



CAQH CORE Town Hall

January 20, 2022

Agenda

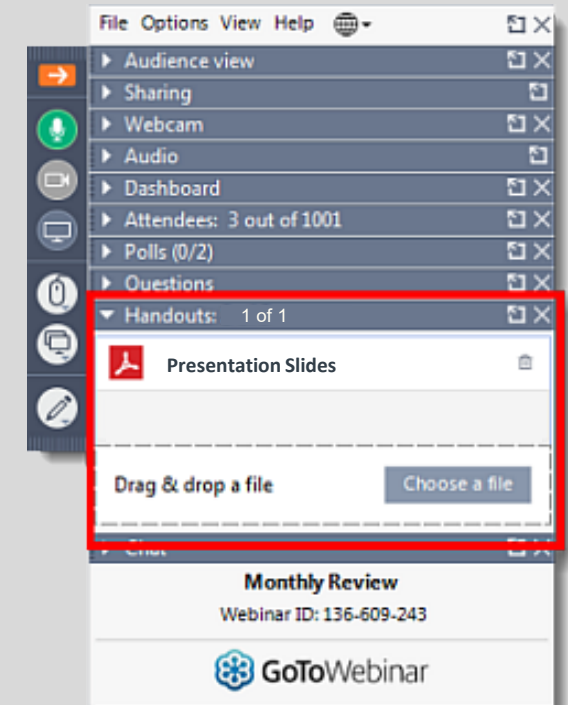
- **2022 CAQH CORE Priorities and Goals**
- **Spotlight:**
 - **Draft Updated CAQH CORE Infrastructure Rules**
 - **Draft Updated CAQH CORE Eligibility & Benefits Data Content Rule**
 - **Draft New CAQH CORE Attachments Operating Rules**
- **Advanced Explanation of Benefits**
- **Pilot and Measurement Initiatives**
- **Q&A**

Logistics

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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.

DESIGNATION

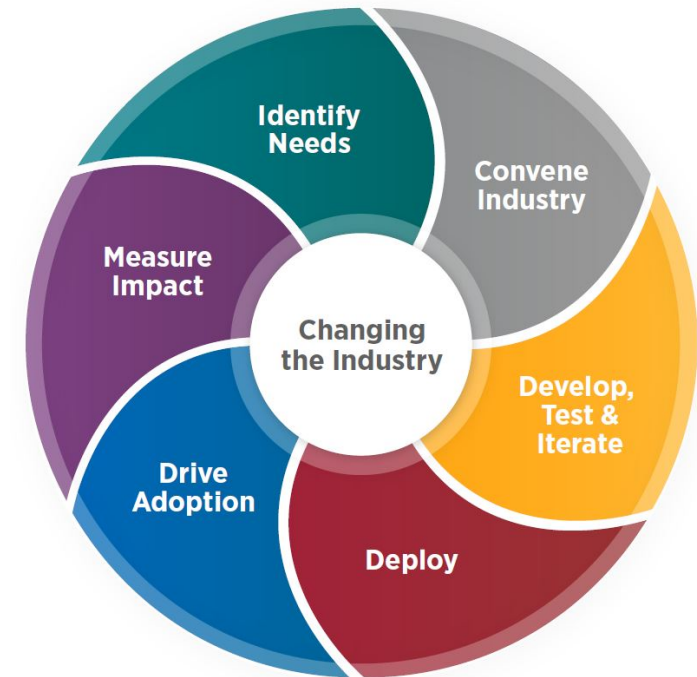
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

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.



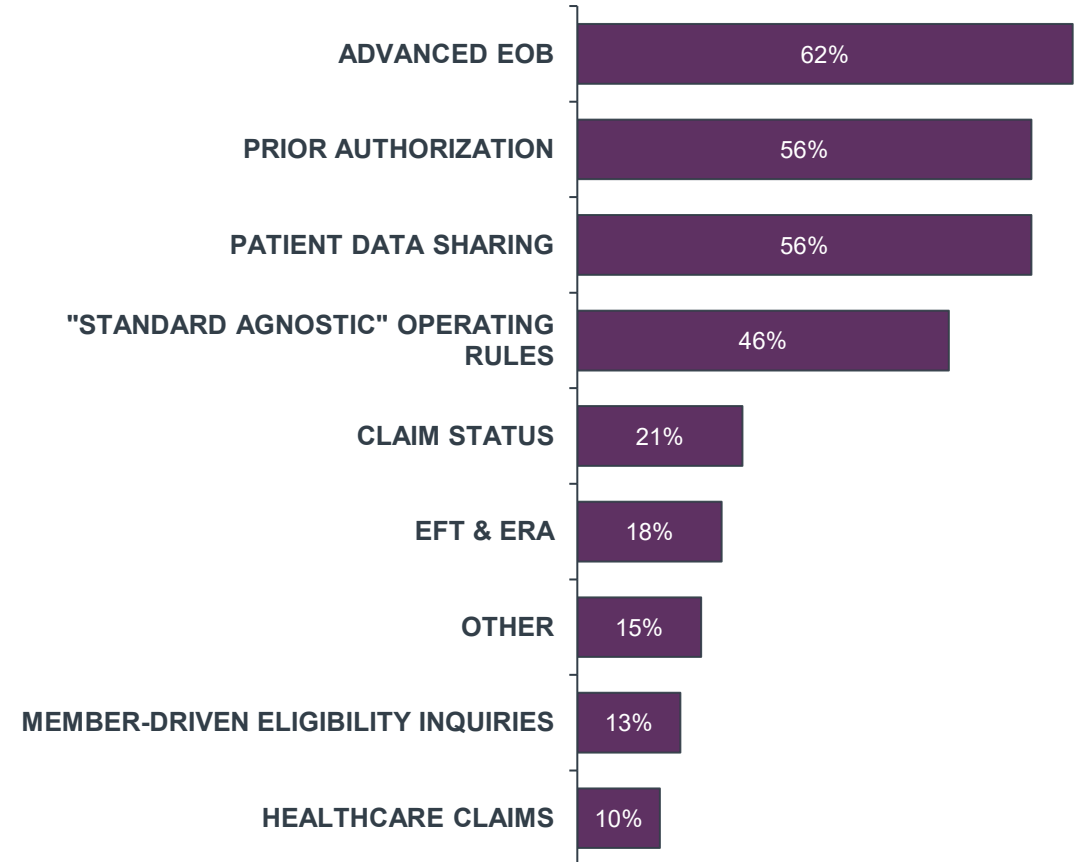
CAQH
CORE

2022 CAQH CORE Priorities and Goals

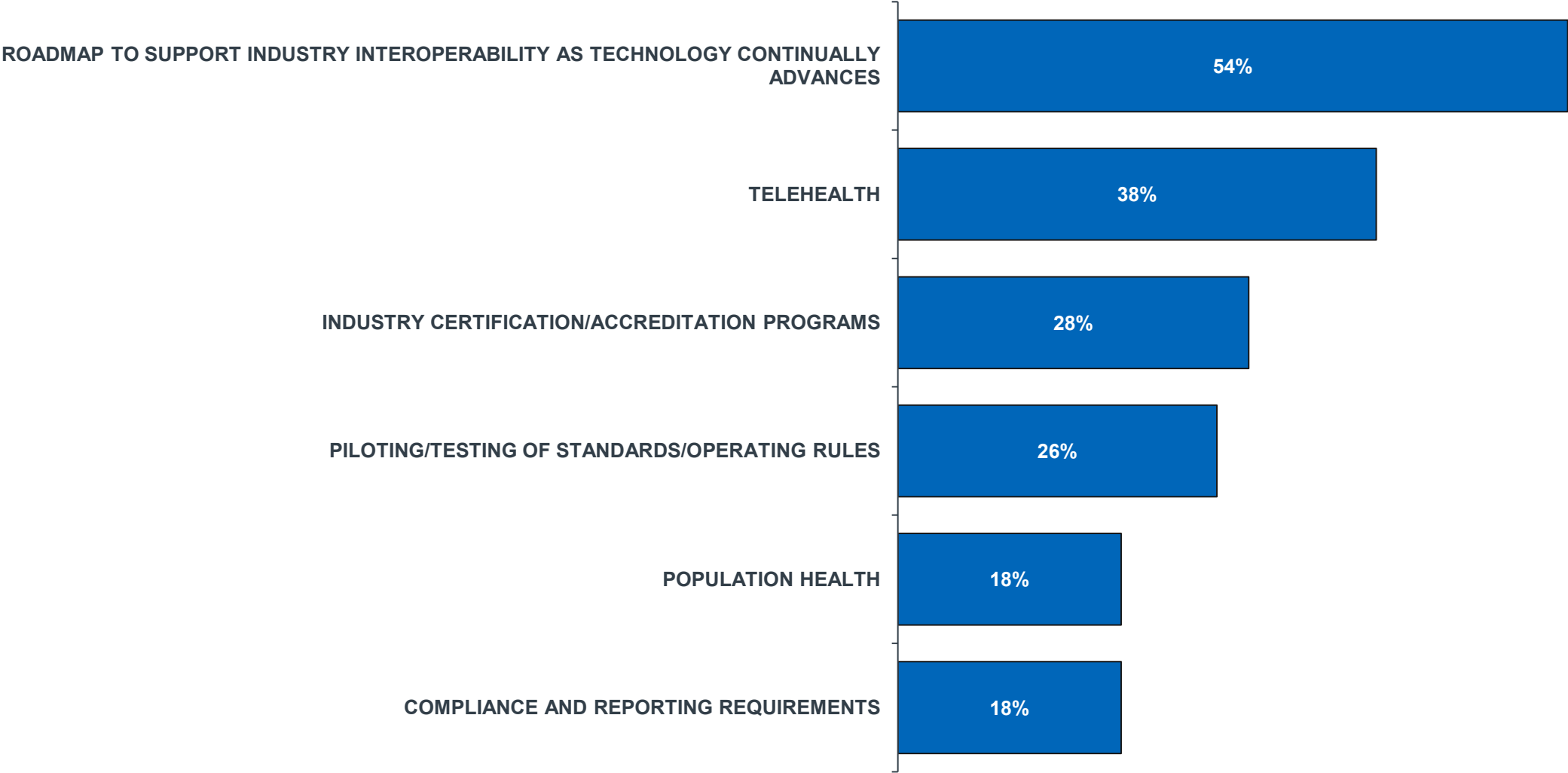
Participant Survey Results Inform 2022 Roadmap

- CAQH CORE collects feedback from the CAQH CORE Participating Organizations and broader industry through multiple methods:
 - CAQH CORE Participant Survey on 2022 Priorities (August 2021)
 - Education session polling questions
 - Feedback during rule development activities
 - Monitoring of industry activities and discussions

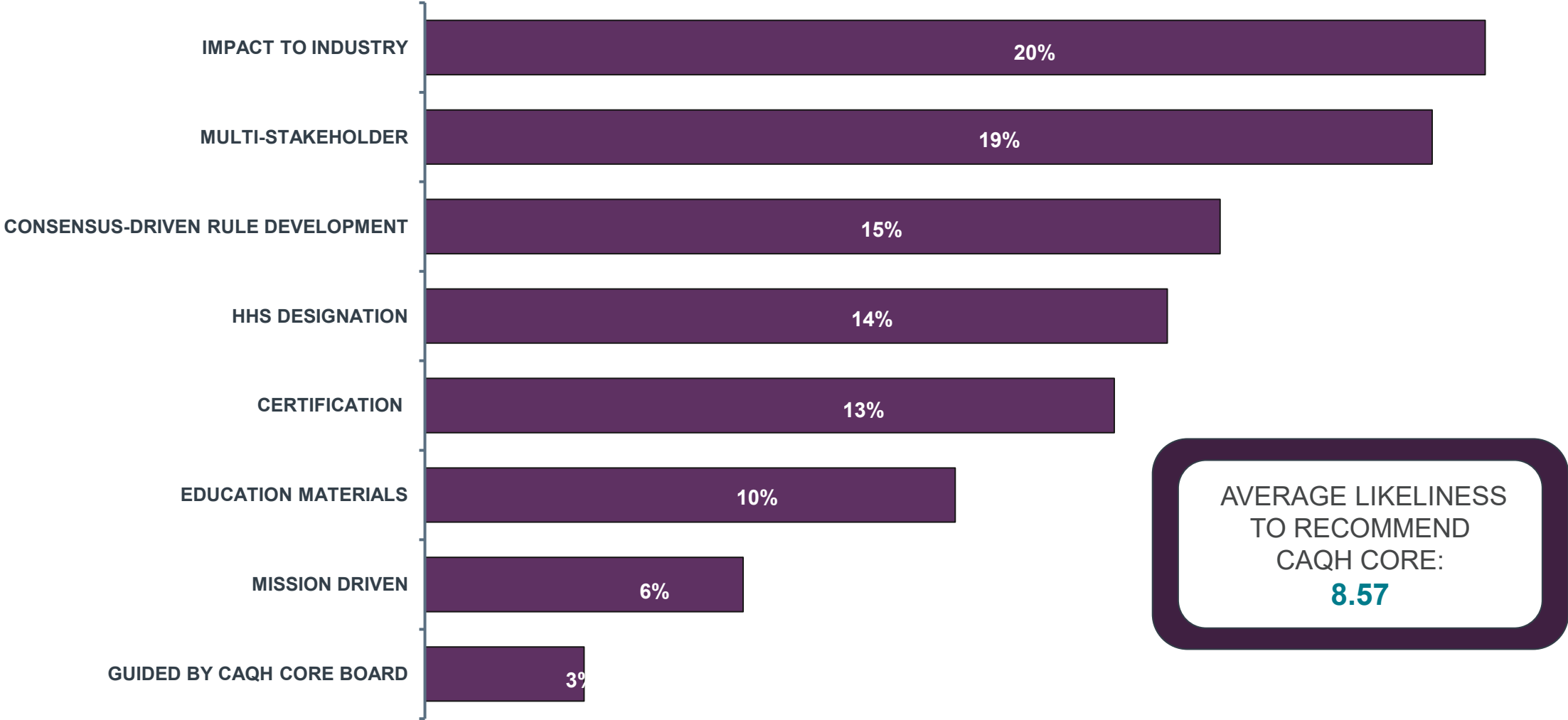
What business processes should CAQH CORE prioritize for operating rule development in 2022?



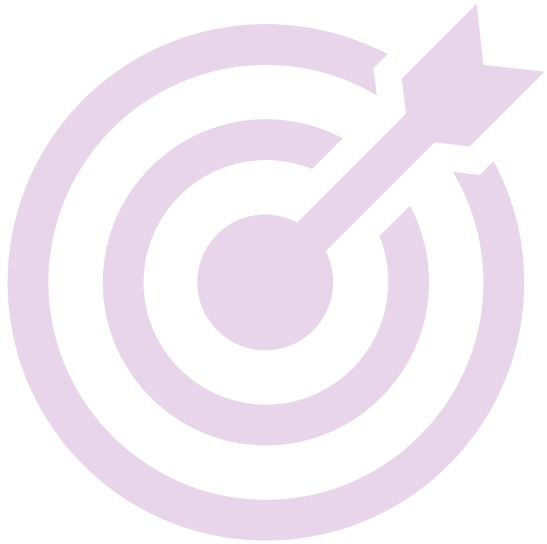
Are there Additional Topics you would like CAQH CORE to prioritize in 2022?



Which CAQH CORE features are most significant to your organization?



2022 Approach to Align with Mission, Vision, and Industry Role



LEAD

Lead industry through change in our fast-paced technology environment by aligning across standards and technologies to ensure interoperability.

COLLABORATE

Collaborate to test approaches and develop resources to bridge standard and technology gaps for stakeholders with varying characteristics.

CREATE

Create and update operating rules that address market needs expressed by the industry to support more efficient, predictable and uniform business processes.

DRIVE

Drive adoption of operating rules to support standards and accelerate interoperability across an industry with varied levels of maturity.

2022 CAQH CORE Goals

1

Use CAQH CORE Integrated Model (rule writing, certification, pilot/measurement, industry relations) to align industry across current and emerging standards and technologies.

- Drive strategic, cross-industry collaborative effort to develop interoperability roadmap across current and emerging standards and technologies.
- Proactively engage and inform industry through innovative education and outreach efforts

2

Continue to successfully serve as the national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.

- Standard Agnostic
- AEOB/Price Transparency
- Healthcare Claims
- Value-based Payments
- Value Enhancement/Maintenance

3

Effectively serve as the “Gold Standard” industry certifier for operating rules and underlying business standards.

- Support second round of CORE Recertifications.
- Targeted effort to increase certifications and ROI data collection for voluntary operating rules.

Polling Question #1

**Which 2022 CAQH CORE rule development/maintenance topics are highest priority for your organization?
(Select all that apply)**

- Standard Agnostic Operating Rules
- Advanced EOB/Price Transparency
- Healthcare Claims
- Value-based Payments
- Patient Data Exchange

Spotlight: Draft Operating Rules Under Review

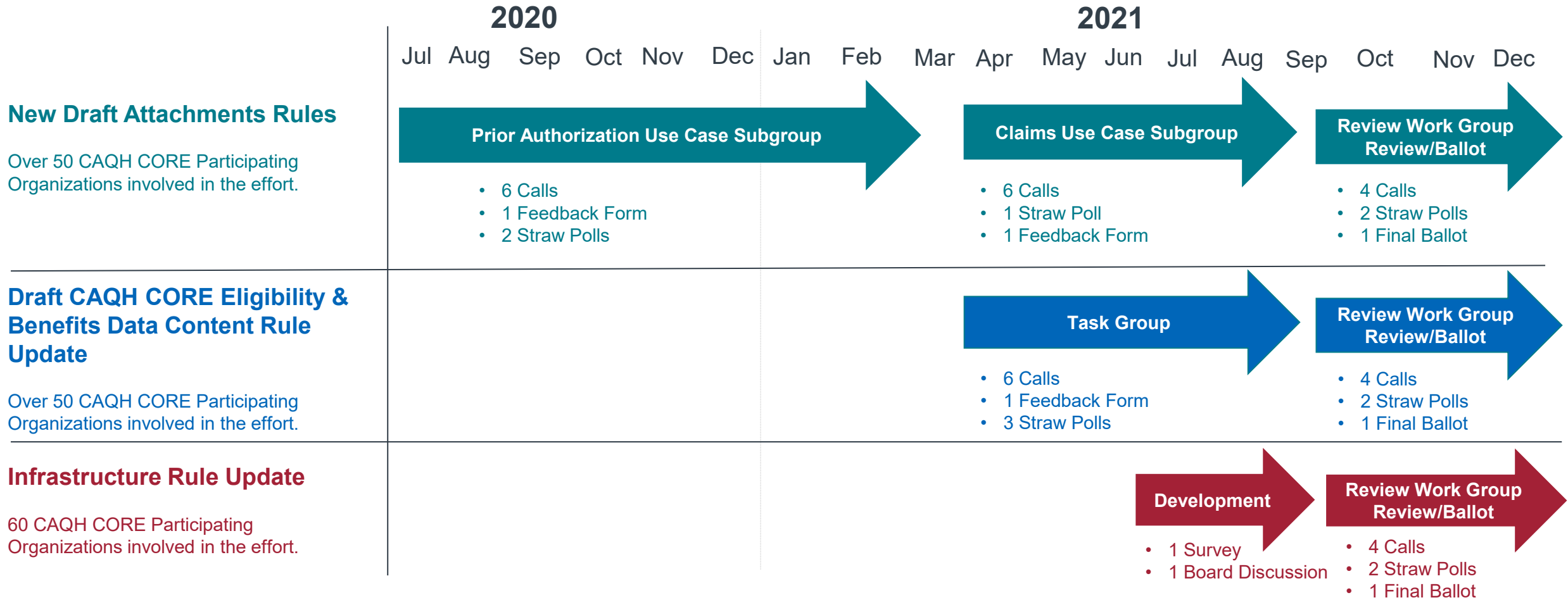
- New Attachments Operating Rules
- Eligibility & Benefits Data Content Rule Update
- Infrastructure Rule Update

The Road to the Current Operating Rules Under Review

Over the past two years, the CAQH CORE Board and Participants have prioritized the development and maintenance of the following rules:

- 1 New Attachments Operating Rules:** establish key requirements specific to the prior authorization and claims use case workflow.
Aim: Close automation gaps and optimize the attachments process.
- 2 Eligibility & Benefits Data Content Rule Update:** enhances the exchange of eligibility and benefit information between health plans and providers.
Aim: Support industry's evolving business needs for comprehensive coverage information.
- 3 Infrastructure Rule Update:** updates to the system availability requirements across all CAQH CORE Infrastructure Rules.
Aim: Align operating rule requirements with current and emerging technology capabilities.

Significant Effort, Engagement Throughout Rule Development



Next Step for Attachments, Eligibility, and Infrastructure

CAQH CORE Final Vote Currently Underway

The CAQH CORE Review Work Group (RWG) launched in August to further review and refine **both Draft CAQH CORE Attachments Operating Rule Sets** to ensure uniformity and cohesion across the prior authorization and claims use cases. Additionally, the RWG reviewed updates to the **CAQH CORE Eligibility & Benefits Data Content Rule** and update select requirements in the existing **CAQH CORE Infrastructure Operating Rules**.

Updated and Newly Drafted Operating Rules for Final Vote

(Level of Support on Review Work Group Ballot)

- 1. NEW: Draft CAQH CORE Attachments (275/278) Prior Authorization Operating Rules (86% Support)**
 - Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule
 - Draft CAQH CORE Attachments (275/278) Prior Authorization Data Content Rule
 - Draft CAQH CORE Attachments (275/278) Prior Authorization Certification Test Scenarios
- 2. NEW: Draft CAQH CORE Attachments (275/837) Health Care Claims Operating Rules (83% Support)**
 - Draft CAQH CORE Attachments (275/837) Health Care Claims Infrastructure Rule
 - Draft CAQH CORE Attachments (275/837) Health Care Claims Data Content Rule
 - Draft CAQH CORE Attachments (275/837) Health Care Claims Certification Test Scenarios
- 3. UPDATED: Draft CAQH CORE Eligibility & Benefits Data Content Rule (87% Support)**
- 4. UPDATED: CAQH CORE Infrastructure Rules - System Availability Requirement (83% Support)**

1. Draft CAQH CORE Attachments Operating Rules

Overview

Building off the Prior Authorization Operating Rules, and Health Care Claims Operating Rules, the **Draft CAQH CORE Attachments Operating Rules establish key infrastructure and data content requirements** for attachment submission and reassociation, moving the industry closer to closing the loop on creating fully automated prior authorization and claims workflows.

- **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**.
- Historically, the exchange of attachments has been highly manual, and a wide range of **standards and specifications exist to support the exchange of attachments** (e.g., X12 275, HL7 C-CDA, HL7 FHIR, REST, etc.).
- To address these issues, CAQH CORE launched its attachments operating rule development initiative with an initial focus on the **prior authorization and health care claims use cases**, prioritized by the Attachments Advisory Group.
- Through discussion, feedback forms, straw polls and ballots, CORE Participants developed **draft infrastructure and data content rule requirements that target key issues in the attachments process** and align with existing CAQH CORE Operating Rules for prior authorization and health care claims.
- To ensure the draft rules support interoperability between clinical and administrative systems, the draft requirements address attachments sent using the **X12 275 transaction** and additional documentation sent **without using the X12 275 transaction** (e.g., FHIR Resources, HL7 C-CDA, .PDF, etc.).

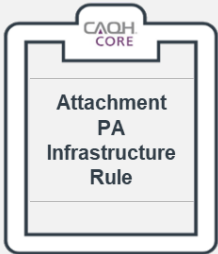
CAQH CORE Attachments Rules – Prior Authorization

Draft Rule Requirements

Building off the Prior Authorization (PA) Operating Rules approved by the Board in May 2019, these Draft Attachments Operating Rules ensure infrastructure and data content meet business needs for submission and reassociation to reduce administrative burden.

Scope: CAQH CORE Prior Authorization Attachments Operating Rule Requirements

Payload Formats include both the X12 275 and Non-X12 275 (HL7 C-CDA, FHIR, .pdf, etc.).



- ✓ **Electronic standard method for acknowledging** receipt of an X12 v6020X316 275 attachment and **maximum response times (Real-time: 20 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 (X12 v6020 824).
- ✓ **System availability** must be no less than 90% per calendar week; health plans must publish downtimes. Additional 24 hours available quarterly for large system upgrades.
- ✓ **Common format and flow of information** for implementation of attachment transactions in Companion Guides.



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

CAQH CORE Attachments Rules – Claims

Draft Rule Requirements

Building on the Health Care Claims Operating Rules, approved and published in September 2015, the Draft Attachments Claims Operating Rules ensure support for data content and infrastructure requirements, including specifying the capability of multiple electronic attachments to support a single claims submission.

Scope: CAQH CORE Claims Attachments Operating Rule Requirements

Payload Formats include both the X12 275 and Non-X12 275 (HL7 C-CDA, FHIR, .pdf, etc.).



- ✓ Builds upon the CAQH CORE Health Care Claims (837) Infrastructure Rule and aligns with the Draft Prior Authorization Attachments Infrastructure Requirements to include **support for real-time and batch response time, system availability, and companion guide requirements, etc.**
- ✓ Establishes **electronic policy access** requirements.
- ✓ Specifies **support for multiple electronic attachments** to support a single claim submission.



- ✓ **Aligns with the Draft Prior Authorization Attachments Data Content Requirements** to include support for specific codes to reassociate X12 275 attachments to X12 837 Claims submissions (including Code EL) and establishes common reference data used to connect X12 and non-X12 attachments with X12 837 Claim submissions.
- ✓ Requires health plans to use appropriate **LOINCs to request most specific additional information.**

Draft CAQH CORE Attachments Operating Rules

Benefits of Adoption

The Draft CAQH CORE Attachments Operating Rule requirements target key issues in the attachments process including unnecessary back and forth between providers and health plans, manual follow-up by providers to ensure attachments were received and linked with the original submission, and inconsistent use of attachments standards.



Benefits of Adoption

- Addresses attachments sent using the **X12 275 transaction** and additional documentation sent **without using the X12 275 transaction (e.g., FHIR Resources, HL7 C-CDA, .PDF, etc.)**, supporting the convergence of clinical and administrative data.
- Establishes **key infrastructure requirements** that align with existing CORE Infrastructure Rules and provide the necessary information to uniformly send electronic attachments.
- Requires **specific codes and reference data** to simplify reassociation of a claim or prior authorization to an attachment.
- Provides additional guidance to **communicate data and processing errors**, allowing for more specificity when providers adjust the submission due to errors.

The requirements **simplify the attachments workflow for prior authorization and claims submissions**, thereby reducing burden and ensuring adoption of more automated approaches.

2. 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:
 - Patient financials for **co-insurance, co-payment, and base and remaining deductibles.**
 - Return any **in-network** and **out-of-network** variances in financial responsibility; both amounts are returned.
 - **Name of the health plan** covering the individual.
- 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

Scope

The **Draft CAQH CORE Eligibility & Benefits Data Content Rule Update** 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 real time.

- 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 given evolving business needs since rule was first developed.
- In Spring 2021, CAQH CORE launched a Task Group to evaluate opportunity areas for operating rule enhancement for the CAQH CORE Eligibility & Benefits Data Content Rule. The Task Group evaluated numerous opportunity areas and drafted operating rules for the following areas:
 1. **Telemedicine:** Address the emergent need to communicate telemedicine-specific eligibility and benefit information
 2. **Service Type Codes:** Include adding additional SCT Codes beyond the current 52 CORE-required STC codes
 3. **Remaining Coverage Benefits:** Support the communication of the number of remaining visits/services left on a benefit
 4. **Procedure Codes:** Ability to respond to eligibility and benefit requests at the procedure level (e.g., CPT, HCPCS)
 5. **Prior Authorization/Certification:** Ability to communicate if prior authorization/certification is required for a specific procedure or service
 6. **Tiered Benefits:** Provision of more granular level data for members of tiered benefit plans

3. CAQH CORE Infrastructure Rule Update

Background

Each set of CAQH CORE Operating Rules includes an infrastructure rule with requirements for processing mode, response time, system availability, connectivity, acknowledgements, and companion guides, by transaction.

- In response to feedback from industry stakeholders and the CAQH CORE Board to adjust requirements to align with updated technology and evolving business needs, CAQH CORE Participants were surveyed in September 2021 to gauge support for updating **system availability** and **response time requirements** across all rule sets.
- Survey findings were reviewed and further vetted by the CAQH CORE Review Work Group.

Rule Set	Infrastructure	Connectivity Rule	Data Content	Other
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.0.0* Connectivity Rule vC2.0.0*	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.0.0*	EFT/ERA 835/CCD+ Data Content Rule*	EFT/ERA Enrollment Data Rules*
Payment & Remittance	Claim Payment/ Advice (835) Infrastructure Rule*			
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule			
Health Care Claims	Health Care Claim (837) Infrastructure Rule	Connectivity Rule vC3.0.0	Prior Authorization (278) Data Content Rule	Prior Auth Web Portal 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	NOTE: Rules in purple are federally mandated.

CAQH CORE Infrastructure Operating Rules Update

Focus on System Availability and Response Time Requirements

Each set of CAQH CORE Operating Rules includes an **Infrastructure Rule addressing consistent expectations for system availability, processing modes, response times, connectivity, etc.** Many of these requirements were initially developed more than a decade ago.

- In response to requests from the industry and CAQH CORE Board to adjust requirements to align with updated technology and evolving business needs, CAQH CORE Participants were surveyed in September 2021 to gauge support for updating system availability and response time requirements. Survey findings were reviewed and further vetted by the RWG.
- Clear consensus emerged to update the **system availability requirements** across all eight CAQH CORE Infrastructure Rules.

	Existing Requirements	Draft Updated/New Requirements
System Availability	EXISTING: Weekly System Availability <ul style="list-style-type: none">▪ 86% per calendar week.	UPDATED: Weekly System Availability <ul style="list-style-type: none">▪ 90% per calendar week.
	N/A: Quarterly System Availability <ul style="list-style-type: none">▪ Current CAQH CORE Infrastructure Rules do not include a quarterly system availability requirement.	NEW: Quarterly System Availability <ul style="list-style-type: none">▪ Health plans and their agents may use 24 additional hours of system downtime per calendar quarter for system migrations, mitigation, and more integrated system needs that may require downtime <u>in excess of</u> the allowable weekly system downtime.

CAQH CORE Infrastructure Operating Rules Update

Summary of Rule Update Activities

- Significant RWG discussion occurred related to system availability needs:
 - Providers highlighted that healthcare is a 24/7 business and the need for systems to be up and running.
 - Health plans noted that systems today are much more complicated than ten years ago, and system uptime is often dependent on IT infrastructure that is not within the EDI department's control.
- Ultimately, RWG participants compromised by recommending a **new quarterly system availability requirement** to accommodate large system migrations *if* weekly system availability was increased above 86%.
- Through discussion and straw polls, the RWG agreed to ballot the following adjustment:
 - **Update System Availability Requirements:** The RWG agreed to move forward with an increase in weekly system availability from 86% to 90% and add a 24-hour quarterly downtime period.
- **Non-Substantive Updates:** Non-substantive updates to CAQH CORE Connectivity and the CAQH CORE Master Companion Guide Template were made in all CAQH CORE Infrastructure Rules for clarify.
- **Do Not Update:** Processing Mode Response Time rules were not updated as consensus was not reached on potential adjustments. Requirements remain 20 seconds for real time and vary for batch according to use case.

Advanced Explanation of Benefits Advisory Group

CAQH CORE Advanced EOB Advisory Group

Guidance Document Overview



Establishing the Building Blocks for Price Transparency:
Industry Guidance on Provider to Payer Approaches for
Good Faith Estimate Exchanges



[Guidance Document](#) *(Published November 2021)*

- Illustrates how industry can **meet Advanced EOB requirements leveraging uniform frameworks and industry standards.**
- Developed using a **consensus-based approach.**
- Provides recommendations for how industry should implement **connectivity protocols, messaging standards, and related data content** to support provider to payer exchanges of Good Faith Estimates.

[Industry Webinar](#) hosted on November 17th.

Prior Authorization Pilot & Measurement Initiative

CAQH CORE Prior Authorization Pilot & Measurement Initiative

Overview

Vision: Partner with industry organizations to measure the impact of existing and new CAQH CORE Prior Authorization operating rules and corresponding standards on organizations' efficiency metrics.

Organization Highlight

Cleveland Clinic | PriorAuthNow | CAQH (CORE & Explorations)

Phase I

Understanding of Workflows & Technical Specification:

Timeframe: Mid Feb through Mid-June 2020

- **Onsite Visit and Shadowing**
- **Reviewed PriorAuthNow's solution workflow and technical specifications** to understand where CORE Operating rules intersect with the 278 standard and API technology in Cleveland Clinic's prior authorization request and adjudication process.

Provider staff satisfaction and experience survey:

Timeframe: Mid Feb through Mid June 2020

Webinar – Prior Authorization Automation Case Study:

Timeframe: August 17, 2020

Phase II

Cross-Sectional Comparison Analysis:

Timeframe: June 2020 to Feb 2021

Category of Service: Diagnostic Imaging

Metrics reported by Time and Volume:

- Overall Prior Authorizations
- First Pass Status
- Touchless Authorizations
- Authorizations with Additional Clinical Information needed
- Authorizations with Peer-to-Peer

Webinar & Publication of Case Study Findings:

Webinar: October 14, 2021

Issue Brief: Press release and publication Q1 2022

Automation Significantly Reduces Staff Time per Prior Authorization

Overall Time of Interaction with Manual Processes: 45 minutes

Staff work within Epic

- Identify case in Epic
- Gather pertinent info to start case
- ID appropriate payer portal

Staff Initiation

- Access payer portal
- Benefit & eligibility
- Manually create case
- Document in Epic

Staff Clinical Submission

- Identify clinical to submit in Epic
- Complete clinical upload or answer clinical survey

Staff Follow-Up

- CCF vendor checks authorization status (phone/portal) until final determination
- Note Epic of outcome

Overall Time of Interaction with Automation: 4 minutes

Work within Epic

- MRI scheduled 2/10 at 9:42am for a DOS of 2/21

Initiation

- Submit prior authorization request to health plan on 2/10 at 9:42am
- Real-time response returned by health plan indicating need for clinical survey

Clinical Submission

- Cleveland Clinic staff accesses pending prior authorization at 9:53am, clicks PriorAuthNow link, and submits clinical survey at 9:57am

Follow-Up

- PriorAuthNow System indicates approval at 9:57am
- Real-time response integrated directly into Epic with prior authorization approval and authorization number.

**API Technology
Auto-Generated Referral from
Order**

**X12 278 Standard + CAQH
CORE Operating Rule**

Manual Interaction

**X12 278 Standard + CAQH
CORE Operating Rule**

■ Manual Interaction ■ Automated Interaction

Key Findings

Use of technology, including the HIPAA standard, CAQH CORE operating rules, and APIs enables **real time exchange of robust data** to accelerate prior authorization adjudication which **ultimately results in timelier delivery of patient care**



FINDINGS FOR PRIOR AUTHORIZATIONS EXCHANGED WITH AUTOMATION:

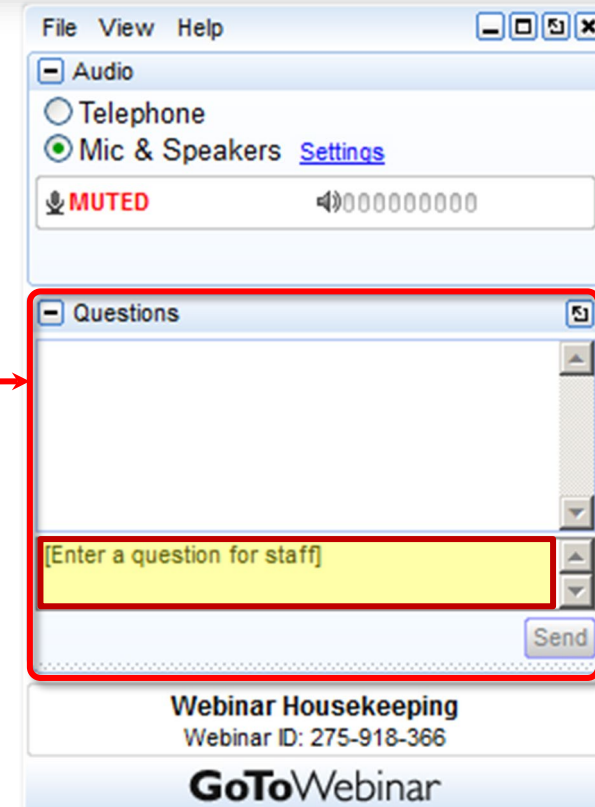
- **Overall turnaround time was 6.7 days less**
- **Over 25% were touchless** – they required no staff interaction.
- Prior authorizations with **first pass approvals were adjudicated 7.9 days faster.**
- The number of prior authorizations **pending for additional clinical information decreased by over 37%** and **were adjudicated 4.3 days faster.**
- Prior authorizations that required **peer to peer review**, a time-consuming process, **were adjudicated 11 days faster.**

Audience Q&A

Please submit your questions

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Thank you for joining us!



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.