CAQH CORE

# CAQH CORE Town Hall

May 5, 2021

1:00-2:00 pm EST

# Agenda

- CAQH CORE Overview & Industry Update
- Spotlight: CAQH Endpoint Directory
- CAQH CORE Operating Rule Development & Maintenance
  - Attachments
  - Eligibility
- CORE Certification & Measurement
- Q&A

# Logistics

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

- Accessing webinar materials
  - You can download the presentation slides and recording at www.caqh.org/core/events after the webinar.
  - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.
- Questions can be submitted ***at any time*** using the **Questions panel on the GoToWebinar dashboard.**

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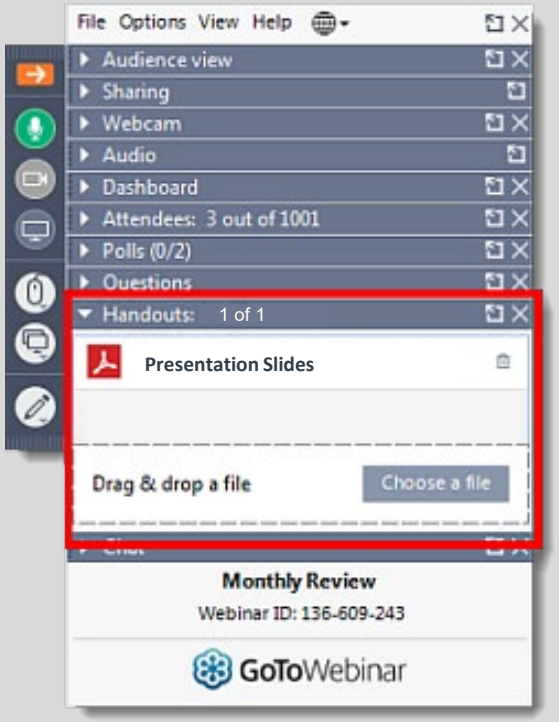







CAQH CORE

# CAQH CORE
# Overview & Industry Update

**Erin Weber**
Director, CAQH CORE

# CAQH CORE Mission/Vision & Industry Role

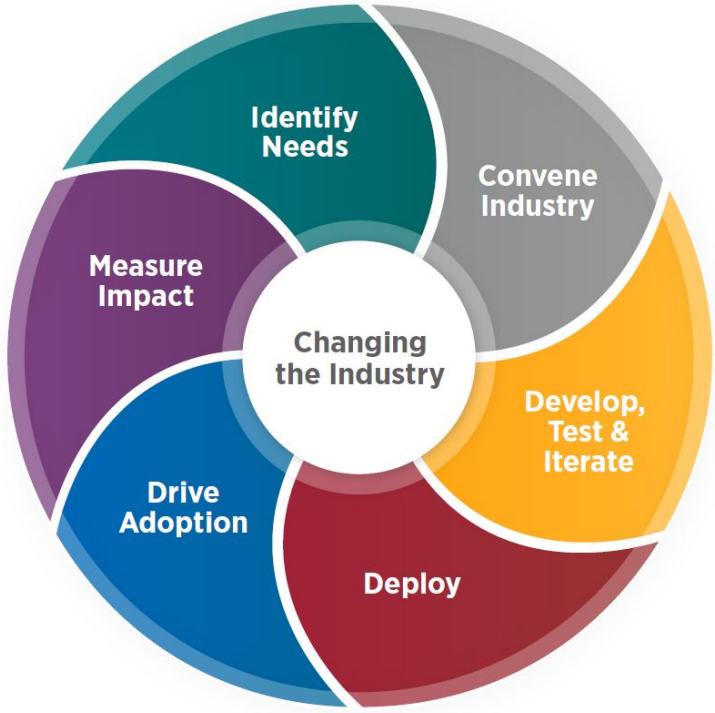
Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population.**

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

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

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

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




**CAQH CORE BOARD** **Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.





CAQH CORE

# CAQH CORE Participating Organizations

**Over 120 CAQH CORE Participating Organizations work together to develop and implement rules of the road that streamline the business of healthcare, across all components of the revenue cycle.**

## A Sample of Organizations that Participate in CAQH CORE

(See full list here)






CAQH CORE

# What are Operating Rules?

## Definition and CAQH CORE Role

Operating Rules are the **necessary business rules and guidelines** for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted.

**CAQH CORE is the HHS-designated Operating Rule Author for all HIPAA-covered transactions.**

## Operating Rules are Crucial in a Technology-driven World

- To effectively share electronic healthcare data, stakeholders from across the industry – **CAQH CORE Participants** – have come together to develop and adopt common sets of operating rules.
- Operating Rules **do not** specify how a payer/provider structures a business process supported by an electronic transaction.
  - Example: Operating rules do not stipulate when or how prior authorization is used by a health plan; if prior authorization is used, operating rules indicate how information regarding that transaction is electronically exchanged.

# CAQH CORE Operating Rules

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

Rules in purple boxes are federally mandated.

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

# Federal Advisory Committees

## HITAC

The Health IT Advisory Committee makes recommendations to ONC on policies, standards, implementation specifications, and certification criteria relating to the implementation of a health IT infrastructure that advances the electronic access, exchange and use of health information.

**Next Meeting: May 13, 2021**

## NCVHS

The National Committee on Vital and Health Statistics serves as the public advisory body to the HHS Secretary for health data, statistics, privacy, and national health information policy and the Health Insurance Portability and Accountability Act.

**Next Meeting: Sept 9-10, 2021**

# Federal Update – Regulations & Laws

## CMS Prior Authorization Final Rule (CMS-9123-F)

In December 2020, CMS published a proposed rule to address prior authorizations and attempt to reduce the burden on patients and providers. The rule was finalized on January 15, 2021, but President Biden has asked for agencies to review last-minute actions taken by the Trump Administration to determine whether his Administration will overturn them. It remains to be seen whether this rule will be one that is reviewed, reversed, and/or otherwise modified by the Biden Administration in the coming months.

**Read the CAQH CORE comment letter.**

## No Surprises Act

The federal No Surprises Act was signed into law as part of the omnibus spending package.in 2020. But it will be another year before the provisions of the law take effect and proposed and final rules are issued by HHS. Starting January 1, 2022, it will be illegal for providers to bill patients for more than the in-network cost-sharing due under patients' insurance in almost all scenarios where surprise out-of-network bills arise, with the notable exception of ground ambulance transport.

## HHS Interoperability Rules

### ONC Rule Deadlines

**April 5, 2021:**
- Specific Compliance Requirements for Several Conditions of Participation – Information Blocking, Assurances, APIs
- Health IT Developers Prohibited from Restricting Certain Communications
- Information Blocking
- EHI Definition Limited to EHI Identified in USCDI

**December 15, 2021:**
- Conditions of Certification – Submit Real World Testing Plans

**April 1, 2022:**
- Conditions of Certification – First Attestation Required

And more

### CMS Rule Deadlines

**January 1, 2021/Enforceable July 1, 2021:**
- Patient Access API
- Provider Directory API

**January 1, 2022:**
- Payer-to-Payer Data Exchange

**April 1, 2022:**
- Improving the Dually Eligible Experience by Increasing the Frequency of Federal-State Data Exchanges

**12 Months After Final Rule Publication:**
- Admission, Discharge, and Transfer Event Notifications

# CAQH Telemedicine Activities Overview

| CAQH | CAQH CORE | | |
|---|---|---|---|
| **Supporting Virtual Care Offerings in Provider Directories**<br><br>CAQH partnered with states and the American Medical Association to use CAQH ProView, the trusted source and industry standard for self-reported provider data, to enable providers to indicate whether they were able to see patients virtually so plans could include this information in their online provider directories. | **Eligibility & Benefits**<br><br>CAQH CORE convened an Eligibility & Benefits Task Group to evaluate opportunities to address the emergent need to communicate telemedicine specific eligibility and benefit information via the v5010 X12 270/271 transaction. | **Denial and Adjustment Codes**<br><br>CAQH CORE Code Combinations Task Group will evaluate the need for additional information on the remittance advice for adjustments pertaining to telemedicine during the 2021 Market-based Review Cycle. | **Education & Outreach**<br><br>CAQH CORE and WEDI have partnered to conduct a series of educational webinars on the future of telemedicine starting Summer 2021. |
| **Virtual Care Directory Data Framework**<br><br>In late 2020, CAQH convened a Virtual Care Directory Task Force to define what data is needed in a health plan provider directory for virtual care. The goal is to develop a framework document that can be used by a health plan to implement changes to their own provider directory to include virtual care information. | | | |

# CAQH CORE Current Initiatives

| # | CAQH CORE Initiative | Status | Focus | Objectives | Co-Chair(s) |
|---|---|---|---|---|---|
| 1 | **Attachments Subgroup (Prior Authorization Use Case)** | Adjourned March 2021 | Rule Development | Develop operating rules to **improve automation of the exchange of attachments/additional medical documentation**; initial focus on prior authorization use case | **Mahesh Siddanati,** Centene<br>**Bob Gross,** Cleveland Clinic<br>**Santo Carino,** Epic |
| 2 | **CORE Code Combinations Task Group** | Once every 2-3 months, for a total of 6 times a year | Rule Maintenance | Ensure compliance with the **base standard code lists – CARCs and RARCs.** Conduct annual industry survey to collect suggestions for potential market-driven adjustments to code combinations. | **Lynn Franco,** UnitedHealth Group<br>**Heather Morgan,** Aetna |
| 3 | **Pilot & Measurement Initiative** | Ongoing | ROI; Opportunity Identification | Work with other CORE Participating Organizations and CAQH to **measure the impact of potential operating rules and corresponding standards on entities' efficiency metrics.**<br><br>Focus: Prior Authorization & Attachments; Quality Measures Reporting | N/A |
| 4 | **Attachments Subgroup (Claims Use Case)** | Launched Q2, meeting monthly through Q2. | Rule Development | Following the prior authorization use case**, continue developing operating rules to improve automation** of the exchange of attachments/additional medication document with a focus on claims attachments. | **Christol Green**, Anthem<br>**Alka Mukker**, Change Healthcare<br>**Mahesh Siddanati**, Centene<br>**Michael Marchant**, UC Davis Health |
| 5 | **Eligibility & Benefits Task Group** | Launched Q2, meeting monthly September 2021 | Rule Update | **Update the Eligibility & Benefits Data Content Rule** to address emerging industry needs (such as support more STC codes, tiered benefits, procedure-level, # of remaining visits/services, telemedicine). | **Donna Campbell,** Healthcare Service Corporation<br>**Megan Soccorso,** Cigna<br>**Nora Iluri,** athenahealth<br>**Molly Reese,** American Medical Association |

# Spotlight: CAQH Endpoint Directory

**Rachel Goldstein**
Senior Manager, CAQH CORE

# Understanding the CMS Final Rule

Healthcare IT News

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## HHS publishes final regs on info blocking, interoperability

Both CMS and ONC have issued what they call "transformative" rules addressing 21st Century Cures data access requirements; they'll impact providers, payers, vendors and patients.

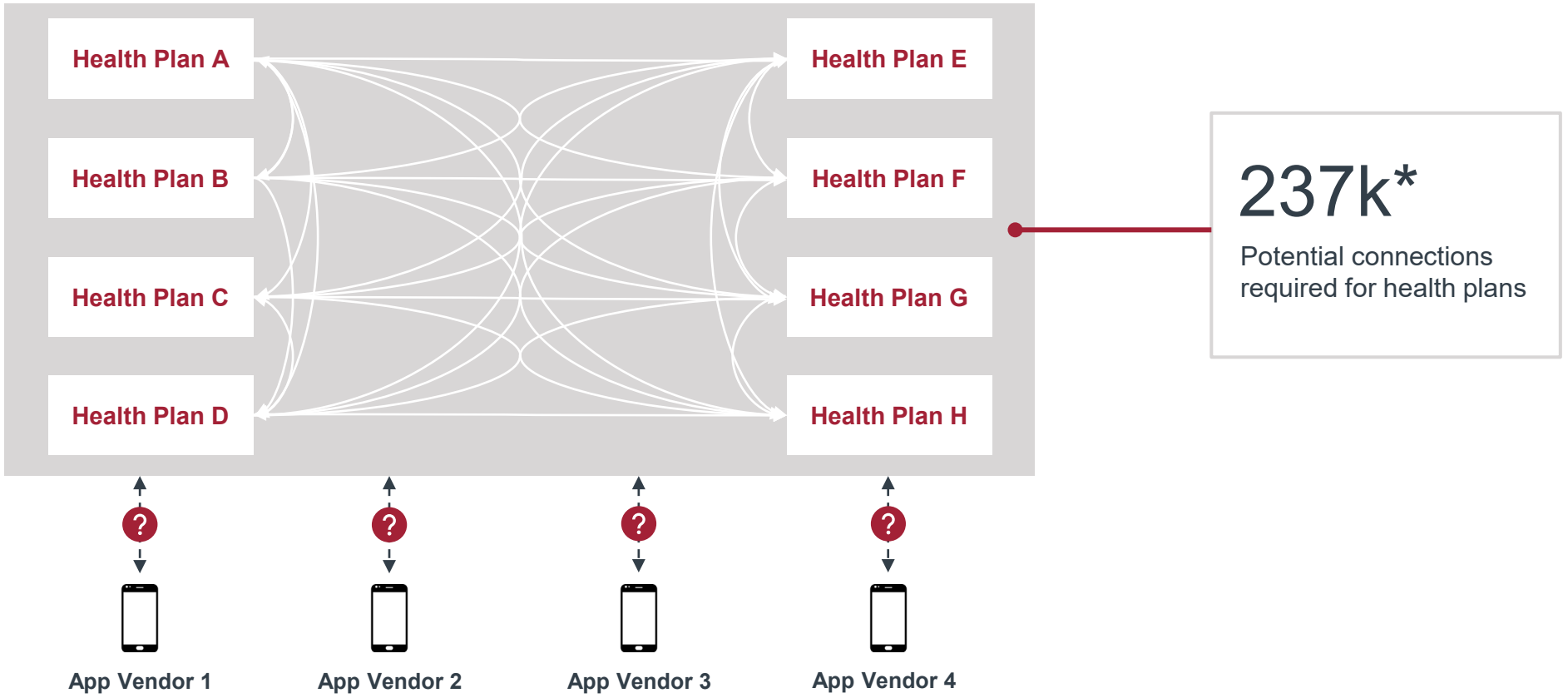
By Mike Miliard | March 09, 2020 | 09:36 AM

Centers for Medicare and Medicaid Services released the Final Rule ("CMS Final Rule") on Interoperability and Patient Access, requiring that CMS-regulated plans:

- ✓ **Implement and maintain** openly-published HL7® FHIR® -based APIs in order to provide patients access to their health information.
- ✓ **Permit access** to data by third-party applications
- ✓ **Support electronic exchange of data** for care coordination as patients move between plans
- ✓ **Provide information** to their members to help them protect the privacy and security of their health information

Source: https://www.healthcareitnews.com/news/hhs-publishes-final-regs-info-blocking-interoperability

# Unwieldy Volume of Connections Required




237k*

Potential connections required for health plans

*Calculated using AIS data and assumes that every health plan would need a connection to every other health plan.





CAQH Solutions

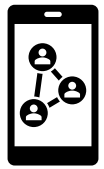
# Health Plans Take on Security & Technical Burdens Working with App Vendors

### Authenticating Vendors

- Checking business credentials of hundreds of applications
- Verification of privacy and data protection policies

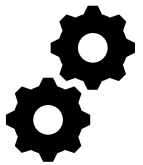
### Education and Training

- Ensuring that vendor understands and is proficient with FHIR standards and security
- Training and educating vendor on Testing needs and process



### Third-party App Testing

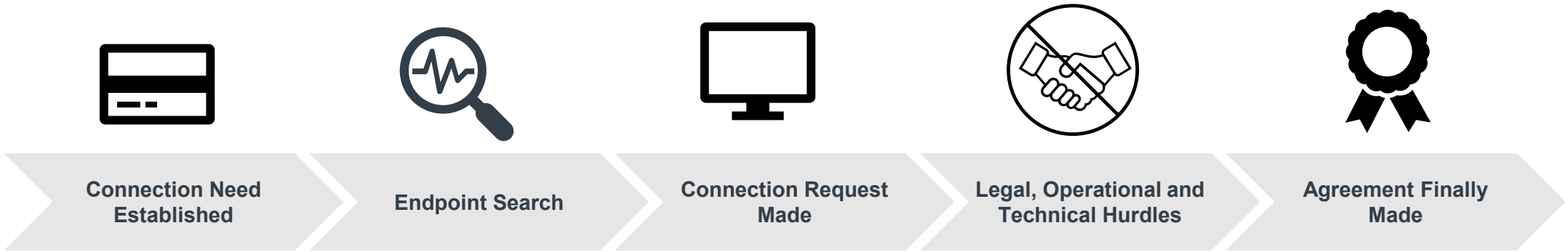
- Ensuring that application follows the laid down security protocols
- Test applications for various FHIR use-cases
- Ensuring that applications do not mislead members



### Operational Hurdles

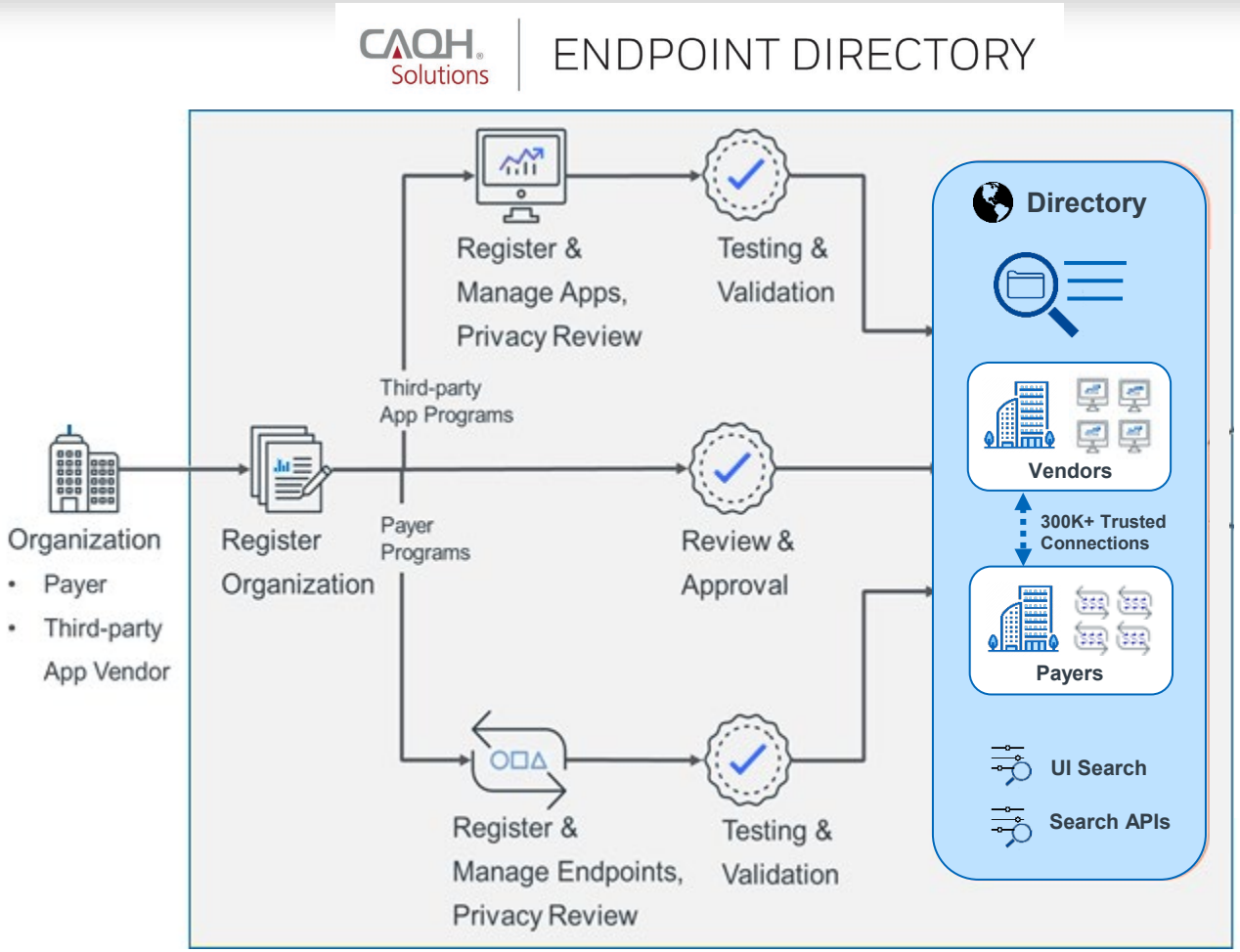
- Testing and Registration of applications at scale
- Keeping administrative costs low, while meeting members' expectations in terms of applications of their choice

# Plan-to-Plan Connections are Tedious & Time Consuming




**Repeat this process 100x**

# Scope: National Endpoint Directory & Third-party App Registry




**A national source of truth for payer endpoints and third-party apps that:**

- Allows **payers to share information about endpoints**, including capability statement imports.
- Allows **third-party apps to upload information about themselves** to make available to payers.
- Allows payers and third-party apps to **query payer endpoints** for multiple use cases including **patient access APIs, provider directory APIs, payer to payer data exchange, and more**.
- **Validates identity** of payer and third-party app participants.
- **Confirms privacy and security attestations** and/or privacy policy, data use agreements.
- **Ensures conformance testing and validation** of FHIR endpoints and ability to work with endpoints.
- **Facilitates connection request** between parties.

**Product Launched April 21, 2021 – Press Release**

To Learn More and Stay Up to Date on Progress, visit caqh.org/endpoint-directory





CAQH Solutions

# Industry Engagement: CAQH Continuously Collaborating with Industry & Raising Awareness About Utility

The Office of the National Coordinator for Health Information Technology

**ONC Engagement**

U.S. DIGITAL SERVICE

**CMS U.S. Digital Service Engagement**

HL7 FHIR

**Connectathons, Implementation Guide Contributions, Conferences**

**CAQH Health Plan Work Group**

**Early Adopters of the Utility & Continuous Feedback**





CAQH Solutions

# Industry Support for Endpoint Directory Will Accelerate Adoption & Establish as National Utility

**There are a range of opportunities for the industry to promote adoption of a National Endpoint Directory**

| | |
|---|---|
| **Adopt** | • Health plans and third-party app vendors can join as soon as April 2021, or commit to enter the utility before or by July 2021<br>• Payers: Post all relevant payer endpoints in the utility; respond to third-party apps and health plans that request API access<br>• Third-party App Vendors: Register all apps in the utility |
| **Use** | • Health plans: leverage information from endpoint directory to onboard API users; utilize CAQH Endpoint Directory as a primary or exclusive channel to onboard third-party apps and other health plans interested in API access; minimize supplemental questionnaires/required documentation from API access requesters and rely primarily on information from the Endpoint Directory<br>• Third-party App Vendors: Use sandbox testing to demonstrate readiness to interact with payers; send connection requests to health plans in the utility |
| **Communicate** | • Make commitment to adopt utility by July 2021<br>• Recommend the endpoint directory to other health plans and third-party apps |

# CAQH CORE Operating Rule Development & Maintenance

- **Attachments**
- Eligibility

**Emily TenEyck**
CAQH CORE Manager

# CAQH CORE Attachments Initiative

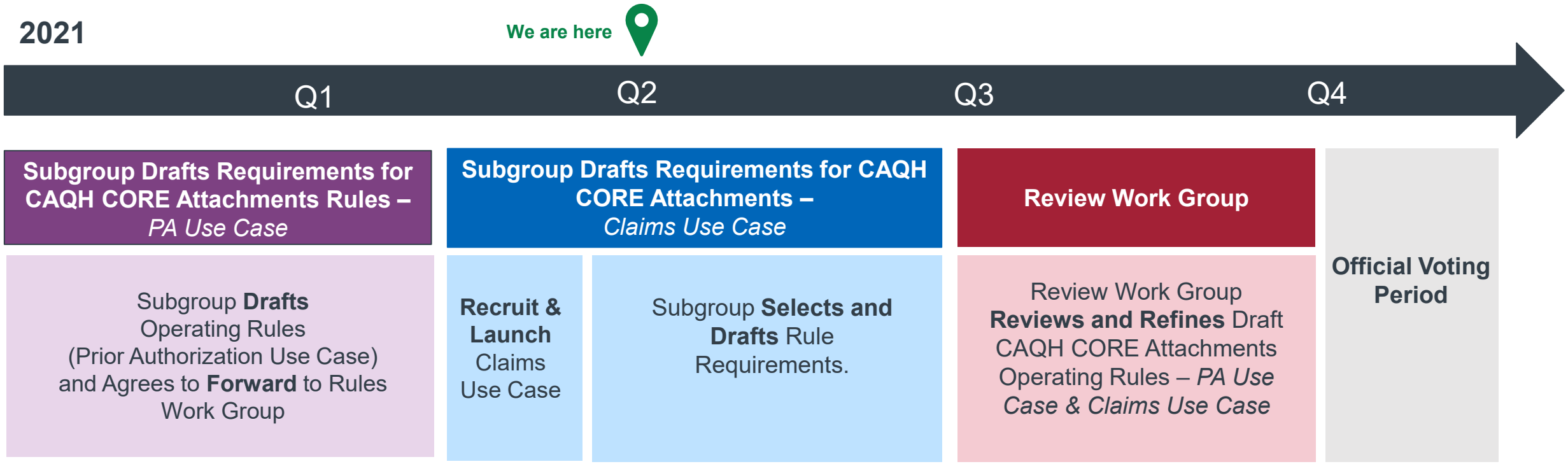
**Attachments** refer to the exchange of patient-specific **medical information or supplemental documentation** to support an administrative healthcare transaction and are a **bridge between clinical and administrative data.**

- While attachments can be exchanged electronically, partially electronically and manually, exchanging medical documentation for prior authorization and claims is **often highly manual** and a source of significant administrative burden.
- A range of **standards and specifications currently support the exchange of attachments** (e.g., X12 275, HL7 C-CDA, HL7 FHIR, SOAP, REST, etc.)
- **A HIPAA-mandated standard for attachments has not been named**, resulting in lack of industry direction on a uniform approach in the supporting clinical documentation requested by health plans.
- CAQH CORE launched its Attachments Subgroup in July 2020. **The Subgroup completed its initial work addressing the Prior Authorization Use Case and transitioned focus to the Claims Use Case in April of this year.**

**NOTE**: The HHS Unified Agenda announced that an **Attachments NPRM** may be published early 2021. The NPRM is expected to adopt standards for health care attachments transactions and electronic signature used with the transaction, among other standard and operating rule adoptions.

# CAQH CORE Attachments Initiative Roadmap

*Overall Timeline**




**Timeline may be subject to adjustments based on work group needs.*

**NOTE**: Following the development of both Draft CAQH CORE Attachments Operating Rules (Prior Authorization Use Case and Claims Use Case), the draft rules will be forwarded to the Review Work Group, where participants review and refine the draft rules in preparation for the Final CAQH CORE Vote.

# CAQH CORE Attachments Initiative

*Summary of Draft Attachments Rule Requirements*

## Scope: CAQH CORE Attachments Requirements

**Payload Formats** include both the X12 275 and Non-X12 275.

### Infrastructure Rule Requirements

- ✓ **System availability** must be no less than 86% per calendar week; health plans must publish downtimes.
- ✓ **Electronic standard method for acknowledging** receipt of an X12 v6020X316 275 attachment (X12 v6020X290 999) and **maximum allowable response times**
  - **Real-time**: 15 seconds
  - **Batch**: Two business days
- ✓ **Minimums for document size and amount of data** that must be supported and accepted by systems (64MB).
- ✓ **Standard method and response time** for receiving system to return errors to the provider.
- ✓ **Common format and flow of information** for implementation of attachment transactions.

### Data Content Rule Requirements

- ✓ **Reassociation** requirements for X12 275 and non-X12 275 payload formats.
- ✓ **Consistent reference data** between the prior authorization Requests & associated attachment(s).

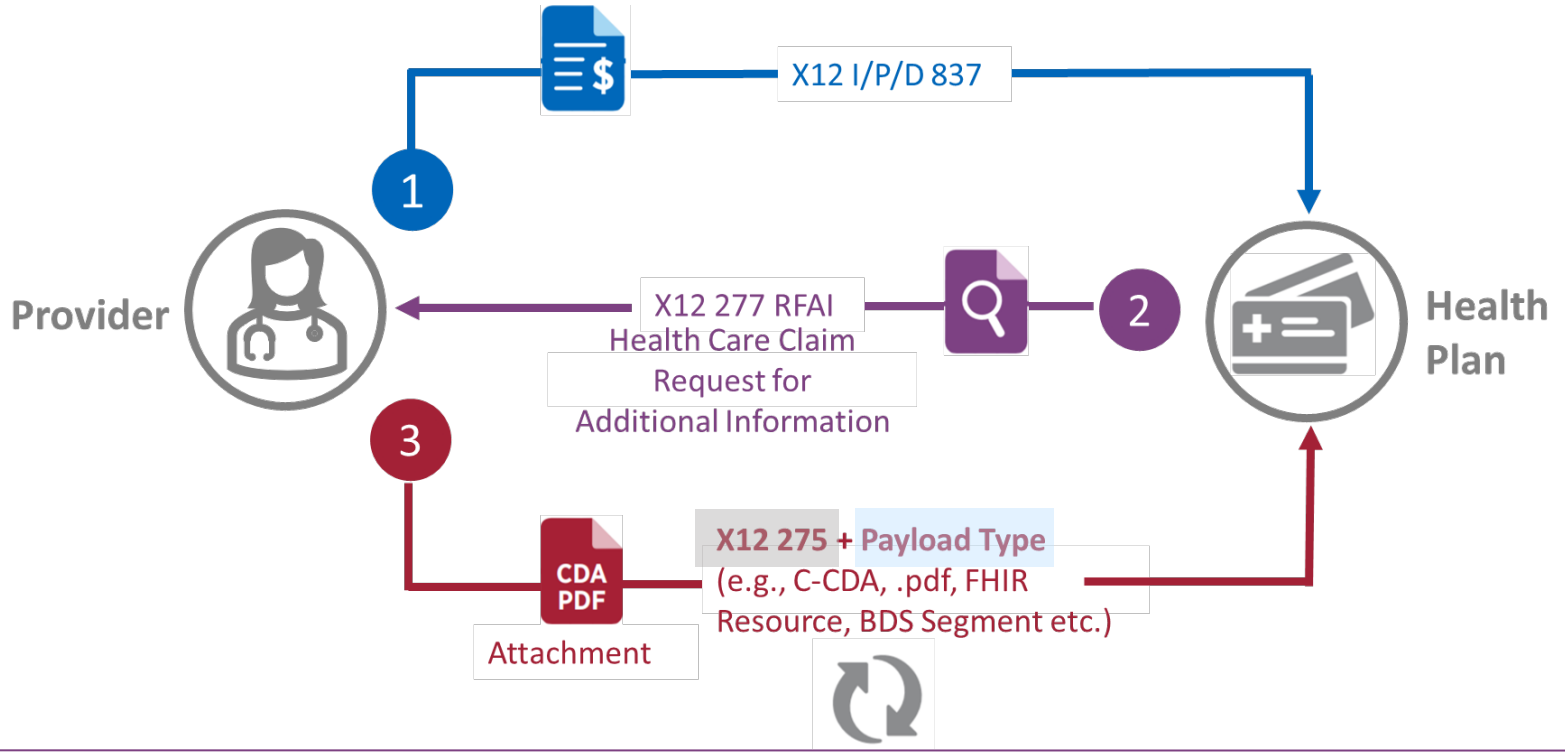
**Each of the draft requirements listed align with the potential CAQH CORE Attachments Subgroup – Claims Use Case requirements.** The Attachments Subgroup – Claims Use Case is currently in the process of **assessing the draft requirements that align** with requirements in the Attachments PA Use Case and **identifying any additional claims-specific requirements** for inclusion in the Draft Rules.

# CAQH CORE Attachments Initiative

*Scope: Claims Use Case – X12 Method*

While additional exchange methods are emerging within the industry, including the use of HL7 FHIR, to align with the Draft Attachments Rules - Prior Authorization Use Case, **the scope of the Draft Requirements - Claims Use Case will address X12 and Non-X12 Methods** for sending additional information or documentation.

## X12 Method - Solicited Claim Attachment Electronic Workflow Using CORE Connectivity




### X12 Method

**Payload Exchange Method**: CORE Connectivity

**Payload Format:** X12 275

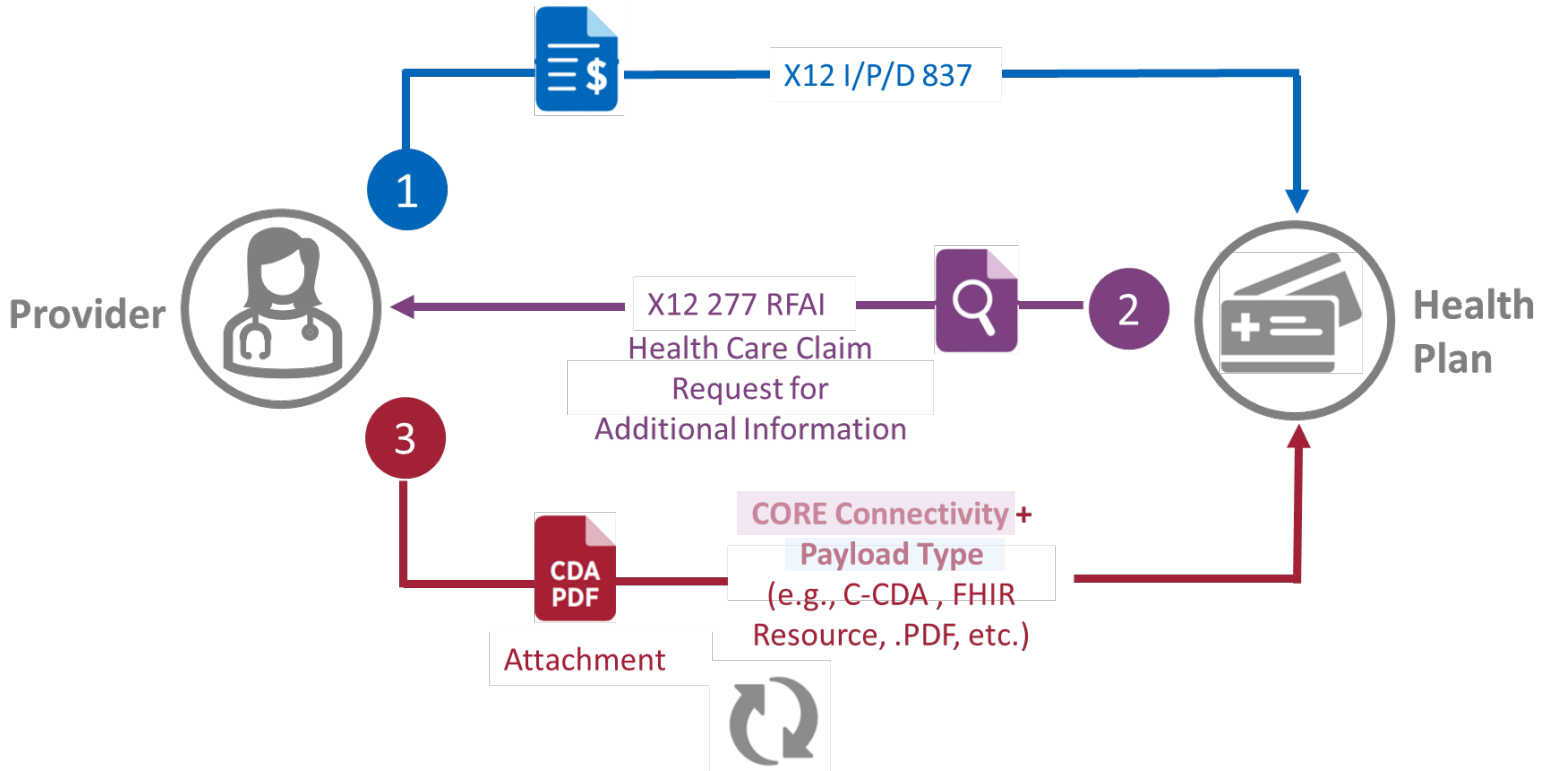
**Payload Type:** HL7 C-CDA; BDS Segment; FHIR Resource; .pdf; .jpeg, etc.

# CAQH CORE Attachments Initiative

*Scope: Claims Use Case – Non-X12 Method*

While additional exchange methods are emerging within the industry, including the use of HL7 FHIR, to align with the Draft Attachments Rules - Prior Authorization Use Case, **the scope of the Draft Requirements - Claims Use Case will address X12 and Non-X12 Methods** for sending additional information or documentation.

## Non-X12 Method - Solicited Claim Attachment Electronic Workflow Using CORE Connectivity




### Non-X12 Method

**Payload Exchange Method**: CORE Connectivity

**Payload Type:** HL7 C-CDA; FHIR Resource; .pdf; .jpeg, etc.

# Attachments Subgroup – Claims Use Case

*Scope & Versioning*

## In-scope X12 Transactions for the Draft Attachments - Claims Use Case Rules:

- ✓ **X12 v6010X313 277 Health Care Claim Request for Additional Information**
- ✓ **X12 v6020X314 275 Additional Information to Support Health Care Claim**
- ✓ **X12 v6020X257 824 Application Advice**
- ✓ **X12 v5010 837 Institutional, Professional and Dental Health Care Claims**
- ✓ **X12 v6020X290 999 Functional Acknowledgment**

The draft rule optionally applies to other **payload types including HL7 C-CDA, .pdf**, etc. and to **non-X12 payload exchange scenarios including CORE Connectivity, FHIR,** etc.

## Out of scope X12 Transactions for the Draft Attachments - Claims Use Case Rules:

- ✓ **X12 v5010X212 276/277 Health Care Claim Status Request/Response***
- ✓ **X12 v5010X214 277 Claim Acknowledgment***
- ✓ **X12 v5010X221 835 Health Care Claim/Payment Remittance Advice***

*Addressed in existing CAQH CORE Operating Rules

# CAQH CORE Operating Rule Development & Maintenance

- Attachments
- **Eligibility**

**Taha Anjarwalla**
CAQH CORE Senior Manager

# CAQH CORE Eligibility & Benefits Data Content Rule

*Overview of Existing Rule Requirements*

The **CAQH CORE Eligibility & Benefits Data Content Rule** requires the submission and return of certain uniform data elements in real time for electronic eligibility, coverage, and benefit transactions.

- Support requests for benefit information **at least 12 months into the past and up to the end of the current month**.
- Inclusion of the following in response to both generic and explicit inquires:
  - **Name of the health plan** covering the individual.
  - Patient financials for **co–insurance**, **co–payment**, **base and remaining deductibles**.
  - If financial responsibility is different for **in-network** vs. **out-of-network**, both amounts must be returned.
- Return of CORE-required eligibility & benefits data for **51 specific Service Type Codes**.
- Requires health plans and providers to uniquely identify patients (subscribers, members, beneficiaries) for the purpose of ascertaining the eligibility of the patient for health plan benefits via **last name normalization**
- Defines a standard way for health plans to report errors in the event they are not able to respond to a provider with eligibility information for the requested patient or subscriber through **AAA error code reporting requirements**.
- Vendors must be able to **detect and extract all data elements** to which the data content rule applies as returned by the health plan in the X12 271 response.

# CAQH CORE Eligibility & Benefits Data Content Rule Update

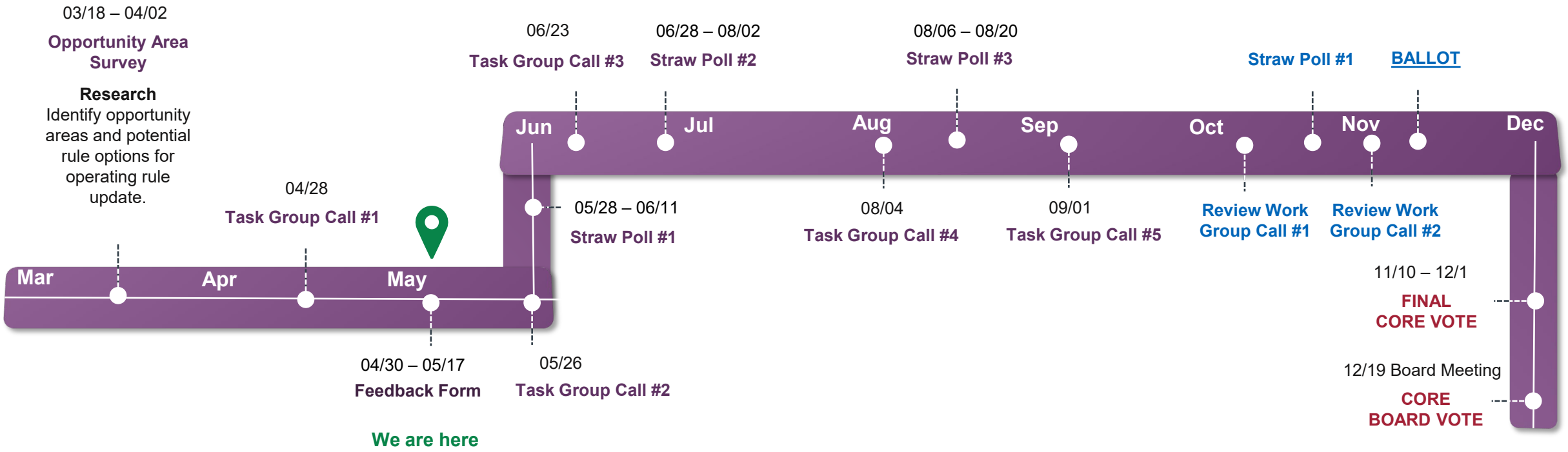
*Task Group Scope for 2021 Rule Update*

The **CAQH CORE Eligibility & Benefits Data Content Rule** enhances the exchange of eligibility information between health plans and providers through requirements including **providing financial information,** especially co-insurance, co-payment, deductible, remaining deductible amounts, and **coverage information** for a set of service types.

- In Fall 2020, CAQH CORE participants identified the eligibility and benefits business process as an area for CAQH CORE to prioritize for operating rule development in 2021.
- The following opportunity areas for operating rule enhancements were recommended as part of updating the CAQH CORE Eligibility & Benefits Data Content Rule:
  1. Addressing the emergent need to communicate **telemedicine-**specific eligibility and benefits information.
  2. Including **additional STC Codes** beyond the current 52 CORE-required STC Codes.
  3. Providing more granular level data for members of **tiered benefit** plans.
  4. Responding to eligibility requests at the **procedure/diagnosis level**.
  5. Requiring the communication of the **number of remaining visits/services** left on a benefit.
  6. Leveraging standard cost sharing transaction data for **patient data sharing** applications.
  7. Adding support for **dental-specific** eligibility and benefit requirements.
  8. Communicating if **prior authorization or certification** is required for a specific procedure or service.

# CAQH CORE Eligibility and Benefits Task Group Roadmap

*Overall Timeline*




**Timeline may be subject to adjustments based on task group needs.*

# Adoption of the CAQH CORE Eligibility & Benefits Operating Rule

**Federally Mandated and Wide Industry Adoption**

- Per the federal mandate, implementation of the CAQH CORE Eligibility & Benefits Operating Rule is a requirement for all HIPAA-covered entities. Thus, there is wide industry adoption of this operating rule among HIPAA-covered entities that exchange administrative transactions
- According to the 2020 CAQH Index, for the medical industry, eligibility and benefit verification continues to have the highest volume among all transaction, with electronic adoption of the X12 v5010 270/271 transaction at 84%.

**CORE Certification Market Share**

- CAQH CORE publishes an annual progress report that tracks the reach of CORE Certification into the nation's healthcare system.
- Nearly 188 million lives benefit from the CAQH CORE Eligibility & Benefit Operating Rules, as tracked by CORE-certified health plans.

**Adoption Potential for the Updated Eligibility & Benefit Rule**

- As the CAQH CORE Task Group works to define requirements for the CAQH CORE Eligibility & Benefits Rule Update, the updated rule, once approved, will be integrated into the CORE Certification and Recertification Program. This effort will help to promote, build, and progress market adoption of updated or new operating rule requirements.

# Telemedicine Spotlight
*Opportunity Area Survey Results*

## Telemedicine

- 93% of organizations see value in having uniform requirements for telemedicine-specific eligibility and benefit information. Below is the breakdown by stakeholder type:

| Health Plan/Health Plan Association | 40% |
|---|---|
| Yes | 36% |
| No | 4% |
| **Other** | **12%** |
| Yes | 12% |
| No | 0% |

| Provider/Provider Association | 16% |
|---|---|
| Yes | 12% |
| No | 4% |
| **Vendor or Clearinghouse** | **32%** |
| Yes | 28% |
| No | 4% |

- 73% of organizations support the exchange of telemedicine benefits via the X12 v5010 270/271 transaction. Below is the breakdown by stakeholder type:

| Supports via X12 v5010 270/271 | 73% |
|---|---|
| Health Plan/Health Plan Association | 38% |
| Provider/Provider Association | 4% |
| Vendor or Clearinghouse | 31% |

| Does Not Support via X12 v5010 270/721 | 27% |
|---|---|
| Health Plan/Health Plan Association | 12% |
| Other | 8% |
| Vendor or Clearinghouse | 8% |

- 46% of organizations are aware of the X12 RFI #1957 on how to best return telemedicine benefits.

# Polling Question #1

**What drives consideration to implement new CAQH CORE Operating Rules within your organization?**
(Check all that apply)

- Desire to be market leader
- Competitive advantage
- Reduction in administrative burden
- Ensure meeting federal mandates and requirements/Assurance of implementation

# CORE Certification

**Adam Nichols**
CAQH CORE Senior Associate

# CORE Certification

CORE Certification program was developed **by industry, for industry** by CAQH CORE Participating Organizations including health plans, providers, vendors, government agencies and associations.

CORE Certification program allows organizations to **certify on specific transactions** related to their products or solutions.

Many health plans **require** their vendors to be CORE-certified prior to contracting.

**Recertification** enables ongoing conformance when rule requirements are updated over time to align with market needs.

**381**

**certifications have been awarded.**

aetna™ · eMEDIX Reimbursement Solutions · Healthcare IP Intelligent RCM · Availity · HealthTrio LLC · SANFORD HEALTH PLAN · XIFIN · UnitedHealthcare · UnitedHealthcare Life Insurance Company · SSI · Human Centered Data Driven





CAQH CORE

# CORE Recertification

*Alignment with Industry Needs*

## Rationale for Recertification

- With evolving technology, mergers/acquisitions and system upgrades, there is a need to assess ongoing conformance with the operating rules to maintain program integrity (some CORE Certifications are more than 10 years old).
- Recertification enables ongoing conformance when rule requirements are updated over time to align with market needs.
- CAQH CORE convened a multi-stakeholder focus group to gather insights and perspectives on how Recertification can positively impact the industry.

## Overview of Key Recertification Policies

- CORE-certified entities will remain certified for three years. Recertification will be required for an entity to maintain its certification status.
- A CORE-certified entity may become decertified and have their CORE Certification Seal revoked if there is a lapse in renewing certification.
- CORE-certified organizations must implement versions of CAQH CORE Operating Rules that have been published 24 months prior to the CORE Certification Seal renewal date.

**Organizations with certifications issued prior to 2014 must recertify by end of year in order to remain CORE-certified.**

# CORE Certification
*Measurement*

**CORE Certification, is an industry-developed program for driving and tracking market adoption and adherence to the operating rules and their underlying standards.**

***Ongoing Measurement***

- **Market Share:** CAQH CORE tracks the number of covered lives by health plans that are CORE-certified, that benefit from the administrative efficiencies afforded by the operating rules and underlying standards. These results are published in the annual CORE Certification Progress Report that captures the market reach and impact of CORE Operating Rules on the healthcare system.

***New Measurements***

- **Efficiency Tracking:** To enhance the value of CORE Certification, CAQH CORE will embed the collection of base efficiency metrics as part of the certification process to support organizations in measuring impact of operating rule implementations. This effort will support priorities to track and articulate the impact of operating rules have on operational and workflow improvements. CORE-certified organizations will be provided options to receive benchmark reports and engage in case studies to compare progress, identify barriers and receive recommendations on how to further streamline with operating rules and standards.

# The Benefits of the Prior Authorization Operating Rules

**Join the Adopters of the Prior Authorization & Referral Infrastructure Operating Rules Who Represent 14% of the Commercial Market**

Availity

aetna℠

Humana.

SSI

TEXAS Health and Human Services

pokitdok

HealthTrio®

- Reduce administrative burden and cost associated with manual and partially electronic prior authorizations.
- A survey to the Cleveland Clinic caregiver team found that the rules led to an increase in staff satisfaction and an increase in automated real-time interaction.
- Improves member matching, provider matching, error messaging, and ability to specifically identify needed additional documentation to support the PA Request.

# Polling Question #2

**Does your organization have the information needed to fully assess the benefit from pursuing CORE Certification for the CAQH CORE Prior Authorization Operating Rules?**

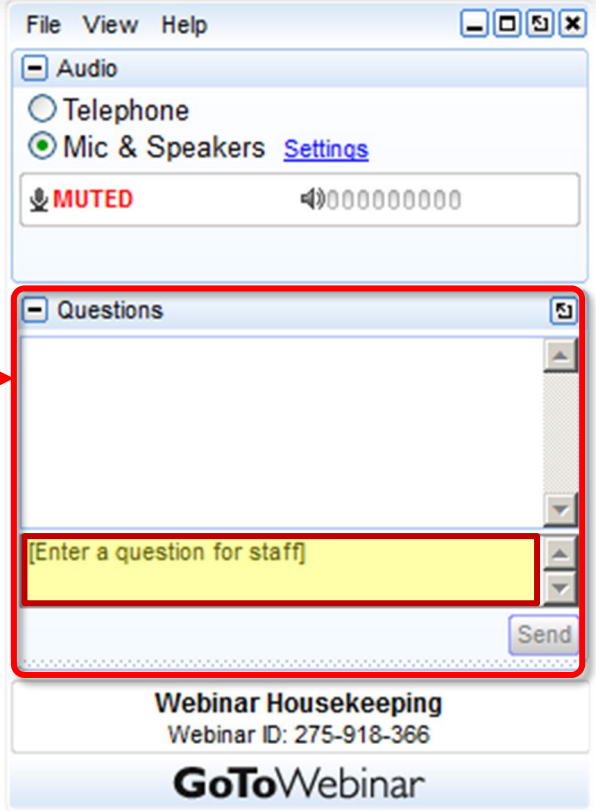
- Yes
- Unsure/Need to Know More
- No (We don't conduct the transaction/Not relevant to my organization)

# 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

# Upcoming CAQH CORE Education Sessions and Events

**CAQH CORE & BCBS North Carolina – "VBP Priorities and Continuing Challenges"**

**June 3, 2021 1:00-2:00 PM EST**

**CAQH CORE & NACHA, with InstaMed – "Trends & Data on Healthcare Payments"**

**June 22, 2021 2:00-2:30 PM EST**

**WEDI Spring Conference**

**May 17-20, 2021**

# Healthcare administration is rapidly changing.

## Join Us

Collaborate across stakeholder types to develop operating rules.

Present on CAQH CORE education sessions.

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

Represent your organization in work groups.

Influence the direction of health IT policy

Drive the creation of operating rules to accelerate interoperability

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





CAQH CORE

# Thank you for joining us!

 @CAQH

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org

**The CAQH CORE Mission**

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