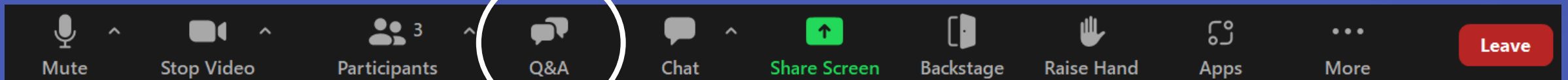


CORE Participant Forum

September 10, 2024

Webinar Logistics

- Today's session is being recorded.
 - All attendees and registrants will receive a link to the recording after the webinar.
- Your microphones will be muted during the webinar.
- Throughout the session, you may communicate a question via the panel at the bottom of your screen:



September 10th

CORE Update: Current and Upcoming Initiatives

- Status of Prior Rule Development
- Eligibility & Benefits
- Claim Status
- Value-based Care
- Prior Authorization

Bob Bowman

Principal, Interoperability
& Standards,
CAQH

2025 Priorities: Annual Participant Survey Highlights

Rachel Goldstein

Vice President,
CAQH CORE

HTI-2

- Overview
- Audience Polling Questions

Michael Phillips

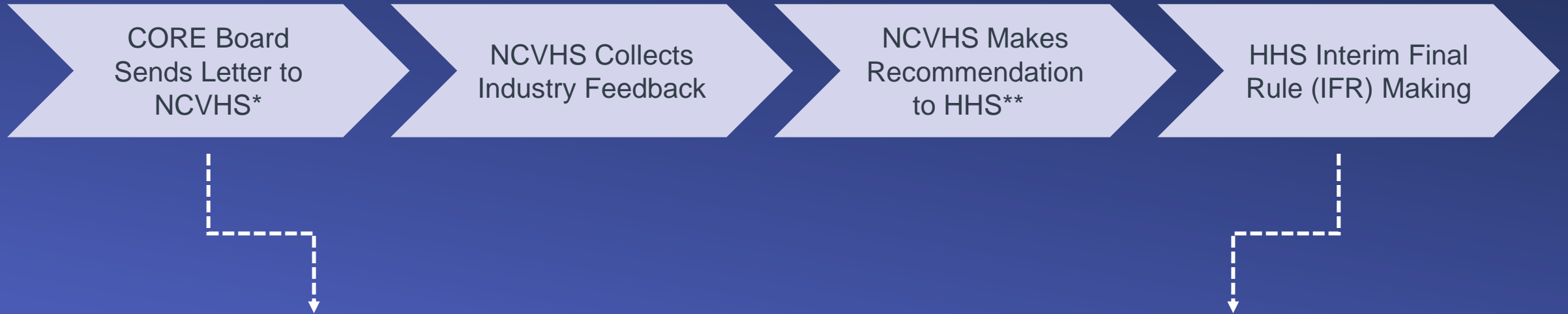
Associate Director,
CAQH CORE

CORE Update

Current and Upcoming Initiatives

Bob Bowman, Principal, Interoperability & Standards, CAQH

Federal Rulemaking Process



2024 Operating Rule Package

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

- Health Care Claims
- EFT & ERA Enrollment

2023 Operating Rule Package

The following rules will be federally adopted pending an IFR***

- Eligibility & Benefits
- CORE Infrastructure
- CORE Connectivity

* National Committee on Vital and Health Statistics

** Health and Human Services

***Presently on Unified Agenda for March 2025

New and Updated CORE Operating Rules for 2024

Value-based Payment

- ✓ Standardize exchange of **socio-demographic** information at the point of member enrollment
- ✓ **Align technical infrastructure** requirements

Recommended for voluntary implementation

Health Care Claims

- ✓ Bring **clarity to telehealth** billing
- ✓ Improve **coordination of benefits**
- ✓ Facilitate **uniform, consistent and transparent** information sharing, **reducing unnecessary denials**

Recommendation to NCVHS in progress – for potential federal mandate

Payment & Remittance

- ✓ **Increase flexibility** for EFT & ERA Enrollment Data Sets
- ✓ **Enhance fraud detection** capabilities
- ✓ Requires **disclosure of applicable EFT fees**
- ✓ **Notify providers** of enrollment, disenrollment, or updates to enrollments

Recommendation to NCVHS in progress – for potential federal mandate

Current and Upcoming Opportunities to Engage in Rule Development & Maintenance

CORE Code Combinations

The annual market-based adjustment for the CORE Code Combinations is open to **address evolving industry business needs**

Launched Q3

Eligibility and Benefits

Enhance access and clarity of coverage details for **specialty medications, dental, and alternative payment models.**

Task Group - Launched Q2

*Review Work Group -
Launching Q4*

Value-based Care

CORE will convene rule development work groups for the **enablement and administration** of value-based care.

Launching Q4

Information Returned for Claims

CORE will convene rule development work groups to ensure **consistent information returned along every step of claims adjudication.**

Launching Q4

Eligibility & Benefits Task Group (EBTG)

Focus: extending currently required rule specifications to categories of service aligned with dental benefits, medication, and services supporting management of the value-based population (primary care, renal, maternal health etc.).

New requirements for the eligibility & benefits transaction, including:

- ✓ **Electronic access** to policy requirements.
- ✓ **Medication eligibility requirements** outlining formulary accessibility and alternative drug information.
- ✓ **Dental benefit-specific requirements** adding frequency of limitations, age limitations, and waiting periods for responses to specific dental services.
- ✓ Requirements to support management of **bundled payments and episodes of care**.



EBTG launched in collaboration with the American Dental Association, the National Dental EDI Council (NDEDIC), and the National Council for Prescription Drug Programs (NCPDP)

Get involved!

Upcoming CORE Initiatives

Claim Status Operating Rule Development

Subgroup Launching Q4 2024

Environmental Scan	<ul style="list-style-type: none">• Primary and secondary resource review• Interviews with 20+ organizations• Covered opportunities related to:<ul style="list-style-type: none">○ X12 276/277○ X12 277 Claim Acknowledgment○ X12 277 Request for Additional Information
Opportunities for Standardization	<ul style="list-style-type: none">• Standardized error code reporting• Data harmonization between health plans• Advancement of real-time claim processing

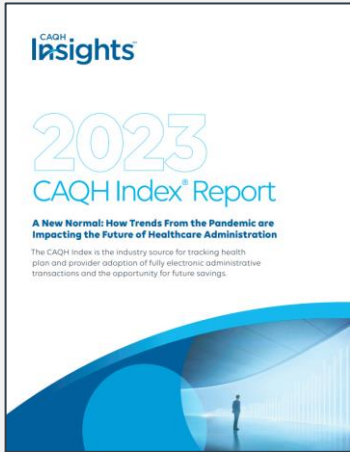
Value-based Care Standardization

Call For Participants Launching Q4 2024

Environmental Scan	<ul style="list-style-type: none">• Primary and secondary resource review• Interviews with 15+ organizations• Covered opportunities related to:<ul style="list-style-type: none">○ Payment & remittance○ Patient status/disposition communication○ Harmonization of VBC methodologies and requirements
CORE Issue Brief Forthcoming	<ul style="list-style-type: none">• Standard VBC payment and reconciliation reporting• Common expectations for real-time patient status• Data harmonization to advance industry initiatives

For more information or to get involved, reach out to CORE@caqh.org

Prior Authorization Opportunity



A National Benchmarking Survey

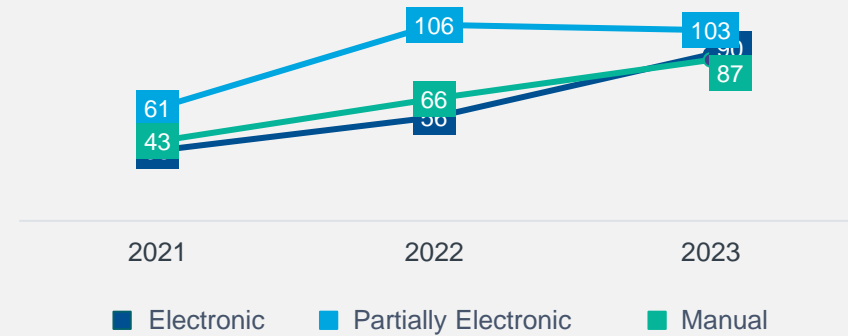


A Tool to Track and Monitor Industry Progress

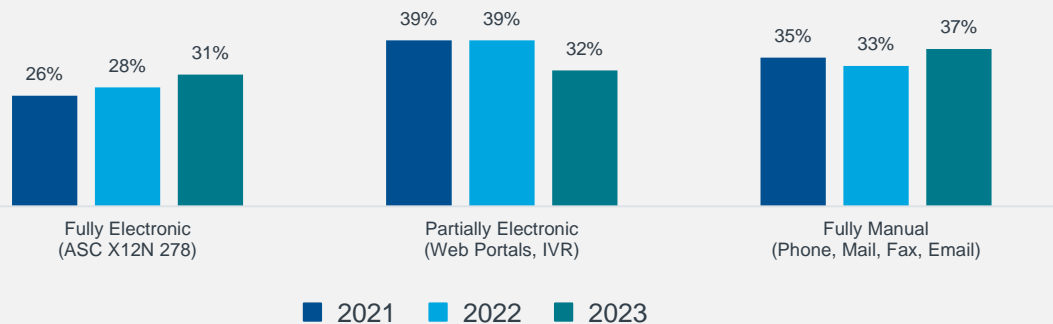


A Collaborative Initiative

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

Benefits of tracking and monitoring the implementation of CMS 0057 prior authorization and interoperability 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

Measurement Domains



Implementation Impact: Articulation of the **success of the implementation effort**, measured by projected annual cost savings, staff satisfaction levels, and impact on patient care.



Workflow Efficiency: Recognition of overall **time savings** due to efficiency gains from streamlined process, including reduced staff time performing prior authorization tasks.



Workflow Accuracy: **Changes in volume** of real-time prior authorization approvals accepted without error.

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](#)

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.

Annual Participant Survey Results

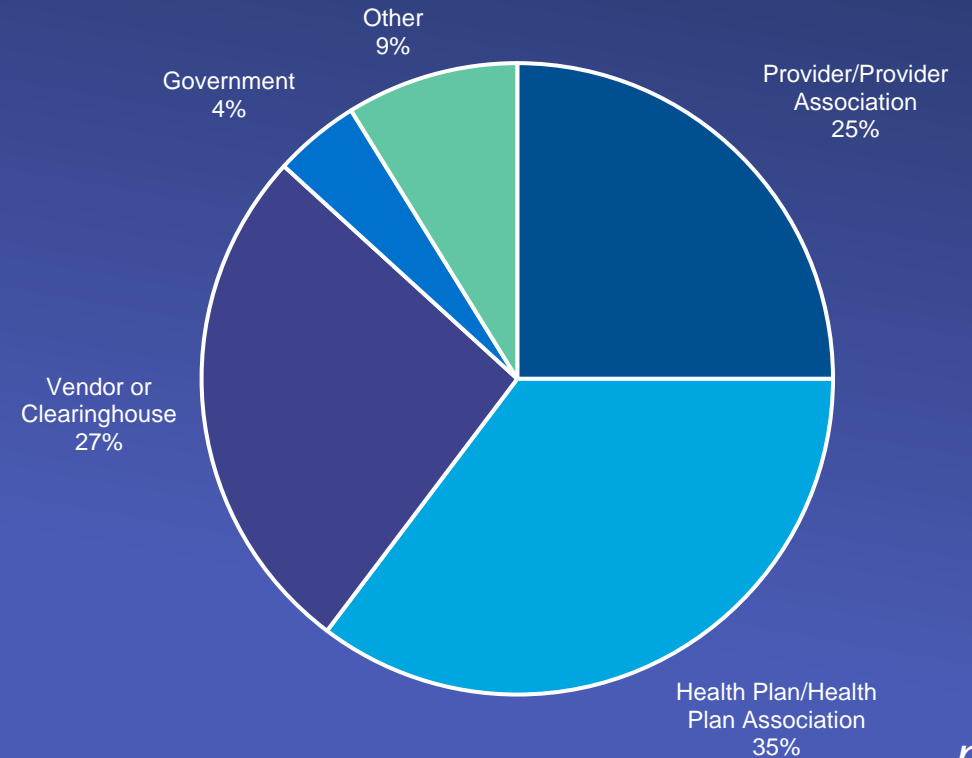
Rachel Goldstein, Vice President, CAQH CORE

Data Collection

Overview

- **Purpose:** gather Participant feedback on priorities, opportunities, areas for organizational improvement, and challenges.
- **Total survey responses** (with at least 1 question answered): 68
- **Representation:** 43% of participating organizations
- **Optional responses:** The only forced response was stakeholder type

Stakeholder Type



n=68

CORE Satisfaction

Prompt: “On a scale of zero to ten, how likely are you to recommend CORE to a colleague?”

Average Score:

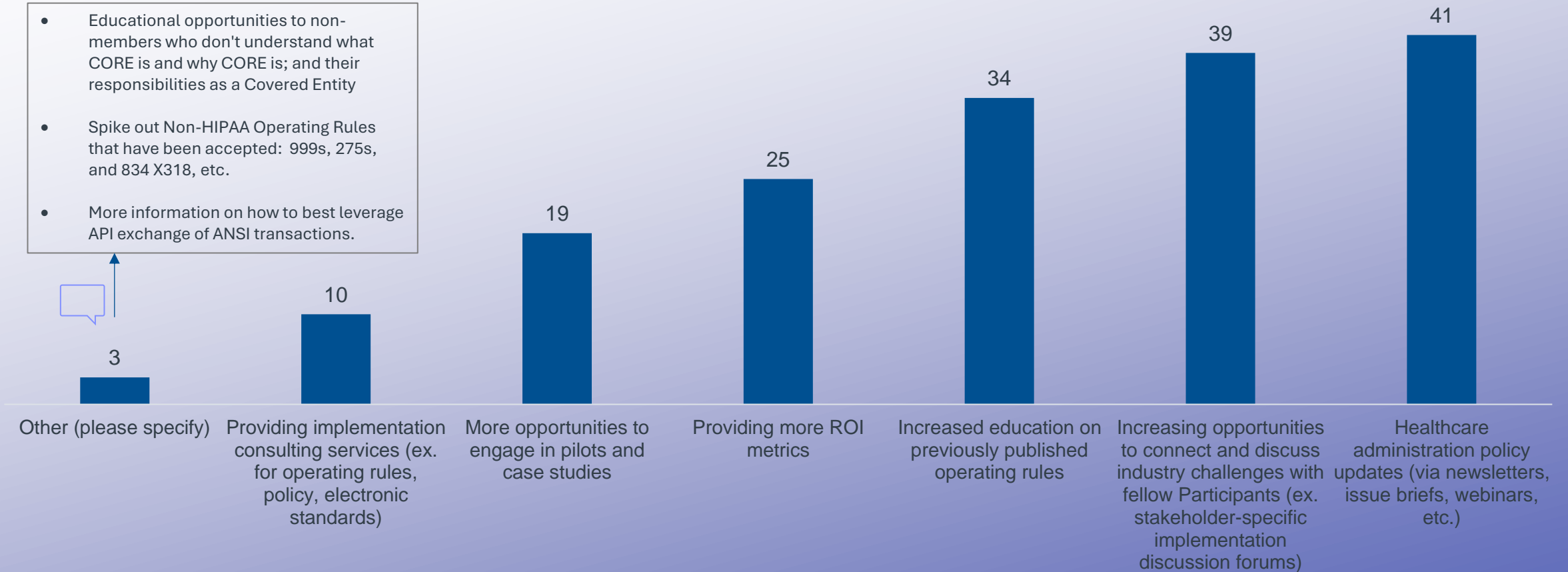
8.22

Last year's score: 8.23

n=67

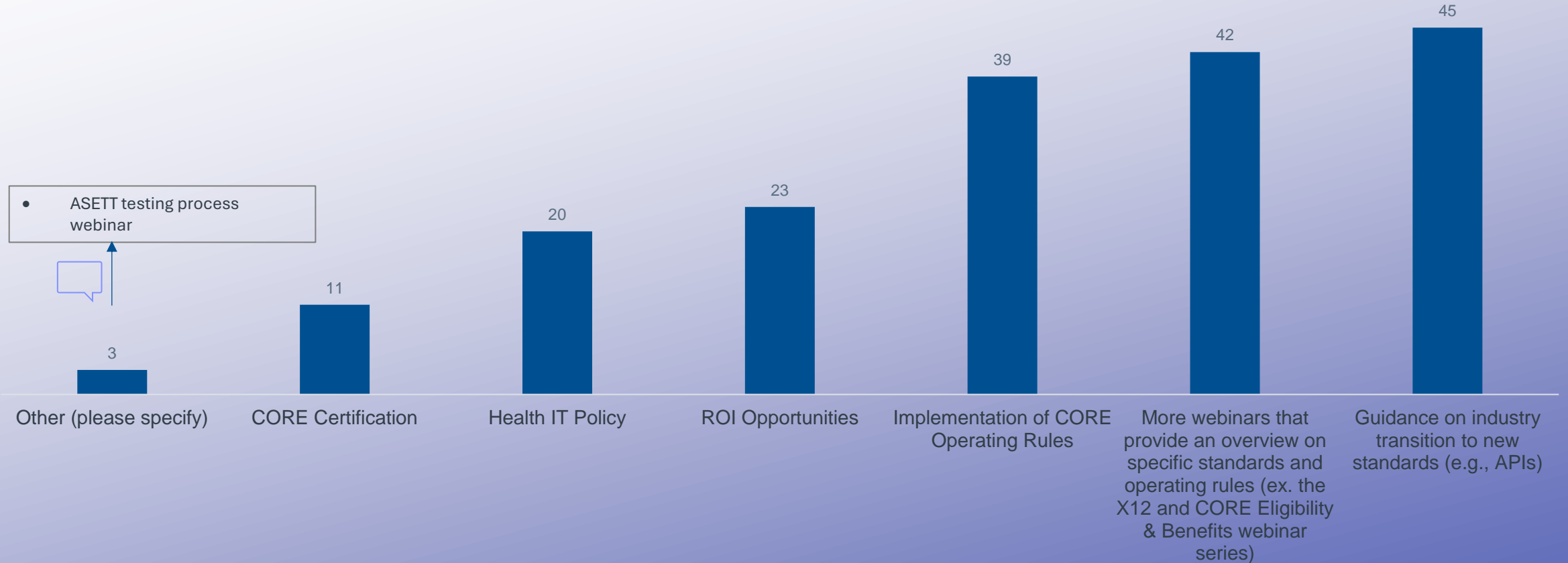
Engagement Opportunity Interest

- Educational opportunities to non-members who don't understand what CORE is and why CORE is; and their responsibilities as a Covered Entity
- Spike out Non-HIPAA Operating Rules that have been accepted: 999s, 275s, and 834 X318, etc.
- More information on how to best leverage API exchange of ANSI transactions.



Check All That Apply
n=61

Topics of Interest



Check All That Apply
n=62

Rule Development Process Satisfaction

“On a scale of zero to ten, how satisfied are you with CORE's rule development process?”

Average Score:

8.03

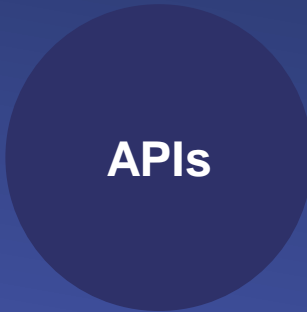
Last year's score: 7.96

n=62

High Priority Focus Areas

Future Opportunities

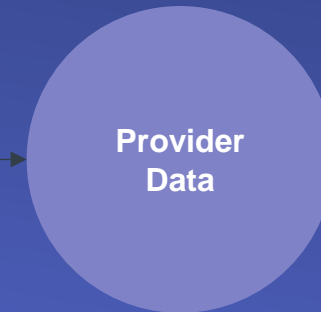
Top Priority



** Another area of high interest: **Cybersecurity***

Develop standard-agnostic guidance to support the transition to APIs.

Next Highest Priorities



Partnering with stakeholders to define where AI can add value to the revenue cycle and establish rules to foster transparency and trust in AI applications.

Drive consensus on industry-based standards and data dictionaries for provider data and credentialing.

Artificial Intelligence Opportunity

Top Priority:

Transparency & Disclosure

- Establish clear operating rules for transparent and understandable use of AI in decision-making.
- Require disclosure of the specific AI technologies utilized (e.g., ML, RPA, NLP, etc.) and their functions.
- **Top opportunities** related to the transparent and understandable use of AI:

Prior Authorization

Claims Adjudication

Second Top Priority:

Data Minimization

- Define and enforce "Minimum Information Necessary" principles for responsible data sharing with AI solutions, protecting user privacy.



API Opportunity

Top Priority:

Data Content

- Define a set of "required" data elements for revenue cycle API exchange, agnostic of standard format.



Almost Equal Second Priorities

Infrastructure

- Update operating rules to establish universal guidelines for API infrastructure such as:
 - connectivity frameworks
 - system availability
 - response times
 - data formats
 - templates
 - versioning

Prior Authorization

- Standardize PA response codes for clearer communication and facilitate mapping between provider.
- (e.g., SNOMED or ICD-10) and payer (e.g. CDT, CPT, HCPCS) code sets.

Provider Data Opportunity

About equal support for all presented opportunities:



Uniform Dataset

- Create a uniform dataset of fields needed for provider data use cases. Establish consistent definitions, formatting, and transmission methods.



Infrastructure

- Uniform expectations for provider data exchange, potentially including acknowledgements, response times, acceptable data formats, connectivity, updates, system availability, and processing modes.



Provider Matching

- Define clear and consistent criteria for provider identification and matching.

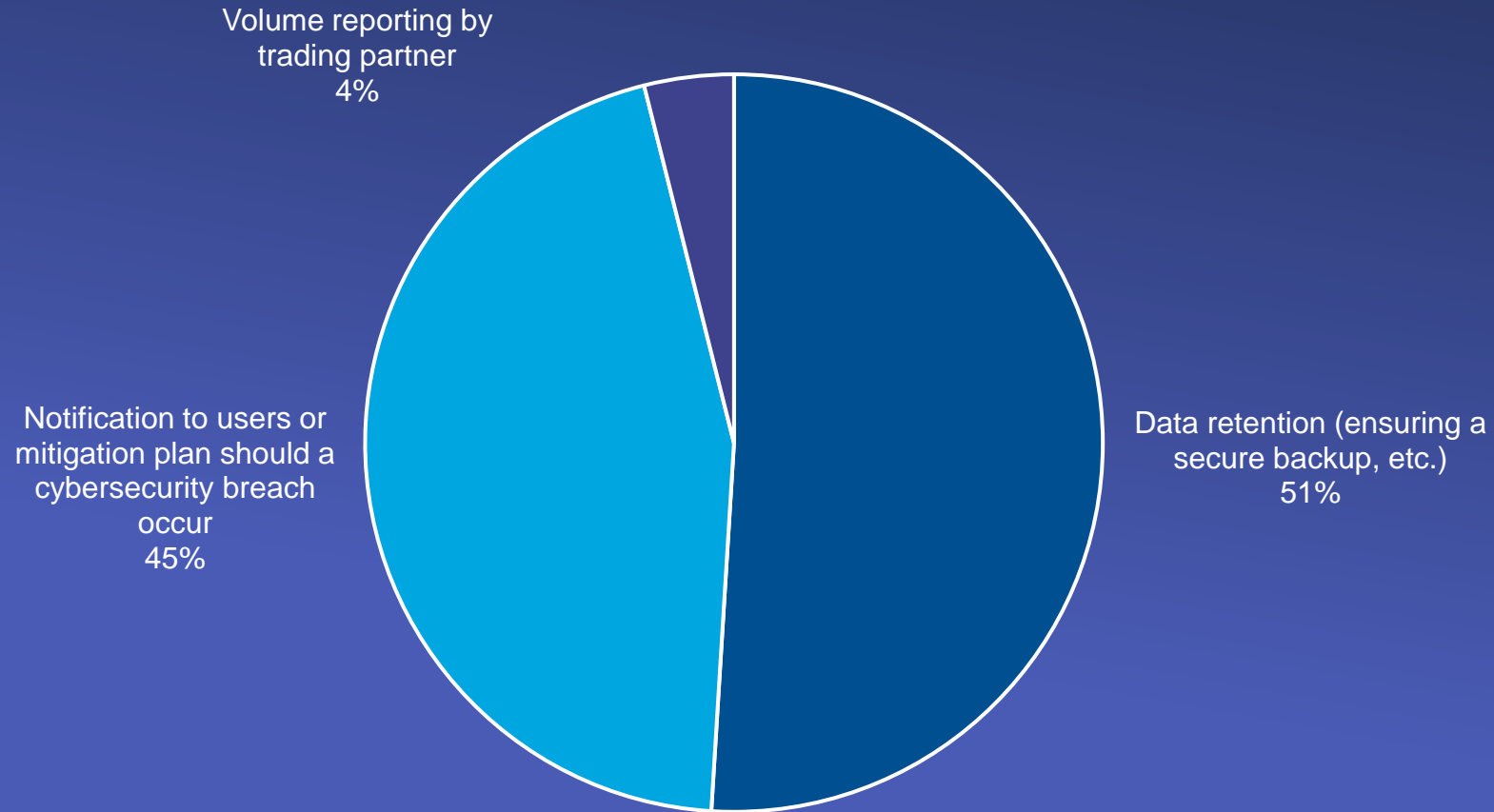
Payment Transparency Operating Rules

Which of the following payment transparency operating rule opportunities would you most like to see considered to improve the timeliness and accuracy of payment processing in the future?

- **Timing Improvements:** Accelerate payment processing with faster rules for EFT and ERA delivery, reducing delays and ensuring timely payments.
- **Payer Identification:** Enhance transparency with clear payer identification in EFT/ERA transactions, eliminating confusion and errors in payment reconciliation.
- **Notifications:** Improve communication with required notifications for late EFT/ERA delivery, keeping providers informed and enabling prompt action to resolve issues.
- **Accountability:** Strengthen EFT/ERA reassociation requirements to ensure seamless transaction linking, reducing errors and administrative burdens downstream.

Priority Topics

Cybersecurity Rule Opportunity



Choose One
n=51

Cybersecurity

Please rank the following cybersecurity opportunities in order of priority to your organization:

- Notification to users or mitigation plan should a cybersecurity breach occur
- Data retention (ensuring a secure backup, etc.)
- Volume reporting by trading partner

Opportunity Ranking

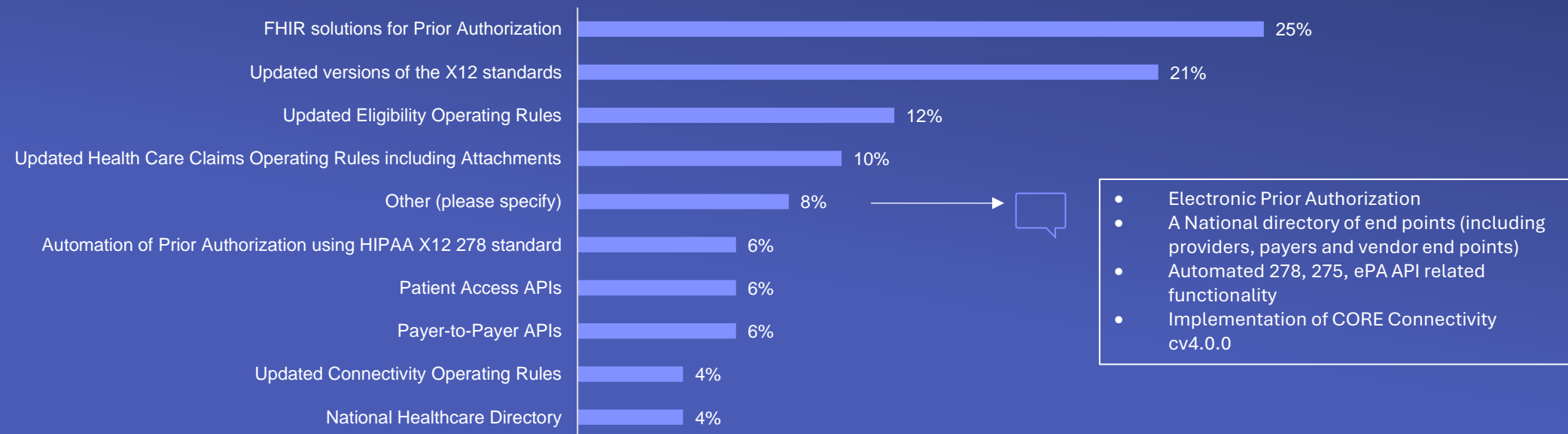
Of the following opportunity areas for future rule development, please rank in order of priority to your organization:

- Artificial Intelligence
- API (e.g. FHIR APIs)
- Provider Data
- Cybersecurity
- Payment Transparency

Implementation Preference

Prompt:

“If resource constraints and federal/state mandates/deadlines were a non-issue, in which of the following would your organization prioritize investment and implementation first?” (Choose One)



*Choose One
n=52*

Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Overview

Michael Phillips, Associate Director, CAQH CORE

HTI-2 Overview

The Assistant Secretary for Technology Policy / Office of the National Coordinator for Health IT (ASTP/ONC) released Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) in July.

The proposed rule addresses industry interoperability and federal health IT strategic priorities, including:

- Provider, payer, and public health IT certification criteria.
- Alignment to other federal health IT policy
 - Interoperability and Prior Authorization Final Rule (CMS 0057)
 - HHS Acquisition Regulation: Acquisition of Information Technology; Standards for Health Information Technology
- Standards for data exchange
 - USCDI version 4
 - Minimum data sets
 - Reconciliation of structured and unstructured clinical information
- New and clarified information blocking requirements, recognizing protections for reproductive health.
- Governance structures for TEFCA.

CORE and CAQH Public Affairs are evaluating HTI-2 and engaging with industry stakeholders to evaluate its reach and impact.

If your organization is impacted by HTI-2, comments are due by October 4, 2024

[Submit here!](#)

HTI-2 Questions

Advantages / Disadvantages

When considering the impact of HTI-2 on your organization, consider the following:

- What are **two** advantages / benefits of the HTI-2 proposals
- What are **two** disadvantages / negatives of the HTI-2 proposals

Please use the Q&A function share your thoughts.

Impact

What is the impact of HTI-2 at your organization?

- **High impact** – we must meet all requirements.
- **Medium impact** – some requirements are applicable; we are evaluating those that are optional.
- **Neutral impact** – these either don't directly affect us or we already carry out most or all the requirements.
- **No impact** – the requirements are not applicable to our operations.

Regulatory Interaction

Does the HTI-2 Proposed Rule affect your organization's implementation of other required federal regulations (e.g., CMS 0057)?

- **Yes** – the proposed requirements in HTI-2 provide clarity and direction for the implementation of other federal requirements.
- **Somewhat** – the proposals provide better direction, but it's still up to my organization to address variability.
- **Not really** – our organization follows requirements and recommendations of other federal regulations closely, matching the defined proposals of HTI-2.
- **No** – the proposals in HTI-2 either do not apply or require significant remediation without associated benefit.

Audience Questions

Questions? Email us at CAQHConnect@caqh.org



Working Together for a Greater Return on Health

Register Today!

September 25-27
JW Marriott
Washington, D.C.

[Click here to register!](#)



Provider Data

Streamlining the provider data lifecycle.



Member Data

Enhancing payment integrity and Medicaid services.



Policy & Research

Shaping health standards and insights for optimal care.



Transformation

Smarter solutions for better outcomes.

By pioneering advancements in healthcare, we're not just enhancing systems; we're fundamentally improving lives. Join us as we explore how proactive action in healthcare not only prevents costly setbacks but also propels us toward a healthier future for all.