CAQH CORE June Town Hall

June 1, 2023

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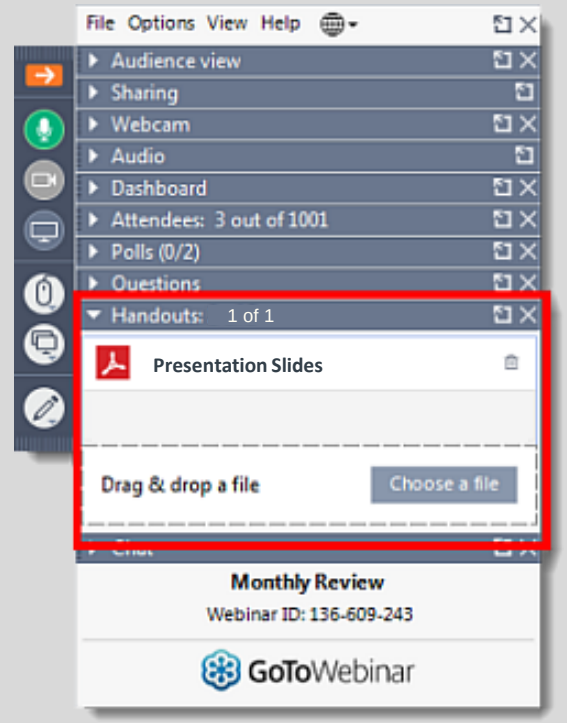


CAQH CORE

Agenda

- CAQH CORE Overview
- Federal Regulatory Activity
- 2023 Operating Rule Development
- Future Visioning
- Call to Action

CAQH CORE Overview

CAQH CORE Mission, Vision, & Industry Role

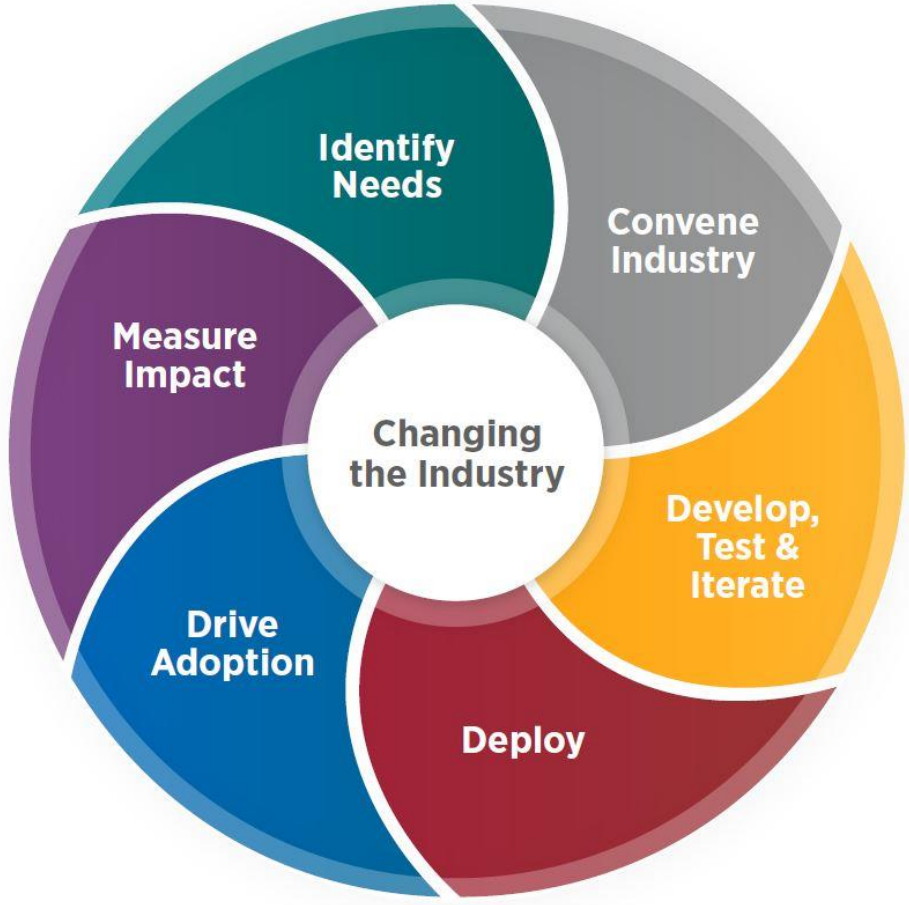
MISSION: Drive the creation and adoption of healthcare operating rules that **support standards**, **accelerate interoperability, and align administrative and clinical activities** among providers, payers, and consumers.

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

DESIGNATION: The **Department of Health and Human Services (HHS) designated CAQH CORE as the national Operating Rule Authoring Entity** for all HIPAA mandated administrative transactions to improve the efficiency, accuracy, and effectiveness of industry-driven business transactions.

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

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.



More than 100 CAQH CORE Participating Organizations

Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- South Dakota Medicaid
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

Commercial, Governmental, and Integrated Health Plans account for 75% of total American covered lives

Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- PeaceHealth
- St. Joseph's Health
- Virginia Mason Medical Center

Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Averhealth
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

CAQH CORE

Operating Rules Defined

ACA Definition

- The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”
- Federally mandated for the HIPAA adopted electronic standards.

Common in Other Industries

- Financial services, transportation, and retail are examples of other industries that rely on operating rules.
- For example, ATM data exchange.

Support Revenue Cycle Automation

- Operating rules create common expectations for electronic data exchange, allowing provider and payer systems to automate communications across trading partners.
- Can address both the data content and infrastructure to support a transaction.

CAQH CORE Operating Rule Overview

Support for Key Revenue Cycle Functions

Rule Set	Infrastructure	Connectivity Rule	Data Content	Other	
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.1.0 Connectivity Rule vC2.2.0	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data Rule	
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.2.0			
Payment & Remittance	Claim Payment/Advice (835) Infrastructure Rule*		EFT/ERA (835/CCD+) Reassociation Rule	EFT/ERA Enrollment Data Rules	Uniform Use of CARCs and RARCs (835) Rule
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule*	Connectivity Rule vC4.0.0**	Prior Authorization (278) Data Content Rule	Prior Authorization Web Portal Rule	Attachments Prior Authorization Rules*
Health Care Claims	Health Care Claim (837) Infrastructure Rule*		Health Care Claims Data Content Rule***		Attachments Health Care Claims Rules*
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule*		Attributed Patient Roster (834) Data Content Rule		
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule*				
Premium Payment	Premium Payment (820) Infrastructure Rule*				
Value-based Payment* **					

Rules in purple boxes are federally mandated.

*** Rule is new or updated as of February 2022.**

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

***** Rules being developed in 2023.**

CORE Certification

Ensuring Conformance with Operating Rule Requirements

What is CORE Certification?

CORE Certification is obtained when an entity has demonstrated that its **IT system or product is operating in conformance** with CAQH CORE Operating Rules for specific transaction(s).

Which organizations can become CORE-Certified?

CAQH awards CORE Certification Seals to entities that **create, transmit or use** the healthcare administrative and financial transactions addressed by the CAQH CORE Operating Rules.

How can Certification support compliance?

It is the **responsibility of a covered entity to ensure business associate compliance** with HIPAA requirements; many entities require CORE Certification as a condition of contracting.

406 certifications have been awarded to date. Check with your vendors and clearinghouses to confirm they are CORE-certified.

CAQH CORE

CAQH CORE-Certified Health Plans and Vendor Products

Health Plans

- Aetna
- Alabama Medicaid Agency
- Alameda Alliance for Health
- Alaska Department of Health and Social Services
- All Savers Insurance
- American Postal Workers Union Health Plan
- Anthem
- Anthem Colorado
- Anthem Connecticut
- Anthem Indiana
- Anthem Kentucky
- Anthem Maine
- Anthem Nevada
- Anthem New Hampshire
- Anthem Ohio
- Anthem Virginia
- AultCare
- Blue Cross of California
- Blue Cross Blue Shield of Georgia
- Blue Cross Blue Shield of Missouri
- Blue Cross Blue Shield of Nebraska
- Blue Cross Blue Shield of North Carolina
- BlueCross BlueShield of Tennessee
- Blue Cross Blue Shield of Wisconsin
- Boston Medical Center Health Plan
- CalOptima
- Centene Corporation
- Cigna
- ConnectiCare
- Contra Costa Health Plan
- County of Riverside – Exclusive Care
- DAKOTACARE
- Delta Dental of California
- Delta Dental of Delaware
- Delta Dental District of Columbia
- Delta Dental Insurance Company
- Delta Dental of New York
- Delta Dental of Pennsylvania
- Delta Dental of Puerto Rico
- Delta Dental of West Virginia
- Dentegra
- EmblemHealth
- Empire Blue Cross Blue Shield
- Excellus Health Plan
- First Medical Health Plan
- Florida Division of Medicaid
- Georgia Department of Community Health
- Gold Coast Health Plan
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Health Net
- Healthplex
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Inland Empire Health Plan
- Kaiser Permanente Colorado
- Kaiser Permanente Washington
- MaineCare
- Medical Card System
- Medical Mutual of Ohio
- MVP Health Care
- National Association of Letter Carriers Health Benefit Plan
- Nebraska Medicaid
- New Hampshire Medicaid
- North Dakota Department of Human Services
- Oklahoma Office of Management and Enterprise Services: Employees Group Insurance Division
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Priority Health
- Providence Health Plan
- Rocky Mountain Health Plans
- Sanford Health Plan
- San Francisco Health Plan
- Santa Clara Family Health Plan
- Security Health Plan
- SummaCare
- Sutter Health Plus
- Texas Mediciaid
- Trillium Community Health Plan
- UnitedHealthcare Life Insurance Company
- UnitedHealthGroup
- University of Pittsburgh Medical Center

Clearinghouses/Vendors

- Ability
- AdminisTEP, LLC
- Alight Solutions, LLC
- assertus
- Athenahealth
- Automated HealthCare Solutions
- Availity, LLC
- Avizzor Health Solutions
- Capario
- Cerner/Healthcare Data Exchange
- Change Healthcare
- Claim.MD
- Conduent EDI Solutions
- CVS Health
- Data Dimensions
- Dorado Systems
- ECHO Health, Inc.
- EIXSYS
- Eldorado, Inc.
- Elegibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- Experian Health
- FrontRunnerHC
- GE Healthcare
- Gi4
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHeLink
- HeW
- HealthFusion
- HealthTrio
- HIPAAsuite
- HMS
- ikaSystems
- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Loxogon
- Medical Present Value, Inc.
- MEDITECH
- National Electronic Attachment, Inc.
- NAviNet
- Navicure
- NextGen Healthcare
- NoMoreClipboard.com
- NNT DATA Services. LLC
- Office Ally
- Optum
- OptumInsight
- Orbograph
- Pay Span
- Phreesia
- PNS
- PNT Data
- PokitDok
- RealMed Corporation
- Recondo Technology
- Retrace
- Smart Data Solutions
- SS&C Health
- TransUnion Healthcare, LLC
- The SSI Group, Inc
- TriZetto Provider Solutions
- UHIN
- Tallan
- Ventanex
- Veuu
- XIFIN
- Waystar
- Zelis Payments

2023 New CAQH CORE Participants and Certifications to Date

New Participating Organizations

- Aspen Dental Management
- Healthcare Business Association of New York (HCBA)
- Peace Health
- Surescripts
- Zelis

Certified or Re-Certified Organizations

- Alaska Medicaid
- MVP Health Care
- NantHealth
- North Dakota Medicaid
- PrimeWest Health
- Veuu

Federal Regulatory Activity

Reminder: CAQH CORE Recommendations to NCVHS* for Federal Mandate

Proposed Rule Set

Updated

- CAQH CORE **Infrastructure Rules** for:
  - Eligibility
  - Claim Status
  - Electronic Remittance Advice
- **CAQH CORE Connectivity** Rule vC4.0.0
- CAQH CORE **Eligibility & Benefits** Operating Rules – Data Content and Patient Attribution

New

- CAQH CORE **Health Care Claims Attachments** Data Content and Infrastructure Rules
- CAQH CORE **Prior Authorization Attachments** Data Content and Infrastructure Rules

*National Committee on Vital and Health Statistics

Status of Proposed Operating Rules

CAQH CORE Sends Letter to NCVHS*:

- On 5/23/22 the CAQH CORE Board sent a letter to the HHS** Federal Advisory Committee (NCVHS) proposing a set of new and updated operating rules for federal adoption.

NCVHS Collects Industry Feedback:

- NCVHS Standards Subcommittee published a Request for Comment due by 12/15/22 and held an industry hearing on 1/19/23 to review and solicit feedback on the proposed rules.

NCVHS Makes Recommendation to HHS:

- NCVHS sends a letter to the HHS Secretary summarizing industry feedback and a recommendation regarding whether the operating rules should be adopted under HIPAA. **The recommendation is expected to be finalized during the June 14th Full Committee Meeting.**

Expedited HHS Interim Final Rule Making

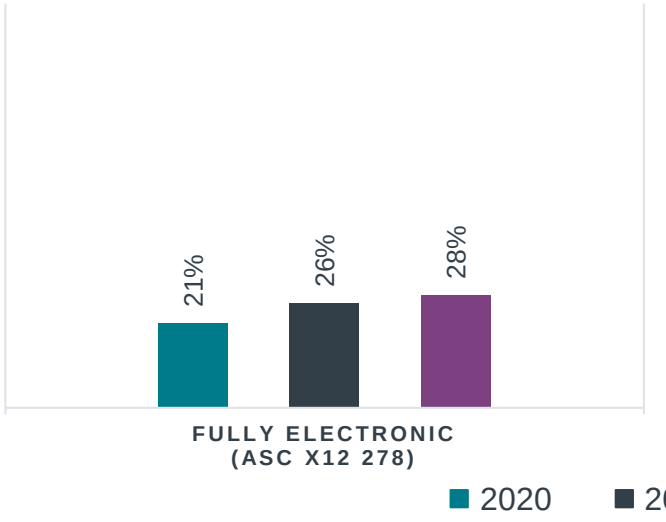
- If a federal adoption is the approach, HHS will issue an Interim Final Rule (IFR) to the industry with a 60-day open comment period. With no major objections, HHS then adopts the final rule and mandates the operating rules.*** Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

Notes: *National Committee on Vital and Health Statistics (NCVHS) | ** Department of Health and Human Services (HHS) | ***HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

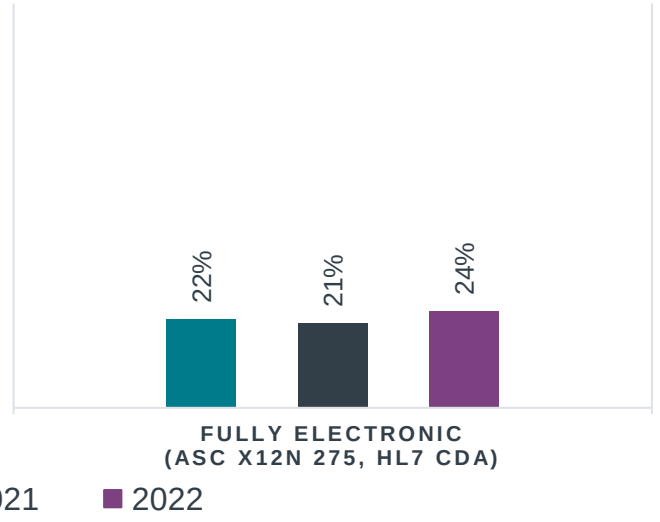
State of the Industry: Prior Authorization & Attachment Electronic Transactions

While Increasing, Adoption Remains Low

Prior Authorization



Attachments



2020 2021 2022

Status of CAQH CORE Operating Rules

- Prior Authorization Data Content and Infrastructure Rules strongly recommended for voluntary implementation by NCVHS.
- Attachments Rules currently under review by NCVHS for federal mandate.

Savings opportunities for the medical industry by switching to fully electronic transactions:

Prior Authorization

- **$449 million** annually
- **11 minutes** per transaction

Attachments

- **$213 million** annually
- **5 minutes** per transaction

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Recent CMS Proposed Rules Summary

Prior Authorization and Attachments Standards

CMS Interoperability and Electronic Prior Authorization (ePA) Proposed Rule

Overview: Emphasizes the need to **improve health information exchange** to achieve appropriate and necessary access to complete health records for patients, health care providers, and payers.

Highlights:

- Builds upon the Interoperability and Patient Access Final Rule to include key provisions on APIs
- Recommends Implementation Guides (IGs) for APIs
- Includes proposal to:
  - Require impacted payers build and maintain a Prior Authorization Requirements, Documentation, and Decision (PARDD) API.
  - Require payers to:
    - Include a denial reason.
    - Send PA decision within 72 hours to expedited requests and 7 calendar days for standard requests.
    - Publicly report certain metrics.
  - Use new electronic prior authorization measures for MIPS eligible clinicians and hospitals and critical access hospitals.

CMS Electronic Attachments Standard Proposed Rule

Overview: **Adopts standards for "health care attachments"** transactions, such as medical charts, x-rays, and provider notes that document physician referrals, and office or telemedicine visits for claims and prior authorization.

Highlights:

- Adopts standards for "health care attachments" transactions for both health care claims and prior authorization transactions including the X12 v6020 275 and HL7 C-CDA.
- Adopts standards for electronic signatures to be used in conjunction with health care attachments transactions.
- Modifies the transaction standard for the referral certification and authorization from the X12 v5010 to X12 v6020 278.

CAQH and CORE submitted letters to Administrator Brooks-LaSure on both proposed rules.

CAQH Comment Letter Summaries

CMS Interoperability and Electronic Prior Authorization (ePA) Proposed Rule

CAQH Comment Letter

General rule recommendations: CAQH CORE emphasizes the importance of applying proposed rule across all payer types to prevent fragmented implementation. Consider the potential impact of required vs. supported functionality/data content in PARDD API to drive uniformity. Accommodate proposals that account for back-and-forth communication required in ePA workflows.

Support for efficient exchange of health information utilizing APIs: CAQH CORE supports efficient exchange of health information and APIs present a promising way to do so. Ensure the use-cases and incentivization of APIs is appropriately aligned with infrastructure investment. Where reasonable and allowed under regulation, patient data sharing permissions should be "opt out" – otherwise uptake may be limited.

Support for SDOH data standards: CAQH CORE highlights the positive role of standards – that have been subject to real-world testing - for the collection of SDOH data. This will encourage the documentation and exchange of patient and provider level social risk data used to combat health inequity.

CMS Electronic Attachments Standard Proposed Rule

CAQH Comment Letter

Finalize the X12N and HL7 Standards: The standards should be finalized consistent with Standard Development Organization guidance on versioning and alignment with other proposed regulations.

Simultaneously adopt the CAQH CORE Attachments Operating Rules: The CAQH CORE Attachments Operating Rules for health care claims and prior authorization maximize the positive impacts of the proposed standards, setting a uniform, reproducible framework for a fragmented industry.

Consider other tested solutions, consistent with industry feedback: CAQH CORE encourages HHS and CMS to consider iterations to the proposed standards as recommended by industry stakeholders, including tested, piloted versions that have proven to be effective in meeting the latest business needs.

2023 Operating Rule Development

2023 CAQH Issue Brief Highlight

FHIR Payer-to-Payer Data Sharing

CAQH Insights | ISSUE BRIEF

How Health Plans Connect: Payer-to-Payer Data Sharing

March 2023

Background

The COVID-19 pandemic highlighted numerous shortcomings in the U.S. healthcare system, including the lack of interoperable systems and insufficient data sharing, which often left patients and their providers with incomplete data to make timely and appropriate clinical decisions. In an effort to advance interoperability and reduce inefficiencies in the healthcare industry, in May 2020, The Centers for Medicare and Medicaid Services (CMS) released a series of proposals[1] to improve the electronic exchange of healthcare data between patients, health plans, and providers. The Interoperability and Patient Access Rule outlines requirements for how plans must offer members enrolled in CMS covered programs access to their health care data through application programming interfaces (APIs), and includes three parts: the Patient Access API, Provider Directory API, and Payer-to-Payer Data Exchange.[2]

Requirements under the Interoperability and Patient Access Rule

Patient Access API (required July 1, 2021): Requires CMS-regulated payers to provide patients with claims and encounter information, as well as available clinical information through a third-party application of their choice.

Provider Directory API (required July 1, 2021): Requires CMS-regulated payers to make provider directory information publicly available.

Payer-to-Payer Data Exchange (proposed rule out for comment): Requires CMS-regulated payers, upon a member's request, to share member patient access information with a member's new payer.

The Rule requires health plans to implement and maintain standards-based APIs. CMS and the Office of the National Coordinator for Health Information Technology (ONC) identified Health Level 7 (HL7) FHIR (Fast Healthcare Interoperability Resources) Release 4.0.1 (R4) as the standard to support the data exchanges required under this rule.[3] The HL7 FHIR R4 standards outline how clinical and administrative data can be exchanged between payers, providers, and patients via APIs.

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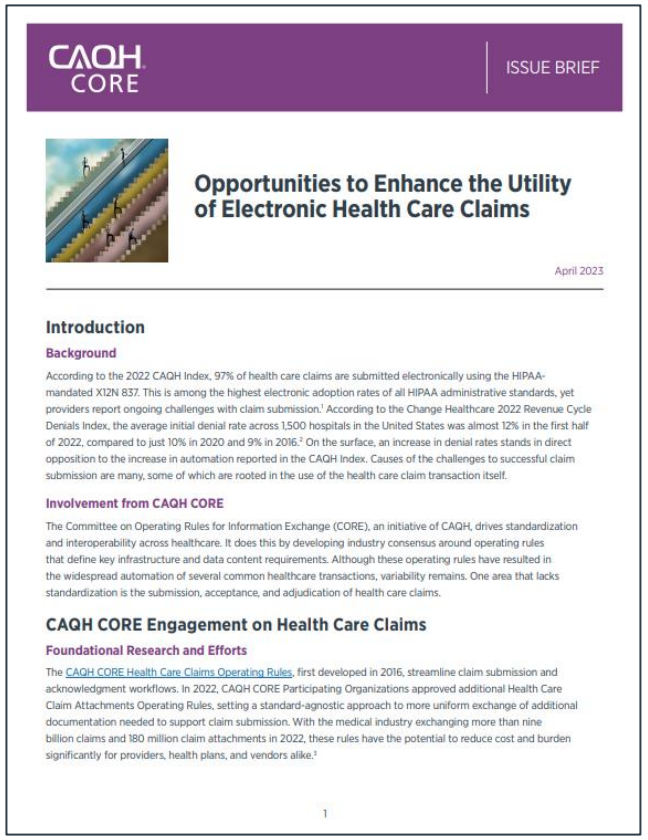
Enhance Electronic Health Care Claims



CAQH CORE | ISSUE BRIEF

Opportunities to Enhance the Utility of Electronic Health Care Claims

April 2023

Introduction

Background

According to the 2022 CAQH Index, 97% of health care claims are submitted electronically using the HIPAA-mandated X12N 837. This is among the highest electronic adoption rates of all HIPAA administrative standards, yet providers report ongoing challenges with claim submission.[1] According to the Change Healthcare 2022 Revenue Cycle Denials Index, the average initial denial rate across 1,500 hospitals in the United States was almost 12% in the first half of 2022, compared to just 10% in 2020 and 9% in 2016.[2] On the surface, an increase in denial rates stands in direct opposition to the increase in automation reported in the CAQH Index. Causes of the challenges to successful claim submission are many, some of which are rooted in the use of the health care claim transaction itself.

Involvement from CAQH CORE

The Committee on Operating Rules for Information Exchange (CORE), an initiative of CAQH, drives standardization and interoperability across healthcare. It does this by developing industry consensus around operating rules that define key infrastructure and data content requirements. Although these operating rules have resulted in the widespread automation of several common healthcare transactions, variability remains. One area that lacks standardization is the submission, acceptance, and adjudication of health care claims.

CAQH CORE Engagement on Health Care Claims

Foundational Research and Efforts

The CAQH CORE Health Care Claims Operating Rules, first developed in 2016, streamline claim submission and acknowledgment workflows. In 2022, CAQH CORE Participating Organizations approved additional Health Care Claim Attachments Operating Rules, setting a standard-agnostic approach to more uniform exchange of additional documentation needed to support claim submission. With the medical industry exchanging more than nine billion claims and 180 million claim attachments in 2022, these rules have the potential to reduce cost and burden significantly for providers, health plans, and vendors alike.[3]

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Streamlining Value-based Payment Data Exchange

CAQH CORE | ISSUE BRIEF

Unifying Value: Industry Opportunities to Streamline Value-based Payment Data Exchange

May 2023

Introduction

Background

The U.S. healthcare system is often lauded for its innovation and commitment to patient safety, but our system is challenged by high costs, outcomes that lag other industrialized countries, and concerns over equity.[1,2,3,4] These challenges are rooted in the history of our healthcare system, which is built on a Fee-for-Service (FFS) structure that incentivizes the volume of care delivered without a connection to quality or outcomes. Value-based payment (VBP) models change this focus by incentivizing the delivery of high-quality, appropriate care.

Evolution and opportunities

Results of VBP programs to date have been mixed. A recent report from the Center for Medicare and Medicaid Innovation (CMMI) showed that value-based programs produced only modest cost-savings without significant improvements in care quality. These findings led to a broad re-evaluation of the goals and application of VBP models and, through the incorporation of methodologies to collect, analyze, and address social determinants of health (SDOH), they are now recognized as a powerful tool to combat health inequities.[5] In the future, a successful value-based model may be one that positively impacts expenditures, quality, or health inequity.[6]

Involvement from CAQH CORE

For more than 15 years, the CAQH Committee on Operating Rules for Information Exchange (CORE) has facilitated the industry-led development of operating rules to unify data content and infrastructure requirements that guide the adoption and implementation of technical standards. CAQH CORE participates in the VBP landscape, and in recognition of its evolution, is committed to addressing challenges related to data exchange between stakeholders to ease administrative burdens, encourage participation, and advance program goals.

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CAQH CORE

Multiple Operating Rule Development Efforts Underway and Planned for 2023

Industry Engagement is Critical to Drive Value

Environmental Scans, Industry Surveys, and Advisory Groups are used to research opportunities for a potential new rule and/or an update to an existing rule.

Work Groups develop requirements and **draft rules**. New groups form as CAQH CORE rule development focus changes.

CAQH CORE Participants vote on the proposed rule(s). Once quorum and approval levels are achieved, the **CORE Board votes for final approval.**

Health Care Claims	Value-based Payments (VBP)	CORE Code Combinations	EFT/ERA Enrollment Data	NCPDP/CAQH CORE Eligibility

2023 CAQH CORE Operating Rule Development
Health Care Claims

Business Challenges

Inconsistent Data. Information shared in claim transactions between providers and payers varies significantly, increasing administrative burden and requiring manual intervention for claims management.

Increasing Denial Rates. According to the Change Healthcare 2022 Revenue Cycle Denials Index, the average initial denial rate across 1,500 hospitals in the United States was almost 12% in the first half of 2022 compared to just 10% in 2020 and 9% in 2016.

Learn More:

CAQH CORE Issue Brief:
Opportunities to Enhance the Utility of Electronic Health Care Claims

CAQH CORE Priority Topics

Subgroup Co-Chairs

gainwell

Megan Soccorso
Solutions Supervisor

CENTENE Corporation

Mahesh Siddanati
Vice President, Digital Initiatives

HBMA

Olga Khabinskay
Director of Operations

OhioHealth

Randy Gabel
Senior Director, Revenue Cycle

CAQH CORE

2023 CAQH CORE Health Care Claims Subgroup

Work to Date, Upcoming Topics and Logistics

Subgroup Vision:

Establishing data content requirements for transactions supporting claim submission, acknowledgment, and error reporting to help avoid rejections and costly downstream appeals.

Subgroup Participants:

- **85** Individuals
- **38** Organizations

Work Completed	**Two Subgroup Calls**: ✓ April 13th ✓ May 4th **Opportunity Areas Covered**: ✓ Telehealth claim submission and standardization ▪ POS Code usage ▪ Modifier Usage ✓ Supplementation claim submission – two claims for the same encounter
Upcoming Topics	▪ 277CA - Claim Acknowledgement ▪ Coordination of benefits (CoB) ▪ Finalizing data content requirements for the X12 837 and associated transactions, including: ▪ Use of Telehealth POS codes and modifiers ▪ X12 transaction loops, segments, and detail to support opportunity areas ▪ 277CA claim status/category code alignment
Logistics	**Frequency:** Approximately monthly through July 2023. **Straw Polls:** Offline polls will be conducted between meetings to ensure support for draft requirements. **Next Meeting:** June 22nd

2023 CAQH CORE Operating Rule Development
Value-based Payments

Business Challenges

Inconsistent Data. Data-sharing is integral to success in VBP; however, exchanging key data such as SDOH information between industry stakeholders lacks standardization, thus hindering efficient data exchange and negatively impacting patient care.

Limited Results. A recent report from the Center for Medicare and Medicaid Innovation (CMMI) shows that VBP programs produce only modest cost-savings without significant improvements in care quality.

Program Complexity. Coordinating a population of patients across the spectrum of care poses difficulties that could be eased by defining terms and definitions across VBP programs.

Learn More:

CAQH CORE Issue Brief:
Unifying Value: Industry Opportunities to Streamline Value-based Payment Data Exchange

CAQH CORE Report:
All Together Now: Applying the Lessons of Fee-for-Service to Streamline Adoption of Value-Based Payments

CAQH CORE Priority Topics

Subgroup Co-Chairs

St. Joseph's Health

Michael Alwell
Vice President, Revenue Cycle

CENTENE Corporation

Naveen Maram
Vice President, Digital Operations

edifecs

Michael Pattwell
Principal Business Advisor

CAQH CORE

2023 CAQH CORE Value-based Payments Subgroup

Work to Date, Upcoming Topics and Logistics

Subgroup Vision:

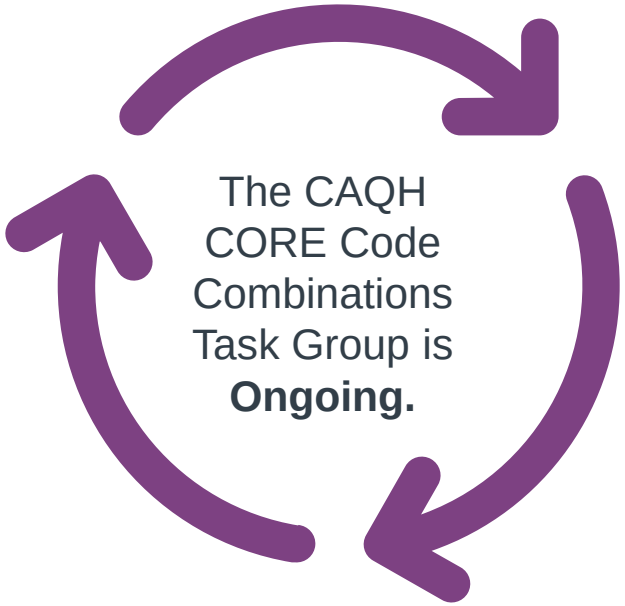
Leveraging HIPAA-mandated benefit enrollment and claim transaction to facilitate uniform exchange of socio-demographic information and strengthen interoperability in VBP by aligning technical infrastructure requirements and industry terminology.

Subgroup Participants:

- **74** Individuals
- **34** Organizations

Work Completed	**Two Subgroup Calls**: ✓ April 27th ✓ May 18th **Opportunity Areas Covered**: ✓ Uniform race and ethnicity and other socio-demographic data collection ✓ EDI submission of supplementary diagnosis codes ✓ Infrastructure and governance requirements ✓ Unified industry terminology
Upcoming Topics	▪ Finalizing the type and method of exchange for socio-demographic information using the HIPAA-mandated X12 834 Transaction. ▪ Introducing to semantic interoperability concepts to drive uniform terminology in the VBP space. ▪ Reviewing output from the CAQH CORE Health Care Claims Subgroup for standardized “additional” X12 837 claim submissions to apply VBP use-cases in operating rule language. ▪ Considering ways to enhance CAQH CORE Infrastructure Operating Rules with augmented or new requirements that are specific to VBP administration.
Logistics	**Frequency:** Approximately monthly through August 2023. **Straw Polls:** Offline polls will be conducted between meetings to ensure support for draft requirements. **Next Meeting:** June 8th

2023 CAQH CORE Operating Rule Maintenance
Code Combinations



Code Combinations Task Group Responsibilities

- Maintaining the CORE-required Code Combinations.
- Ensuring compliance with the base standard code lists – CARCs and RARCs.
- Conducting an industry survey every two years to collect suggestions for potential market-driven adjustments to code combinations. **Now open to Industry!**

Co-chairs:

Lynn Franco, UnitedHealth Group

Heather Morgan, Aetna

Tyler Scheid, AMA

The 2023 Market-based Adjustment Form is Currently Open for Feedback:

The *CAQH CORE 2023 Market-based Adjustment Form* is open to all entities that create, use, or transmit HIPAA-covered transactions.

Due: Friday, July 14th, 2023

2023 CAQH CORE Operating Rule Development

Upcoming EFT/ERA and Eligibility & Benefit Opportunities

Opportunity: Support Industry Adoption of EFT with Nacha

- Collaboration between CAQH CORE and Nacha, the organization that oversees the ACH Network.
- Task Group will explore updating operating rules intended to **simplify provider enrollment for EFT and ERA through consistent data requirements** and electronic enrollment methods to address security and other business needs.
- ***Launching Q2/Q3 2023.***

Opportunity: Joint Eligibility Rule Development with NCPDP

- Collaboration between CAQH CORE and the National Council for Prescription Drug Programs (NCPDP).
- Task Group will consider the development of **updated eligibility data content operating rule requirements** to support exchange of detailed coverage and benefit information for medication covered under the medical benefit.
- ***Launching Q2/Q3 2023.***

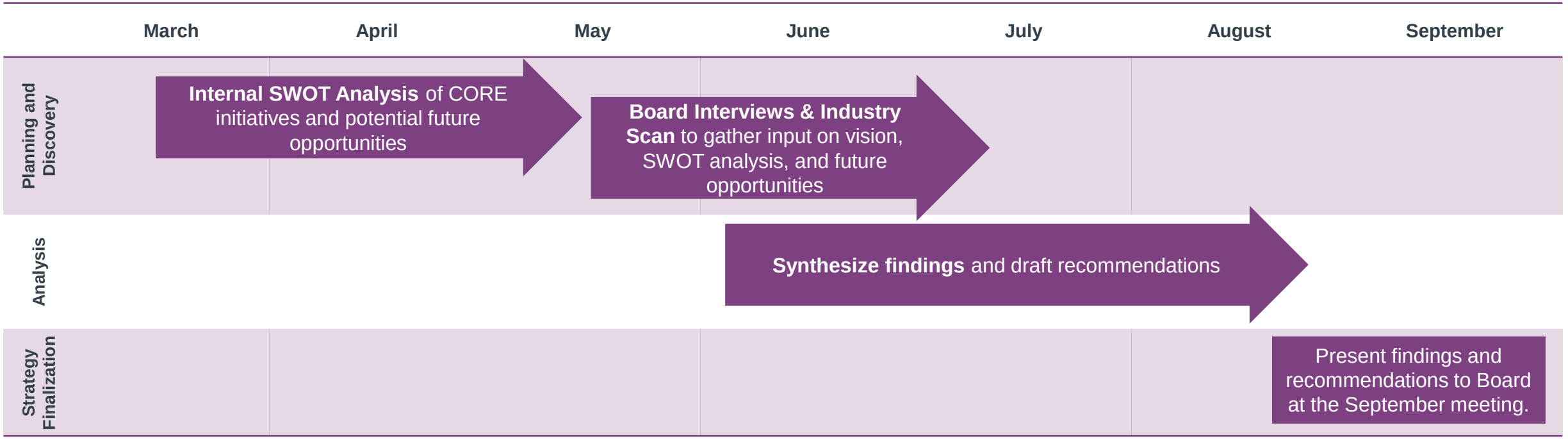
Future Visioning

CAQH CORE Strategic Planning

Looking Beyond 2023

In 2023, CAQH CORE will undergo a future visioning process with a goal to review and update our long-term vision and scope for the initiative.

- **Purpose:** Establish long-term vision for the CAQH CORE initiative to ensure ongoing relevance and broad impact on the healthcare industry.
- **Rationale**: The healthcare data exchange world is rapidly evolving; emerging technologies and new regulations create new opportunities for interoperability and industry collaboration.



Future Visioning: Learn More at CAQH Connect

Join us for **CAQH Connect 2023**, an event bringing together healthcare industry experts, thought leaders, and executives from the nation's government, health plans, and industry associations.

Save the Date! September 27-29, 2023, *Westin Georgetown, Washington, D.C*

Learn more about the Visioning Process at our first-ever in-person CORE Participant Forum:

Open to all individuals from CORE Participating Organizations and any individual who is interested in joining CORE the afternoon of September 27th.

Stay for the entire conference to hear from guest speakers including current and former CAQH CORE Board Members:

Anika Gardenhire

Chief Customer Experience Officer
Centene Corporation

Linda Reed

SVP and Chief Information Officer
St. Joseph's Health

Margaret Schuler

SVP, Practice Support Operations and Revenue Cycle Management
Aspen Dental

Troy Smith

VP, Cost of Care and Value Programs
Blue Cross Blue Shield of North Carolina

Register Here!
go.caqh.org/CAQHConnect2023

Call to Action

Upcoming CAQH CORE Educational Events

State of the Industry: Trends in Healthcare Payments
In Collaboration with Nacha & InstaMed
June 15, 2023 | 2:00-3:00 pm ET

Price Transparency: The Provider Perspective
In Collaboration with HFMA
July 13, 2023 | 2:00-3:00 pm ET

The Basics of HIPAA Standards and Operating Rule Adoption
In Collaboration with CMS
July 27, 2023 | 2:00-3:00 pm ET

Call to Action

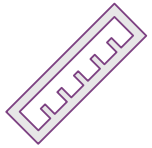
Become a CAQH CORE Participant:

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.

Become CORE Certified:

Demonstrate conformance and commitment to streamlining administrative data exchange.

Participate in Ongoing Pilot/ROI Assessments:



Work with CAQH CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.

Be an Advocate:

Stay up to date on new policy initiatives and send in comment letters to provide support and feedback on proposed standards and operating rules.

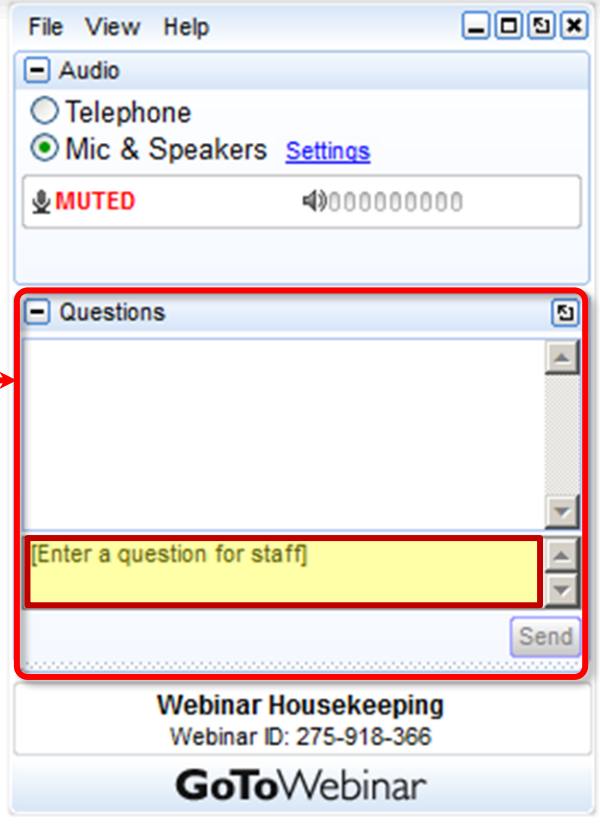
E-mail CORE@CAQH.ORG to Get Involved!

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.
- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

CAQH CORE

Thank you!

 @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.