CAQH CORE Town Hall Webinar

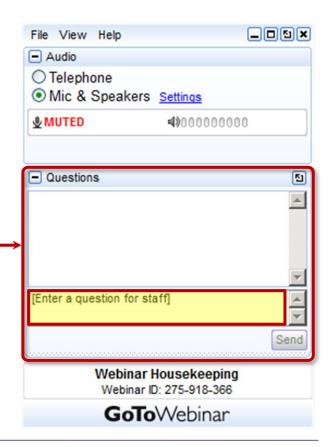February 15, 2017

2:00 – 3:00 pm ET

Logistics
Presentation Slides & How to Participate in Today's Session

- **Download a copy of today's presentation slides at caqh.org/core/events.**

  - Navigate to the Resources section for today's event to find a PDF version of today's presentation slides.

  - Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

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Session Outline

- Introduction

- Voluntary and Industry-driven Efforts

- Driving Industry Adoption

- HHS-Designated Maintenance Activities

- Activities Relative to the X12 v7030 Public Review

- Summary and Q&A

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Voluntary and Industry-driven Efforts

Gwendolyn Lohse
CAQH CORE Managing Director

Erin Weber
CAQH CORE Associate Director

Robert Bowman
CAQH CORE Associate Director

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Voluntary/Industry Driven

HHS Designated Author

ROI/Value/Industry Need

2017 Work Streams Align Across Focus Areas

Voluntary/Industry Driven

- Value-based Payments*
- Prior Authorization*
- Attachments*

Driving Industry Adoption

- Phases I-IV Certification
- Market Share Progress

HHS-Designated Maintenance Activities

- CORE Code Combinations*
- EFT/ERA Enrollment*

*CAQH CORE Participants have exclusive input

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CAQH 2016 Index – The Value of Moving to Electronic Transactions
Estimates $9.4 Billion Savings in Direct Costs for Included Transactions

On average, each manual transaction costs <u>healthcare providers</u> $4 more than each electronic transaction, a slight increase from last year.

Transaction	Method	Provider Cost	Provider Savings Opportunity
Claim Submission/ Receipt	Manual	$2.02	$1.43
	Electronic	$0.59	
Eligibility and Benefit Verification	Manual	$4.02	$3.60
	Electronic	$0.42	
Prior Authorization	Manual	$7.50	$5.61
	Electronic	$1.89	
Claim Status Inquiry	Manual	$5.40	$3.59
	Electronic	$1.81	
Claim Payment	Manual	$2.89	$2.20
	Electronic	$0.69	
Claim Remittance Advice	Manual	$5.69	$4.74
	Electronic	$0.95	
Claim Attachments	Manual	$5.25	$4.08
	Electronic	$1.17	

On average, each manual transaction costs <u>health plans</u> $3 more than each electronic transaction.

Transaction	Method	Health Plan Cost	Health Plan Savings Opportunity
Claim Submission/ Receipt	Manual	$0.62	$0.52
	Electronic	$0.09	
Eligibility and Benefit Verification	Manual	$4.36	$4.29
	Electronic	$0.07	
Prior Authorization	Manual	$3.68	$3.64
	Electronic	$0.04	
Claim Status Inquiry	Manual	$4.39	$4.35
	Electronic	$0.04	
Claim Payment	Manual	$0.57	$0.48
	Electronic	$0.09	
Claim Remittance Advice	Manual	$0.50	$0.45
	Electronic	$0.05	
Claim Attachments	Manual	$1.74	$1.64
	Electronic	$0.10	

Visit the CAQH Index webpage here.

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Connecting CAQH Index and CAQH CORE

CAQH Index Findings

- **Eligibility & Claim Status:** Considering overall volume and potential cost savings, adoption of electronic eligibility and benefit and claim status inquiries represents the largest saving opportunity for both health plans and providers.
  - Health plans could save billions with reduced call center operations.
  - Providers could save billions in cost/direct labor hours and bad debt.

- **Prior Authorization & Attachments:** While the overall volume is lower for these transactions, adoption of electronic prior authorizations and claim attachments is lowest across all transactions. These transactions, particularly prior authorizations, are costly and represent a significant amount of direct labor for providers.

- **EFT & ERA:** In addition to direct labor costs to providers, potential additional indirect costs beyond labor, e.g. delayed payments, etc. create even more opportunity to improve provider efficiencies.

CAQH CORE 2017 Activities

✓**Eligibility & Claim Status:**
- Continued outreach and education of benefits of Phase I – II Operating Rules help drive adoption for both health plans and providers to ensure maximal efficiency.
- Potential opportunity for additional rules (some draft rules already exist) to further address needs for robust data and automation, including evolving needs due to Value-based Payments.
- Further engage non-HIPAA covered entities in CORE Certification (Practice Management Systems)
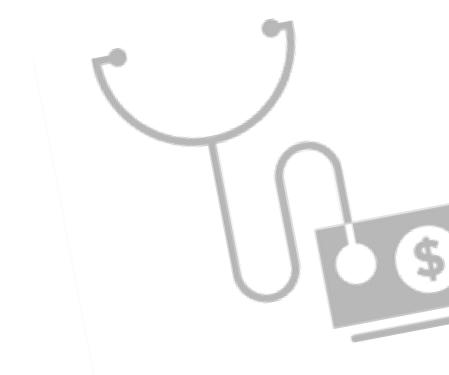
✓**Prior Authorization & Attachments:**
- Voluntary adoption of Phase IV infrastructure rule for prior authorization.
- Currently prior authorization work effort to evaluate need for operating rules or other industry efforts.
- Ongoing industry education and subsequent action on attachments including alignment of practice management systems and EHRs.

✓**EFT & ERA:**
- Focus on closing CORE Certification gap between Phases II and III.
- Ongoing maintenance and evolution of existing of Phase III rules; tracking opportunities for potential future operating rules.
- Engage non-HIPAA covered entities in CORE Certification (Practice Management Systems).

Value-based Payments

Gwendolyn Lohse
CAQH CORE Managing Director

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CAQH CORE Future Work
Value-based Payments – Timeline

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

- CAQH CORE is undertaking its work on VBP in five stages:

Stage 1 (Q4 2015 – Q1 2016):
Study VBP operational capabilities via secondary research & CORE Board dialogue. Identified seven potential operational areas for industry action.

Stage 2 (Q1 – Q3 2016):
Conduct primary research. Interview ~20 entities experienced in VBP to confirm, refute, &/or add to identified potential areas for industry action.

Stage 3 (Q4 2016):
Publish Interim Report to CORE Participants for review/feedback. Interview individuals with additional insights.

Stage 4 (Q1/Q2 2017):
Publish final report to industry.
Prioritize focus for CAQH CORE action &/or recommendations for others in industry to take action.

Stage 5 (Q2 2017 & Onward):
Develop CAQH CORE effort &/or support other industry efforts to implement recommendations.

January - February 2017
- Conduct VBP interviews with contacts that have additional information on where there are gaps, or key insights submitted by respondents to CAQH CORE Participant survey.
- Integrate survey feedback and feedback from additional interviews into draft final report.

March 2017
- Share draft final report with CORE Board for review and approval.
- Publish Board-approved draft final report to industry for public review and comment.
- Begin other identified CAQH CORE steps per VBP work plan.

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VBP Interim Report
CAQH CORE Participant Survey Results

Background

- CORE Board approved revised VBP Interim Report for publication to the CAQH CORE Participants.

- Interim report was distributed to CAQH CORE Participants last day of November; Participants were asked to review the report and provide feedback via four-question online survey.

- Participants from VBP implementer* organizations were also asked to provide contact information for a VBP subject matter expert from their organization to be interviewed.

Summary of Respondents to Date

- Responses to date were received from 40 CAQH CORE Participating Organizations.
  - Overwhelming percent of respondents were implementers.
  - Solid mix of health plans, providers, government and vendors.
  - Several other CORE Participants intend to provide input.

Areas for Action
Highest-Interest Areas for Action
1. Common Data Sets and Definitions 2. Other Data Sets to Improve Analytics 3. Definitions or Standardization of Specific Terms 5. Patient Risk Stratification
Moderately High-Interest Areas for Action
4. Infrastructure Rules 6. Directory of VBP Best Practices
Low-Interest Areas for Action
7. Catalog for VBP Quality and/or Business Measures

Note - Several examples were given in each area.

*VBP Implementer included providers and health plans with direct experience with any form of VBP (including those that have discontinued VBP models) and vendors that support these stakeholders with VBP operational implementation.

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CAQH CORE Participant Survey Results
Agreement with Identified Areas for Action

Survey Question	Findings
Does your organization agree that the seven identified potential areas for industry action reflect operational capabilities needed by the industry to be successful with VBP?	Majority of respondents (76%) agreed with action areas. Some concerns included taking action on challenge areas and provider burden.
Does your organization agree with the interest level for each of the seven potential areas for industry action, as ranked by the primary research interviewees (high, moderately high and low)?	Majority of respondents (76%) agreed with the interest levels; this response was consistent across various stakeholder types. Where there was disagreement there was lack of consensus.
Is your organization currently experiencing or anticipating either: New/different uses for the HIPAA transactions (standards, operating rules, and other) arising out of VBP OR Need for new transactions?	Half of respondents reported experiencing either new/different uses for the HIPAA transactions or anticipating the need for new transactions due to VBP; providers saw the most need, while health plans saw the least.
Please provide any specific comments your organization has on the identified potential barriers to adoption and/or any other comments you have on the report.	Support for the report was high; comments on barriers identified in the report primarily aligned with the challenges identified in the VBP interviews. New challenges identified included need to preserve payer competitive advantages while standardizing provider attribution; potential anti-trust issues, and need for a good industry model to calculate cost savings.

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Prior Authorization

Erin Richter Weber
Associate Director

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A Phased Approach to Prior Authorizations
Current Work Effort Builds on Foundation Established in Phase IV

According to the 2016 CAQH Index Report, industry adoption of the HIPAA mandated ASC X12N v5010X217 278 Prior Authorization (PA) transaction is 18 percent. Significant opportunity exists to increase adoption of electronic PA to improve efficiencies and reduce costs. CAQH CORE is taking a multi-stage approach to address:

Stage 2 - (In Process):
Additional Opportunity Identification - Increasing Electronic PA & Referrals

Guided by a multi-stakeholder Advisory Group, a four-part environmental scan is underway to identify additional opportunities to increase industry adoption of electronic PA and referrals.

Stage 1 - (Underway – Test Site Available) Voluntary Implementation:
Foundational PA Requirements

Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response (278) Infrastructure Rule v4.0.0

Rule establishes much needed foundational infrastructure requirements such as connectivity, response time, etc. and builds consistency with other mandated operating rules required for all HIPAA transactions.

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Prior Authorization Opportunity Identification Process
Current Status

| Stage 1: Draft Rule Opportunities **August – September 2016** | Stage 2: Advisory Group Review of Draft Rule Opportunities **October - December 2016** | Stage 3: Environmental Scan **January – March 2017** | Stage 4: Advisory Group Review of Environmental Scan Results **March 2017** | Stage 5: Launch PA Subgroup **Q2 2017** |

Completed

In Progress

- Six-member CAQH CORE PA Advisory Group completed its review of Draft Prior Authorization (PA) Opportunities List (may or may not be operating rules as items such as work flows/utilities also included).

- Through discussion and survey, Advisory Group eliminated one opportunity and made minor adjustments to others.

- Four-prong environmental scan launched; goal to complete by end of Q1 2017.
  - Advisory Group will provide guidance throughout completion.
  - Objective is to vet and revise draft Opportunities List for consideration by future CAQH CORE Subgroup.
  - Future webinar under development.

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Prior Authorization Environmental Scan

The purpose of the environmental scan is to further understand current barriers to adoption and conduct early vetting of potential opportunities to increase adoption of electronic PA. Prior Authorization Advisory Group will review findings from complete environmental scan to develop final, comprehensive list of potential PA opportunities for Board and then CORE Subgroup consideration.

CORE Participant Survey on Rule Opportunities

- Closed on 01/31/17.
- Asked respondents to rank and rate five categories of 14 potential opportunity areas (*revised per Advisory Group feedback*) and submit any additional opportunities for consideration.

Stakeholder Interviews

- Interview guides and list of potential interviewees complete.
- Interview scheduling currently underway.

PA Vendor Product Assessment

- Consultant identified to conduct work effort.
- Assessment tool under development and outreach in process.

Provider PA Site Visits

- Initial provider sites identified and tools to support visits under development.
- Visits will occur throughout February/March.

CAQH CORE work effort is complimentary to other industry efforts related to prior authorization; any rule development effort would include a review of external findings to ensure alignment and ensure efficient use of industry resources.

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More than 75 responding CAQH CORE Participating Organizations rated 14 potential opportunity areas and submitted any additional opportunities for consideration under 5 broad categories.
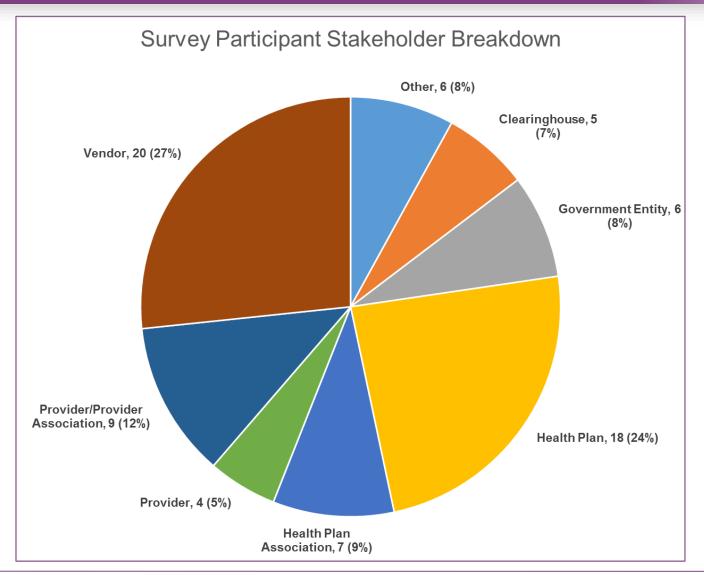
Data Content

Work Flows

Formats

Transport

Utilities

Survey Participant Stakeholder Breakdown

Other, 6 (8%)

Clearinghouse, 5 (7%)

Government Entity, 6 (8%)

Vendor, 20 (27%)

Health Plan, 18 (24%)

Provider/Provider Association, 9 (12%)

Provider, 4 (5%)

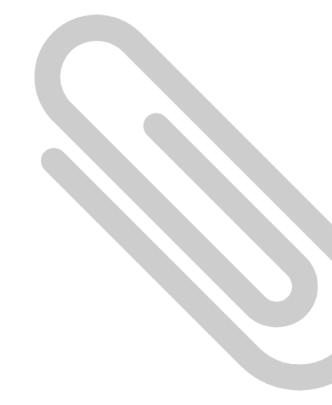Health Plan Association, 7 (9%)

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CAQH CORE Participant Survey on Potential Prior Authorization Opportunities
High-Level Results

- Survey results analysis is underway and will be shared with the Advisory Group later this week.

- Initial results indicate high support for all categories of opportunities except utilities, however support for the 14 individual opportunity areas within each category was more variable with opportunities related to work flows, data content, and transport receiving the highest support and rankings.

- Results of the full prior authorization environmental scan, including detailed survey findings, will be share via a webinar once the Advisory Group has completed its work effort prior to launching a CAQH CORE Subgroup.

Categories of Potential Prior Authorization Opportunities	Level of Support (0-5)
Formats: Type of document format in which PA data is collected and delivered to the health plans by providers.	3.41
Data Content: Includes opportunities for the data content of electronic transactions.	3.35
Transport: Method by which prior authorization data is delivered to the health plans by providers.	3.30
Work Flows: Business processes for prior authorization and/or eligibility.	3.26
Utilities: Includes industry-wide solutions such as a prior authorization-specific clearinghouse.	2.60

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Attachments

Robert Bowman
CAQH CORE Associate Director

Remaining Operating Rules: Attachments
Need for Attachment Standard and CAQH CORE Next Steps

CAQH CORE Activity on Attachments:

- CAQH CORE has conducted extensive research and outreach (listening sessions, surveys) over the past few years to understand industry needs and options for an incremental approach to address attachments.

- CAQH CORE staff continues to monitor various industry initiatives related to attachments and related business processes, such as HL7, ASC X12, WEDI, NCPDP, ADA, LOINC codes, etc.

- CAQH CORE is tracking any developments related to the July 2016 NCVHS recommendation on a set of implementable attachment standards.

CAQH CORE Attachments Webinar Series - Part 1: Laying the Foundation for Electronic Healthcare Attachments

Thursday, March 2, 2017 | 2:00 – 3:00 pm ET
Register for this event HERE for free
CAQH CORE has partnered with leading clinical documentation expert, Lantana Consulting Group, to develop a webinar series on this critical topic.

This first webinar will:
- Offer an overview of standards-based electronic Attachments.
- Provide an update on CAQH CORE initiatives related to Attachments as well as federal policy developments.
- Present business drivers, ROI, and business case for claims and prior authorization.
- Discuss existing Attachment challenges and opportunities.
- Allow audience-members to ask questions and provide input.

For more information about the rest of the Attachments webinar series, go to the CAQH CORE Events page.

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Where have you encountered a business need for value-based payment that would most benefit your organization?

1. Common Data Sets and Definitions (i.e. require NPI for provider identification, standard definitions for provider affiliation, etc.)

2. Other Data Sets to Improve Analytics (i.e. standard data definitions on claims)

3. Definitions or Standardization of Specific Terms (i.e. address EHR interoperability, common definition for total cost of care, include population health/social determinants of health data on claims, etc.)

4. Patient Risk Stratification (i.e. library of risk stratification models, etc.)

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Driving Industry Adoption

Robert Bowman
CAQH CORE Associate Director

CAQH CORE Operating Rule Overview

Phase I*	Phase II	Phase III	Phase IV*
• Health plan eligibility	• Health plan eligibility • Claim status transactions	• Electronic funds transfer (EFT) • Health care payment and remittance advice (ERA)	• Health claims (or equivalent encounter information) • Referral, certification and authorization • Enrollment/ disenrollment in a health plan • Health plan premium payments CORE rules also include Acknowledgement requirement that was not included in mandate. **Voluntary Implementation**

CAQH CORE is HHS-designated Operating Rule Author
HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

CAQH CORE Rules also include Acknowledgement requirement that was not included in mandate.

*Health claims attachments (HHS Standard not yet mandated therefore not included in PIV)

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Voluntary CORE Certification
Developed BY Industry, FOR Industry

CORE Certification is the most robust and widely-recognized industry program of its kind – the Gold Standard. Its approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards:

	Requirements are developed by broad, multi-stakeholder industry representation via transparent discussion and polling processes.
	Required conformance testing is conducted by third party testing vendors that are experts in EDI and testing.
	CAQH CORE serves as a neutral, non-commercial administrator:

Authorizes the conformance testing vendors.	*Reviews and approves the Certification applications, e.g. trading partner dependencies, number of platforms,* and conformance test reports before a Certification Seal is awarded.

Phase IV CORE Certification is Here!

Phase IV CORE Certification is now open for beta testing. The formal launch of Phase IV CORE Certification will occur in Q1 this year.

Participation in Phase IV can enable your organization to:

Establish its role as a leader in the industry as an early adopter.

Begin driving more value from the transactions addressed in Phase IV.

Publicly demonstrate commitment to administration simplification.

Build on work that has been implemented in previous certification phases.

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

301
**Certifications have been awarded
since the program's inception.**

Recent Certifications
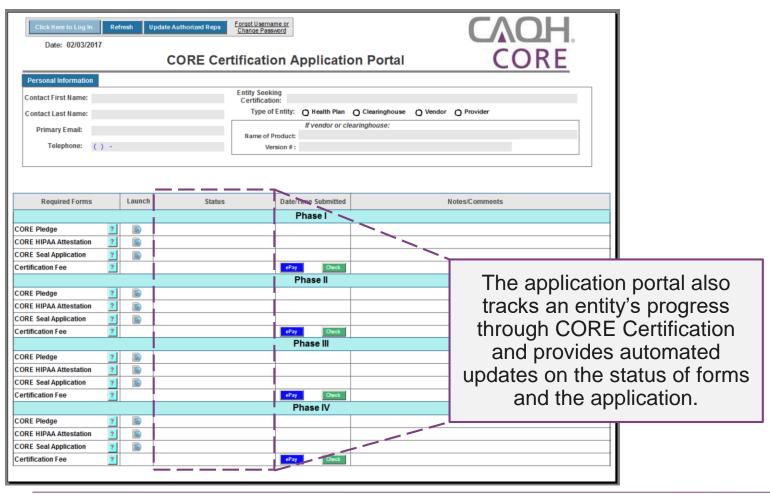
Aetna (Phase III)

GE Healthcare (Phases I – III)

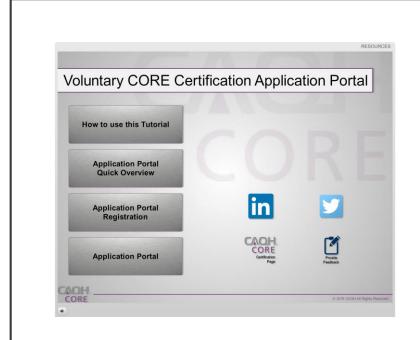Rocky Mountain Health Plans (Phase III)

The NEW CORE Certification Application Portal

The application portal allows entities to electronically submit the CORE Pledge, CORE HIPAA Attestation, CORE Seal Application, and CORE Certification Fee.

The application portal also tracks an entity's progress through CORE Certification and provides automated updates on the status of forms and the application.

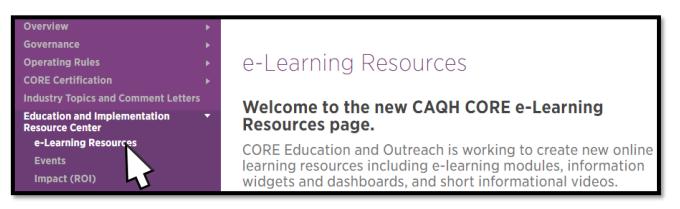**Come learn about the new application portal!**

Click HERE for an interactive tutorial on how to use the new CORE Certification Application Portal.

E-Learning Resources from CAQH CORE
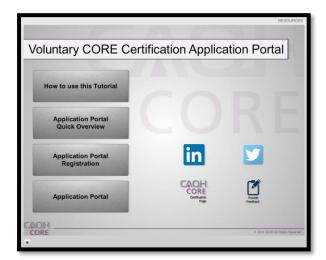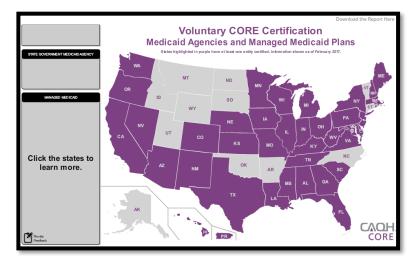
www.caqh.org/core/elearning-resources

Understand the four components needed to complete voluntary CORE Certification.

Learn about the new CORE Certification Application Portal.

Explore an interactive map to see which Medicaid entities around the country have achieved CORE Certification.

CAQH CORE Phases I - III Progress Report

CAQH CORE has dedicated a new webpage to report on the market reach of CAQH CORE Operating Rules and voluntary CORE Certification. These measures capture the reach and thus impact of CORE Operating Rules on both sides of the healthcare system – payers and providers. Without both sides – full impact doesn't occur given many provider work with vendors to send inquiries and responses to health plans.

High level findings:

64% of all insured lives in the U.S. are covered by a CORE-certified plan for Phases I & II.	Health plans and their trading partners are experiencing the efficiencies from the CAQH CORE Operating Rules enabling them to save time, money, and evolve work flows.	Work to be done with health plan market share, especially in Phase III. Vendor engagement still needed to track and measure provider-facing transactions.

The report has two parts: Sources: AISHealth United States Census Bureau THE HENRY J. KAISER FAMILY FOUNDATION

Part One - Health Plans: Number of Covered Lives Benefiting from CORE Certification (Complete).
Part Two - Providers: Volume of Data Exchange Benefiting from CORE Certification (In Progress).

Click here for information on reach of Voluntary CORE Certification webpage.

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Does your organization plan to pursue voluntary CORE Certification in 2017 for any of the CORE Phases (I, II, III and/or IV)?

1. Yes

2. No

3. Not Sure

4. Need more information

5. Not applicable/Already Certified

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HHS Designated Maintenance Activities

Omoniyi Adekanmbi
CAQH CORE Project Manager

Erin Weber
CAQH CORE Associate Director

CORE Code Combinations Maintenance Activities
Related to Mandated Phase III Operating Rules

Omoniyi Adekanmbi
Project Manager

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CAQH CORE Code Combinations Maintenance

CARC
CLAIM ADJUSTMENT REASON CODES

Provides the reasons for positive / negative financial adjustment to a claim.

This list is maintained by ASC X12 and updated 3X per year.

RARC
REMITTANCE ADVICE REMARK CODES

Provides supplemental information about why a claim or service line is not paid in full.

This list is maintained by CMS and updated 3X per year.

CAGC
CLAIM ADJUSTMENT GROUP CODES

Categorizes the associated CARC based on financial liability. There are only 4 CACGs identified for use with the claim:

PR - PATIENT RESPONSIBILITY

CO - CONTRACTUAL OBLIGATIONS

PI - PAYOR INITIATED REDUCTIONS

OA - OTHER ADJUSTMENTS

This list is maintained by ASC X12 and updated when base standard is updated.

- Health plans deny or adjust claims via combinations of claim denial/adjustment codes sets that are meant to supply the provider with the necessary detail regarding the payment or denial of the claim.
- CAQH CORE is responsible for maintaining the *CORE Code Combinations* via the *CORE Code Combinations Maintenance Process.*

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CAQH CORE Code Combinations Maintenance

Goal	**To meet regulatory requirements, bring uniformity to use of Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), and Claim Adjustment Group Codes (CAGCs) by identifying a limited set of CARC/RARC/CAGC combinations to be used in defined universal business scenarios.**
Annual Requirements	CAQH CORE Code Combinations Task Group conducts two types of reviews: ➢ **Compliance-based Reviews** occur three times per year and include only adjustments to align updates to published code lists. ➢ **Market-based Reviews** occur once a year and consider only adjustments to address evolving industry needs. Public comment period is two months to give industry ample time to provide feedback.
2017 Commitments/ Timeline	➢ **Compliance-based Reviews:** Scheduled publication date of *CORE Code Combinations* on February 1st, June 4th and October 1st. ➢ **Market-based Review:** The CORE Code Combinations Task Group will publish an updated version of the *CORE Code Combinations* on June 4th.

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How The CORE Code Combinations Benefit Providers

DENIAL MANAGEMENT IS EXPENSIVE AND TIME CONSUMING

90% of denials are preventable

(Advisory Board, 2014)

Two out of three denials are recoverable

(Advisory Board, 2014)

Denials can cost 3-5% of net revenue

(Advisory Board, 2009)

Typical denial rate is 5-10% but rates for individual payers, codes or claim types can be much higher

(AAFP)

Historically, CMS denies 9.9% of claims!

(CMS blog, 2016)

KEY BENEFITS

Healthcare Provider

Standardized use of CORE Code Combinations

Providers will be able to use the same CARC and RARC combinations electronically with all health plans

Potential reduction in manual claim rework

With health plans more consistently using denial and adjustments codes per the CORE-defined Business Scenarios, providers will have less rework
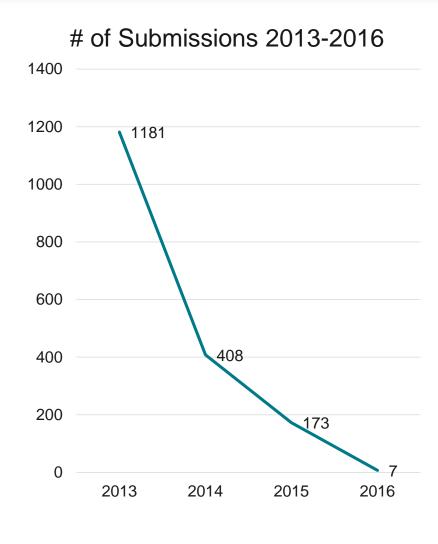
Improved follow-up on denials/adjustments

More precise information improves provider ability to conduct targeted follow-up with health plans and/or patients

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CORE Code Combination Stabilization
Demonstrating the Ongoing Success of the Market-based Adjustment Survey

of Submissions 2013-2016

- Market-based Adjustment Survey is the industry's annual opportunity to make adjustments to the *CORE Code Combinations* based on evolving business needs.

- 2016 survey results highlighted that the *CORE Code Combinations* are meeting industry's needs given:

  - Lower rate of submissions indicate that many of the early challenges with the code combinations have been addressed; a decrease in responses was anticipated over time as the code combinations stabilized.

  - Decrease in response rate despite significant promotion of the 2016 survey via targeted campaign including webinars, emails, social media, and phone calls.

  - Feedback from non-respondents via follow-up survey and phone calls indicate that the code combinations are already meeting business needs and no adjustments are currently needed.

- CAQH CORE remains committed to evolving the Market-based Adjustment Survey based on lessons learned an currently conducting a Task Group Impact Survey to further confirm lessons.

2017 CAQH CORE-required Maximum EFT & ERA Enrollment Data Set Maintenance

Erin Weber
Associate Director

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EFT/ERA Enrollment Data Sets Maintenance

Goal	**To meet regulatory requirements, incorporate lessons learned from increased EFT and ERA enrollment and address emerging, new, or changing industry business needs.**
Annual Requirements	CAQH CORE Enrollment Data Task Group conducts two types of reviews on an alternating, annual schedule: • Comprehensive Reviews (scheduled for Fall 2017): Address substantive _and_ non-substantive adjustments; if substantive adjustments are approved, HIPAA-covered entities will need to update enrollment forms/systems. • Limited Reviews (scheduled for 2018): Address only non-substantive adjustments; HIPAA-covered entities do not need to update enrollment forms/systems.
2017 Commitments/ Timeline	**Fall 2017:** Task Group will conduct a Comprehensive Review of the current EFT & ERA Enrollment Data Sets to consider both substantive and non-substantive adjustments. If any substantive adjustments are approved by the Task Group, a health plan or its business associate will have nine calendar months to update their electronic enrollment systems/forms and twelve calendar months to update their paper-based enrollment forms to comply with published, updated versions of the CORE-required Maximum EFT & ERA Enrollment Data Sets. The timeframe starts on the date that CAQH CORE published the updated versions of the Enrollment Data Sets to the industry.

Click here for more information on the ongoing maintenance of the CAQH CORE EFT & ERA Enrollment Data Sets.

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

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

Next Full Committee meeting is February 22-23, 2017.

Topic Area	Summary
Changes to NCVHS Leadership	• New NCVHS Chair is William Stead, Chief Strategy Officer, Vanderbilt University Medical Center. • One vacancy remains on the NCVHS Full Committee.
CMS Update to NCVHS	• CMS provided update that Administrative Simplification Enforcement and Testing Tool (ASETT) is now available for use. • ASETT is a web-based application that can be used to file a complaint against a HIPAA covered entity for potential non-compliance with the non-Privacy/Security provisions of HIPAA.
ACA Review Committee Report to HHS	• In June 2015, ACA Review Committee held first hearing to gather industry feedback on state of implementation of the HIPAA transactions, standards, code sets, identifiers, and operating rules. • Hearing findings were summarized. Committee approved final report for issuance to HHS Secretary on 10/13/16.

NCVHS Subcommittee on Standards	• Outlined a set of potential priorities for 2017, including:
	  – Develop a roadmap for future updates to HIPAA standards/operating rules.
	  – Issue a report on the future of HIPAA (i.e., HIPAA 3.0).
	  – Social Security Number Replacement Initiative (SSNRI).
	  – Adoption of All Payer Claim Database (APCD) standards and National Patient Identifier.

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CAQH CORE's Activities Relative to the X12 v7030 Public Review

Robert Bowman
CAQH CORE Associate Director

Existing strategic drivers and guiding principles of CAQH CORE are being used to guide an initial review of the X12 v7030 TR3s:

- Role as the HHS-designated operating rule authoring entity

- Standing commitment to ensure that the operating rules do not repeat and/or conflict with what is a requirement of a standard;

- Strategic stance that existing data content requirements of operating rules that require the market to support further use of existing version of the standard should roll into future mandated version of the standards as requirements; such a cycle is critical to gain full value of existing industry assets in use by market implementers;

- Commitment to ensure that maintenance processes are thorough, represent the diverse stakeholders in our industry, and capture real world usage data;

- Lessons learned, value, and improved efficiencies are gained to ensure return on investment (ROI) for the industry;

- Future focus on balancing data exchange needs of fee-for-service and evolving payments models.

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CAQH CORE review focuses on three areas:

1. Value of adopting a new version   2. Data content   3. Maintenance processes

Details on the three main areas of review that will help support these strategic drivers include:

- **Business Drivers for Adoption of New Version of Standard:** As required by the CAQH CORE Integrated Model, CAQH CORE continuously assesses the impact of the operating rules on industry stakeholders to ensure that they meet evolving business needs, build efficiencies, and drive value.

- **Review of Data Content:** CORE staff will summarize draft findings and share substantive feedback with the CORE Participants for its input as the mandated Phase I & II CAQH CORE Operating Rules address the currently mandated X12 v5010 270/271 eligibility transaction (The v7030 TR3 Eligibly transaction is included in the X12 v7030 review).

- **CAQH CORE Maintenance Processes:** As part of our review of the X12 v7030 TR3s, we will evaluate areas in the TR3 that are proposing new or different maintenance activities to understand the processes and references and how they will align with each other and existing efforts as CAQH CORE developed and conducts various maintenance processes for the operating rules (from regular updates to revising the CAQH CORE Code Combinations). CAQH CORE is particularly sensitive to maintenance processes of codes sets, data content, etc. not only as the author of operating rules, but more importantly to the impact such maintenance has to implementers.
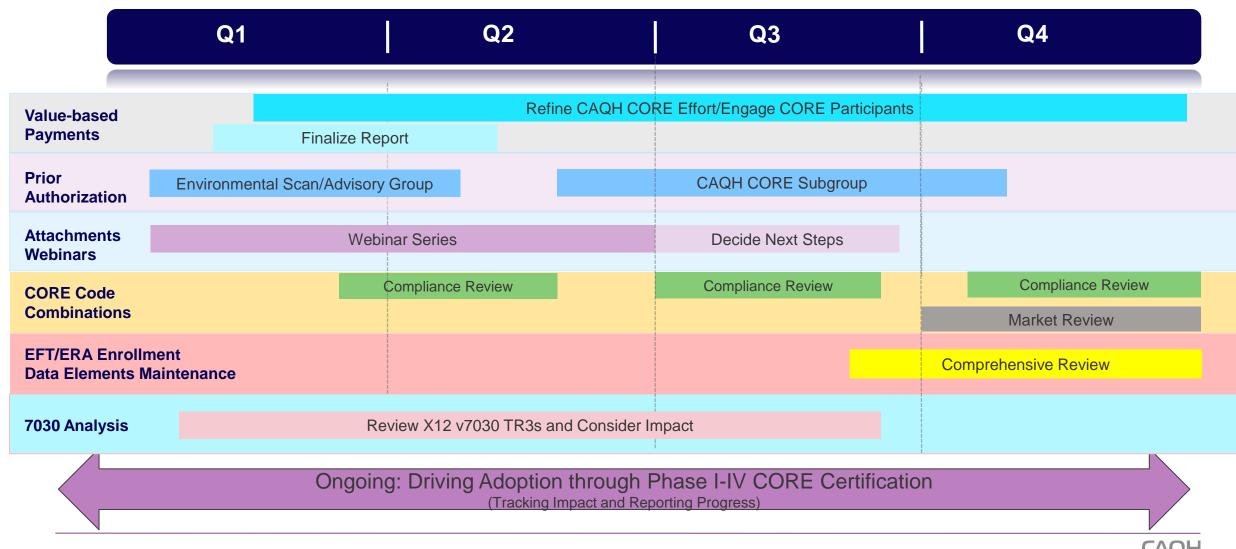
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Summary and Q&A

Erin Weber
CAQH CORE Associate Director

Putting It All Together
2017 Timeline for CAQH CORE Work Streams

	Q1	Q2	Q3	Q4
Value-based Payments		Refine CAQH CORE Effort/Engage CORE Participants		
	Finalize Report			
Prior Authorization	Environmental Scan/Advisory Group		CAQH CORE Subgroup	
Attachments Webinars	Webinar Series		Decide Next Steps	
CORE Code Combinations		Compliance Review	Compliance Review	Compliance Review
				Market Review
EFT/ERA Enrollment Data Elements Maintenance				Comprehensive Review
7030 Analysis	Review X12 v7030 TR3s and Consider Impact			

Ongoing: Driving Adoption through Phase I-IV CORE Certification
(Tracking Impact and Reporting Progress)

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Become a CAQH CORE Participating Organization to Maximize Benefits!

Healthcare administration is changing.
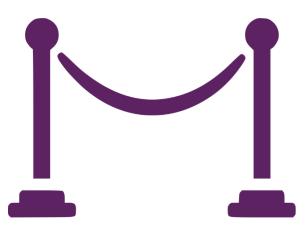## Be a part of CAQH CORE's mission to drive the creation and adoption of new healthcare operating rules.

Represent your organization.

Work with others around the industry.

Communicate to industry partners and with your organization's leadership.

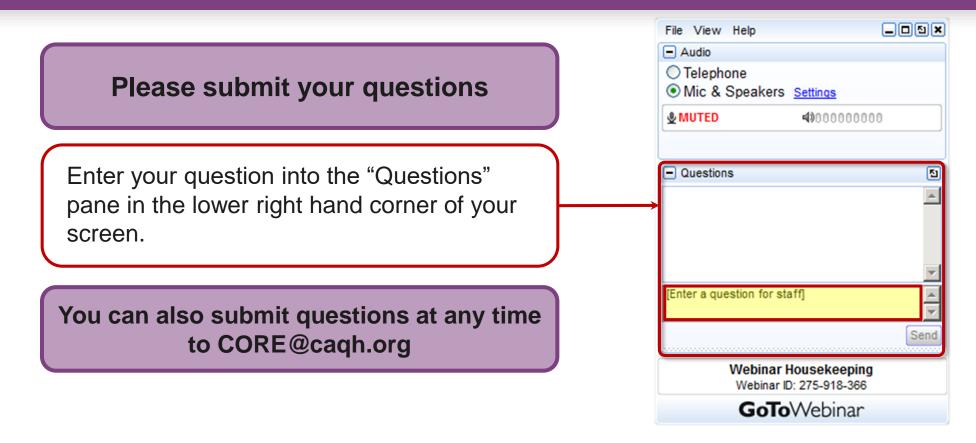**Present on CAQH CORE education sessions.**

2017 Priorities – special content available only to CAQH CORE Participating Organizations.

VPB | ATTACHMENTS | PRIOR AUTH. | MAINTENANCE

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

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Thank you for joining us!

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Website: www.CAQH.org/CORE

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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.

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