



CORE Participant Forum

Agenda

- CORE Overview
 - Industry Impact
 - CORE Rule Development Background
 - Voting Process
- Draft New and Updated CORE Operating Rules
 - Value-based Payments
 - Health Care Claims
 - EFT & ERA Enrollment Data
- Next Steps
- Discussion

CORE Overview

Committee on Operating Rules for Information Exchange

LEADING INDUSTRY

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.

PROVIDING VALUE

\$18B

Estimated Industry Savings Since Rules were Mandated

By **encouraging automation**, operating rule implementation offers high return on investment – **saving both time and money** in the long term.

ENSURING REPRESENTATION

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.

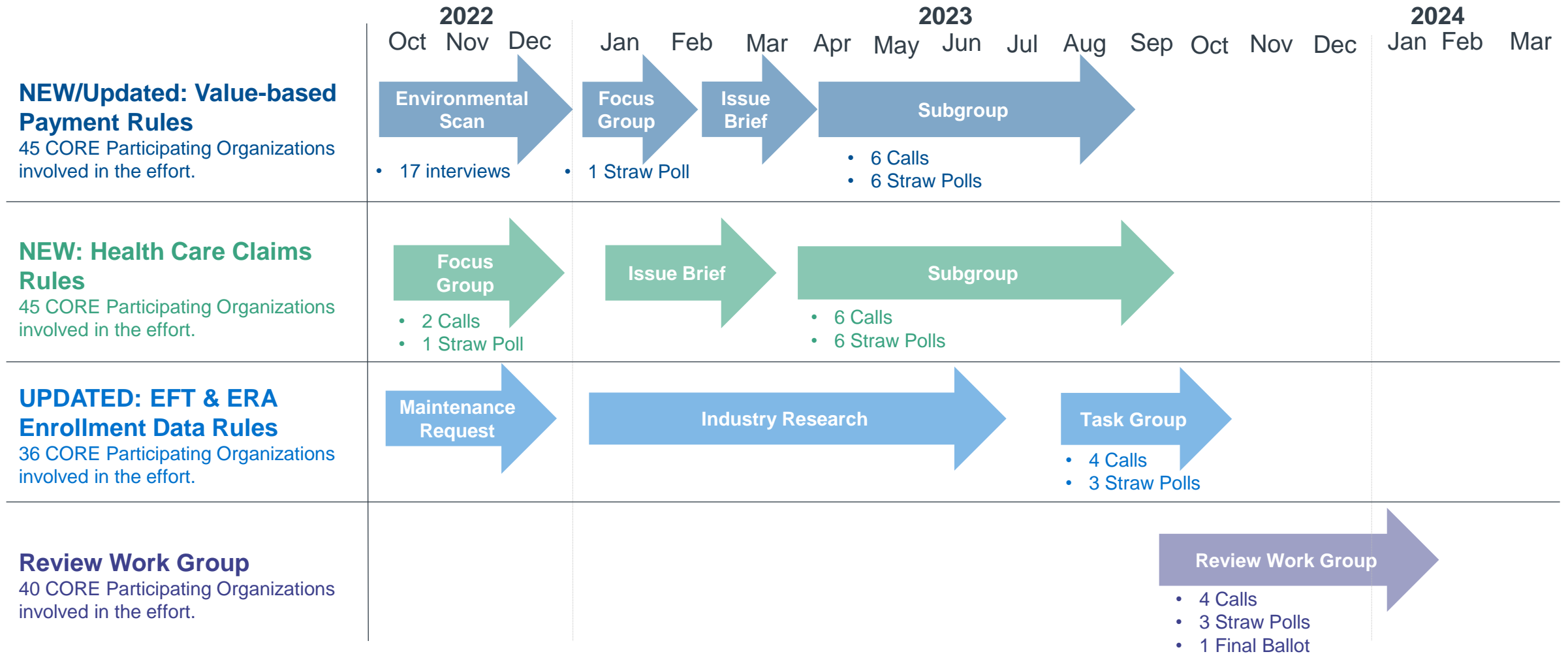
CORE Operating Rules Support Key Revenue Cycle Functions

ACA Operating Rule Definition: The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



Aligning Rule Development Processes

Key Activities to Support Rule Development



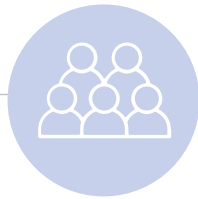
Formal CORE Voting Process

Level 1: Subgroups & Task Groups



Formal vote is not required, but **consensus is assessed** via straw poll and must be achieved prior to moving to the next level of voting.

Level 2: Work Groups



Work Groups require for a **quorum that 60% of all organizational participants are voting**. Simple majority vote (greater than 50%) by this quorum is needed to approve a rule.

Level 3: Full Voting Membership



Full CORE Voting Membership vote **requires for a quorum that 60% of all Full CORE Voting Member organizations** vote on the proposed rule at this stage. **With a quorum, a 66.67%** approval vote is needed to approve a rule.

Level 4: CORE Board



The CORE Board's **normal voting procedures** would apply.

Draft Value-based Payment, Claims, and EFT & ERA Enrollment Data Rules

Full CORE Voting Membership Vote Underway

Updated and Newly Drafted Operating Rules for Vote

Draft Value-based Payment Operating Rule Package

Operating rule sets inclusive of data content, infrastructure, and certification test scenarios

- 1.1. CORE Benefit Enrollment and Maintenance (834 X220) Rule Set
- 1.2. CORE Attributed Patient Roster (834 X318) Rule Set
- 1.3. CORE Framework for Semantic Interoperability in Value-based Payments

Draft Health Care Claims Rule Package

Operating rules inclusive of data content, companion documents, and certification test scenarios

- 2.1. CORE Health Care Claims Submission (837) Rule Set
- 2.2. CORE Claim Acknowledgment (277CA) Rule Set

Draft EFT/ERA Enrollment Operating Rule Package

Operating rules inclusive of data content, companion documents, and certification test scenarios

- 3.1. EFT & ERA Enrollment Data Rule Set



RWG Ballot Results

Averages for Reference



Quorum: at least 60%

=83%



Approval: at least 50%

**= 74% - 96% range
across rule sets**

New/Updated CORE Value-based Payment Operating Rules

CORE Benefit Enrollment and Maintenance (834 X220) Rule Set
CORE Attributed Patient Roster (834 X318) Rule Set
CORE Framework for Semantic Interoperability in Value-based Payment

CORE Benefit Enrollment and Maintenance Operating Rules

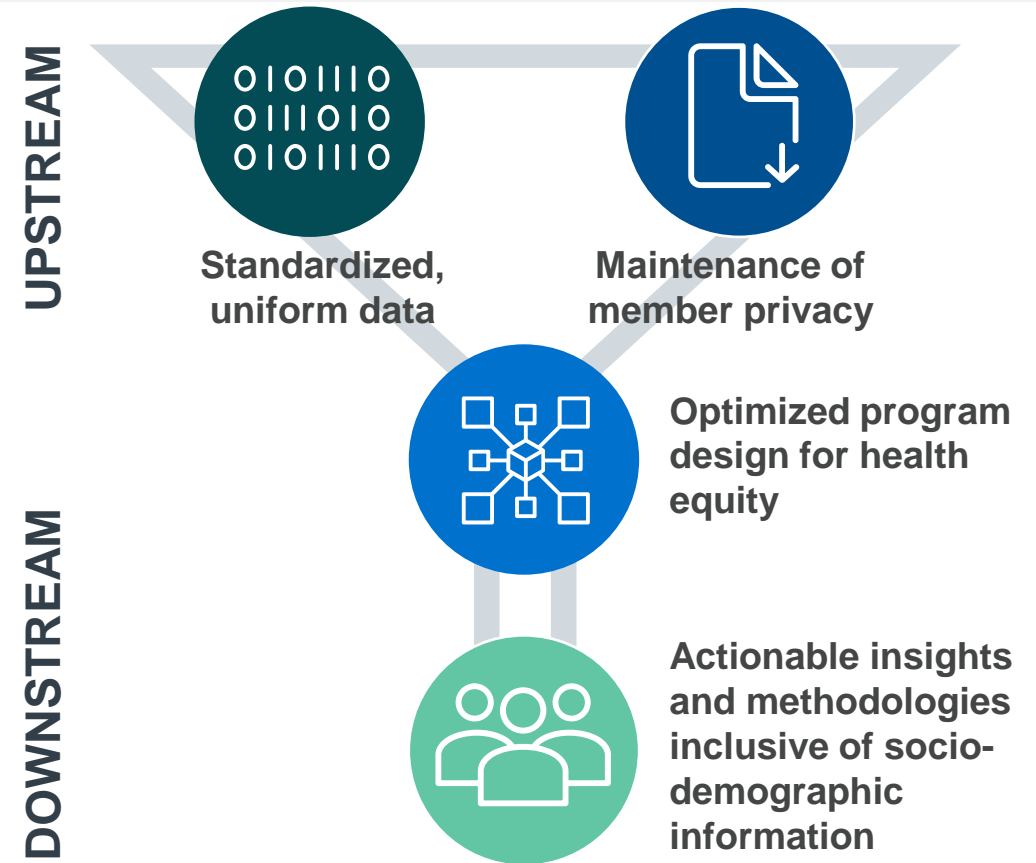
New Data Content and Updated Infrastructure Requirements

Industry Value: Standardizes the intake of socio-demographic information without compromising patient privacy or sensitivity, allowing high quality data to be used in the design and administration of VBP contracts.

Requirements applicable to the X12 v5010X220 834 include:

- Collection, exchange and processing of socio-demographic information.
 - Race and Ethnicity
 - Member Language
 - Gender Identity*
- Member privacy and consent processes.
- Best practice implementation guidelines as identified by CORE Participants.

*Discretionary requirement



CORE Attributed Patient Roster Operating Rules

Updated Data Content and Infrastructure Requirements

Industry Value: Creates a predictable mechanism to share attribution information – inclusive of socio-demographics – with participants in a value-based contract, allowing providers to address social determinants of health.

Requirements applicable to the X12 v5010X318 834 include:

- Sharing of socio-demographic information facilitated by the X220 834.
 - Race and Ethnicity
 - Member Language
 - Gender Identity*
- Reinforcement of privacy, consent and sensitivity of member information.
- Alignment to CORE real-time and batch processing mode protocols.

*Discretionary requirement

UPSTREAM



Enrollment to health plan with socio-demographic data collection facilitated by X220 834.



Information shared with health plan that can use it to in program design to target health disparities.

DOWNSTREAM



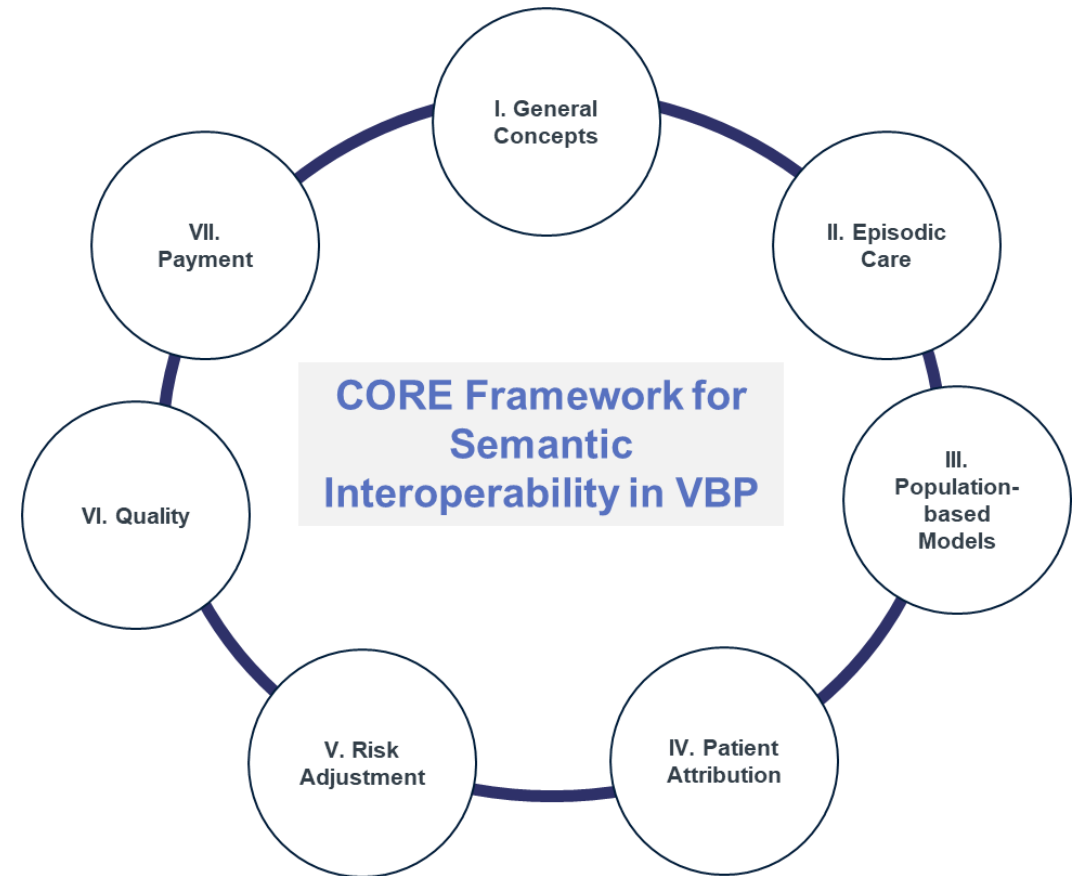
Providers receive socio-demographic information as part of monthly patient rosters – empowering action in addressing disparities.

CORE Framework for Semantic Interoperability in Value-based Payment

Industry Value: Aligns disparate industry definitions for terms and concepts commonly encountered in value-based payment programs, simplifying contracting and administration.

Definitions encompassing industry best practices for the design and administration of value-based care programs.

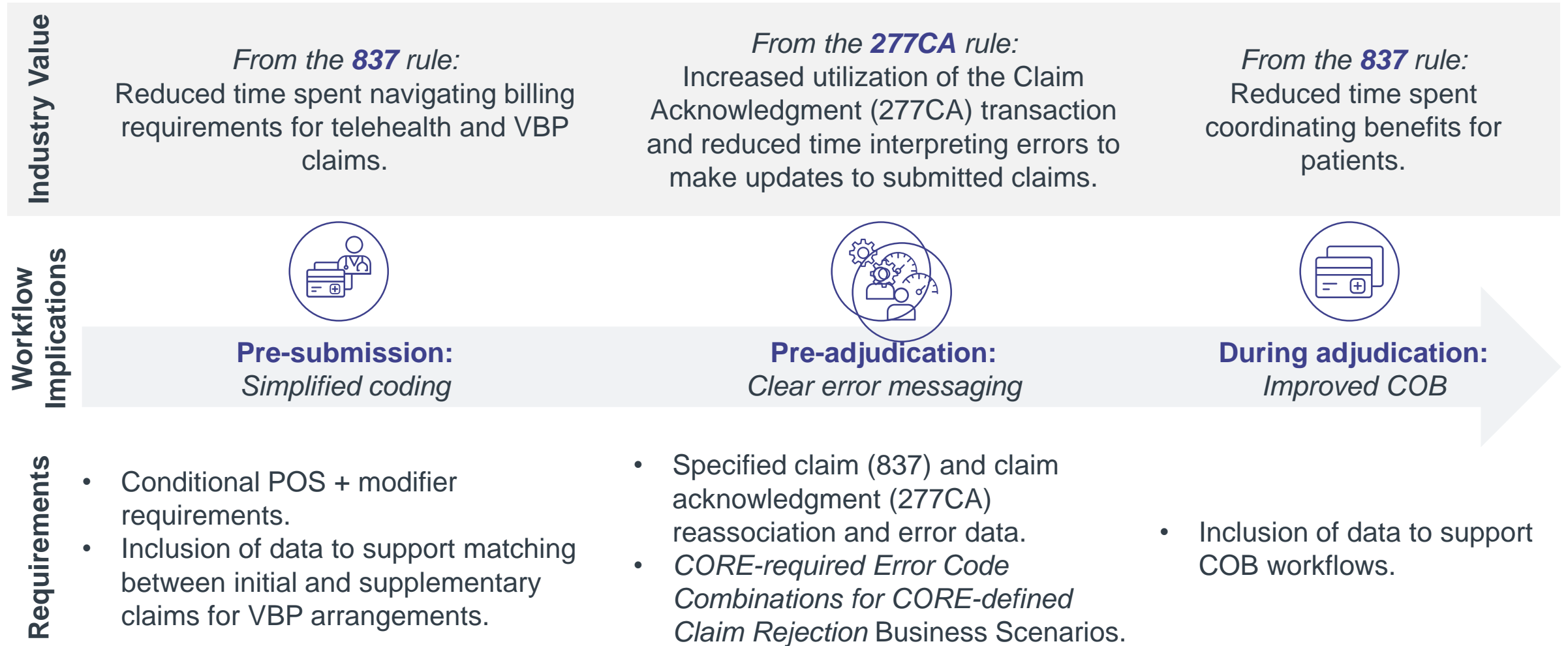
- Seven sections of succinctly defined concepts and terminologies commonly present in VBC contracts.
- Guiding document and definitions for value-based concepts named and contemplated in CORE Operating Rules.
- Adaptable and expandable to other initiatives as future concepts and use-cases are identified by industry partners.



New CORE Health Care Claims Operating Rules

CORE Health Care Claims (837) Rule Set
CORE Claim Acknowledgment (277CA) Rule Set

CORE Health Care Claims Data Content Operating Rule Package Impacts



Updated CORE EFT & ERA Enrollment Data Rules

CORE EFT & ERA Enrollment Data Rule Set

CORE EFT & ERA Enrollment Data Rules

Updated Rule Requirements

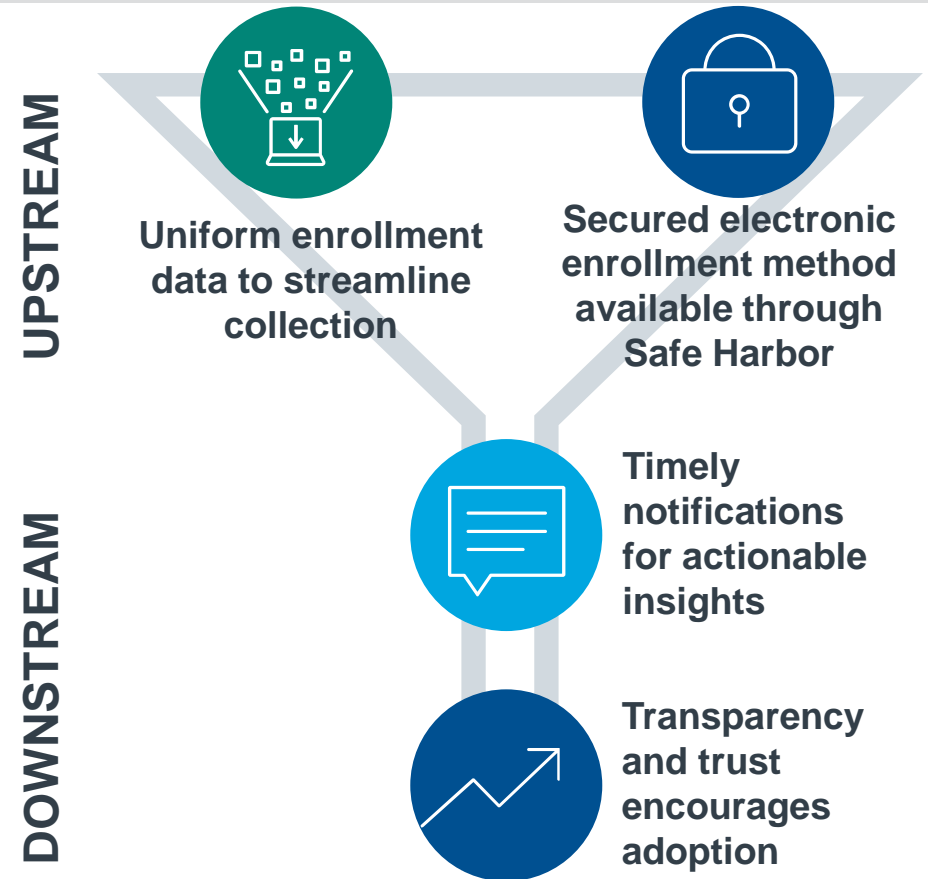
Industry Value: The CORE EFT & ERA Enrollment Data Rules streamline the enrollment process for healthcare providers switching to electronic payments, ensuring a consistent and efficient experience across different health plans.

Data Set Enhancements:

- Externalization of enrollment data sets for flexibility and alignment with current and emerging business needs.

Updated Rule Requirements:

- Support for bulk enrollment.
- Addition of fraud detection measures to safeguard enrollment data.
- Establishes notification and timeframe requirements.
- Requires disclosure of applicable EFT fees.
- Provision of opt-in/out instructions for alternative payments.



Next Steps

Next Steps

1

If your organization is a **Full CORE Voting Participation Organization** (i.e. entities that create, transmit or use healthcare administrative data), coordinate within your organization to consider its support for the ballot items reviewed on today's call.

2

Submit your organization's vote by **Friday, 02/16/24, end of day.**

3

If the draft rules pass the Full CORE Vote, the **CORE Board will review and vote** on the draft rules at its March meeting for publication.

- The Board will also consider whether to submit a set of operating rules to the National Committee on Vital and Health Statistics(NCVHS) for consideration for federal mandate.

4

If approved by the CORE Board, the new and updated operating rules will be published this spring and testing platform development will begin to support CORE Certifications on the rules.

Discussion

Thank you!

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