



CAQH CORE Town Hall Webinar

June 20, 2017

2:00 – 3:00 pm ET

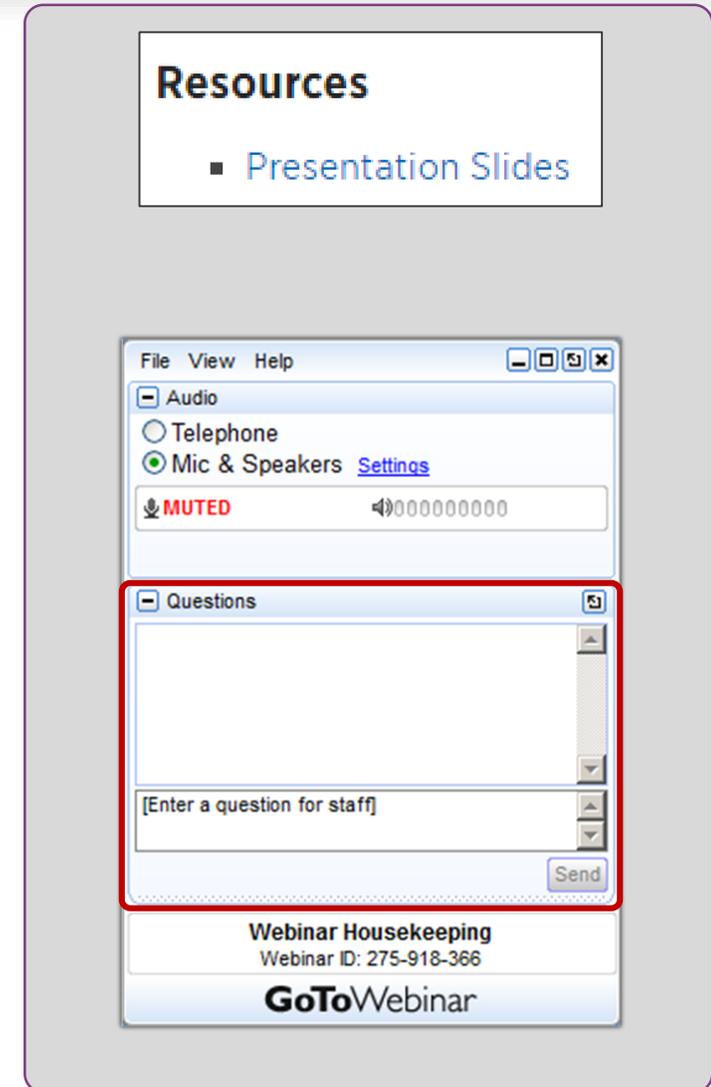
Logistics

Presentation Slides & How to Participate in Today's Session

Download the presentation slides at www.caqh.org/core/events.

- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the 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.

Questions can be submitted *at any time* with the **Questions panel** on the **GoToWebinar** dashboard.



Session Outline

- Introduction to CAQH CORE.
- Research & Development.
 - Value-based Payments.
 - Prior Authorization.
 - Attachments.
- Testing, Certification, & Promote Adoption.
 - Voluntary CORE Certification.
 - CAQH CORE Enforcement Policy.
- Maintain & Update.
 - EFT/ERA Operating Rules.
 - Federal Mandate-related Activities: NCVHS and X12.
- Q&A.

CAQH
CORE

Introduction to CAQH CORE

Gwendolyn Lohse
CAQH CORE Managing Director

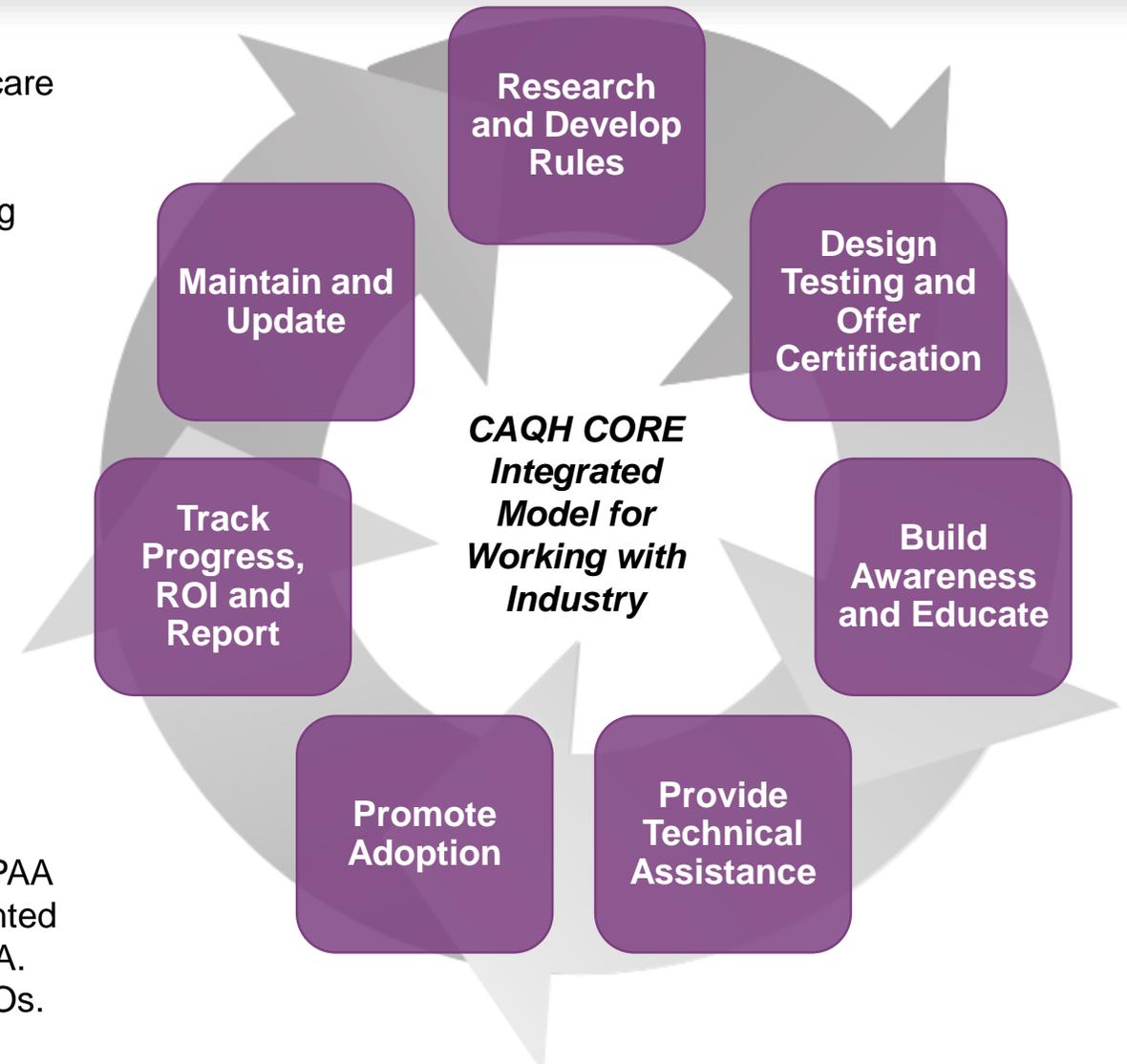
CAQH CORE Mission and Vision

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.

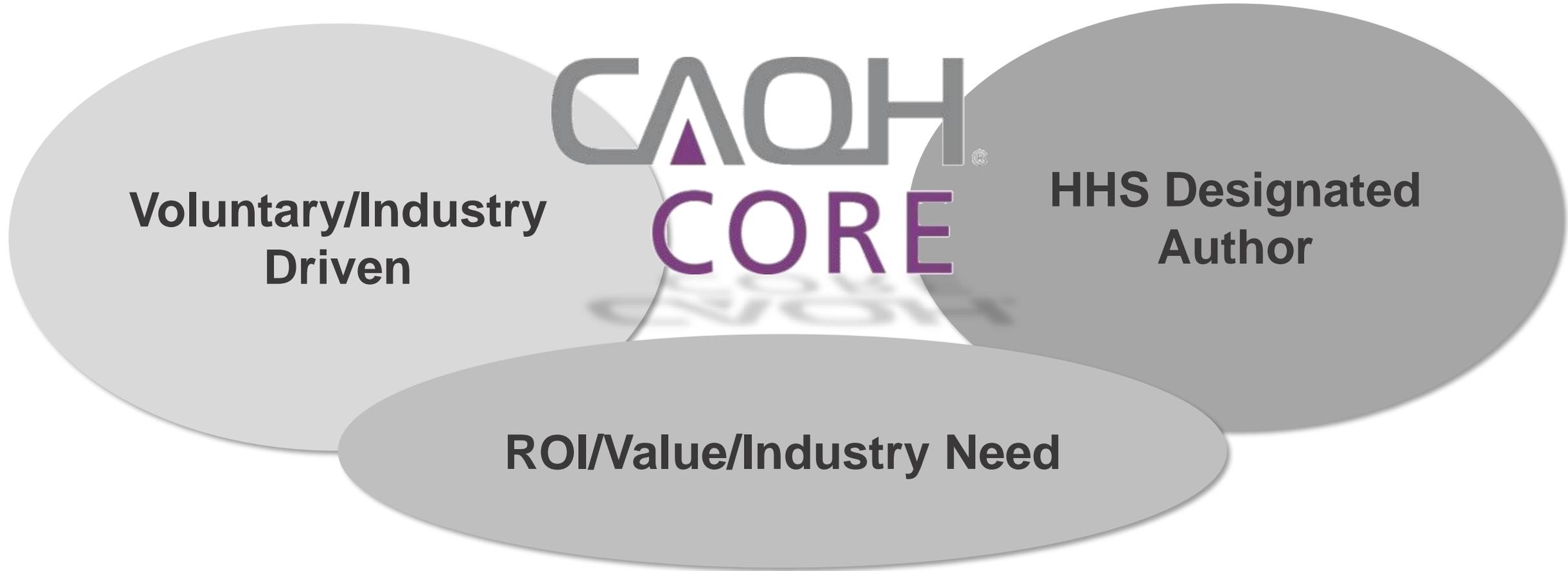
DESIGNATION Established in 2007. Named by Secretary of HHS to be national author for three sets of operating rules mandated by the Affordable Care Act.

BOARD Multi-stakeholder. Voting members are HIPAA covered entities, some of which are appointed by associations such as AHA, AMA, MGMA. Advisors are non-HIPAA covered, e.g. SDOs.



CORE's Focus is Driven by Value & Need

Spheres of Work



2017 CAQH CORE Goals

- Serve as federally recognized national operating rule author using existing CORE Integrated Model.
 - Phase I-III Implementation Support
 - Phase III Maintenance Efforts
 - NCVHS Activities – HPID and Predictability Roadmap
 - X12 v7030
- Function as effective voluntary certifier for operating rules and underlying standards.
 - Voluntary CORE Certification
 - CAQH CORE Enforcement Policy
- Evolve to best pursue efforts to drive voluntary multi-stakeholder value.
 - Phase IV Implementation Support
 - Value-based Payments
 - Prior Authorization
 - Attachments
- Align and evolve to continue to support Mission/Vision.

Research & Development

Value-based Payments, Prior Authorization & Attachments

Gwendolyn Lohse
CAQH CORE Managing Director

Robert Bowman
CAQH CORE Associate Director

Value-based Payments



CAQH CORE Value-based Payments

Stage 1 – Board Decision

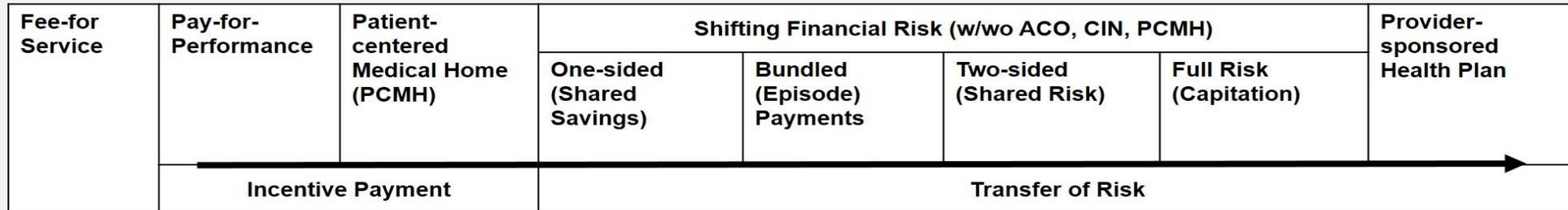
- CAQH CORE Board recognized importance of emerging value-based payment (VBP) models to meet future needs for improved healthcare quality and cost:
 - 30%-50% providers currently engaged in VBP.
 - Expected that more than half of healthcare payments will be value-based by 2020.
 - VBP models already accruing cost-savings with equal or better care results.
- However, transition to VBP is not without challenges – improvement in operational capabilities is needed to ensure success of VBP models.
- As such, CAQH CORE Board agreed that CORE should adjust the scope of its work beyond fee-for-service (FFS) transactions to help support the operational components of evolving VBP models.
 - In 2016, significant secondary and primary research conducted with goal of providing an initial set of options for consideration by CORE participants.

CAQH CORE Value-based Payments

Stage 2 – Research

Secondary Research

- Conducted environmental scan to define terms and trends associated with VBP; also developed simplified framework for VBP models:



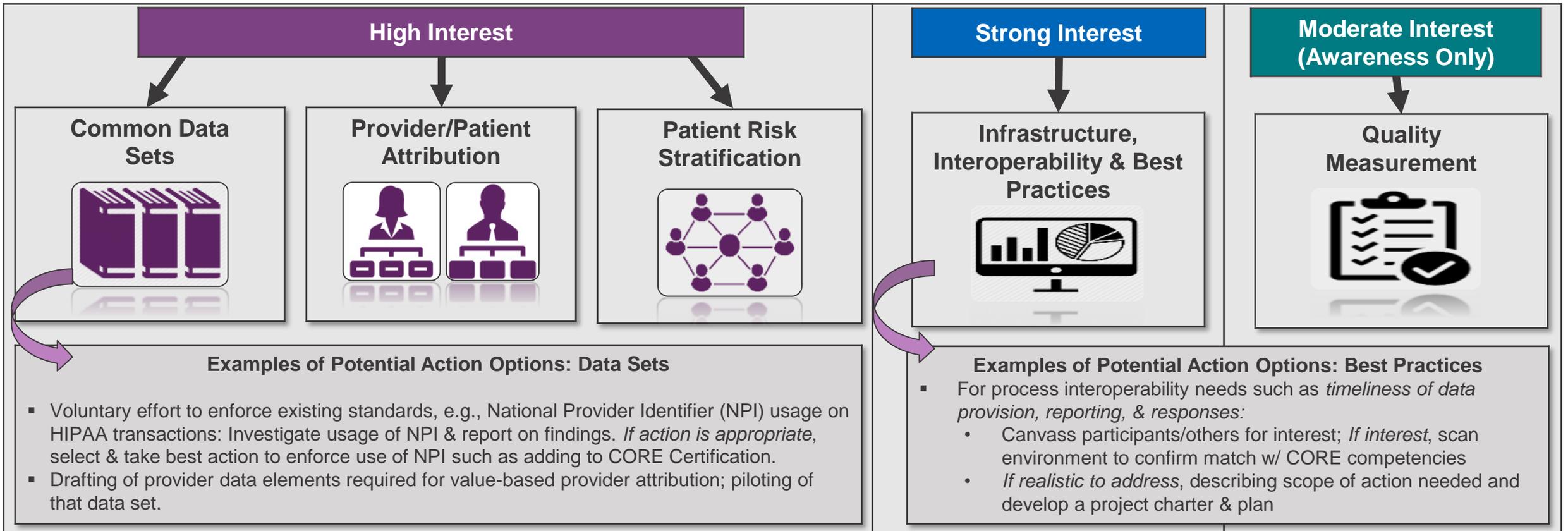
- Confirmed need for streamlining administrative processes associated with VBP through analysis
- Identified potential areas for action that CORE and others could undertake that would make a difference in VBP operations

Primary Research

- Conducted structured interviews w/ ~20 multi-stakeholder entities to confirm, refute, &/or add to the potential areas for action, included different VBP structures, market types, duration of VBP experience, geographical diversity, etc.
- Conducted survey of CAQH CORE Participants to collect feedback on interview findings.

CAQH CORE Value-based Payments

Stage 3 – Potential Areas for Action: All Have Affiliated Set of Detailed Options to Meet Specific Needs



NOTE: Initial ratings were via CORE participants via survey, then report rates detailed options under each area based on *ability to accomplish* and *impact to industry*. Given VBP operational needs are evolving, drafting definitions/requirements and piloting such will be critical.

CAQH CORE Value-based Payments

Stage 4 – Launch of CORE Initiative Will Have Equal Focus on Education and Areas for Collaboration

Q3 2017: Issue Final VBP Report



Q3 2017: Launch CORE VBP Task Group to Agree on Cascading Year 1 and 2 Goals the Recognize Evolving Nature of VPB



Q4 2017: Tiger Team(s) Will Help Execute Task Group Work

Education:

With partners, CAQH CORE will hold VBP CORE Participant-only and public education sessions

Prior Authorization



CAQH CORE Efforts on Prior Authorization

Vision & Additional Voluntary Operating Rules

VISION

To increase adoption of electronic prior authorization by automating manual processes that will reduce administrative burden on providers and health plans and enhance timely delivery of patient care.

2017 ACTION: CAQH CORE is evaluating impact of additional, voluntary prior authorization (PA) operating rules AND other potential initiatives that further support this vision. The Phase IV CAQH CORE Operating Rules and the call for entities to become Phase IV Certified serve as the initial foundation to get the industry to prioritize this critical interaction; however, it was always communicated by CAQH CORE that Phase IV was just an initial step. CAQH CORE's work is taking a range of issues into consideration including:

- Industry experiences with health plan and vendor products, successes and challenges with daily PA needs.
- The National Committee on Vital Health Statistics (NCVHS) recommendations for additional PA operating rules as outlined in its 2016 [letter](#) to the Secretary of Health and Human Services (HHS).
- Recent activity by other industry organizations includes: American Medical Association issued a PA principles piece. A few of the AMA principles have cross over with CAQH CORE work. Learnings from the adoption of the ePA transaction in the pharmacy sector are also being considered.
- What can be accomplished and by when.

A Phased Approach to Prior Authorization

Current Work Effort Builds on Foundation Established in Phase IV

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

CORE PA Advisory Group finalizing work to develop prioritized set of rule opportunities for CORE PA Subgroup; subgroup will launch in Q3 2017.

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.

CAQH CORE Prior Authorization Stage 1 - Phase IV

The [Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response \(278\) Infrastructure Rule v4.0.0](#) establishes foundational set of requirements and industry expectations for PA when using mandated standards, which all health plans should offer yet adoption is only 18% per CAQH Index.

Scope of Phase IV Prior Authorization Requirements

Infrastructure Requirement	Prior Authorization
Processing Mode	Batch OR Real Time Required
Batch Processing Mode Response Time	If Batch Offered
Batch Acknowledgements	If Batch Offered
Real Time Processing Mode Response Time	If Real Time Offered
Real Time Acknowledgements	If Real Time Offered
Safe Harbor Connectivity and Security	Required
System Availability	Required
Companion Guide Template	Required

CORE Prior Authorization Stage 2

Timeline

2016

2017



Step 1:

Develop initial list of draft rule opportunity areas.

Step 2:

Advisory Group review and revise draft rule opportunity areas list.

Step 3:

Conduct four-part Environmental Scan (includes CORE Participant survey, stakeholder interviews, provider site visits, and vendor product assessment).

Step 4:

Advisory Group applies prioritization process to reach agreement on rule opportunity areas to recommend to Subgroup.

Step 5:

Launch PA Subgroup.

Prior Authorization Advisory Group

Draft Opportunity Areas

Five categories of opportunities were identified with several potential opportunity areas within each category.

Category	ID	Opportunity Area
Data Content <i>(Includes opportunities for the data content of electronic transactions)</i>	A.	Industry-wide Minimum List of Services for Which Prior Authorization is Required
	B.	Industry-wide Maximum List of Services for Which Prior Authorization is Required
	C.	List of Services for which Prior Authorization is Required/Not Required
	D.	Examine the Capability of Provision of Prior Authorization Requirement in the Mandated ASC X12 v5010 270/271 Eligibility Request and Response
	E.	Standard List & Definitions of Types of Additional Documentation
	F.	Requirements for Processing Member Benefit Data
	G.	Robust Data Content Requirements for Mandated v5010X217 278 Prior Authorization Request and Responses
Workflows <i>(Addresses business processes for PA and/or eligibility)</i>	H.	Timeframe for Sending Final Determination via v5010X217 278
	I.	Consistent & Efficient Workflows for Provider Pre-submission and Health Plan Post-receipt of a Prior Authorization Request
Formats <i>(Describes the type of document format in which PA data is delivered to health plans by providers)</i>	J.	Uniform and Consistent Robust Data Sets for Initiating a Prior Authorization via any Method
	K.	Uniform Set of Electronic Document Formats for Submission of Additional Documentation
Transport <i>(Addresses the method by which PA data is delivered to health plans by providers)</i>	L.	Transport Methods for Additional Documentation Submission
Utilities <i>(Includes industry-wide solutions such as a PA specific clearinghouse)</i>	M.	Prior Authorization Exchange
	N.	Prior Authorization Hub for List of Pre-Defined Services
	O.	Central Rules Database

Prior Authorization Advisory Group

Environmental Scan: Overview

CAQH CORE, with guidance from the PA Advisory Group, conducted a four-part Environmental Scan to identify industry barriers and pain points associated with electronic PA and referral; scan included:

1 CAQH CORE Participant Survey

76 respondents ranked and rated support for each opportunity area category and for each of the opportunity areas within each category.

2 Multi-Stakeholder Interviews

Eight multi-stakeholder interviews to gain insight into the current barriers and potential opportunities for PA.

3 Provider Site Visits

Four provider site visits to gain insights into current PA workflows, challenges and opportunities.

4 Vendor Product Assessment

Comprehensive review of 12 vendor products related to PA to understand role of vendors in PA process and current solutions available on the market.

Prior Authorization Advisory Group

Environmental Scan: Findings

ID	Finding	Description
1	Access to Clinical Data	Those submitting a PA are often not those that have or will deliver the clinical service. Vendors and providers frequently mentioned a gap in access to clinical data required by health plans for PA adjudication.
2	Difficulty Initiating a PA	Vendors and providers described the process of initiating a PA as too complex. Providers must look up information in disparate places to determine whether a PA is even required.
3	Impact to Patient Care	Stakeholders across the industry emphasized that inefficient PA adjudication negatively impacts patient care.
4	Impact to Revenue Cycle	Delays in PA adjudication, as well as the amount of manual follow-up required, negatively affects providers' and health plans' revenue cycles.
5	Importance of the X12 270/271 Transaction	All three major stakeholder groups mentioned the importance of completing the X12 270/271 Eligibility and Benefit Inquiry and Response transaction prior to submitting a PA.
6	Inaccuracy of Information	There are no common sources or methods of communications for health plans to convey changes to their PA requirements, leading to provider uncertainty about the accuracy of accessed information.
7	Inconsistencies Across Health Plans	Providers and vendors cited the inconsistencies across health plans, e.g. documentation requirements, defining "medical necessity" etc. as a major barrier to streamlined workflows.
8	Lack of adoption of the X12 278	All three stakeholder groups cited a lack of provider and health plan adoption of the X12 278 as a major barrier to industry adoption of electronic PA.
9	Lack of Additional documentation Standard	Most PAs require additional documentation for adjudication. Due to the lack of a mandated standard, attachments (additional documentation) are still primarily sent via manual fax to health plans and intermediaries.
10	Lack of Integration between Clinical and Administrative Systems	All stakeholders cited a lack of integration between clinical and administrative health systems as a source of frustration. Lack of integration often means the user must manually copy and paste information from one system into the other, resulting in more cumbersome and time consuming work.
11	Length of Time to Final Adjudication	Providers noted the lengthy timeframe between submitting a PA and receiving the final approval or adjudication response, regardless of method for submission.
12	Persistence of Manual Workflows	Workflows across stakeholder types are still largely manual and require "human touch" at many points in process, thereby further discouraging IT investments in electronic PA.
13	Ubiquity of Health Plan Portals	Health plans have invested in creating proprietary portals to aid providers in submitting PAs electronically; however, since each provider must use a different portal for each plan, providers see portals as a hindrance to streamlining workflows.

Note: Numbering does not imply order of importance.

Get Involved! Engage with CAQH CORE on Prior Authorization

CAQH CORE is considering additional, voluntary prior authorization (PA) operating rules with the goal of increasing adoption of electronic PA beyond infrastructure requirements.

How can you get more involved?



CORE Participant Exclusive
Register for July 27th
educational webinar
to hear the PA
Opportunities List Findings.



CORE Participant Exclusive
Ensure your organization's
representation in the CAQH CORE
PA Subgroup which will launch
August 2017 to:

- Select Top Opportunity Areas
- Identify Potential Requirements
- Draft Operating Rules

Website: www.CAQH.org/CORE

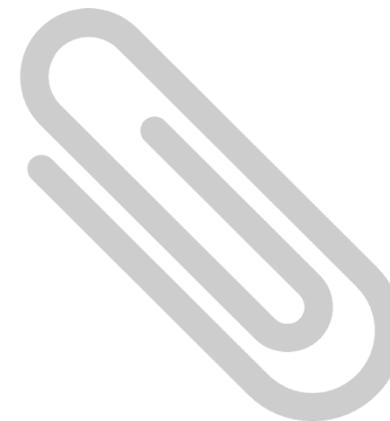
Email: CORE@CAQH.org

Polling Question #1

Are you interested in becoming part of the CAQH CORE Prior Authorization Subgroup?

1. Yes.
2. No.
3. Unsure/Need More Information.

Attachments



Attachments Background & CAQH CORE Activities

Alignment with CAQH CORE Mission and Goals

- Electronic attachments ease workflow in our healthcare system.
- The lack of an electronic attachment standard is a challenge for providers and health plans.
- CAQH CORE is committed to providing guidance with or without mandates from the federal government.

Regulations for administratively-focused attachments have yet to be issued.

The initial HIPAA regulation called for a claim attachment standard almost twenty years ago.

[ACA Section 1104](#) requires the Secretary of Health and Human Services (HHS) to adopt a standard, and applicable operating rules, for the health claims attachments transaction. HHS has not adopted a standard for health claims attachments.

There has been some regulatory activity related to clinically-focused attachments but little to no action on the administrative side.

For claims attachments, work is moving forward by HL7, a standards development organization, on a standard for this HIPAA administrative healthcare transaction.

However, there is a wide range of opinions on what standards would serve the industry best regarding electronic attachments.

Attachments Background & CAQH CORE Activities

CAQH Index Reports Cost Savings Opportunity with Use of Electronic Claims Attachments

The [2016 CAQH Index Report](#) – based on data from over 5.4B transactions – reported on adoption and cost of electronic claims attachments transactions for the first time. Key findings include:

Only **six percent** of healthcare claims attachments are submitted to health plans electronically, with the remaining sent either via fax or mail.

The adoption of electronic claims attachments is isolated, as most health plans report **100% are submitted manually.**

In labor alone, **over a half-billion dollars could be saved** by the industry by fully adopting electronic claims attachments.

Participating health plans self-reported **only use of the X12 standard** for claims attachments.

There is a wide range of opinions regarding what electronic attachments standards would best serve the industry.

HHS' Meaningful Use Program requires electronic health records (EHRs) use the HL7 standard for clinical attachments; currently no authoritative benchmark data is available on the adoption of this standard for EHRs.

Remaining Operating Rules: Attachments

Need for Education on Attachments

For more information about the rest of the Attachments webinar series, go to the CAQH CORE [Events](#) page.

CAQH CORE is partnering with experts to develop a webinar series on this critical topic. Using information learned during education/listening session and other data points, CAQH CORE will assess how to move forward in this area via industry-led efforts.

CAQH CORE Attachments Webinar Series - Part 1

Laying the Foundation for Electronic Healthcare Attachments (March 2, 2017)

- Technical standards: Offered an overview of standards-based electronic Attachments and gaps.
- Policy: Provided an update on industry initiatives as well as federal policy developments.
- Business use cases: Presented business drivers, including claims and prior authorization.
- Work Flow: Discussed existing Attachment challenges and opportunities.

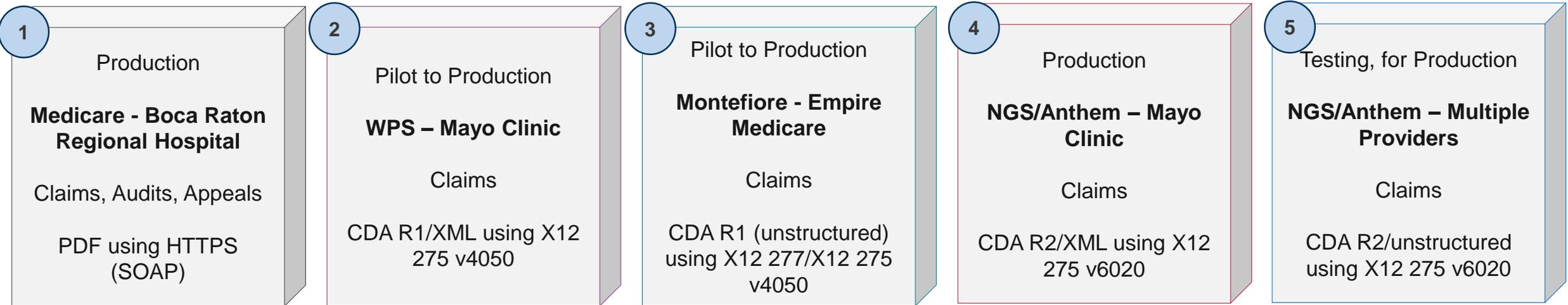
CAQH CORE Attachments Webinar Series - Part 2

Electronic Healthcare Claims Attachments Pilot/Production Implementations (May 25, 2017)

- Case studies: Described learnings from claims attachments pilot/production implementations. The pilot/production presentations addressed
 - Return on investment (ROI) following implementation
 - Workflow changes
 - Overall challenges and successes.

First Set of Case Studies and Production Projects

Click [HERE](#) to see the slides and recording of the May 25, 2017 Attachments webinar.



Key Takeaways:

- There are multiple efforts, from pilots to productions, to move attachments from a manual to an electronic process.
- The industry is approaching electronic attachments in various ways; CAQH CORE is collecting information to level set and make determinations on next steps.
- Additional case studies are needed that show the range of standards, work flows and implementations that are driving success.

Polling Question #2

What topic would you like to see covered in future Attachments webinars?

(Select all that apply.)

1. Case study pilots/implementations that are successful
2. Options for using a mix of healthcare and industry neutral standards.
3. Technical dive on HL7: HL7 CDA and/or HL7 FHIR.
4. Other: Please specify in Questions panel.

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Testing, Certification & Promote Adoption

Voluntary CORE Certification, CAQH CORE Enforcement Policy

Taha Anjarwalla
CAQH CORE Manager

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.



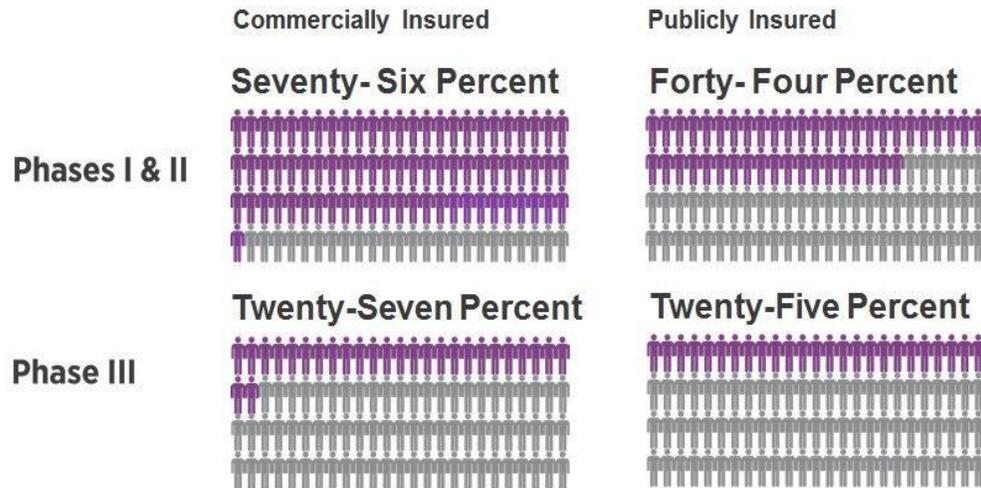
CORE Certifications Phase I-IV

Entities Recognizing the Benefits Continues to Grow

320

Certifications have been awarded since the program's inception.

Covered lives impacted by CORE-certified commercial and public health plans.



Recent Certifications

Boston Medical Center HealthNet Plan (Phase I, II & III)



CalOptima (Phases I, II, & III)



National Association of Letter Carriers Health Plan (Phases I & II)



Government Employees Health Association (Phases I & II)



Highlights of CORE Certification

Pledge → Testing and Review → Voluntary Enforcement



- CORE Certification – the only program of its kind – was developed by industry, for industry with broad, multi-stakeholder representation.
- Ensures that organizations receive and maximize the benefits from the operating rules and underlying standards from CORE-certified trading partners on a continual basis.
- Commitment to CORE Certification formally kicks off with an executive signing the CORE Certification Pledge, which allows CORE to publicly share an entity's commitment to implementation in 180 days.
- Required CORE Certification testing is conducted by expert third party testing vendors, assuring an independent assessment of conformance with the operating rules and their underlying standards.
- CAQH CORE serves as a neutral, non-commercial administrator that reviews and approves the conformance test reports, and conducts additional, thorough examinations before awarding a Certification Seal.
- The CAQH CORE Enforcement Policy is a key element of CORE Certification. It reinforces that the CORE Seal represents **value, trust and achievement** in what can be a complex data exchange with multiple parties.
- It helps certified entities proactively work to avoid potentially costly external enforcement audits and penalties through supporting industry self-policing.

Phase IV CORE Certification is Here!

Participation in Phase IV Certification 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.

- CAQH CORE 450: Health Claim (837) Infrastructure Rule.
- CAQH CORE 452: Health Care Services Review – Request for Review & Response (278) Infrastructure Rule.
- CAQH CORE 454: Benefit Enrollment & Maintenance (834) Infrastructure Rule.
- CAQH CORE 456: Premium Payment (820) Infrastructure Rule.
- CAQH CORE 470: Connectivity Rule.



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](#).

CAQH CORE Enforcement Policy



CAQH CORE Enforcement Policy

Building Awareness in 2017

CORE-certified entities adhere to not only the operating rules, but CORE Certification Polices, CORE Certification Testing requirements, and HIPAA Attestation Form requirements in order to become certified.

As such, the CAQH CORE Enforcement Policy allows CAQH CORE to enforce ongoing compliance of operating rules and underlying standards for CORE-certified entities.

How *Industry* Benefits from Enforcement

- Empowers industry to ensure they are receiving and maximizing benefits afforded via CORE-certified entities; critical to providers and plans.
- Helps industry prepare for potential external audits/penalties.
- “By industry, for industry” approach demonstrates self-policing and self-reporting capabilities.
- No changes for CORE-certified entities.
- Multi-stakeholder approach allows end-to-end monitoring of conformance across trading partners.

CAQH CORE Enforcement Policy

- Applies to every type of entity that be CORE-certified, not just health plans.
- CORE Participant-approved policy to address non-compliance by CORE-certified entities.
- Any healthcare provider that is an end-user of a CORE-certified product/service/health plan or any CORE-certified entity may file a complaint against an alleged non-compliant CORE-certified entity.
- Complaint-driven and collaborative process that fosters industry collaboration through remediation, not penalties.
- If a CORE-certified entity is found to be in violation and the violation is not remedied per required timeline, the entity’s certification is terminated.

Polling Question #3

What is your level of awareness of the CAQH CORE Enforcement Policy?

1. Very Aware.
2. Not sure but would like to learn more.
3. I have questions about the enforcement policy.
4. Did not know.

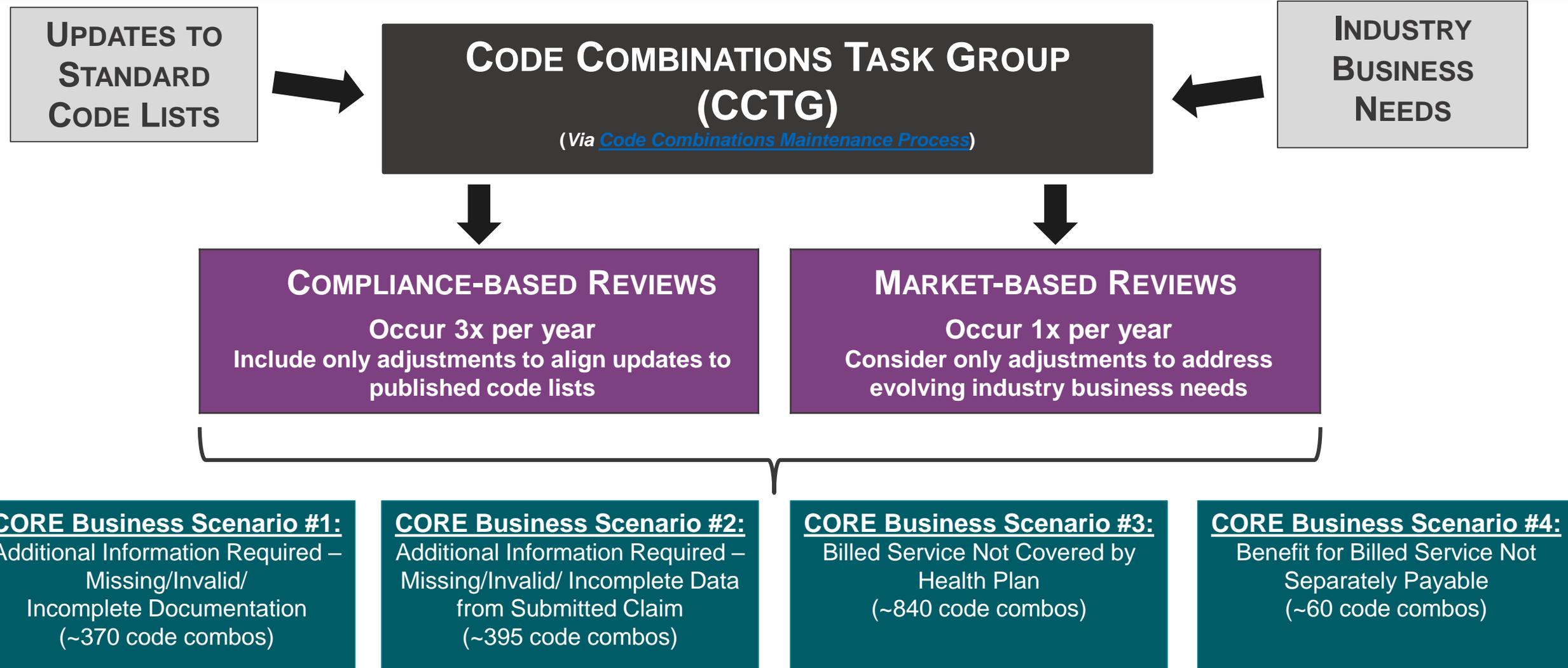
Maintain & Update

Maintenance of the Mandated Phase III Data Sets: *CORE Code Combinations* and EFT/ERA Enrollment

Robert Bowman
CAQH CORE Associate Director

CAQH CORE Code Combinations Maintenance

Body of Work

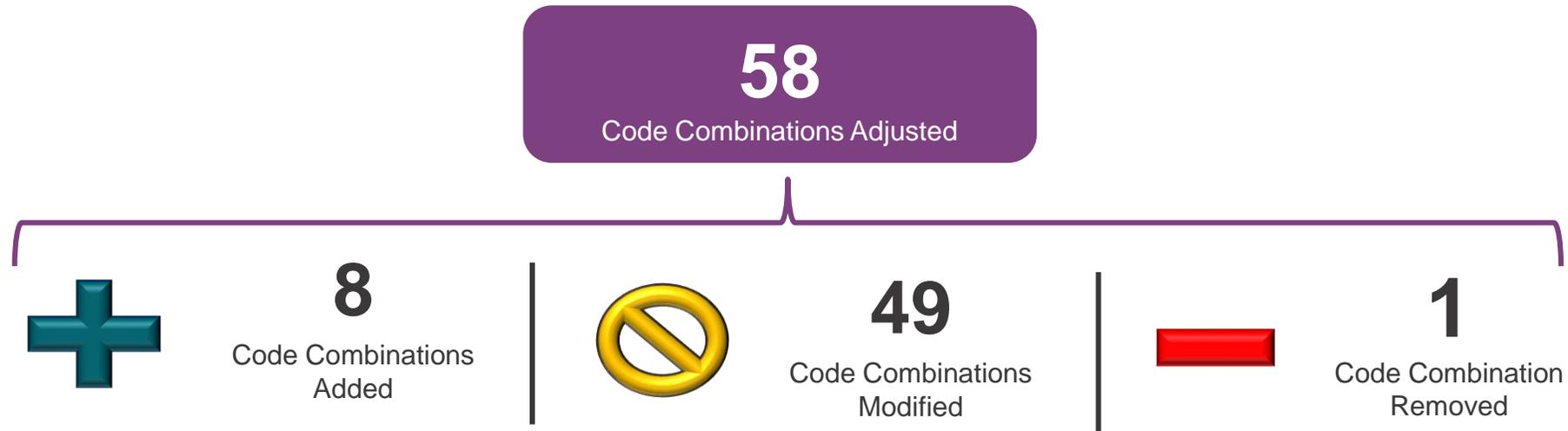


CAQH CORE Code Combinations Maintenance

Scope of CORE Code Combinations v3.4.0 June 2017

Version 3.4.0 of the *CORE Code Combinations* includes updates based on:

- **Compliance-based Adjustments** in response to updated CARC and RARC lists published on March 1, 2017.
- **Market-based Adjustments** due to the 2016 Market-based Review.



- The reduction in the number/type of applied adjustments submitted indicate that *CORE Code Combinations may be* meeting industry's needs:
 - Using multiple vehicles, significant outreach was made across the industry to ask for recommended Code Combination adjustments.
 - It may be many of the early challenges with the code combinations have been addressed and the code combinations have stabilized.

EFT/ERA Enrollment Data Sets Maintenance

Goal	Incorporate lessons learned from increased EFT and ERA enrollment and address emerging, new, or changing industry business needs.
Annual Requirements	<p>CAQH CORE EFT/ERA Enrollment Data Task Group conducts two types of reviews on an alternating, annual schedule:</p> <ul style="list-style-type: none">▪ Comprehensive Reviews (Next Scheduled for Fall 2017): Address substantive <i>and</i> non-substantive adjustments; if substantive adjustments approved, HIPAA-covered entities will need to update enrollment forms/systems.▪ Limited Reviews (Next Scheduled for 2018): Address only non-substantive adjustments; HIPAA-covered entities do not need to update enrollment forms/systems.
Timeline for 2017 Comprehensive Review	<p>Q3 2017: CAQH CORE will distribute industry “Call for Submissions” of potential substantive adjustments to the enrollment data sets; submissions must include business case and any supporting data.</p> <p>Q4 2017: Task Group will convene to review the submissions received. When considering potential substantive adjustments to the Enrollment Data Sets, the Task Group will use specific Enrollment Data Evaluation Criteria to support decision-making.</p> <p>NOTE: If Task Group approves any substantive adjustments, health plans or their business associates 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 the 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.</p>

Click [here](#) for more information on the ongoing maintenance of the CAQH CORE EFT & ERA Enrollment Data Sets.

Get Involved! Engage with CAQH CORE on Phase III Maintenance Activities

How can you get more involved?



Industry-wide

Submit a response to the “Call for Submissions” for potential substantive adjustments to the EFT/ERA Enrollment Data Sets in Q3.



CORE Participant Exclusive

Ensure your organization’s representation in the CORE Code Combinations Task Group or Enrollment Data Task Group.

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org



Update of Federal Mandate-related Activities

NCVHS Activities, X12 v7030

Gwendolyn Lohse
CAQH CORE Managing Director

Robert Bowman
CAQH CORE Associate Director

NCVHS Activities

National Committee on Vital & Health Statistics

Advisors to HHS

Topic	What is it?	How is CAQH CORE Involved?
Health Plan Identifier (HPID)	<ul style="list-style-type: none"> ▪ The HPID is a standard, unique health plan identifier that was required by Congress for federal mandate under HIPAA. ▪ Goal is to provide a standard way to identify health plans in electronic transactions; support transition routing between trading partners, and other lawful purposes of identification, e.g., policy. ▪ The final rule was adopted in September 2012; however, in October 2014 HHS delayed enforcement. 	<ul style="list-style-type: none"> ▪ May 2015: HHS issued a Request for Information (RFI) to solicit industry feedback. <ul style="list-style-type: none"> – CAQH CORE Board issued a public comment letter to HHS. ▪ May 2017: The NCVHS Subcommittee on Standards held a hearing to collect updated industry input to inform next steps for HPID enforcement action. <ul style="list-style-type: none"> – CORE provided testimony with two main recommendations: (1) HPID should not be required by HHS in HIPAA transactions, and (2) If HHS proposes using HPID for other purposes, CMS must meet certain criteria, including defining the business need.
Standards & Operating Rules Predictability Roadmap	<ul style="list-style-type: none"> ▪ NCVHS established a goal to develop a predictable schedule for the industry of when updates to the HIPAA standards and operating rules will occur; help market prepare for change. ▪ Developing a “predictability roadmap” is one of the Subcommittee on Standards’ 2017 priorities. 	<ul style="list-style-type: none"> ▪ May 2017: CAQH CORE and four standards setting bodies received request to participate. ▪ June 2017 and Onward: Project involves: <ul style="list-style-type: none"> – An information gathering questionnaire. – A phone interview. – Work group meeting. – Preparation of a white paper with recommendations. – A full industry hearing.

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X12 v7030

X12N v7030 Public Comment Period

- X12 has released a public review of the X12N v7030 Type 3 Technical Reports (TR3s).
- v7030 is the next major release of electronic healthcare administrative transaction standards developed by X12.
- X12 has stated its intention to propose the v7030 TR3s be adopted by HHS as the next generation of the X12 standards for the HIPAA transactions.



X12N v7030 Public Comment Period

Cycles 5 & 6 – New Schedule

CYCLE 1
60 days
*September 1, 2016 -
October 31, 2016*

Enrollment (834)
Premium Payment (820)

CYCLE 2
60 days
*October 1, 2016 –
November 30, 2016*

Claim Status (276/277)	Claim Acknowledgment (277CA)*
Acknowledgement (999)*	Claim Pending (277P)*

CYCLE 3
90 days
*November 1, 2016 –
January 30, 2017*

ERA (835)

CYCLE 4
120 days
*February 1, 2017 –
June 1, 2017*

Professional Claim (837P)	Dental Claim (837D)
Institutional Claim (837I)	Health Care Service: Data Reporting (837R)*

CYCLES 5 & 6
90 DAYS
September 1, 2017 – November 30, 2017

Eligibility/Benefit Inquiry (270/271)
Healthcare Services Review Request – Response (278)

CYCLE 7
Postponed - TBD

Application Reporting for Insurance (824)
Claim Request for Additional Info (277RFI)
Claims Attachments (275)

NOTE: These transactions are not federally mandated.

*Draft TR3 and submitted comments are not available after public review period ends.

+Cycle 8 has been eliminated; it included the Health Care Fee Schedule (832).

X12 v7030 Transactions and Applicable CORE Rule Phase(s)

Cycle/ Duration	Transaction	Applicable CORE Rule Phase(s)
CYCLE 1 60 days (9-1-16 to 10-31-16)	Enrollment (834)	Phase IV
	Premium Payment (820)	Phase IV
CYCLE 2 60 days (10-1-16 to 11-30-16)	Claim Status (276/277)	Phase II
	*Acknowledgement (999)	Phase I - IV
	*Claim Acknowledgment (277CA)	Phase IV
	*Claim Pending (277P)	N/A
CYCLE 3 90 days (11-1-16 to 1-30-17)	ERA (835)	Phase III
CYCLE 4 120 days (2-1-17 to 6-1-17)	Professional Claim (837P)	Phase IV
	Institutional Claim (837I)	Phase IV
	Dental Claim (837D)	Phase IV
	*Health Care Service: Data Reporting (837R)	N/A
CYCLE 5-6 90 DAYS (9-1-17 to 11-30-17)	Eligibility/Benefit Inquiry (270/271)	Phases I - II
	Healthcare Services Request (278)	Phase IV
CYCLE 7 (Postponed – TBD)	*Claims Attachments (275)	N/A
	Application Reporting for Insurance (824)	N/A
	*Claim Request for Additional Info (277RFI)	N/A

*X12 transaction not federally mandated.

X12N v7030 Public Comment Period

Cycles 5 & 6 – Milestones for CAQH CORE Review

**X12
Publication of
Draft X12N
v7030 270/271
& 278 TR3s
for Public
Review**

Milestone 1: CAQH CORE Notification to CORE Participants (09/01/17)

CAQH CORE distributes email notification to CORE Participants outlining CORE Review Process for the Draft X12N v7030 270/271 and 278 TR3s and opportunities for CORE Participants to engage in the CORE Review Process.

Milestone 2: Development of Draft CAQH CORE Comments (09/01/17-10/13/17)

CAQH CORE conducts review of the Draft X12N v7030 270/271 and 278 TR3s and develops draft comments, per the three focus areas for CORE: ROI, data content, and maintenance.

Milestone 3: CORE Participant Feedback (10/14/17-11/10/17)

Hold CORE Participant Only call to share initial findings. Gather feedback on call and through a formal feedback template that will be distributed to CORE Participants.

Milestone 4: Revise Draft CAQH CORE Comments (11/11/17-11/25/17)

Revise draft comments to integrate feedback from CORE Participants.
Hold a second CORE Participant call if necessary.

Milestone 5: Submission of CAQH CORE Comments to X12 (11/26/17- 11/30/17)

Submit comments on Draft X12N v7030 270/271 and 278 TR3s to X12 via X12 public comment tool.

Polling Question #4

As you think about 2017 status, what needs to be prioritized by CORE in 2018?

(Select all that apply.)

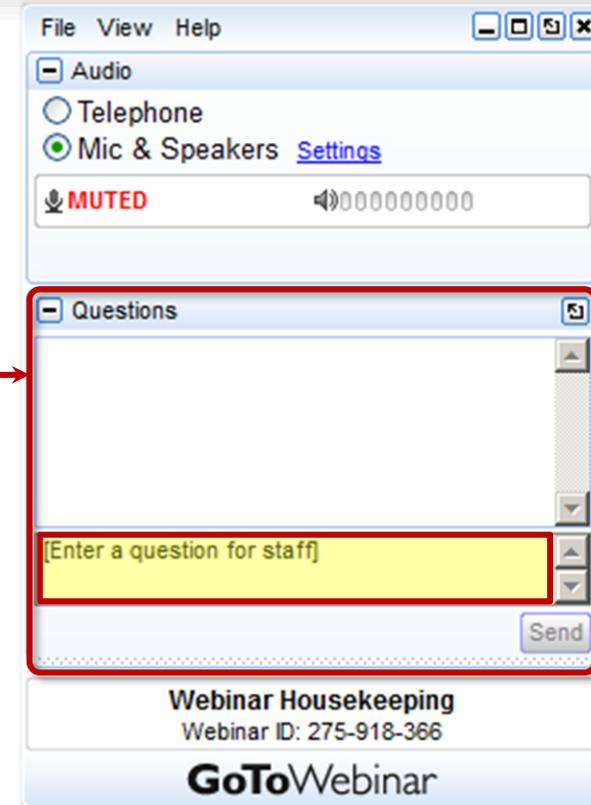
1. Track adoption of existing; publish how adoption/tracking process can/can not be replicated for future efforts
2. Further define cross over with FFS and VBP work, and merger of clinical and administrative data exchange efforts
3. Double down on voluntary Certification and Enforcement.
4. Other: Please specify in Questions panel.

Audience Q&A

Please submit your questions

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

You can also submit questions at any time to CORE@caqh.org



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

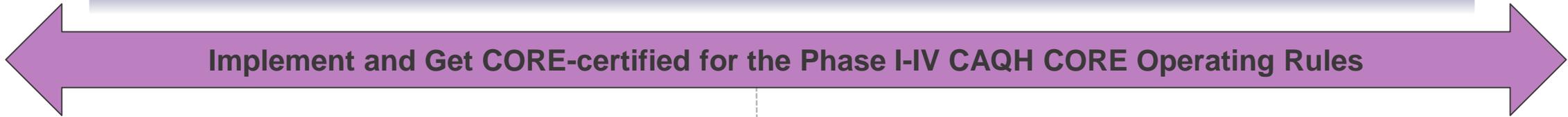
- Navigate to the Resources section for today's event to find a PDF version of today's presentation slides
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days

Resources

- [Presentation Slides](#)

CAQH CORE 2017 Timeline

Examples of How To Get Involved



Value-based Payments	Action: Register for future VBP education webinars. CORE Participants: Join VBP Task Group.	
Prior Authorization Stage 2	CORE Participants: Join PA Subgroup; Register for July 27th PA education webinars.	
Attachments Webinars	Action: Register for future Attachments education webinars.	
CORE Code Combinations	Compliance Based Review	Compliance Based Review Market Based Review
EFT/ERA Enrollment Data Elements Maintenance	Action: Submit response to "Call for Submissions. CORE Participants: Join Enrollment Data Task Group.	Comprehensive Review

Upcoming CAQH CORE Education Sessions

2016 CAQH Index: Tracking Industry Trends and Cost Savings in Use of Electronic Healthcare Business Transaction

WEDNESDAY, JUNE 28ST, 2017 – 2 PM ET

Voluntary CORE Certification National Webinar – Value of Certification

THURSDAY, JULY 13TH, 2017 – 2 PM ET

CAQH CORE Participant Call on Approach to Adoption of Electronic Prior Authorization Transactions

THURSDAY, JULY 27TH, 2017 – 2 PM ET

THIS CALL IS ONLY OPEN TO CAQH CORE PARTICIPATING ORGANIZATIONS

Save Time and Money! CAQH CORE and OrboGraph Discuss Value of Implementing the Phase III CAQH CORE Operating Rules

THURSDAY, AUGUST 31ST, 2017 – 2 PM ET

To register for these, and all CORE events, please go to www.caqh.org/core/events

Thank you for joining us!



@CAQH

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.