to keep calling the plan!



**Healthcare Provider**

My Medicaid benefit seems to be missing from the *CORE Code Combinations*. I'd really like to get it added.



**Government Entity**

# Make the *CORE Code Combinations* Work for YOU!

## 2016 Industry Market-based Adjustments Survey

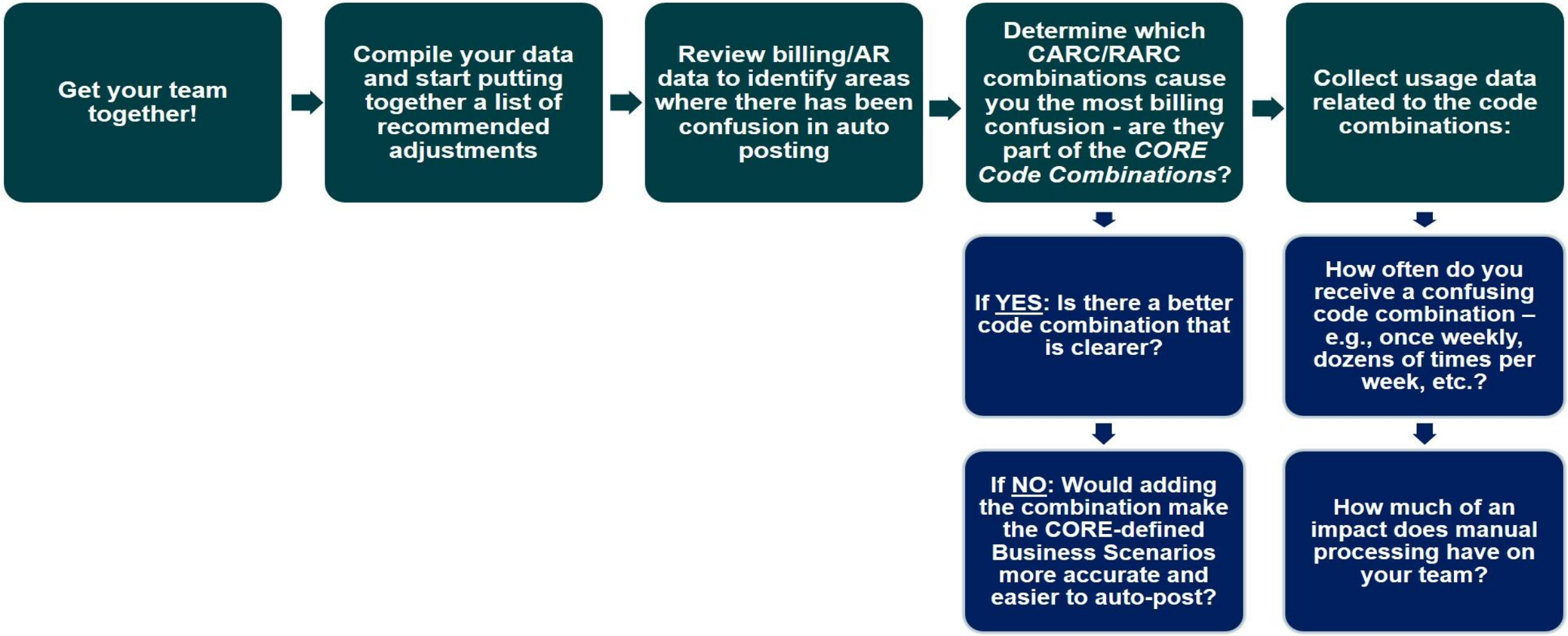
- Open to CORE Participants and **all** industry stakeholders that use the claim payment denial codes (providers, health plan, clearinghouses, etc.)
- Submit adjustments to the code combinations to ensure they meet **your** business needs!
- 60-day submission period: 11/21/16 – 01/21/17.
- Submit online via CAQH CORE 2016 Market-based Adjustments Form.
- Additions, removals, and relocations to the code combinations accepted.
- Enhance your submission with supporting evaluation criteria, a strong business case and real world usage data.*

*Submission of real world usage is discretionary.

# 2016 Industry Market-based Adjustments Survey

***Be Prepared!***

## Take steps <u>now</u> to be ready to submit your survey response by January 21st!





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# Polling Question #2

**For your denial remittance advices that require manual follow-up, select from the following the reason(s) for the follow-up: (Select all that apply)**

1. CARC/RARC Combination Unclear – Corrective Action Re-bill
2. CARC/RARC Combination Unclear – Lack of Coverage
3. CARC/RARC Combination Unclear – Mismatch between CARC and RARC Descriptions
4. Group Code (CAGC) Unclear – Inaccurate Assignment of Financial Liability

# 2016 CORE-required Maximum EFT & ERA Enrollment Data Set Maintenance

**Erin Richter Weber**
Associate Director, CAQH CORE

# EFT/ERA Enrollment Data Sets Maintenance

| | |
|---|---|
| **Goal** | **Incorporate lessons learned from increased EFT and ERA enrollment and address emerging, new, or changing industry business needs.** |
| **Annual Requirements** | CAQH CORE Enrollment Data Task Group conducts two types of reviews on an alternating, annual schedule:<br>➢ Limited Review (2016 review in process): Address only non-substantive adjustments; HIPAA-covered entities do not need to update enrollment forms/systems<br>➢ Comprehensive Reviews (scheduled for Fall 2017): Address substantive *and* non-substantive adjustments; if substantive adjustments are approved, HIPAA-covered entities will need to update enrollment forms/systems |
| **2016 Commitments/ Timeline** | **Fall 2016:** Task Group is currently conducting a Limited Review of the current EFT & ERA Enrollment Data Sets for any potential non-substantive adjustments. Any adjustments will be published by the end of 2016. As any adjustments will be non-substantive, HIPAA-covered entities will NOT need to update their enrollment forms/systems. |

# Prior Authorization

**Erin Richter Weber**
Associate Director, CAQH CORE

# Prior Authorization - Scope

## *Rollout to occur concurrent to Phase IV Implementation*

- Phase IV Operating Rule addressing ASC X12N v5010 278 establishes foundational set of requirements and industry expectations for prior authorization (PA), e.g. response time, connectivity, companion guides, etc.
  - Given X12N v5010 278 low adoption rate of ~10% (see 2015 CAQH Index Report), basic expectations for the exchange of this transaction are a needed initial step.
- CAQH CORE is launching effort to consider additional, voluntary prior authorization operating rules that will build off the Phase IV infrastructure requirements.
- Potential Prior Authorization opportunity areas are broken down into five key categories:
  1. Data Content: Includes opportunities for the data content of electronic transactions.
  2. Work Flows: Business processes for prior authorization and/or eligibility.
  3. Formats: Type of document format in which PA data is collected and delivered to the health plans by providers.
  4. Transport: Method by which prior authorization data is delivered to the health plans by providers.
  5. Utilities: Includes industry-wide solutions such as a prior authorization-specific clearinghouse.

# Prior Authorization – High-level Work Plan

**CAQH CORE Prior Authorization work will occur in five stages:**

1. Refine list of potential PA opportunity areas identified by CAQH CORE public surveys to incorporate feedback from NCVHS, ACA Review Committee surveys, etc.
2. Form PA Advisory Group of organizations that have implemented and are using the ASC X12N v5010 278.
3. Conduct environmental scan, with guidance from the PA Advisory Group, via CAQH CORE Participant survey, interviews, and vendor product assessment to ensure understanding of current barriers to electronic PA adoption and how operating rules can drive adoption.
4. Visit at least one implementer entity to better understand their workflows for PA and greatest challenges and what components are most resource intensive.
5. Convene Subgroup to draft PA operating rule(s) for top 1-5 opportunity areas.

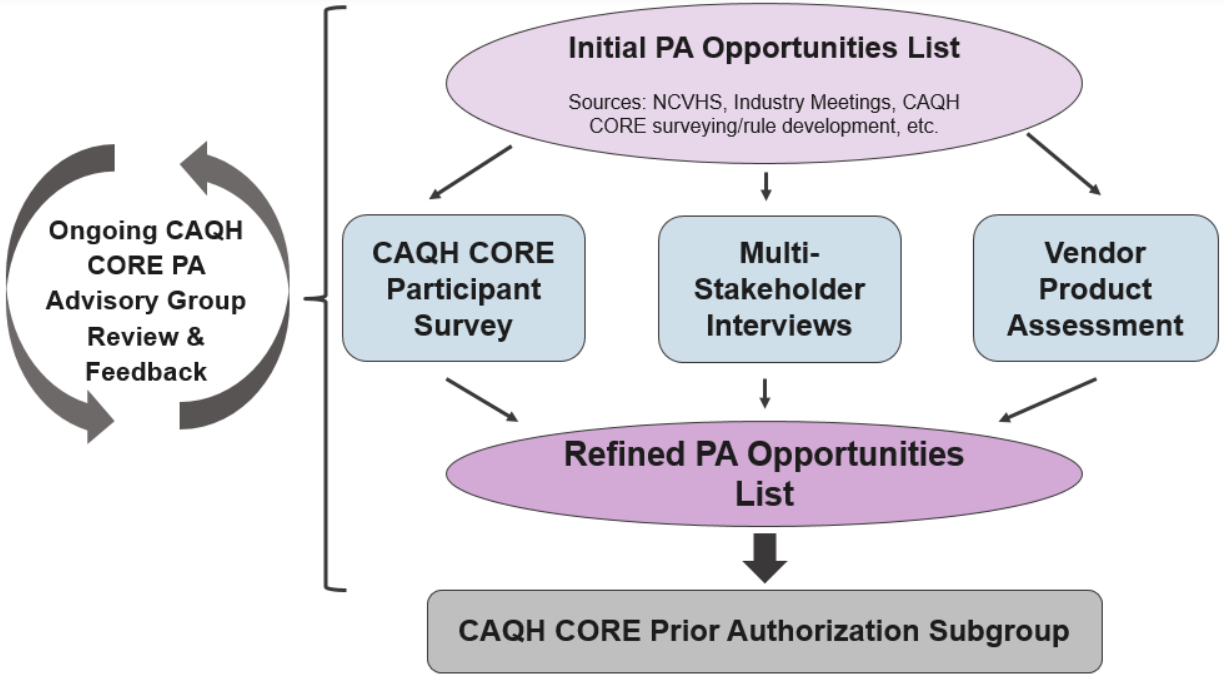
**Timeline:**

# Prior Authorization

## *CAQH CORE PA Advisory Group & Rule Opportunities Development Process*

**Role & Responsibilities:**

- Multi-stakeholder Advisory Group provides guidance to CAQH CORE staff on key aspects of the PA work effort.
- Members will participate in a number of key activities including:
  - Reviewing and providing feedback on the PA operating rule opportunities list.
  - Reviewing key components of the PA environmental scan.
  - Participating in interviews with CAQH CORE staff on PA usage, barriers, and opportunities.
  - Potentially hosting a site visit of CAQH CORE staff to observe prior authorization work flows.



# Voluntary CORE Certification

**Taha Anjarwalla**
Senior Associate, CAQH CORE

# 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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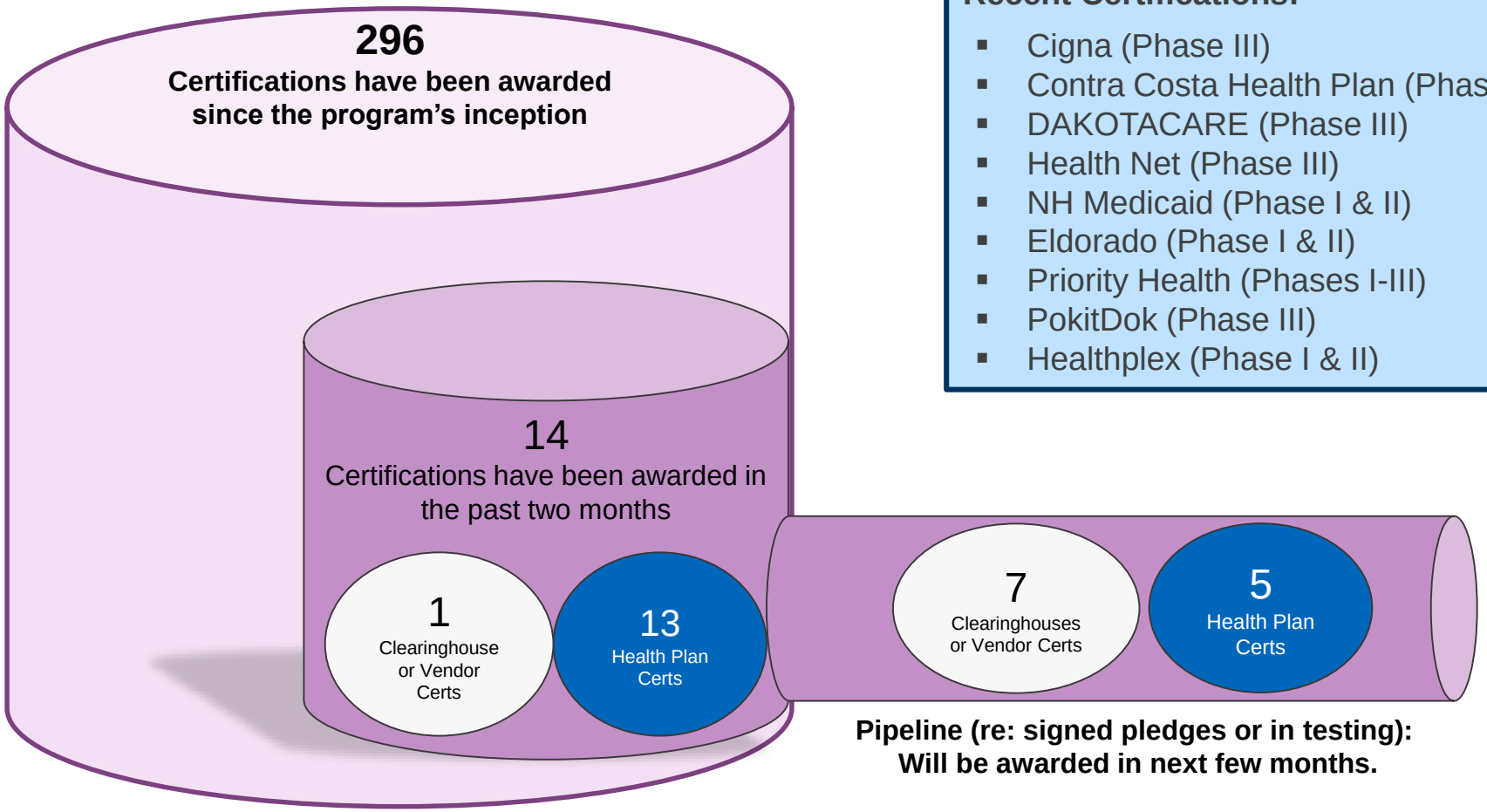
# CORE Certifications Phase I-III

## *Interest Continues to Grow*



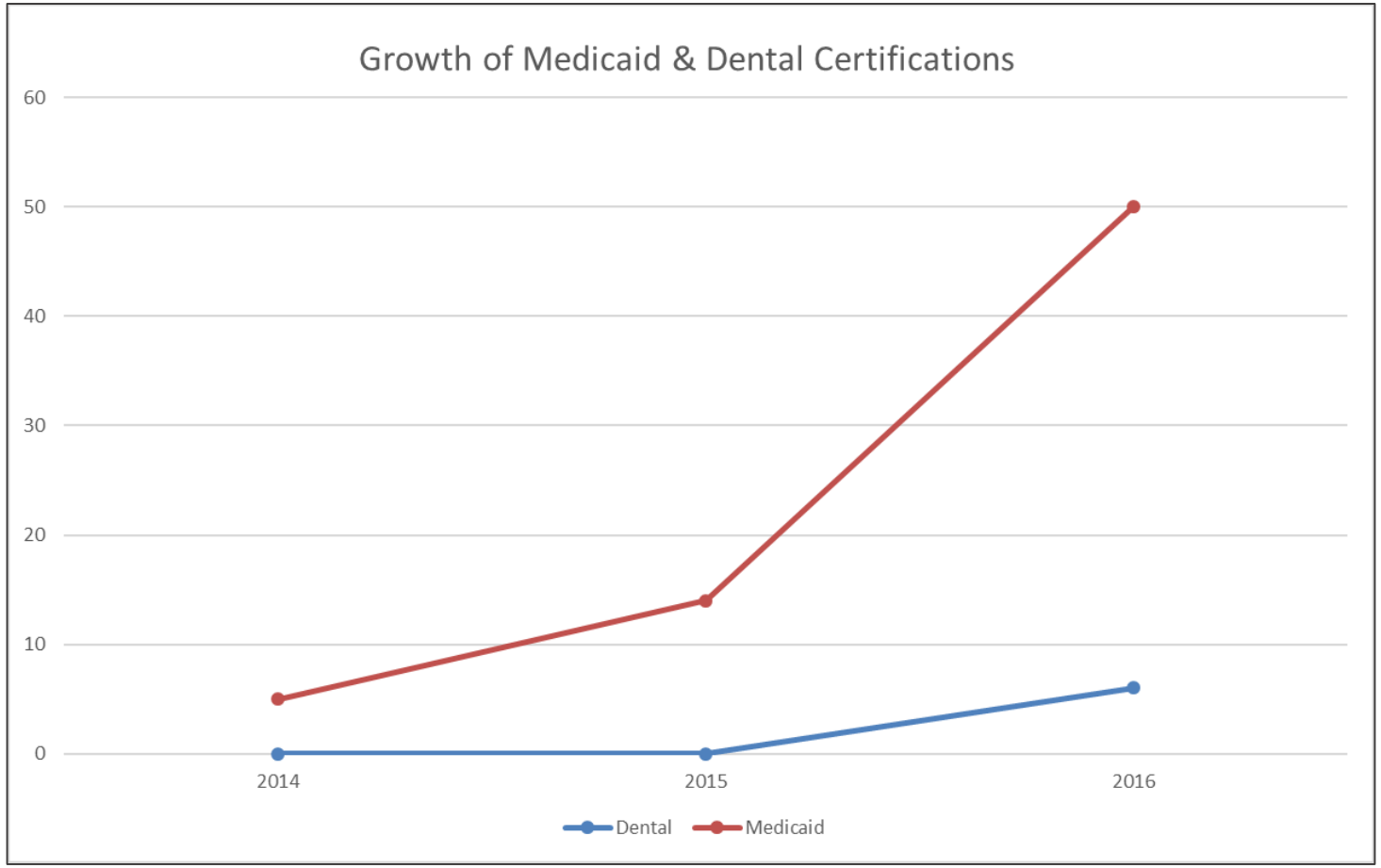

**Recent Certifications:**

- Cigna (Phase III)
- Contra Costa Health Plan (Phase III)
- DAKOTACARE (Phase III)
- Health Net (Phase III)
- NH Medicaid (Phase I & II)
- Eldorado (Phase I & II)
- Priority Health (Phases I-III)
- PokitDok (Phase III)
- Healthplex (Phase I & II)

**Pipeline (re: signed pledges or in testing): Will be awarded in next few months.**

Note: Larger pipeline exists when also considering those entities with active interest.

# Voluntary CORE Certifications by Target Group (2014-2016)



# Phase IV CORE Certification: Coming Soon in Q4-2016!

**Be an industry leader and become Phase IV Certified!**

- If you are already certified in Phases I, II, and/or III, become certified in Phase IV to demonstrate that you are maximizing the efficiencies afforded by the operating rules and underlying standards.
- If you're a health plan and have not yet been certified in all phases, consider certifying in the remaining phases simultaneously, saving time and resources in implementation and testing.
- If you are a vendor that supports any of the transactions covered in the Phase IV CAQH CORE Operating Rules, Phase IV Certification assures your existing and prospective customers that you are using industry-developed business rules to offer quality infrastructure and deliver secure transactions.

CERTIFIED CORE Phase I STAKEHOLDER
A CAQH Initiative

CERTIFIED CORE Phase II STAKEHOLDER
A CAQH Initiative

CERTIFIED CORE Phase III STAKEHOLDER
A CAQH Initiative

CERTIFIED CORE Phase IV STAKEHOLDER
A CAQH Initiative

**Contact** CORE@CAQH.org if you are interested, or have further questions about CORE Certification.





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# CAQH CORE Future Focus

## Voluntary CORE Certification:

- **Market Share Analysis**

## Voluntary Operating Rule Activity

- **Attachments (HHS standard on Attachments not yet mandated)**
- **Value-based Payments**

**Gwen Lohse**
Managing Director, CAQH CORE

# Market Share Analysis

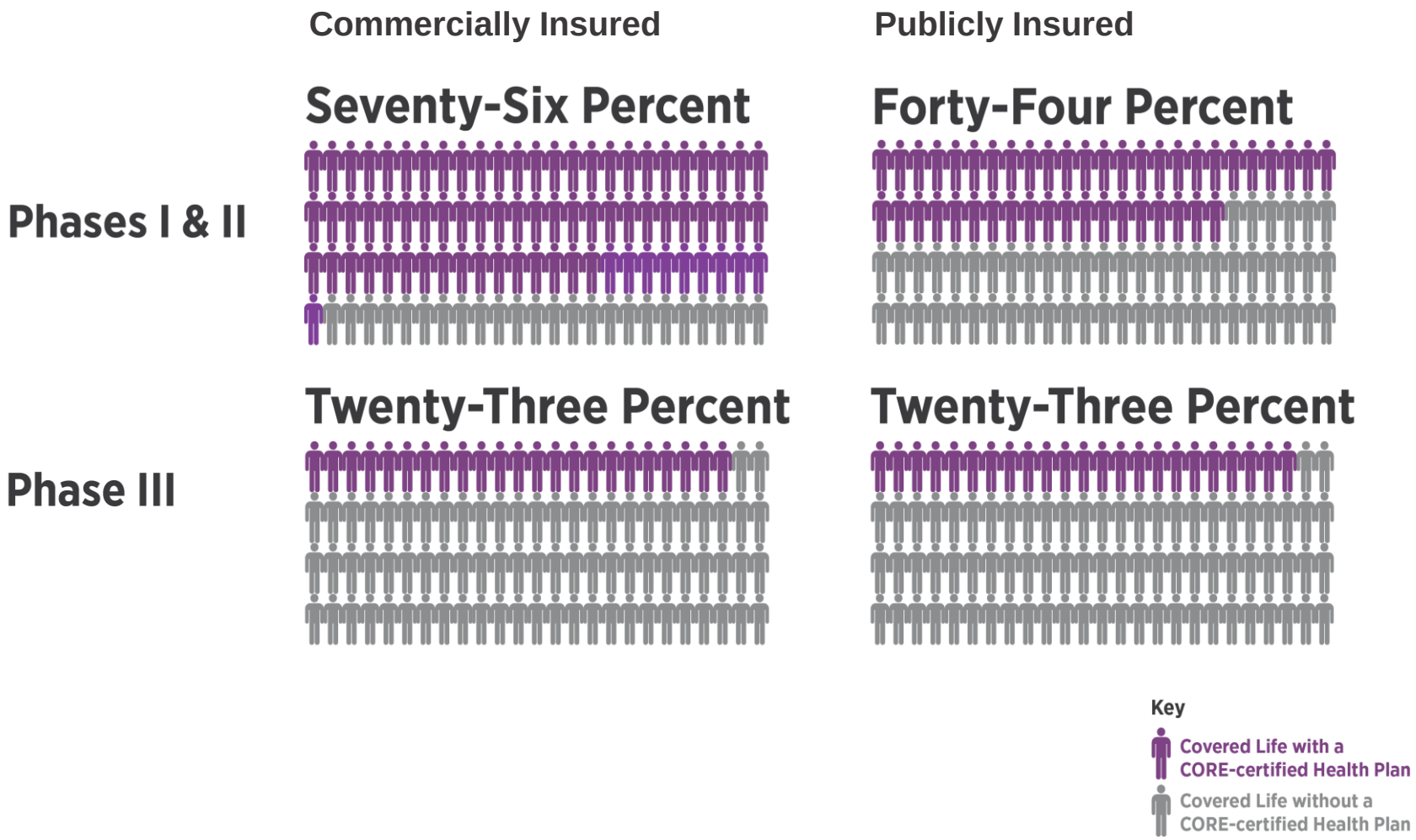
# CORE Certification Market Share Analysis

*Measuring the Reach of the CAQH CORE Operating Rules*

| | |
|---|---|
| **Objective** | Determine number of covered lives currently benefitting from health plan Phase I-III CORE Certification. Analyzed information available in public reports to determine the number of covered lives in the commercial and public health plan markets. |
| **Approach** | Analyzed information available in public reports to determine the number of covered lives in the commercial and public health plan markets.<br>Estimated CORE Certification market share by comparing the total number of covered lives in the health plan market against the number of covered lives covered by CORE-certified health plans. |
| **Sources** | AISHealth; United States Census Bureau; The Henry J. Kaiser Family Foundation |

# CORE Certification Market Share Analysis

## *Covered Lives Impacted by CORE-certified Commercial and Public Health Plans*



# CORE Certification Market Share Analysis

***Next Steps for 100% Operating Rule Adoption***

The more CAQH CORE Operating Rules are adopted by all stakeholder groups, the more efficient our healthcare system will be!

Substantial Phase I & II market share demonstrates health plans and their trading partners are experiencing the efficiencies from the CAQH CORE Operating Rules

Still work to be done, especially in Phase III – but we are seeing some promising signs in this area:

CIGNA just achieved Phase III CORE Certification

Aetna submitted pledge to achieve Phase III CORE Certification

The industry can help meet the goal of wider adoption by encouraging health plans to get certified and to pursue Phase III certification

Providers should encourage their vendors and non CORE-certified plans to pursue certification

# Attachments

# Remaining ACA Operating Rules: Attachments

## *Need for Attachment Standard and CAQH CORE Next Steps*

- In July 2016, NCVHS made a recommendation that the HHS Secretary adopt a set of implementable electronic standards for the health care industry to execute the Attachments transaction. NCVHS determined that this attachment standard:
- Must provide definition and scope to the transaction
- Be implemented in an incremental way
- Align with the Office of the National Coordinator's (ONC) attachment standard

CMS/HHS has not defined a HIPAA-mandated attachment standard to date. The industry is making slow progress in achieving cost savings and efficiencies related to claim and prior authorization requirements for additional documentation.

**CAQH CORE Activity on Attachments:**

- CAQH CORE has conducted extensive research and outreach (listening sessions, surveys) over the past few years to understand industry needs and options for an incremental approach to address attachments.
- CAQH CORE staff continues to monitor various industry initiatives related to attachments and related business processes, such as HL7, ASC X12, WEDI, NCPDP, ADA, LOINC codes, etc.
- CAQH CORE is planning to launch an interactive webinar series early next year where participants can provide direct input into next steps for attachments. This work will assist CORE Participants in preparing for any mandated or voluntary attachment efforts. Stay tuned for more information!

# Polling Question #3

CAQH CORE will be hosting a webinar series on Attachments. What topics would you like to see covered during these webinars?

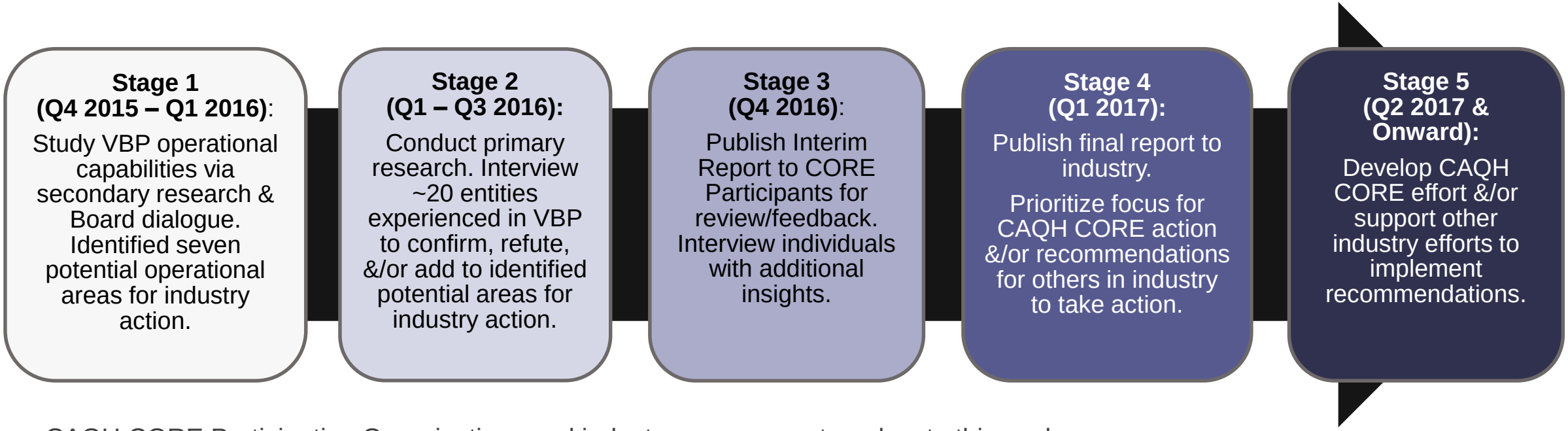
1. Attachments related to Claims
2. Attachments related to Prior Authorization
3. Providing input on options for Attachment Standards & alignment with Clinical Transactions, whether voluntary or mandated
4. Examples of successful implementation of attachment usage in the industry
5. All of the above

# Value-based Payments

# CAQH CORE Future Work

## *Value-based Payments – Timeline*

- While CAQH CORE will continue its focus on driving down unnecessary costs from fee-for-service (FFS) data exchange, future focus also needs to address new operational activities to support data exchange for evolving Value-based Payment (VBP) models.
- CAQH CORE is undertaking its work on VBP in five stages:




- CAQH CORE Participating Organizations and industry engagement are key to this work.
  - In addition to review/comment on interim report, CORE Participants will need to prioritize potential VBP efforts and consider alignment with prioritization of ongoing FFS needs.

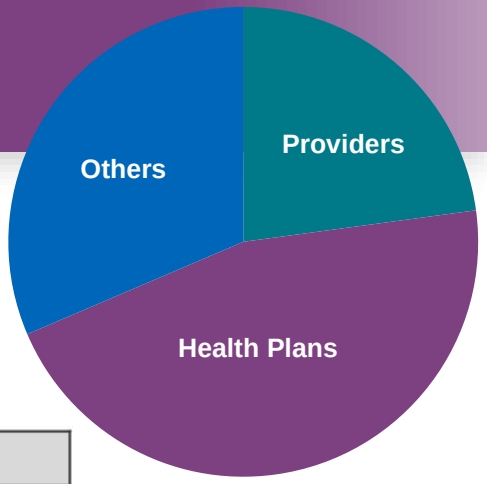
# CAQH CORE Future Work

## *VBP Stage 1 – Potential Areas for Industry Action*

**Secondary Research Identified Seven Potential *Operational* Areas for Industry Action to Achieve Success with VBP**

1. Common data sets (e.g., numerators and denominators for defining patient, population, etc.)
2. Standard terms/processes for patient/beneficiary/provider identification
3. Infrastructure rules needed (e.g., security, connectivity, etc.)
4. Process rules (e.g., task definitions, workflows)
5. Library of strategies for patient risk stratification (including rules used and scenarios for patient attribution)
6. Directory of VBP best practices
7. Catalog for VBP (quality and/or business) measures

# CAQH CORE Future Work
## *VBP Stage 2 – Stakeholder Interviews*




- Structured interviews conducted w/ ~20 entities to confirm, refute, &/or add to the potential areas for action
  - Different types of organizations (including few that have discontinued VBP):

| Providers | Health Plans | Vendors | Consumers | Policy Leaders |
|---|---|---|---|---|
| • Hospitals<br>• Systems<br>• Physicians | • Medicare/Medicaid/MA<br>• Blues<br>• Commercials | • Data banks/ analytics<br>• HIEs<br>• Population health | • Employers<br>• Patients | • CMS Innovation Center<br>• Associations<br>• Think Tanks |

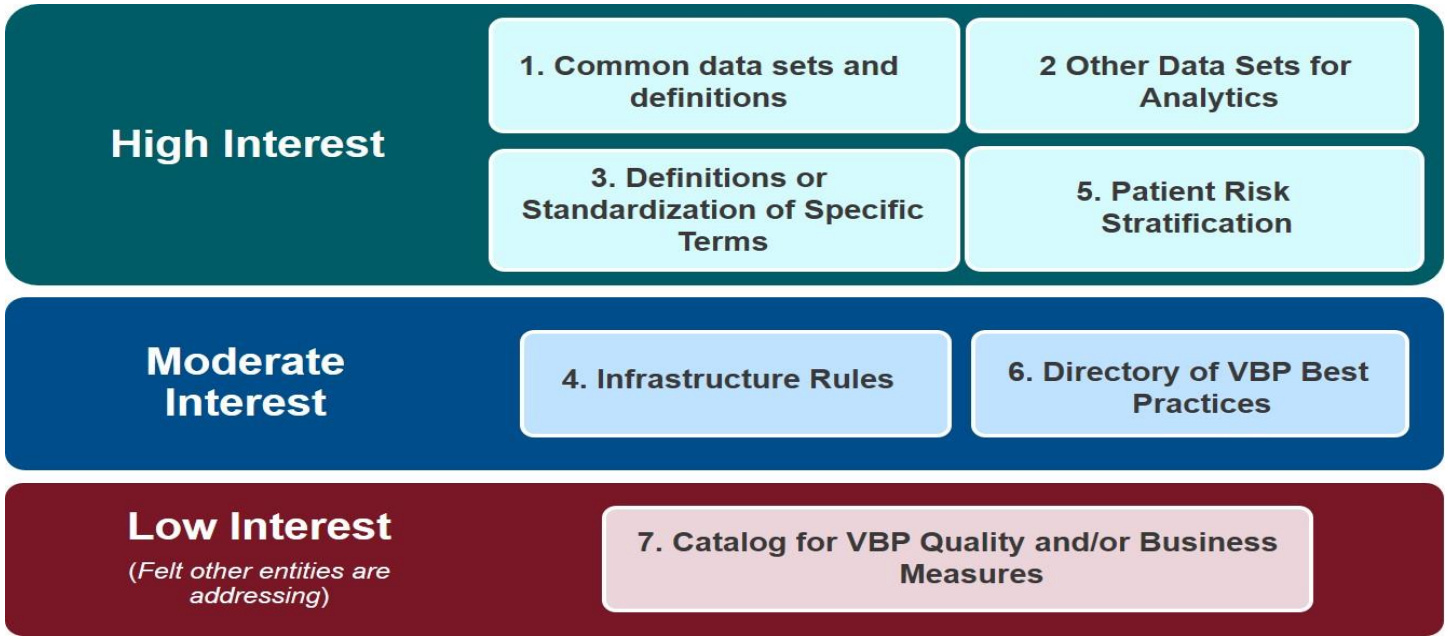
  - Different types of VBP structures:

| Fee-for-Service | Pay-for-Performance: Foundational Payments (e.g., for PCMH), Pay-for-Reporting, Pay-for-Improvement | Shifting Financial Risk → | | | |
|---|---|---|---|---|---|
| | | Shared Savings (One-sided/ gainsharing) | Bundled (Episode) Payment | Shared Risk (Two-sided) | Full Risk (Capitation) |

  - Mix of organizations that are/are not part of an ACO, Clinically Integrated Network (CIN), Patient Centered Medical Home (PCMH)
  - Mix of duration of VBP experience; proportion of patients/beneficiaries included in VBP; market types (e.g., competitive/not competitive); and level of success
  - Geographical diversity and affiliation with/without HIEs

# CAQH CORE Future Work
## *VBP Stage 3 – Interim Report*

- Wide range of variation in VBP adoption status - predominant VBP models in use:
  - Norm is pay-for-performance (i.e., FFS model with incentives/bonuses), although interviewees recognized this is not fully shifting risk
  - Bundled payments advancing more rapidly than other forms of shifting risk
- Potential areas for action resonated well – most received moderate to high interest from interviewees:




- Interviewees identified several barriers to adoption and use of tools that would address the areas for action:
  - IT system changes
  - Transparency/proprietary or contractual
  - EHR interoperability
  - Patient privacy
  - Proof of concept

# CAQH CORE Future Work

## *VBP Action Area Example - Common Data Sets & Definitions*

**Interviews identified four provider data/identification areas that are key to VBP success.**

**Network Management**

Narrow networks are increasingly used in VBP models to ensure value.

**Contract Management**

VBP models require contracting at the individual provider level rather than the entity level.

**Member Attribution to Provider**

VBP models require attributing members to providers to calculate performance.

**Provider Directories**

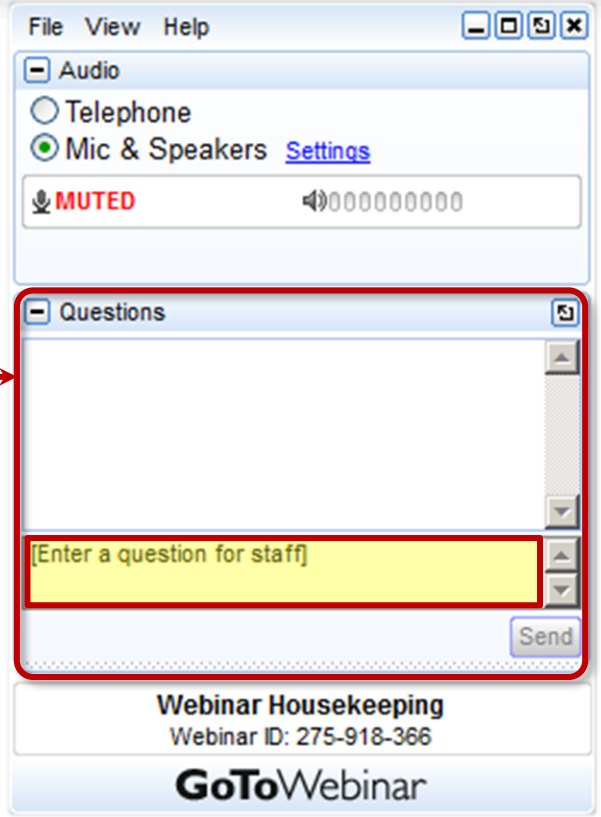
Directories contain information required to execute several aspects of VBP programs.

# 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**




**Reminder - 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 in the next 1-2 business days

**Resources**

- Presentation Slides





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# Upcoming CAQH CORE Education Sessions

**Phase IV CAQH CORE Operating Rule Connectivity Implementation Experience with PokitDok and BNETAL**
**THURSDAY, NOVEMBER 10TH, 2016 – 2 PM ET**

**Latest News and Dialogue on the Value of Healthcare e-Payments**
**THURSDAY, NOVEMBER 17TH, 2016 – 2 PM ET**

**Training Session on Annual Industry Opportunity to Make Changes to the CAQH *CORE Code Combinations* – The 2016 Market Based Review**
**THURSDAY, DECEMBER 8TH, 2016 – 2 PM ET**

To register, please go to **www.caqh.org/core/events**





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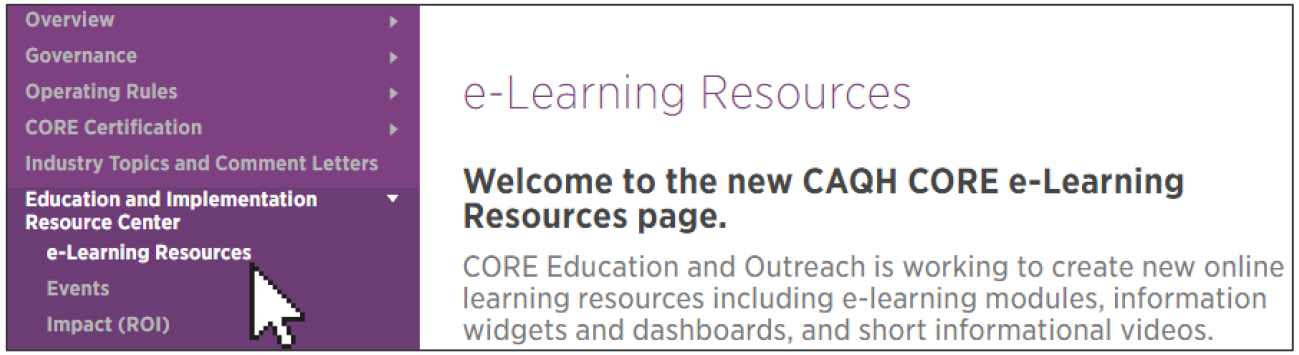
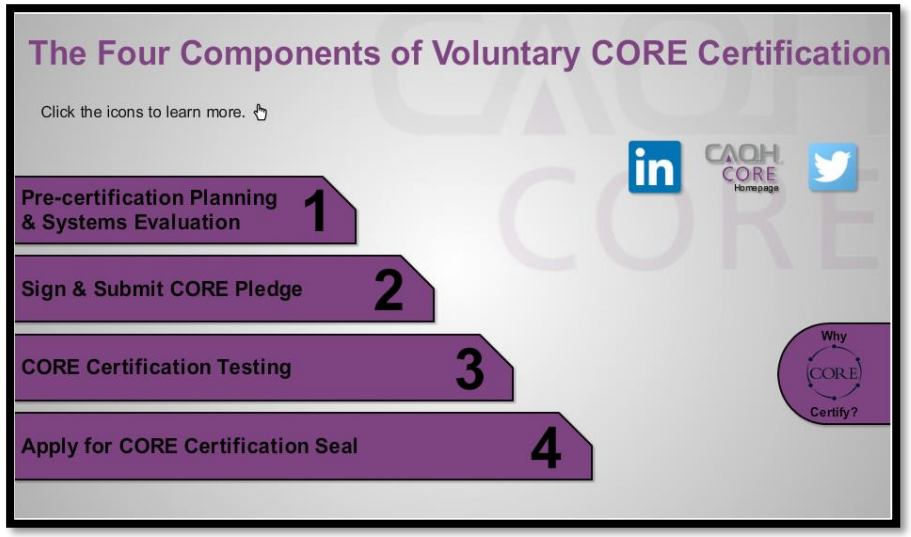
# New e-Learning Resources from CORE

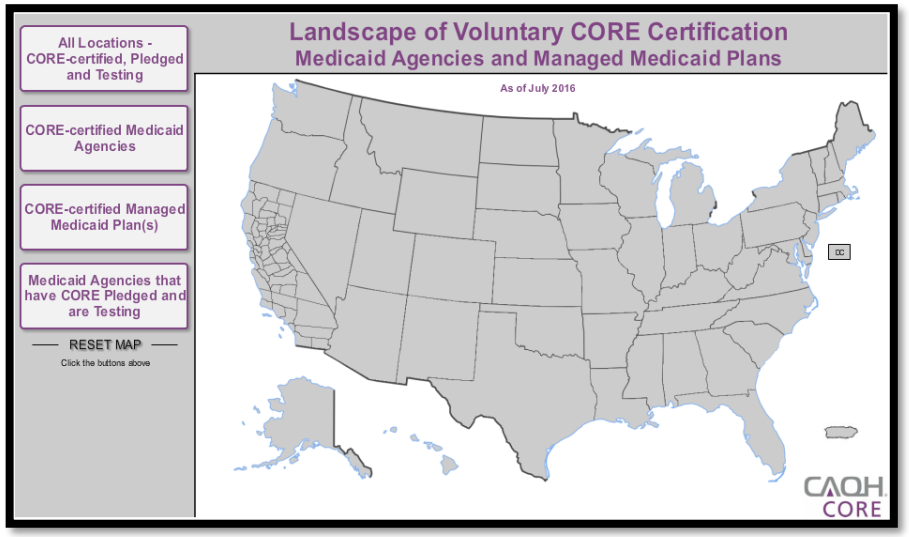
## www.caqh.org/core/elearning-resources




**Learn about the four components needed to complete voluntary CORE Certification**




**Explore our new interactive map to learn which Medicaid agencies are achieving CORE Certification.**





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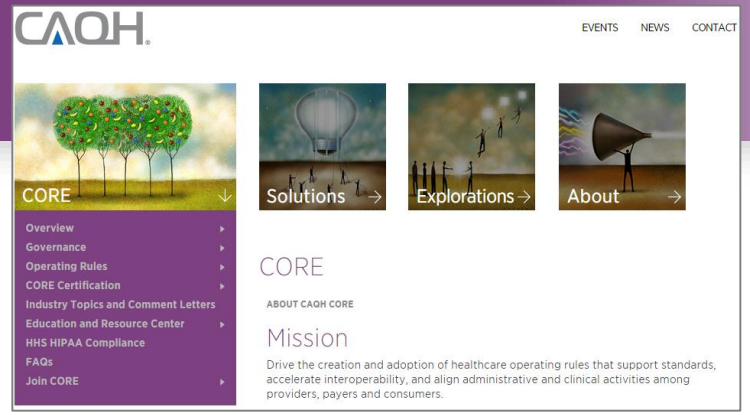
# Engage With Us!

Visit us at the CAQH CORE Website or contact us at CORE@CAQH.org




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

***Become*** a CAQH CORE Participating Organization

***Explore*** Voluntary CORE Certification

***Register*** for upcoming webinars

Dedicated webpages:

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

# Thank you for joining us!

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org

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