

simplifying healthcare administration

CAQH[®]

Committee on Operating Rules For Information Exchange (CORE[®])

Presentation for HIPAA Summit

March 2015

Discussion Items

- CAQH and CAQH CORE
- Operating Rule Requirements
 - In Market
 - Under Development
- Adoption of Requirements
 - Tracking and Methods
- Next Steps

Overview of CAQH



PROVIEW

Service that replaces multiple paper processes for collecting provider data with a **single, electronic, uniform data-collection system** (e.g., credentialing, provider directories)

1.3M+
Provider Users
700+ payers



COB Smart

Industry-wide registry of coverage status information that enables health plans and providers to identify individuals with multiple forms of coverage to ensure claims are processed correctly the first time

110M+
Lives Covered Data



Enroll Hub

Service that enables **providers to enroll in EFT/ERA with multiple payers** and manage e-payment information in one location, automatically sharing updates with selected payer partners

50K+
Provider Practices



Industry-wide, multi-stakeholder collaboration to facilitate development and adoption of **national operating rules for administrative transactions**

130+
Stakeholders plus multiple
Industry-wide inputs



Includes Efficiency Index; objective industry collaboration **tracking progress** and **savings** associated with **adopting e-solutions** for administrative transactions across industry

4B+
Transactions Tracked



Committee on Operating Rules
for Information Exchange

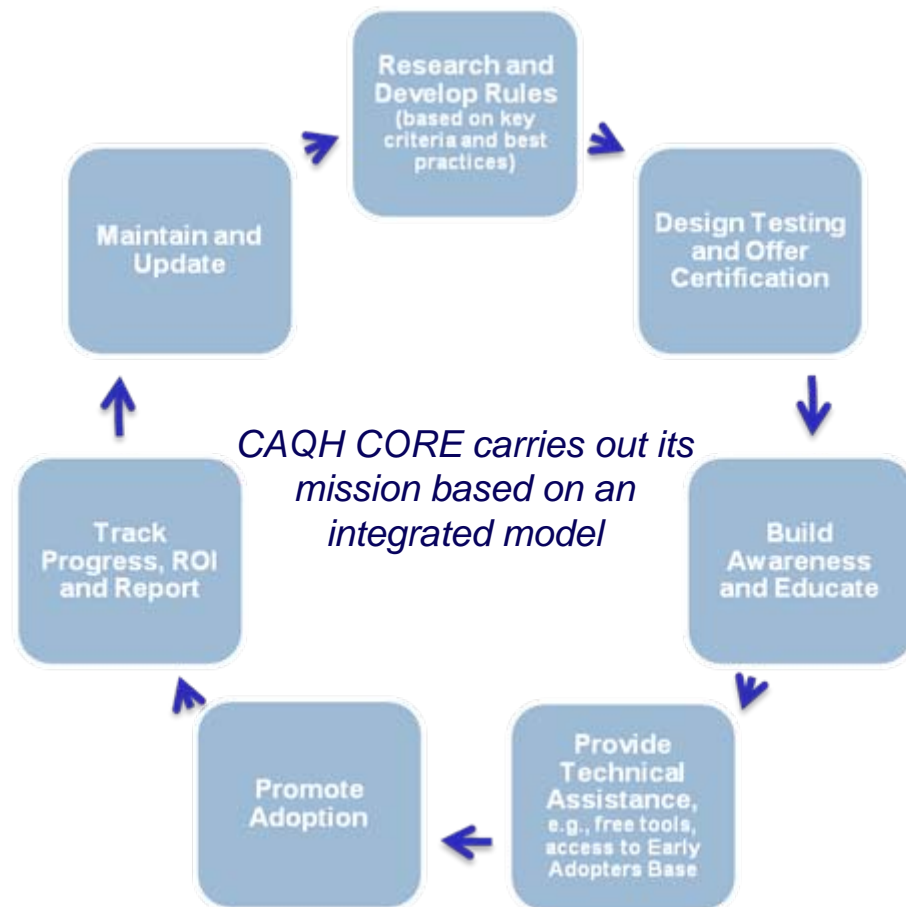
CAQH CORE: Background and History

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 need.

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.

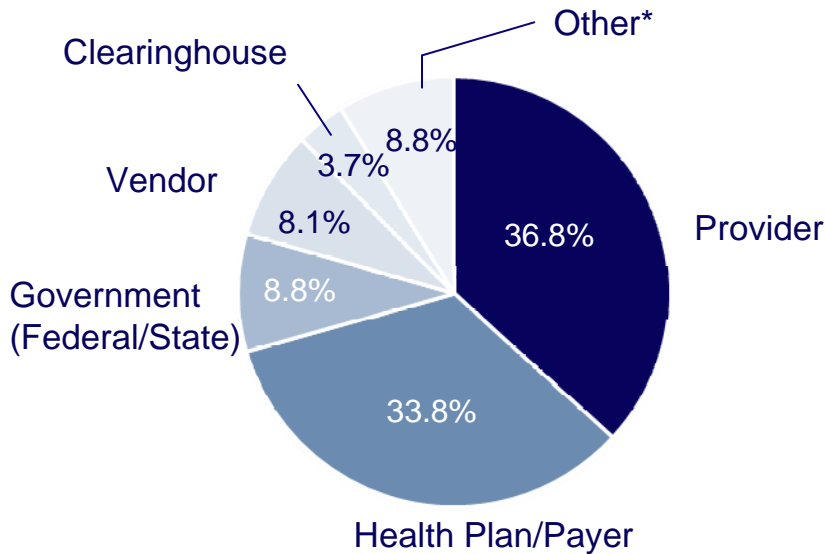
BOARD Multi-stakeholder. Voting members are HIPAA covered entities, some of which are appointed by associations such as AHA, AMA, MGMA. Advisors are non-HIPAA covered, e.g. SDOs.



Sample Findings

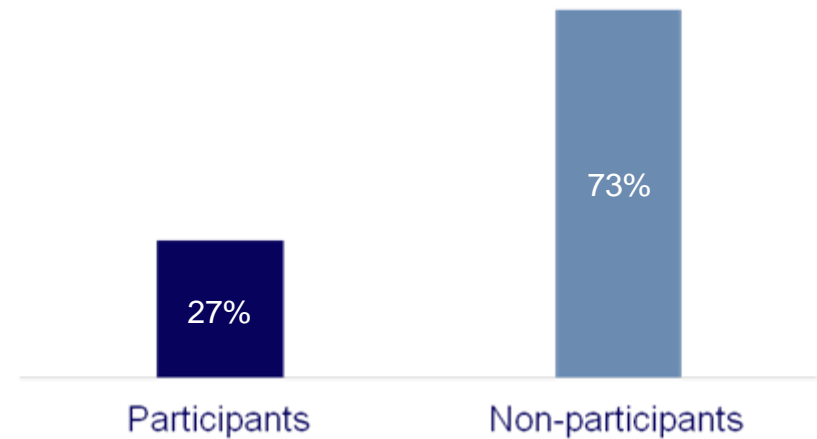
Respondents to CAQH CORE Public Survey Regarding Rule Priorities

Entity Type of Respondents
n=136



*Examples of "other" respondent types include associations and standard development organizations (SDOs)

Percentage of CORE Participants
n=136



Scope of CAQH CORE Operating Rules

INFRASTRUCTURE	CONTENT
Connectivity & Security	
Response Time (Batch/Real-time)	
System Availability	Supports use of recognized standards that can deliver valuable structured data, e.g., remaining deductible via X12, trace number in NACHA CCD+
Exception Processing Error Resolution	
Roles & Responsibilities	
Companion Guides	
Acknowledgements	

Operating rules are developed to facilitate administrative interoperability by building upon recognized standards and ensuring benefit for each critical stakeholder. The requirements are driven by key criteria; e.g. alignment with clinical, ROI, defined technical needs.

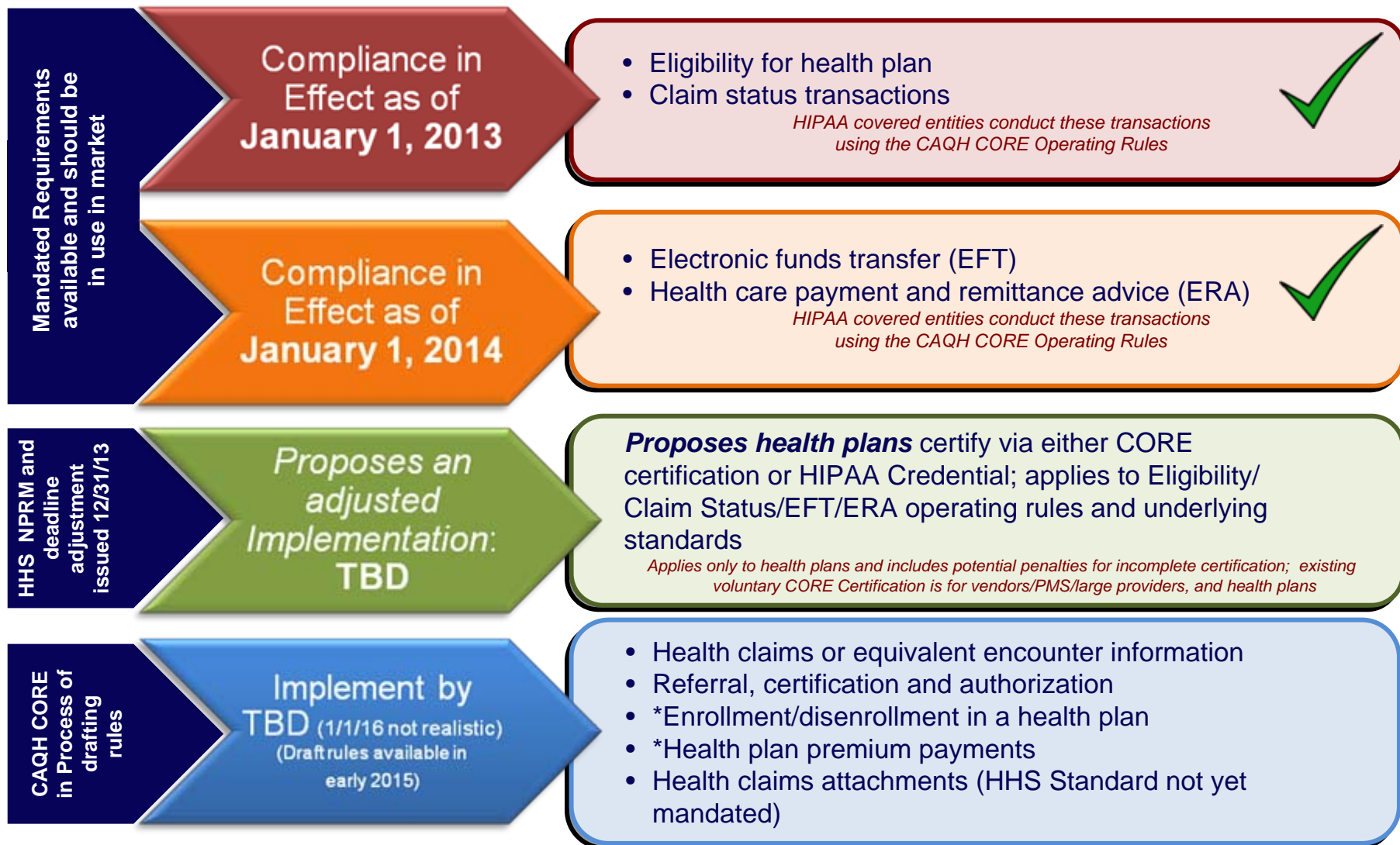
Operating Rules compliment and support healthcare and industry neutral standards—they *do not repeat or reiterate standards; they work in unison.*

Infrastructure rules apply across transactions – establishing basic expectations on how the US data exchange “system” works, e.g. ability to track response times across all trading partners, safe harbor security.

Content rules support the exchange of valuable data that allow stakeholders to access information needed to manage an agile process; rules can address ongoing maintenance, setting expectation of evolution.

ACA Mandated Operating Rules and Certification

Compliance Dates



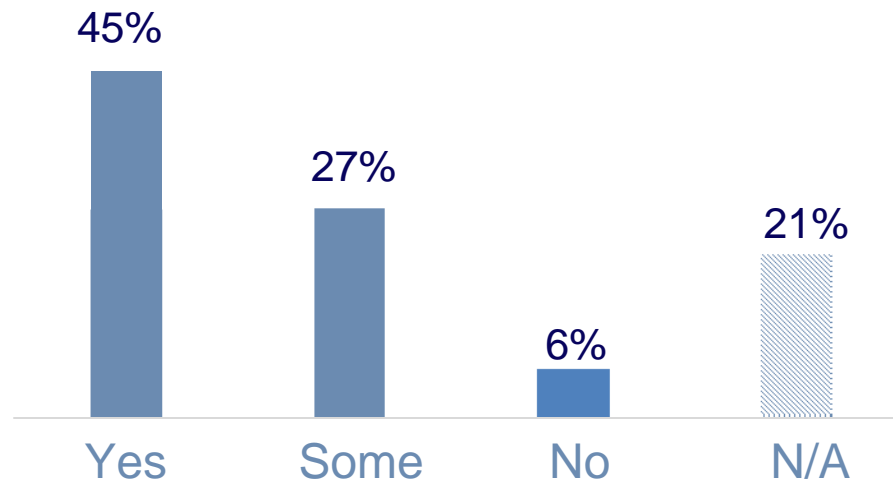
*Also used in federal and state Health Information Exchanges (HIX) implementations

Sample Findings

HIX and non-HIX Resource Overlap

(n=33 CORE participating entities with varied roles in HIX)

Question. Do the same IT systems/resources (including staff) at your entity process the ASC X12N v5010 834 and/or the ASC X12N v5010 820 for both traditional HIPAA processes and FFM/SBM implementations?



CAQH CORE Phases and Requirement Overview

		Existing CAQH CORE Operating Rule Requirements Phases I-III			
		Eligibility	Claim Status	EFT	ERA
Infrastructure		X	X	X	X
Data Content		X	N/A	X	X
	<p><i>Examples:</i></p> <p>YTD deductibles</p> <p>Co-pays</p> <p>Service-level info that aligns with clinical priorities, e.g. lab</p>			<p><i>Examples:</i></p> <p>Trace numbers</p> <p>Required enrollment expectations</p> <p>Proactive maintenance process that is part of the regulations ongoing role</p>	<p><i>Examples:</i></p> <p>Trace numbers</p> <p>Uniform reject codes</p> <p>Proactive maintenance process that is part of the regulations ongoing role</p>

Scope of Draft Phase IV CAQH CORE Rule Requirements

Reminder: Attachments not included; there is no formal HIPAA Attachment standard(s).

Infrastructure Requirement	Prior Authorization ¹	Claims	Enrollment ¹	Premium Payment ¹
Processing Mode	<i>Batch or Real Time Required</i>	<i>Batch Required; Real Time Optional</i>	<i>Batch Required; Real Time Optional</i>	<i>Batch Required; Real Time Optional</i>
Batch Processing Mode Response Time	<i>If Batch Offered</i>	X	X	X
Batch Acknowledgements	<i>If Batch Offered</i>	X	X	X
Real Time Processing Mode Response Time	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>
Real Time Acknowledgements	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>	<i>If Real Time Offered</i>
Safe Harbor Connectivity and Security²	X	X	X	X
System Availability	X	X	X	X
Companion Guide Template	X	X	X	X
Other unique to transaction	N/A	Include guidance for COB in Companion Guide given COB issues	Timeframe requirements for receiving system to process transaction within five business days	Timeframe requirements for receiving system to process transaction within five business days

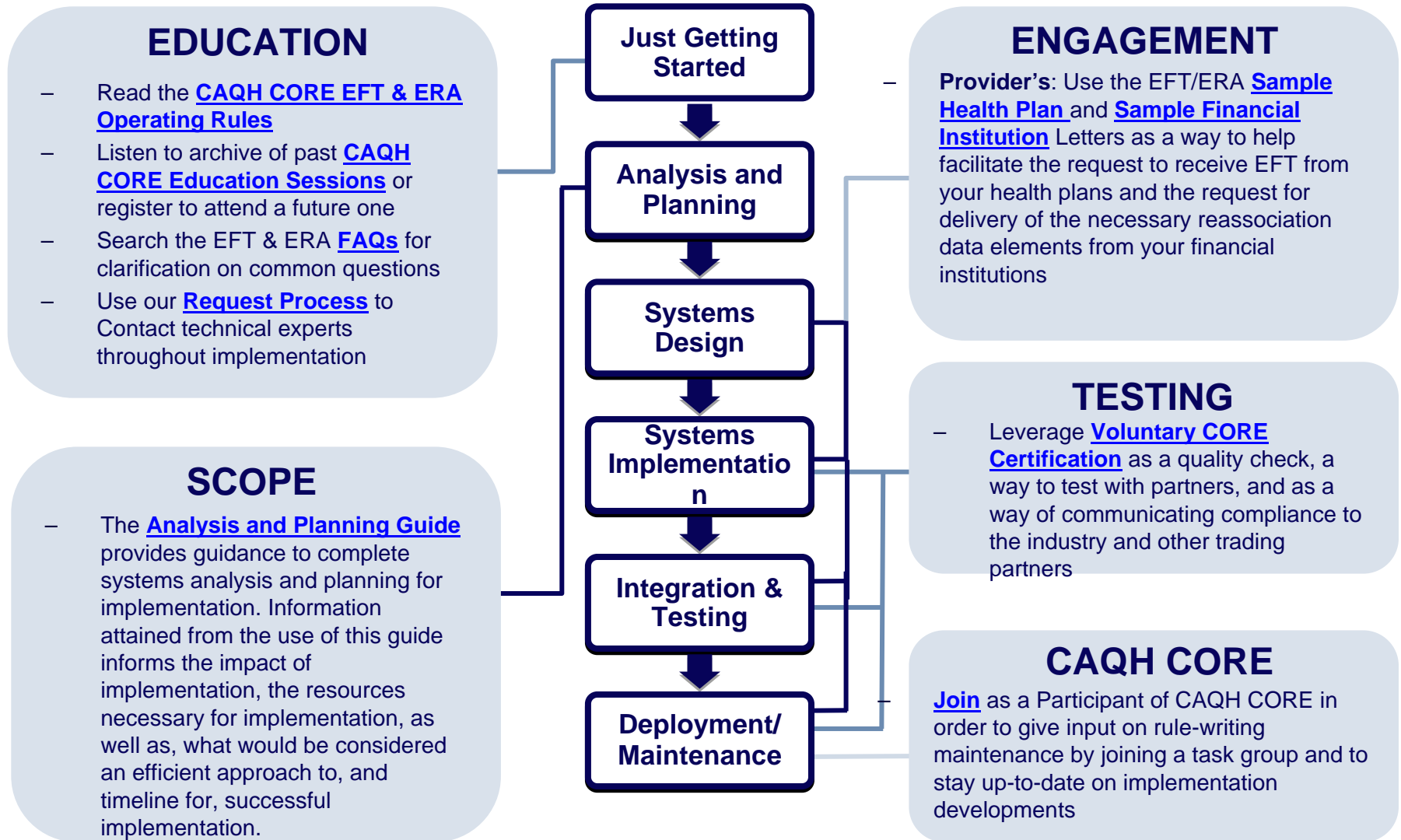
X = Required

¹ Also conducted by the Health Insurance Exchanges (HIXs) and as a result, significant research conducted by CAQH CORE.

CAQH CORE Certification

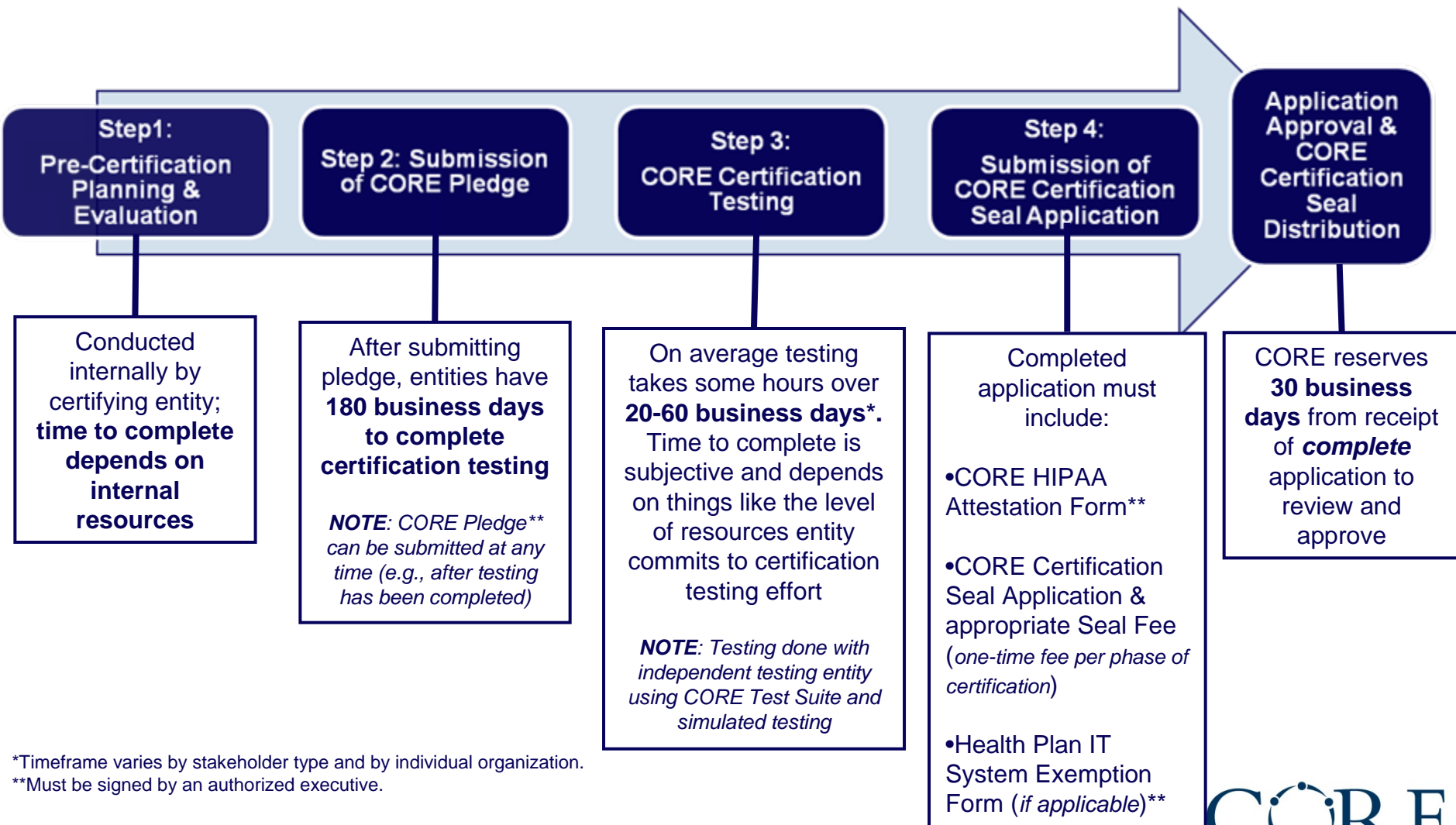
- **WHAT:** Since its inception, CAQH CORE has offered *voluntary* Certification
 - Applies to health plans, vendors, clearinghouses, and providers
 - Is stakeholder-specific: each entity type completes testing specific to their stakeholder type
 - Available for all CAQH CORE phases that have been federally mandated
 - Also requires acknowledgements, which have always been a part of the CORE infrastructure requirements
 - Testing via independent testing entity combined with application forms to CAQH CORE
- **WHO:** Nearly 180 CORE Certifications from a range of stakeholder types
 - Creating a network of forward-moving trading partners
- **WHY:** Range of internal and external reasons
 - Provides verification that IT systems or products operate are in compliance with the required operating rules and underlying standards
 - Encourages trading partners to work together on data flow and content needs, creating a network of trading partners with useful, accessible and relevant expectations
 - Achieves maximum ROI because all entities in data exchange follow the Operating Rules; once CORE-certified need to follow Operating Rules with all trading partners
 - Encourages a means to voluntary, community-driven enforcement process

Implementation Steps for HIPAA Covered Entities: *Tools and Resources: EFT/ERA Example*



CAQH CORE Certification

Key Steps (assumes IT systems have been updated)



*Timeframe varies by stakeholder type and by individual organization.

**Must be signed by an authorized executive.

CAQH CORE Certification:

Key Components to the Process Beyond Testing

CAQH CORE HIPAA Attestation

- All entities that become CORE-certified are assumed to be HIPAA compliant.
 - Organizations pursuing CORE certification are required to attest to this fact.
 - The CORE Attestation Form reflects compliance with Operating Rules and the underlying standards associated with each Operating Rule.
- The form must be signed by an appropriate senior-level executive.
- All entities – including vendors and other non-HIPAA covered entities - getting CORE-certified have to sign the form.
 - “[*Entity name*]... hereby submits this attestation to compliance with applicable provisions of the Administrative Simplification provisions of the [HIPAA], as amended by [HITECH] and [ACA] and the standards, operating rules, and related regulations and guidance promulgated thereunder... as may be amended from time to time.”

CAQH CORE Enforcement

- All entities – including vendors and other non-HIPAA covered entities - getting CORE-certified agree to the CAQH CORE Enforcement Policy.
 - A complaint-driven process that requires documentation (electronic or paper) demonstrating multiple instances of non-conformance.
- Any healthcare provider that is an end-user of a CORE-certified product may lodge a complaint. All CORE-certified entities can also submit complaints.
 - The complaint must be made by submitting a CAQH CORE Request for Review of Possible Non-Compliance Form to CAQH CORE.
 - De-certified organizations are entitled to seek recertification by re-completing the CORE Certification process and paying all required fees again. De-certified entities can no longer use the CORE Certification

Driving Adoption and Tracking Status

Aligning the Methods

Government Incentives



NOW: Medicare eligible professionals can earn **tens of thousands of dollars** in Stage 1 and 2 Meaningful Use payments for reaching menu of objectives.

Community Expectations



NOW: CORE Certification Seal is becoming a trading partner expectation, e.g. being added as a **contract obligation** by health plans and providers and referenced in state regulations, driving expectations on ubiquity of infrastructure and content. Public website lists the entities and products that are CORE-certified. Industry building a set of “network expectations”.

Government Penalties



NOW: HIPAA transactions requirements have a reactive regulatory compliance process that includes penalties up to \$1.5M per entity (increased due to HITECH).

NEW: ACA outlined a new proactive audit listing of health plans only to check if they have certified their compliance with operating rules and underlying standards; fail to certified can amount to fee of **\$1 per covered life per day** until certification is completed.

CAQH Efficiency Index: *Overview*

- **What it is:** Annually tracks and reports progress by the healthcare industry in its ongoing transition from manual to electronic administrative transactions.
 - **Process**
 - Using agreed upon data collection tools, data is collected from both health plans and providers; HIPAA transaction tracking must be done retrospectively given data exchange model.
 - Data collection and analysis supported by CAQH and independent third party; Milliman in 2014.
 - An Advisory Council, representing all facets of the industry, guides the Index efforts.
 - **Deliverables**
 - A [free public report](#) on the CAQH website with aggregated, segment and transaction specific data on adoption levels and cost savings; individual contributor data not shared publically.
 - A free, user-friendly web-based savings calculator that any health plan or provider can use to estimate their cost saving opportunity.
 - Contributors receive benchmark reports of averages against their own organization.
 - **2014 Findings:** Approximately 45 percent of the commercially covered population contributed data to the 2014 Index using over 4 billion transactions.
 - Billions in savings, and clear call to action to drive the focus on community expectations for all stakeholders.

Next Steps for CAQH CORE

- Fully support ongoing ACA commitments.
 - Development
 - Complete draft Phase IV operating rules
 - Continue focus on studying status and opportunities for Attachments; educate HHS and industry on options for a milestone-driven Attachments migration path
 - Education and outreach
 - Continue to offer free, public webinar and tools that highlight best practices and industry implementation
 - Certification
 - Continue to offer *voluntary* certification for mandated operating rules
 - Support any potential role in the ACA envisioned certification process
 - Maintenance
 - Continue proactive maintenance of mandated operating rules
- Socialize and execute future strategic vision for non-ACA, voluntary efforts.
 - CORE Board outlining options as well as milestones to seek industry input