



CAQH CORE's Health Care Claims Subgroup Overview:

Streamlining Claims Management

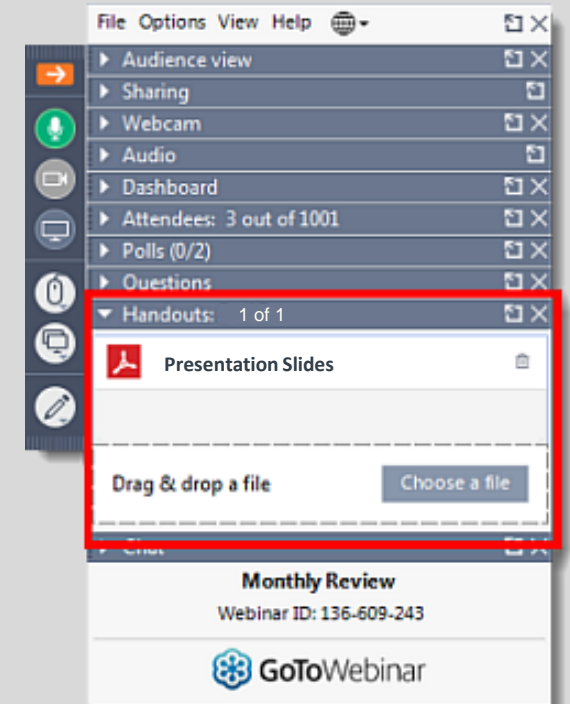
April 12, 2023

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Agenda

- CAQH CORE Overview
- Health Care Claims Research
- Health Care Claims Subgroup Overview
- Call to Action
- Q&A

Today's Speakers

Randy Gabel



OhioHealth

Senior Director, Revenue Cycle

Peter Benziger



CAQH CORE

Senior Manager

Bob Bowman



CAQH CORE

Principal, Interoperability and Standards

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CAQH CORE Overview

CAQH CORE Mission, Vision, & Industry Role

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: The **Department of Health and Human Services (HHS)** designated **CAQH CORE as the national Operating Rule Authoring Entity** for all HIPAA mandated administrative transactions to improve the efficiency, accuracy, and effectiveness of industry-driven business transactions.

INDUSTRY ROLE: **Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

CAQH CORE BOARD: Multi-stakeholder. Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



More than 100 CAQH CORE Participating Organizations

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

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
- South Dakota Medicaid
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Integrated Plan/Provider

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

Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- 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
- Ortho NorthEast (ONE)
- St. Joseph's Health
- Virginia Mason Medical Center

Vendors & Clearinghouses

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

Other

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

Commercial, Governmental, and Integrated Health Plans account for 75% of total American covered lives

Operating Rules Defined



ACA Definition

- The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”
- Federally mandated for the HIPAA adopted electronic standards.



Common in Other Industries

- Financial services, transportation, and retail are examples of other industries that rely on operating rules.
- For example, ATM data exchange in Banking rely on Operating Rules for global data exchange.

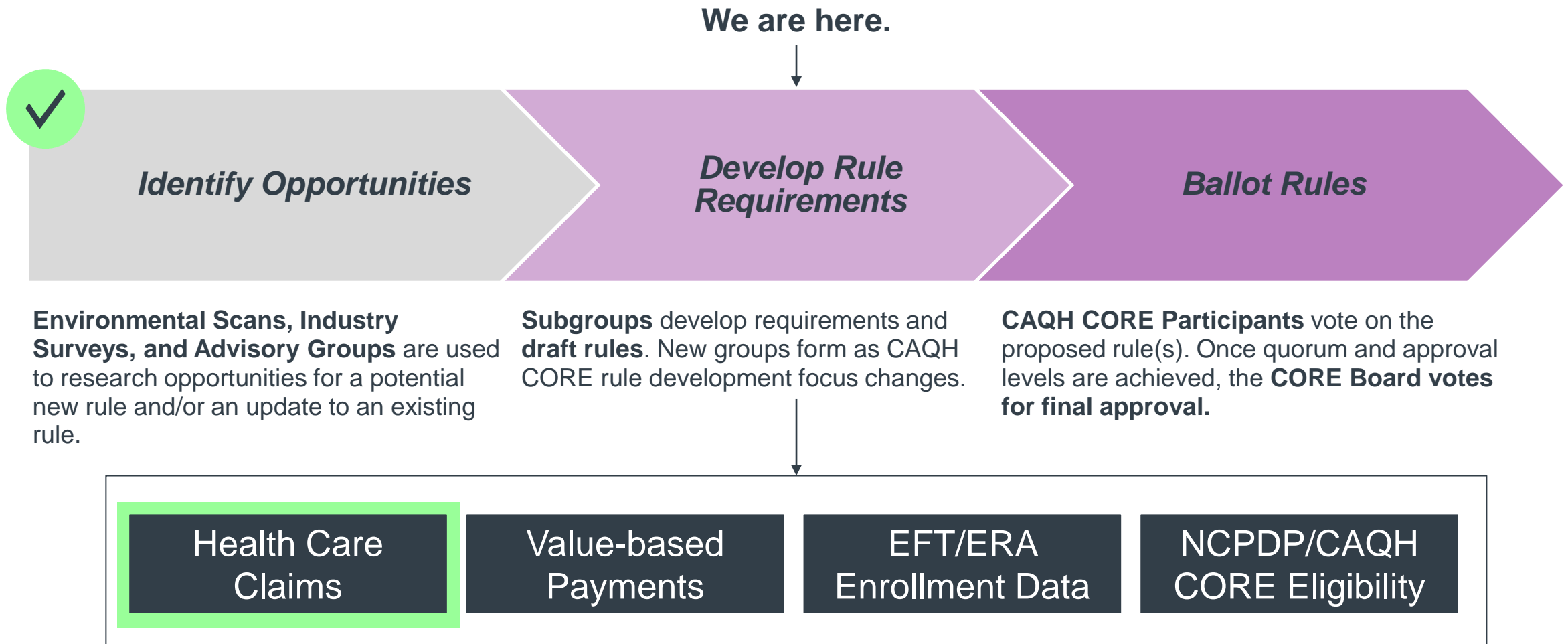


Support Revenue Cycle Automation

- Operating rules create common expectations for electronic data exchange, allowing provider and payer systems to automate communications across trading partners.
- Can address both the data content and infrastructure to support a transaction.

2023: A Rule Development Year for CAQH CORE

Operating Rule Development Process:



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Health Care Claims Research

Summary of Findings from Focus Groups, Interviews and Polling



Research

Focus Groups with **36 unique participants**

10+ interviews across vendors, payers and providers

Surveying of 12+ organizations, including live polling in group discussions and detailed surveying

Follow up discussion and analysis to inform initial areas of opportunity for a Health Care Claims Data Content rule



Findings

82% of those surveyed support **a focus on the 277CA**

For crossover claims, “we had to build something where **the customer would have to identify the secondary payer**”

75% of those surveyed support **alignment of Telehealth POS standards**



Publications

CAQH CORE Health Care Claims Focus Group Straw Poll Results



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Health Care Claims Subgroup Overview

Health Care Claims Rule Development Opportunities

**Preliminary
Opportunities
from
Research
Conducted in
CY 2022 and
Q1 2023:**



Telehealth Place of Service (POS) assignment



Coordination of Benefits data content



Value-based Payment supplementary diagnosis transmission



Improving the use of the **Claim Acknowledgement – 277CA**



Additional topics as proposed by CORE Participants (e.g., FHIR/API considerations, demographic information standardization, etc.)

Scope, Goals and Timeline

Subgroup Scope



Exploration of how CAQH CORE Data Content Operating Rules enhance health care claims workflows; preliminarily focused on the following opportunity areas:

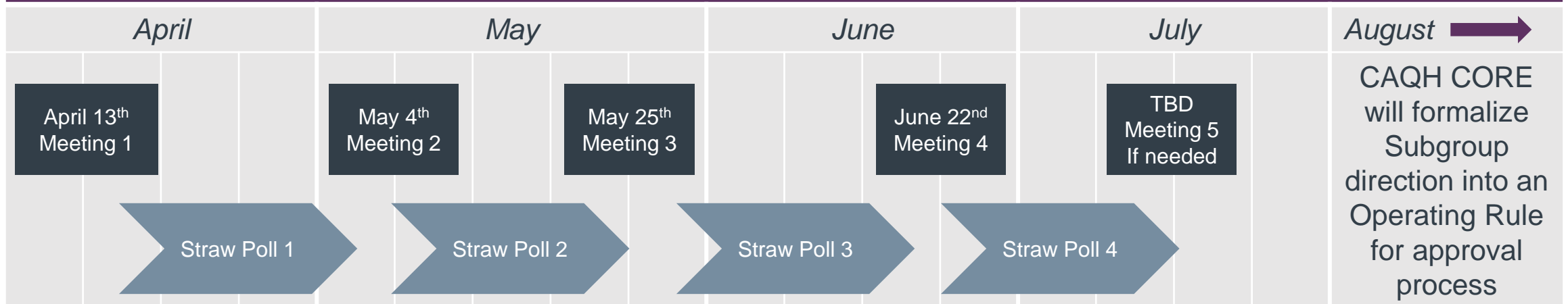
- Uniform methods
- Creation of a CAQH CORE Data Content Operating Rule

Subgroup Goals



Inform and prioritize CAQH CORE Operating Rule content and development.

Health Care Claims Subgroup Timeline



Call to Action

Become a CAQH CORE Participant:



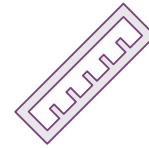
Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.

Become CORE Certified:



Demonstrate conformance and commitment to streamlining administrative data exchange.

Participate in Ongoing Pilot/ROI Assessments:



Work with CAQH 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 on proposed standards and operating rules.

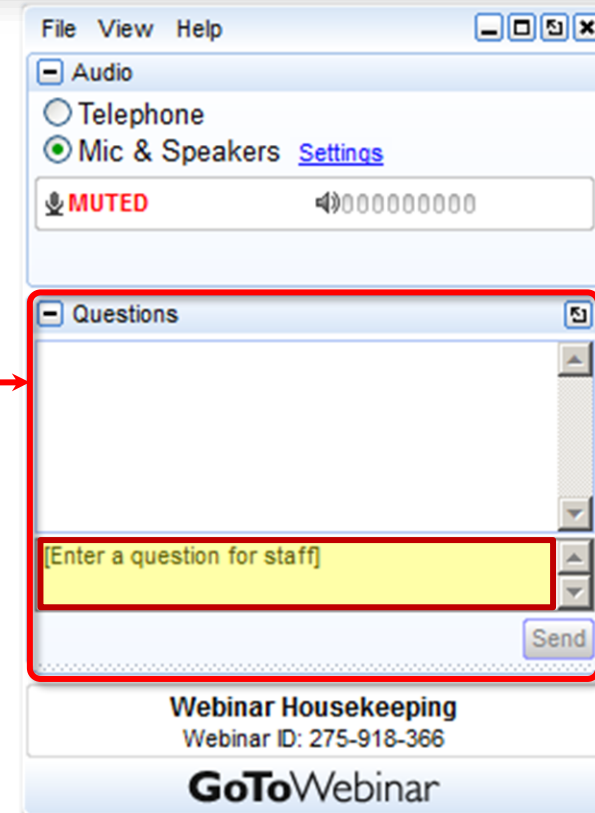
E-mail CORE@CAQH.ORG to Get Involved!

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



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Upcoming CAQH CORE Educational Events



National Dental EDI Council (NDEDIC)'s 2023 EDI Summit

Opportunities to Improve the Dental Revenue Cycle Workflow: 2022 CAQH Index® Findings and CAQH CORE Operating Rules
April 25, 2023 | 1:15-2:45 pm CT

CAQH CORE Value-based Payments Webinar

May 3, 2023 | 2:00-2:30 pm ET

WEDI Spring Conference

Panel (X12, HL7, NCPDP and CAQH CORE): Standards Development and Operating Rules Organization Updates
May 22, 2023 | 12:00-1:00 pm ET

Thank you for joining us!



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.