



Dialog with PokitDok

How a Healthcare Vendor
has Successfully
Implemented the CAQH
CORE Operating Rules

Friday, May 20th, 2016

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**

Resources

- [Presentation Slides](#)

The screenshot shows the GoToWebinar desktop interface. The 'Audio' panel is at the top, with a red box around the 'Telephone' option and a red arrow pointing to it. Below it is the 'Mic & Speakers' section, which is muted. The 'Questions' panel is below that, with a red box around the entire panel and a red arrow pointing to it. The 'Questions' panel contains a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. At the bottom of the interface, it says 'Webinar Housekeeping Webinar ID: 275-918-366' and the 'GoToWebinar' logo.

Thank You Speakers!

CAQH CORE would like to thank our guest presenters for today's webinar.



Lisa Maki
Founder, CEO
PokitDok

Faride Beaubien
Director of EDI Services
PokitDok

Session Outline

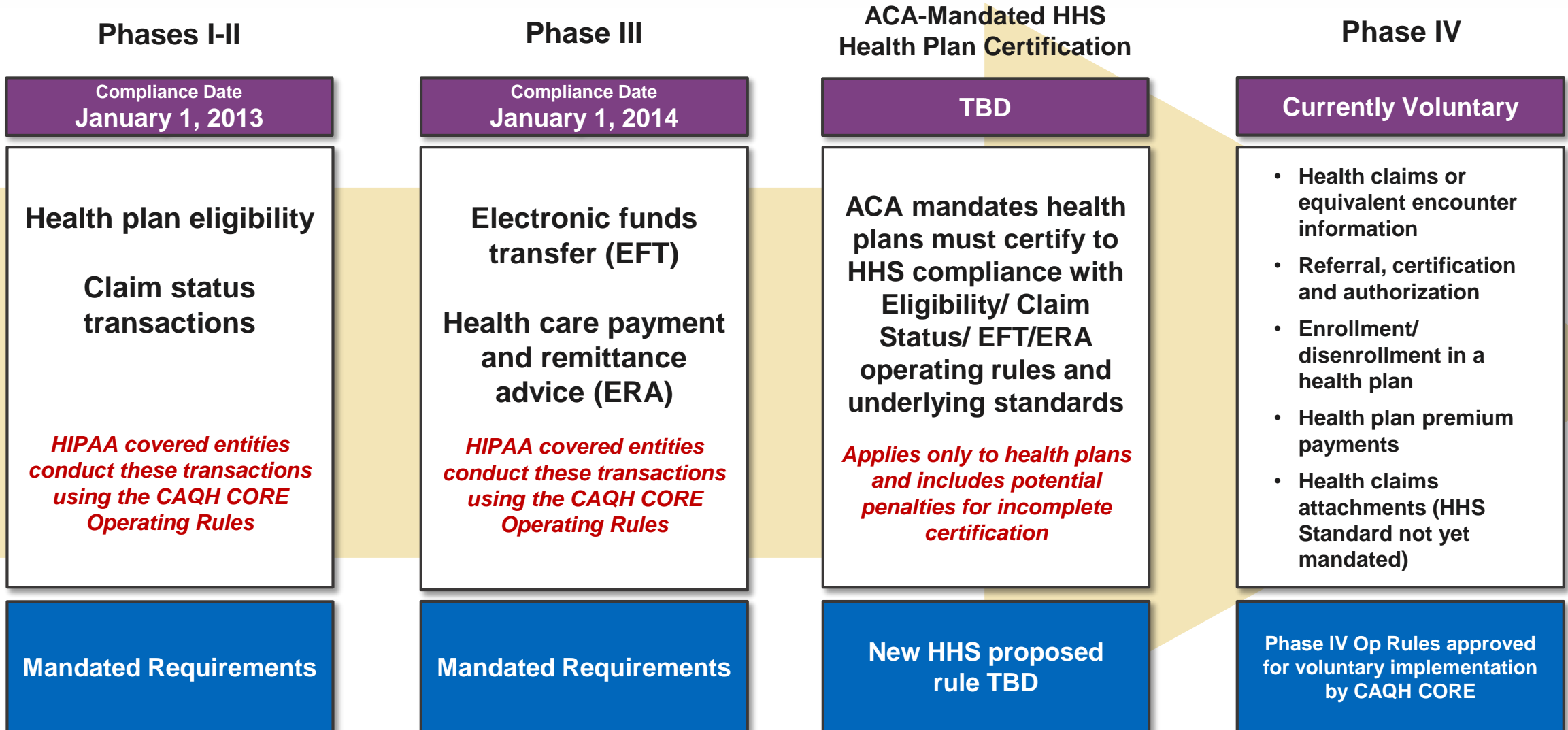
- Welcome and Introduction
- Overview of Phase I-III CAQH CORE Operating Rules
- Voluntary CORE Certification
- PokitDok Company Profile
- Virtual Dialog with PokitDok
- Audience Q&A

Overview of Phase I-III CAQH CORE Operating Rules

Robert Bowman
CAQH CORE Associate Director

ACA Mandated Operating Rules and Certification

Significant Change over Short Period of Time



2015 CAQH Index: Sole Industry Source Tracking Transition to Adoption of Electronic Transactions



For more information on the CAQH Index, go to www.caqh.org/exploration/caqh-index

Eligibility & Benefit Verification (70.5% Adoption)

There was a 5.2 percent increase in fully electronic eligibility & benefit verifications, corresponding to a large decline (-4.3% points) in partially automated (e.g., web portals/IVR) verifications.

Claim Status Inquiry (56.5% Adoption)

The highest adoption increase of fully electronic transactions (+6.9% points) was observed for claim status inquiries, corresponding to a decline in partially automated (-7.3% points).

Claim Payment (61.4% Adoption)

Electronic funds transfer (EFT) adoption increased to 61.4 percent in 2014 (+4.3% points), which represents a slower increase than the prior year (+7.3% points). Virtual card reporting is expected in 2015 data.

Remittance Advice (49.6% Adoption)

There was a steady increase in adoption (+4.7% points) of electronic remittance advice (ERA) transactions, but more than a third remain fully manual.

- The growth in adoption for ERA and EFT were not as rapid as may have been anticipated given the ACA mandated operating rules were effective January 2014.
- This may suggest, as has been seen with other policies, that regulation may take more than one year of implementation from the effective date to realize significant impact. As noted, eligibility and claim status adoption increased more rapidly two years following the effective date of operating rules.

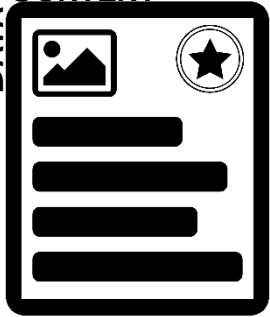
Phases I & II

Improves Transaction Processing by Providing Important Data Quickly & Securely

ELIGIBILITY

PHASE I

DATA CONTENT



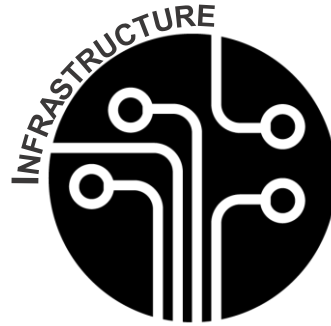
- Health Plan Name
- Coverage Dates

- Static Financials:
- Co-pay
- Co-insurance
- Base deductibles
- Benefit-specific and base deductible – individual and family

- In/Out of network variances
- Remaining deductible amounts
- Enhanced patient identification and error reporting requirements

ELIGIBILITY & CLAIM STATUS

PHASE II



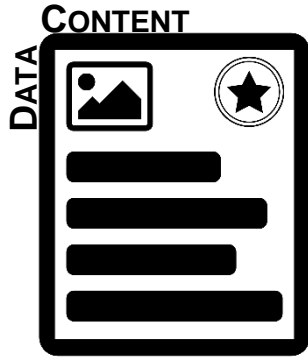
- Companion Guide – common flow/format
- System Availability service levels – minimum 86% availability per calendar week

- Real-time and batch turnaround times (e.g. 20 seconds or less for real time – next day for batch)
- Connectivity via internet and aligned with NHIN direction, e.g. supports plug and play method (SOAP and digital certificates and clinical/administrative alignment)
- Acknowledgements (transactional)*

*NOTE: The HHS Final Rule excludes rule requirements pertaining to use of Acknowledgements

Phase III

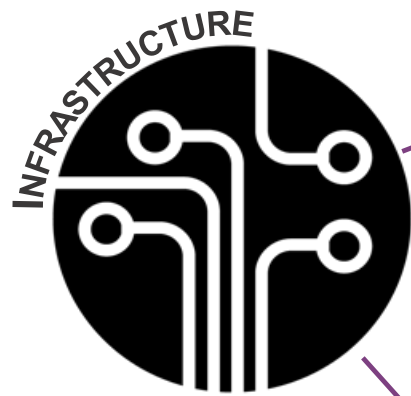
Faster Payment & Accurate Reconciliation



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360

Uniform Use of CARCs & RARCs (835) Rule

Identifies a *minimum* set of four CAQH CORE-defined Business Scenarios with a *maximum* set of CAQH CORE-required code combinations that can be applied to convey details of the claim denial or payment to the provider



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350

Health Care Claim Payment/Advice (835) Infrastructure Rule

- Specifies use of the CAQH CORE Master Companion Guide Template for flow and format
- Requires entities to support the Phase II Connectivity Rule
- Includes batch acknowledgement requirements*
- Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits

*Note: CMS-0028-IFC excludes requirements pertaining to acknowledgements

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EFT/ERA Reassociation (CCD+/835) Rule

- Addresses provider receipt of the CAQH CORE-required minimum ACH CCD+ Data Elements required for re-association
- Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions
- Determines requirements for the resolving late/missing EFT/ERA transactions
- Recognition of the role of NACHA Operating Rules for financial institutions

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380/382

**EFT Enrollment Data Rule (380)
ERA Enrollment Data Rule (382)**

- Identifies a maximum set of standard data elements for EFT enrollment
- Outlines a flow and format for paper and electronic collection of the data elements
- Requires health plan to offer electronic EFT enrollment
- Requires providers to specify how payments should be made, i.e. by NPI or by Tax ID, as part of the EFT &/or ERA enrollment process

Key Benefits of the Operating Rules

Phase I-II Eligibility and Claims Status

- **More accurate patient eligibility verification:** Real-time patient eligibility/benefit information before or at time of service
- **Improved point of service collections & decrease in denials:** Real-time provider access to key patient eligibility data with enhanced patient financials
- **Revenue cycle efficiency:** Real-time data ensures provider is aware of claim status in billing process

Phase III Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)

- **Standardized electronic enrollment for EFT/ERA:** Providers will be able to enroll in both EFT and ERA electronically with all health plans using a consistent set of data elements
- **Potential reduction in manual claim rework:** With health plans more consistently using denial and adjustments codes per the CORE-defined Business Scenarios, providers will have less rework
- **Reduction in A/R days:** Automated and timely re-association of EFT and ERA leading to efficiencies and reduced errors for payment posting

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Voluntary CORE Certification

Matthew Albright
CAQH CORE Senior Manager

CORE Certifications Awarded by Stakeholder Type

Over 270 CORE Certifications to date!

Health Plans						
Providers						
Clearinghouses						
Vendor Solutions						

CORE Certification is the Gold Standard

Conformance is Defined BY Industry, FOR Industry



CORE Certification is the most robust and widely-recognized industry program of its kind:

- Its approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards.
- Requirements were developed by broad, multi-stakeholder representation through transparent discussion and polling process.
- Requires conformance testing by third party testing vendors that are experts in EDI and testing.

CAQH CORE serves as a neutral, non-commercial administrator:

- Authorizes the conformance testing vendors.
- Reviews and approves the Certification applications and conformance test reports before Certification Seal is awarded.

Entities that Can Become CORE-Certified

Health Plan Stakeholder Types	Provider Stakeholder Types	Clearinghouse Stakeholder Types	Vendor Solutions or Products
HIPAA-covered Health Plan	HIPAA-covered Provider	Clearinghouse as defined by HIPAA	Health Plan vendor service
Third Party Administrators	Physicians	Clearinghouse (not covered by HIPAA)	Health Plan vendor product
Health Insurance Issuer	Hospitals	Health Information Exchange	Provider vendor service
Government Payers, including Medicaid Plans	Provider's agent	Health Insurance Marketplaces or Exchanges	Provider vendor plan
Group Health Plan	Independent Physician Association	Financial Institution	
Health Plan Agent			

All Trading Partners are strongly encouraged to become CORE-certified!

Why Entities Obtain CORE Certification

Health Plan Stakeholders	Provider Stakeholders	Clearinghouse Stakeholders	Vendor Solutions or Products
Assure and publicize a health plan's capability to <u>conduct secure, timely, and streamlined electronic transactions</u> , with rich and consistent data sets for its customers.	<u>Obtain time and cost savings</u> by eliminating need for time-consuming calls and paperwork.	Add value for current customers and <u>attract new customers</u> .	
In an environment of increasing government oversight, the CORE Certification Seal is widely recognized as the preeminent method by which the industry <u>demonstrates conformance with federally mandated operating rules</u> .	Enable a <u>better patient experience</u> and increase patient satisfaction.	CORE Certification is becoming a <u>trading partner contract expectation</u> by health plans and providers.	
Assurance that your business partners, vendors, and software or services are maximizing the efficiencies afforded by the operating rules.	Declaration that your business partners, vendors, and software or services are maximizing the efficiencies afforded by the operating rules.	Guarantee to your customers that your systems, products, or services are conformant with the operating rules. Becoming CORE-certified allows your health plan or provider customers the value-add of "drafting" behind your certification and also becoming CORE-certified.	
Achieving these goals through a process that uses industry-developed conformance requirements, a third-party tester, and a neutral, non-commercial administrator.			

Polling Question #1

Which of the currently mandated CAQH CORE Operating Rules has your organization implemented:
(Check all that apply)

1. Phase I: Eligibility
2. Phase II: Eligibility & Claims Status
3. Phase III: Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)
4. None
5. Not applicable/Don't know



Powering the Business of Health

PokitDok Streamlines the Business of Health...



"A simple way to think about PokitDok is to picture the operating system on Apple's iPhone. It has a number of native apps built in, but other software developers can also build on top of it. PokitDok is like the iOS [for the business health]."

- Modern Healthcare



"PokitDok's approach of using APIs [is similar] to what Amazon and Uber have done — using a collection of APIs to create a seamless way to integrate disparate tasks and services."

- MedCityNews



"Hospitals are also using [PokitDok's APIs] to get around a thorny issue in modern-day health-care delivery, the interoperability of different electronic health records."

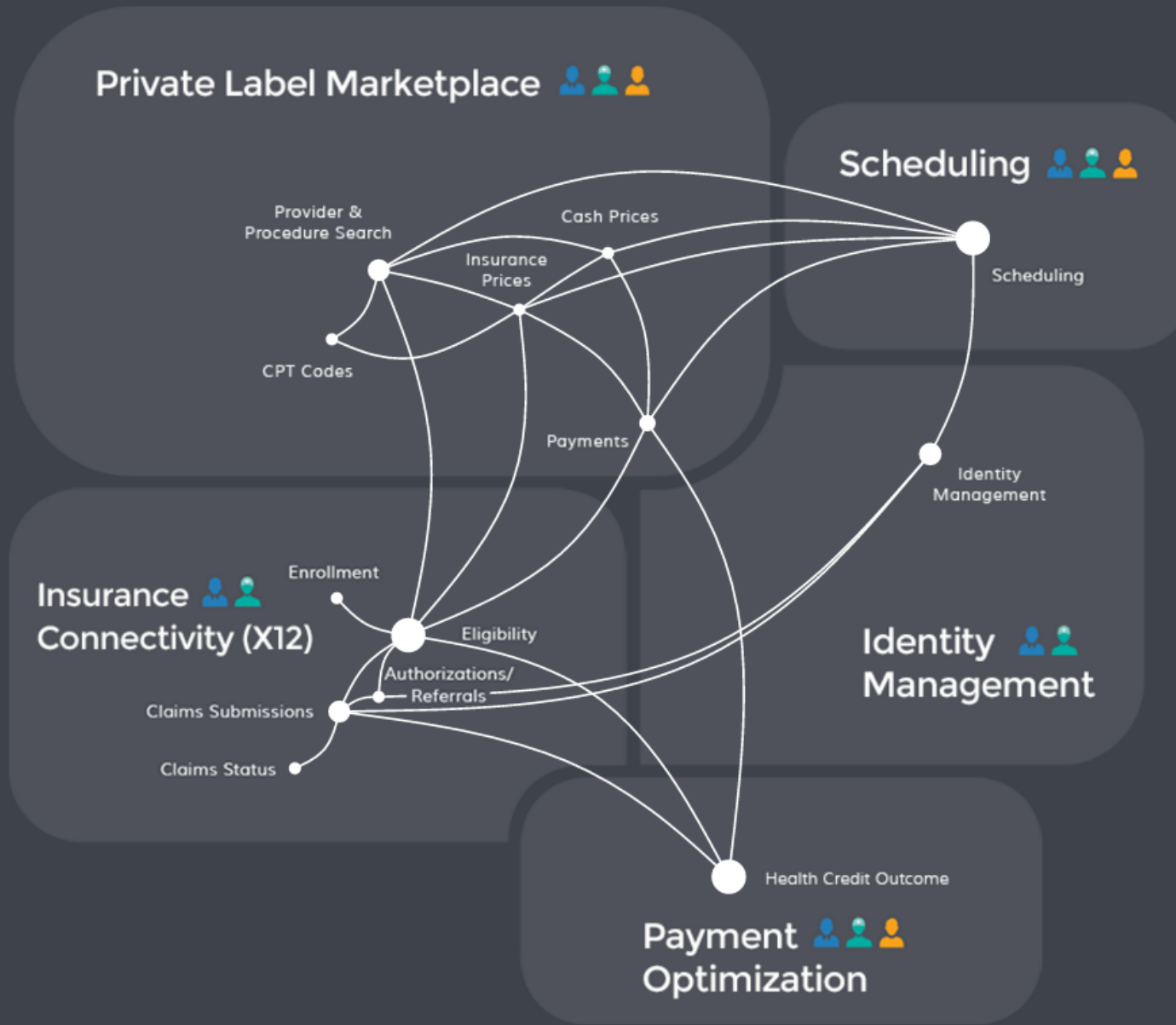
- The Wall Street Journal



"Any mobile or web developer can tap PokitDok's APIs to build out a healthcare based application or service, ranging from consumers scheduling a doctors' appointments, connecting to insurance companies for eligibility checks, or quick payments or referrals in the doctor's office."

- Tech Crunch

#APIs to the rescue



= Payer benefits



= Provider benefits



= Consumer benefits

Virtual Dialog with PokitDok

Moderator
Jessica Porras
CAQH CORE Senior Manager

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Panelists



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Founder, CEO



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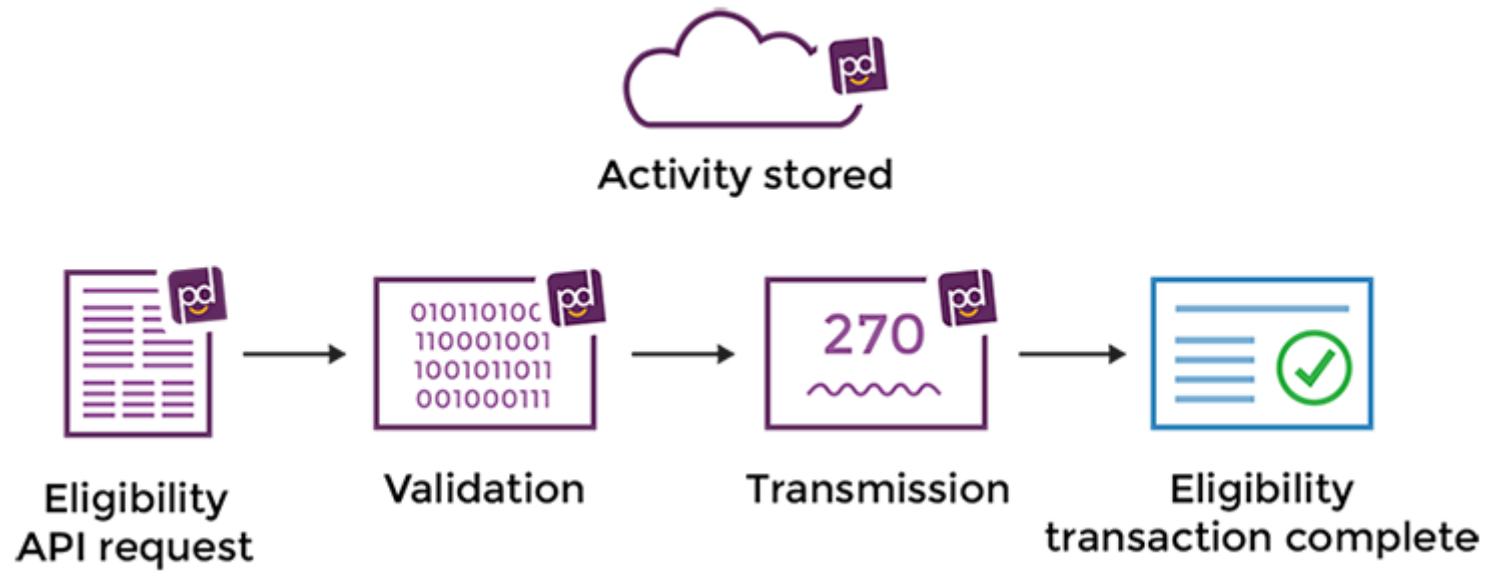


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CAQH CORE Associate
Director

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Polling Question #2

Which of the following was the biggest challenge to your organization's implementation of the CAQH CORE Operating Rules:

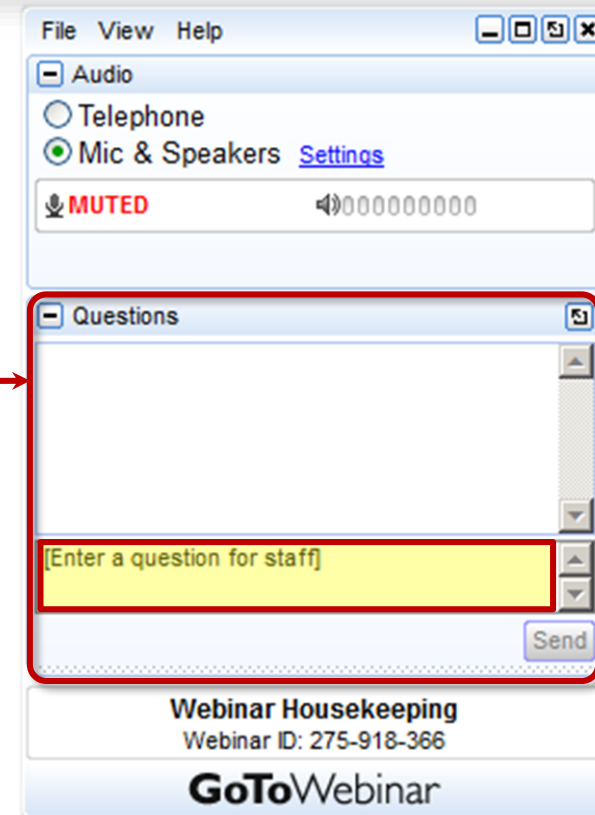
1. Fully understanding the Operating Rules
2. Overcoming resource constraints (i.e. time, staff, internal expertise)
3. Identifying and completing necessary system updates
4. Working and testing with Trading Partners (e.g. lack of communication between your organization and your vendor)
5. Did not encounter challenges/Not applicable

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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Upcoming CAQH CORE Education Sessions

**CAQH CORE Phase IV Operating Rules National Webinar –
Infrastructure Requirements & Value Proposition**
FRIDAY, JUNE 10, 2016 – 2 PM ET

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

Engage With Us!

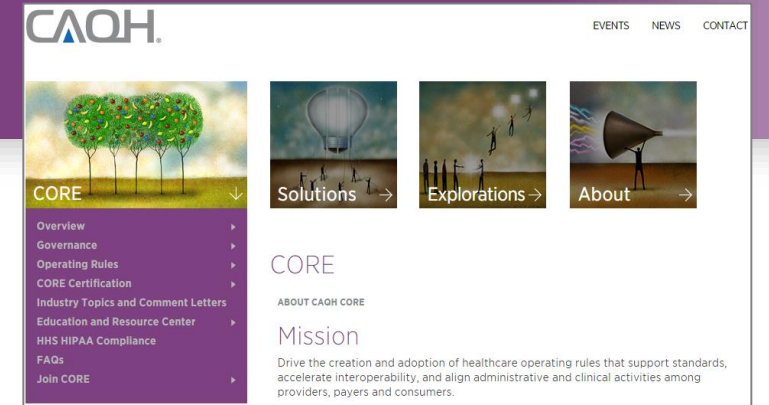
Visit us at the CAQH CORE Website or contact us at CORE@CAQH.org

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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