CORE Q4 Town Hall

November 13, 2024

Webinar Logistics

- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.
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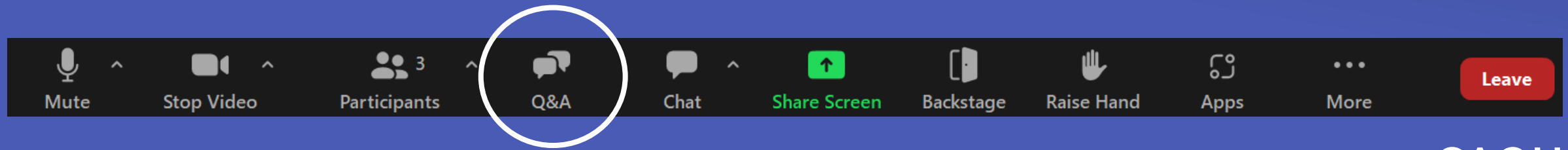


CAQH CORE℠

November 13th

CORE Overview & News	**Rachel Goldstein** Vice President, CORE
Policy Update	**Mike Phillips,** Associate Director, CORE
2024 Eligibility & Benefit Rule Progress	**Taha Anjarwalla** Associate Director, CORE
Upcoming Initiatives • Value-based Care • Claim Status	**Mike Phillips,** Associate Director, CORE
	Pete Benziger, Sr. Manager, CORE
Prior Authorization Measurement Project	**Mike Phillips,** Associate Director, CORE
2025 Priorities	**Rachel Goldstein** Vice President, CORE
Audience Q & A	
Call to Action	

CAQH℠

CORE Overview & News

CORE accelerates automation and interoperability

10

CORE Operating Rules Mandated Under HIPAA

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

$18.3B

Industry Cost Savings Opportunity Through Fully Automated Transactions

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fulling transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

100+

Multi-stakeholder Participating Organizations

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

Committee on **O**perating **R**ules for Information **E**xchange

The CORE Board is multistakeholder and diverse

PROVIDERS

TBD
(Proposed by MGMA)

St. Joseph's Health
(Proposed by AHA)

Drexel University College of Medicine
(Proposed by AMA)

Aspen Dental Management, Inc.

Montefiore Medical Center

HEALTH PLANS

BCBSNC

Centene

UnitedHealth Group

Kaiser Permanente

Aetna

OTHER

Athenahealth

J.P. Morgan

Epic

NON-VOTING ADVISORS

X12

HL7

Nacha

NCPDP

WEDI

NON-VOTING MEMBERS

CMS

CAQH

CORE Participating Organizations

Account for 75% of total American covered lives.

Government

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

Health Plans

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

Integrated Plan/Provider

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

Welcome to our new 2024 CORE Participants!
ADA, DaVita, DentalXChange, Lassie, MCG, NAHAM, NDEDIC, Sekhmet Advisors, and Stedi

Vendors & Clearinghouses

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

Providers

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

Other

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

2024 CORE Certifications

CAQH awards CORE Certification Seals to entities that:

- Create, transmit or use the transactions addressed by the CORE Operating Rules

and

- Demonstrate its IT system or product is operating in conformance with CORE Operating Rules for specific transaction(s)

Congratulations to our recent certified and recertified organizations!

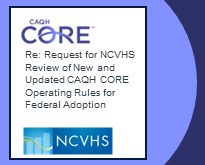
Aetna	HealthTrio
Assertus, Inc	HMS
athenahealth	Horizon BCBS of New Jersey
BlueCross BlueShield of Tennessee	National Association of Letter Carriers (NALC)
CareSource, LLC	Partnership Health Plan
Cerner	Payspan, Inc.
Contra Costa Health Plan	Revenue Management Solutions
Delta Dental of California	Smart Data Solutions
Dentegra	Texas Medicaid
Eldorado, Inc.	The SSI Group, Inc.
Eligible	Tufts Health Plan
FrontRunner Healthcare	UnitedHealth Group

415 certifications have been awarded to date

CORE NEWS

Operating rule mandate process

1. CORE Board Submits Letter to CMS's Advisory Committee (NCVHS*)
2. NCVHS Collects Industry Feedback
3. NCVHS Makes a Recommendation to CMS
4. If Recommended, Rule Making Process Begins



1+ Year Process

2024 Operating Rule Package

The CORE Board submitted a letter recommending the following rule sets for mandated federal adoption:

- Health Care Claims
- EFT & ERA Enrollment

Drive adoption through CORE Certification and industry engagement via webinars, speaking engagements, and thought leadership

* National Committee on Vital and Health Statistics (NCVHS) – Subcommittee on Standards

OPERATING RULE IMPACT

Health care claims rules

Problem

Despite the high adoption of the claim submission and acknowledgment transactions, significant burden remains:

- Inconsistent requirements result in **costly denials that impact nearly 12 percent of submitted claims**,** often due to invalid or incomplete data
- Providers often **lack confirmation that a health plan received a claim or if it has errors**
- **These issues result in** payment delays, extra work for staff to follow up on missing or rejected claims, and revenue loss

Solution

- Improves claim transaction accuracy by addressing common challenges such as **telehealth billing, coordination of benefits, and value-based care claims**
- Requires health plans to send an electronic acknowledgement **confirming receipt of the claim and identifying any critical errors** (e.g., missing patient ID) that would prevent processing
- Reduces the need for back-and-forth communication

Impact

Health Plans

- Better data quality
- Improved provider relationships
- Streamlined coordination of benefits

Providers

- Fewer claim denials, quicker reimbursement
- Efficient error correction, faster adjudication
- More efficient use of staff resources

Patients

- Enhanced patient experience through timely account balancing

Cost savings opportunity*: over $2B

* CAQH (2024). 2023 CAQH Index Report.
** Change Healthcare. “The Optum 2022 Revenue Cycle Denials Index.”

OPERATING RULE IMPACT

Payment & remittance rules

Problem

Electronic payments occur only 73% of the time; electronic remittance only 88%*

Even with electronic payment and remittance, the process is still burdensome:

- Inconsistent Experiences: Different plans, different processes
- Unexpected Costs: Hidden fees and alternativities payment options cause surprise and frustration
- Payment Delays: Administrative headaches slow down payments
- Reconciliation Challenges: Difficulty matching payments to claims

Solution

These rules help to streamline the EFT and ERA enrollment process by via:

- Simplified Process: Standardized data and a secure approach make it easier for health plans to enroll providers
- Transparency and Choice: Clear disclosure of fees and guidance on alternative payment options give providers more control
- Faster Enrollment: Bulk enrollment options and timely processing get providers up and running quickly

Impact

Health Plans

- Enhanced security to safeguard against fraud

Providers

- Understand costs and payment options upfront
- Timely onboarding that enhance cash flow and support automated account balancing
- Enhanced automation supports reduction of provider burnout by at least 3 minutes per transaction*

Patients

- Reduces billing errors for accurate statements

Cost savings opportunity*: Payment: $524M; Remittance: $700M

* CAQH (2024). 2023 CAQH Index Report.

Reach of organizations shaping operating rules

75 organizations actively engaged with CORE to drive the development of critical operating rules to enhance the efficiency of claims, claim payments, and electronic remittances across healthcare industry.

Member Impact

25 leading health plans representing **78% of covered lives**, including national carriers, regional Blues, state Medicaid's, and federal healthcare programs

Provider Engagement

Provider organizations representing over 270,000 providers, 130,000 practice administrators, and 5,000 hospitals, spanning associations, large health systems, and regional hospitals

Vendor Support

25 technology vendors from electronic health records, clearinghouses, integration platforms, and revenue cycle solutions to boost adoption rate

SDO Coordination

6 standards development organizations and advisory bodies provided critical guidance to align rule development with industry standards to maximize chance of adoption

Policy Update

Federal health IT policy activity 2024-2025

	Regulation	Date
On the HHS Agenda	Administrative Simplification: Adoption of Standards for Health Care Attachment Transactions and Electronic Signatures (CMS-0053)	November 2024
	Interoperability Standards and Prior Authorization for Drugs (CMS-0062)	November 2024
	Administrative Simplification: Modifications to HIPAA Electronic Transaction Standards Version 8020 (CMS-0061)	December 2024
	Proposed Modifications to the HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information	December 2024
	Requirements Related to Advanced Explanation of Benefits and Other Provisions Under the Consolidated Appropriations Act 2021	March 2025
	Administrative Simplification: Eligibility for Health Plan, Health Care Claim Status, EFT, ERA	March 2025

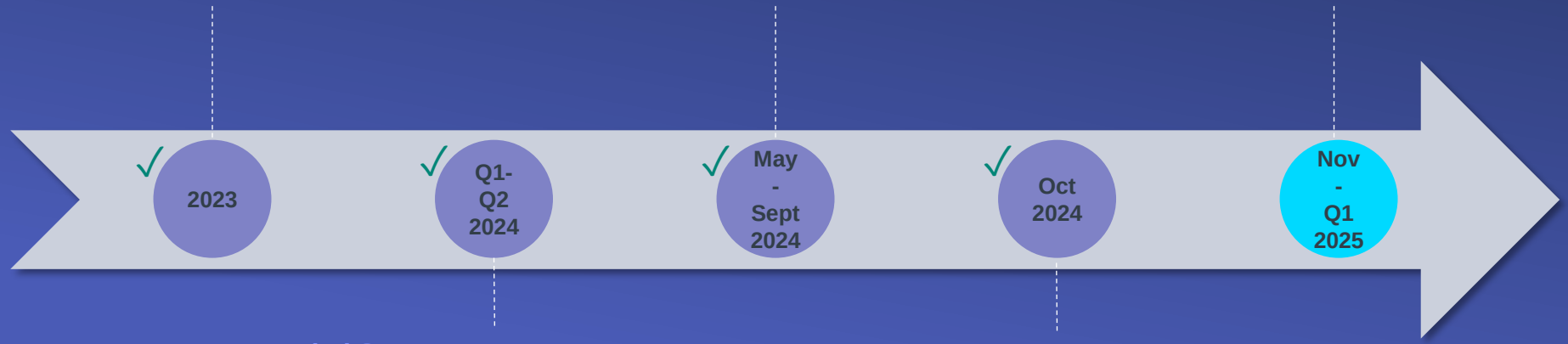
Additionally Monitoring: NCVHS Requests for Information (RFI): Standards Exceptions and Harmonization

2024 Eligibility & Benefit Rule Progress

Rule development progress

Presented Challenge
Providers face limited visibility into coverage information and them from knowing the exact coverage status of specific medications.

Environmental Scan:
CORE and NCPDP engaged in a collaborative industry environmental scan to evaluate opportunities for improving access and exchange of medication coverage details under the medical benefit.



Expanded Scope:
Research focused on how to facilitate exchange of information on the X12 v5010 270/271 transaction. Opportunities to address additional use cases including dental benefits were added to the initiative in collaboration with ADA and NDEDIC.

Eligibility & Benefits Task Group:
Subject matter experts from CORE Participating Organizations met routinely to create drafted updates to CORE's Eligibility & Benefits Data Content Rule

Review Work Group
Group members reviewed and refined the updated draft rule requirements.

Voting Process
The updated rule will go through CORE's formal voting and Board approval processes.

DRAFTED REQUIREMENTS AND BENEFITS

Eligibility & benefits rule update

The updated rule enhances care coordination, empowers decision making, and improves the flow of information for medication eligibility, dental benefit, and other use cases:

Medication Eligibility

Empowers informed decision-making for medications covered under the medical benefit to match patients with the most effective treatment options, resulting in better health outcomes and reduced care delays

Procedure-based inquires, Patient Financial Responsibilities, Formulary Alternatives, Electronic Policy Access

Dental Benefits

Enhances dental care coordination through granular benefit details, ensuring appropriate and timely services

Procedure-based inquires, Patient Financial Responsibilities, Benefit Limitations, Electronic Policy Access

Other Use Cases

Ensures appropriate and timely services through granular procedure details for internal medicine, primary care, maternal health, and renal care

Expanded Categories of Service, Procedure-based inquires, Patient Financial Responsibilities Electronic Policy Access

Upcoming Initiatives

LAUNCHING Q1 2025

Claim status data content operating rule development

Environmental Scan Findings	• Mismatched inquiry and response expectations • Error code confusion • Inconsistent communication methodologies
Opportunities for Standardization	• Data harmonization between health plans • Standardized error code reporting • Advancement of real-time claim status

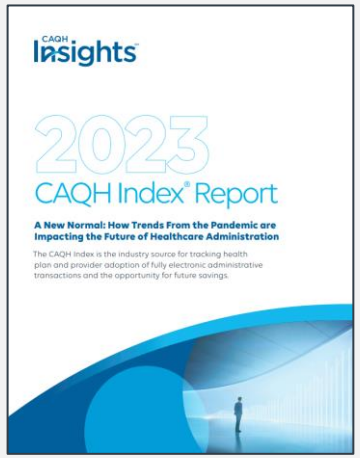
LAUNCHING Q1 2025

Value-based care standardization

Environmental Scan Priorities	• Data quality and expedited exchange • Uniform payment and reconciliation communication • Harmonization of program design and methodologies
CORE Issue Brief Forthcoming	• Administrative data quality and real-time exchange • Standardized payment and performance reporting • Frameworks for standard program design

Prior Authorization Measurement Project

Prior authorization opportunity

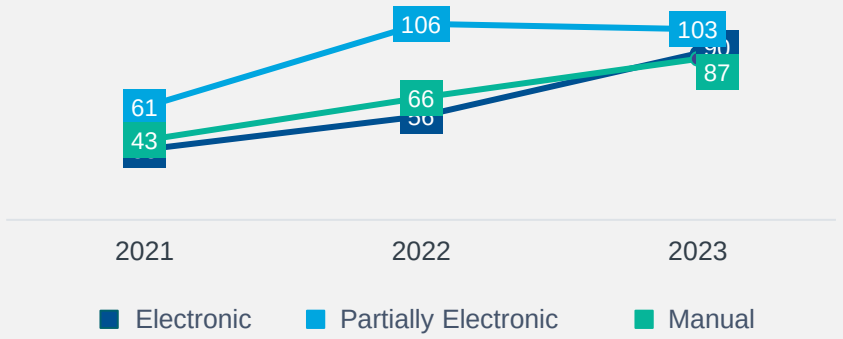


A National Benchmarking Survey

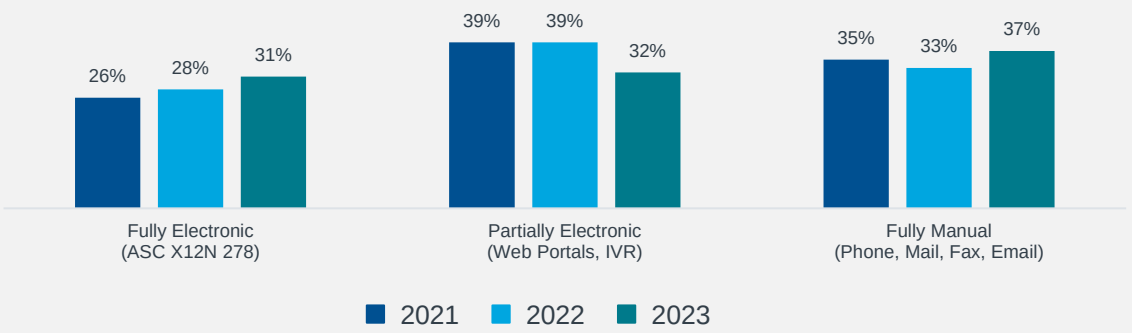
A Tool to Track and Monitor Industry Progress

A Collaborative Initiative

Estimated National Volume of Prior Authorization by Mode (in millions)



Medical Plan Adoption



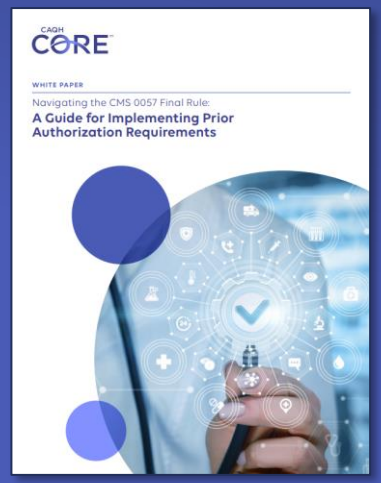
By transitioning to fully electronic prior authorizations, **the healthcare industry could save**:

$494 Million **annually**

11 Minutes **per transaction** for providers

CORE's prior authorization measurement initiative

Navigating the CMS 0057 Final Rule: A Guide for Implementing Prior Authorization Requirements



Our recent white paper outlines the importance of measuring success of implementation to ensure **maximum benefit and burden reduction.**

White Paper

Key Measurement Domains

1. Implementation Impact
2. Workflow Efficiency
3. Workflow Accuracy

Benefits of tracking implementation of CMS 0057 prior authorization requirements with CORE:

✓ Articulate operational cost and resource savings

✓ Support for scalability and future growth

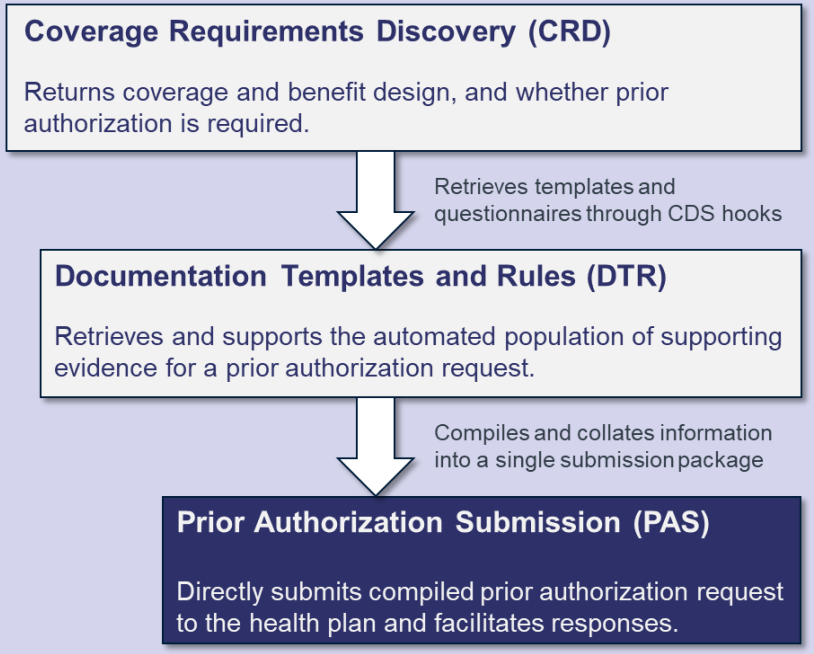
✓ Empower future interoperability "asks" to your leadership

✓ Strengthen identification of improvement areas and influence for policy refinements

Though implementers have until January 1, 2027 to adhere to the rule requirements, **CORE can support providers now in capturing current state and measuring baseline satisfaction rates** prior to CMS 0057 implementation.

Landmark regulations advance automated prior authorization and the use of FHIR-based solutions

ePA supported by HL7 Da Vinci Burden Reduction IGs



Interoperability and Prior Authorization Final Rule (CMS 0057)
Finalized: January 2024

- **RECOMMENDS** use of HL7 Da Vinci Burden Reduction Implementation Guides for the build of ePA APIs
- **Establishes** provider and payer timelines for the use of ePA API, public and quality reporting, and decision timeframes

Health Data, Technology, and Interoperability Proposed Rule (HTI-2)
Proposed: July 2024

- **REQUIRES** use of HL7 Da Vinci Burden Reduction Implementation Guides for the build of ePA APIs
- **Leverages broad authority** to create voluntary certification criteria for provider-facing, **payer**, and public health IT

CORE and Insights Implementation and Value Measurement
On-going through 2027

- **PARTNERSHIP** with impacted industry stakeholders to support ROI and value measurement of ePA requirements
- **Prepares** industry to incorporate durable measurement frameworks as part of implementation

2025 Priorities

PARTICPANT SURVEY RESULTS

2025 CORE goals driven by participant feedback

Purpose: Gather Participant feedback on priorities, opportunities, areas for organizational improvement, and challenges

Data Collection: **68** unique responses and **43%** of Participating Organizations represented

Education Interest

- Healthcare policy focus area
- Guidance on industry transition to new standards
- Overviews of specific standards and operating rules
- More information on ROI/measurement offering

Top Opportunity Areas

- APIs
- Artificial Intelligence
- Provider Data
- Cybersecurity

GOALS & STRATEGY

2025 focus areas

Q1	Q2	Q3	Q4
Final Steps for Updated **Eligibility & Benefits** Rule			
Launch **Claim Status** Work Group		Review Work Group	Ballot Rules
Conduct environmental scans related to **AI and Cybersecurity** Opportunities and share insights with industry		Continue to socialize findings and share best practices	
Value-based Care Standardization Initiative and Resource Development			
	Prepare for NCVHS Policy Hearing and Provide Industry Education on **Claims & Payment/Remittance Proposed Rules**		
Prior Authorization ROI and Value Measurement			Share Findings with Industry
Continued Thought Leadership through Education			

Audience Questions

Call to Action

Get involved with CORE!

Become a CORE Participant

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

Get CORE Certified

Does your organization use standard transactions on a day-to-day basis? Demonstrate conformance and commitment to streamlining administrative data exchange.

Participate in Pilot Initiatives

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

Be an Advocate

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

E-mail core@caqh.org

Appendix

2024 recommended rule sets for mandated federal adoption

New:
Health Care Claims Operating Rules

- CORE Health Care Claim Infrastructure Rule vHC.2.0
- CORE Health Care Claims Data Content Rule vHC.1.0
- CORE Claim Acknowledgement Data Content Rule vCA.1.0
- CORE-required Error Code Combinations for CORE-defined Business Scenarios

Updated:
Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA) Enrollment Operating Rules

- CORE Payment & Remittance EFT Enrollment Data Rule vPR.2.0
- CORE Required Maximum EFT Enrollment Data Set Companion Document
- CORE Payment & Remittance ERA Enrollment Data Rule vPR.2.0
- CORE Required Maximum ERA Enrollment Data Set Companion Document