CAQH CORE Industry Webinar: Preparing for NCVHS Review of Proposed Operating Rules

December 8, 2022

Agenda

- **CAQH CORE Overview and Vision**

- **Federal Update**

- **NCVHS Rule Package**
  - › Updated: CAQH CORE Connectivity Rule vC.4.0.0
  - › Updated: CAQH CORE Infrastructure Rules – System Availability Requirements
  - › Updated: CAQH CORE Eligibility & Benefits Operating Rules
  - › New: CAQH CORE Attachments Operating Rules

- **NCVHS Comment Letter Resource Reminders**

- **NCVHS Rule Package Summary**

- **Discussion with Tim Kaja and Q&A**

CAQH
CORE

Logistics
Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials:
  - You can download the presentation slides now from the "Handouts" section of the GoToWebinar menu.
  - You can download the presentation slides and recording at www.caqh.org/core/events after the webinar.
  - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.

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

Download the Slides Now
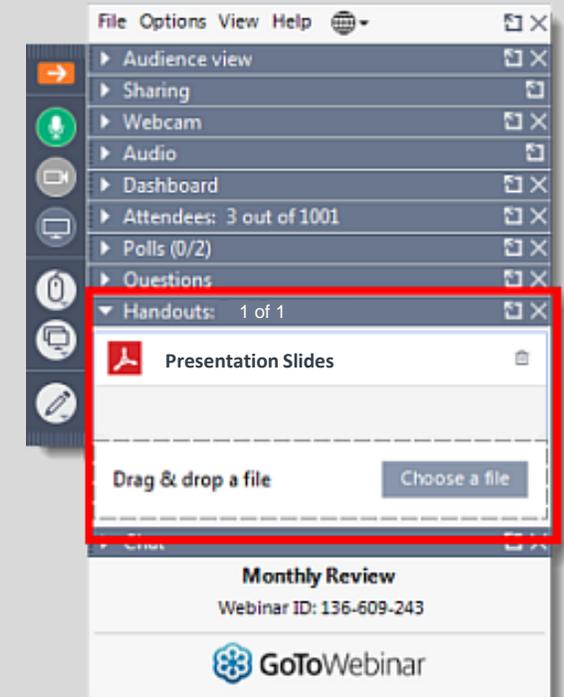
Today's Speaker
Tim Kaja, President, Optum Health Networks and EHR Strategy, UnitedHealth Group

As President of Network, Network Support and EHR Strategy/Operations for Optum Health, Tim is responsible for the development and execution of Optum Health's national network contracting operations. This includes Payer and Provider contracting to support risk membership growth across all lines of business and products. In addition, Tim is responsible for developing and executing the next generation of Optum Health's EHR and digital adoption strategy across Optum's clinics and operations. Tim is Immediate Past Chair for the CAQH CORE Board and a member of the CAQH Board.

CAQH CORE
Overview and Vision

Erin Weber
Vice President, CAQH CORE

CAQH CORE Operating Rules Streamline the Business of Healthcare

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population.**

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.
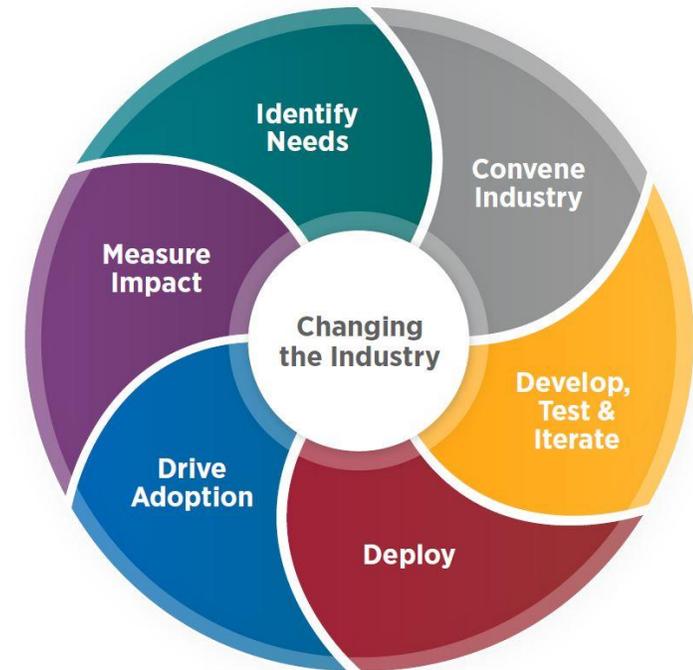
DESIGNATION

CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.** The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative 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.

Identify Needs · Convene Industry · Develop, Test & Iterate · Deploy · Drive Adoption · Measure Impact · Changing the Industry

CAQH CORE

More than 100 CAQH CORE Participating Organizations
Participants Develop and Approve Operating Rules

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
- Coventry Health Care
- Elevance Health
- Government Employees Health Association, Inc. (GEHA)
- Health Care Service Corp
- Highmark, Inc (Highmark Health)
- Health Net Inc. (Centene Corporation)
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)
- UnitedHealthGroup
- UnitedHealthcare

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
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Integrated Plan/Provider
- Highmark Health
- Kaiser Permanente
- Marshfield Clinic

Providers
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association
- 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
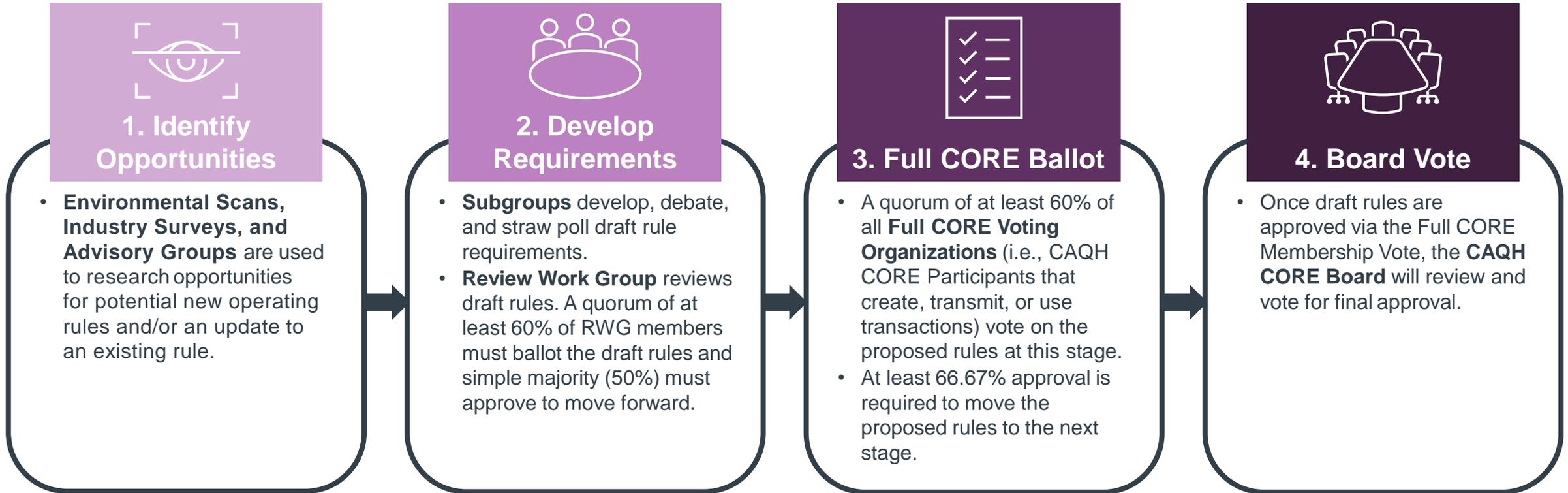
Vendors & Clearinghouses
- AIM Specialty Health
- athenahealth
- Availity, LLC
- Aver
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth
- NextGen Healthcare Information Systems, Inc.
- Olive AI
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- The SSI Group, Inc.
- TIBCO Software, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Virence Health (athenahealth)
- Wells Fargo

Other
- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- HL7
- Mettle Solutions
- NACHA The Electronic Payments Association
- NASW Risk Retention Group, Inc.
- 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)
- Ohio Hospital Association
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission
- WEDI

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

CAQH CORE

CAQH CORE Operating Rule Development Process

1. Identify Opportunities

- **Environmental Scans, Industry Surveys, and Advisory Groups** are used to research opportunities for potential new operating rules and/or an update to an existing rule.

2. Develop Requirements

- **Subgroups** develop, debate, and straw poll draft rule requirements.
- **Review Work Group** reviews draft rules. A quorum of at least 60% of RWG members must ballot the draft rules and simple majority (50%) must approve to move forward.

3. Full CORE Ballot

- A quorum of at least 60% of all **Full CORE Voting Organizations** (i.e., CAQH CORE Participants that create, transmit, or use transactions) vote on the proposed rules at this stage.
- At least 66.67% approval is required to move the proposed rules to the next stage.

4. Board Vote

- Once draft rules are approved via the Full CORE Membership Vote, the **CAQH CORE Board** will review and vote for final approval.

CAQH CORE

Operating Rules Drive Interoperability Across the Revenue Cycle
Three Rule Sets Adopted Under HIPAA

Rule Set	Infrastructure	Connectivity Rule	Data Content	Other	
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.1.0 Connectivity Rule vC2.2.0	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data Rule	
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.2.0			
Payment & Remittance	Claim Payment/ Advice (835) Infrastructure Rule*		EFT/ERA (835/CCD+) Reassociation Rule	EFT/ERA Enrollment Data Rules	Uniform Use of CARCs and RARCs (835) Rule
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule*	Connectivity Rule vC4.0.0**	Prior Authorization (278) Data Content Rule	Prior Authorization Web Portal Rule	Attachments Prior Authorization Rules*
Health Care Claims	Health Care Claim (837) Infrastructure Rule*				Attachments Health Care Claims Rules*
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule*		Attributed Patient Roster (834) Data Content Rule		
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule*				
Premium Payment	Premium Payment (820) Infrastructure Rule*				

Rules in pink boxes are federally mandated.

* Rule is new or updated as of February 2022.

** Connectivity Rule vC4.0.0 can be used to support all rule sets for CORE Certification.

CAQH CORE

Federal Update

Erin Weber
Vice President, CAQH CORE

The Federal Adoption Process for the Proposed Operating Rules

1 **CAQH CORE Writes Letter to NCVHS***

CAQH CORE Board proposes a set of new/updated operating rules to the HHS **Federal Advisory Committee (NCVHS)** for federal adoption. The 5/23/22 letter from the CORE Board to NCVHS can be found here.

2 **NCVHS Collects Industry Feedback**

NCVHS Standards Subcommittee hearing is scheduled for **January 18-19, 2023**. NCVHS has also published a Request for Comment due by **December 15th.**

– NOTE: X12 has also submitted recommendations that HHS mandate most current version of X12 standards with a phased approach for adoption, beginning with 835 & 837 health care claims transactions which will also be reviewed during the January hearing.

3 **NCVHS Makes Recommendation to HHS**

NCVHS sends a letter to the HHS Secretary regarding industry feedback given at the hearing, including a recommendation regarding whether the **operating rules should be mandated.**

4 **Expedited HHS Interim Final Rule Making**

If a mandate is the approach, **HHS issues Interim Final Rule (IFR**) to the industry with a 60-day open comment period. With no major objections, **HHS adopts the final rule and mandates the operating rules.*** Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

Notes: *National Committee on Vital and Health Statistics (NCVHS) | ** Department of Health and Human Services (HHS) | ***HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

CAQH CORE

CAQH CORE Recommendations to NCVHS for Federal Mandate
Proposed Operating Rule Package

Proposed Rules

<u>Updates</u> to Federally Mandated CAQH CORE Operating Rules:

- CAQH CORE Infrastructure Rules for Eligibility, Claim Status, and Electronic Remittance Advice

- CAQH CORE Connectivity Rule vC4.0.0

- CAQH CORE Eligibility and Benefits Operating Rules

<u>New</u> CAQH CORE Attachments Operating Rules:

- CAQH CORE Healthcare Claims Attachments Data Content and Infrastructure Rules

- CAQH CORE Prior Authorization Attachments Data Content and Infrastructure Rules

During the Rule Development Process:

These operating rules were developed and updated through the CAQH CORE multi-stakeholder, consensus-based process and achieved at least **88 percent support from CAQH CORE Participating Organizations**, which represent more than 75 percent of insured Americans, including health plans, providers, vendors, state and federal government entities, and standards development organizations.

CAQH CORE

NCVHS Rule Package

- **Updated: CAQH CORE Connectivity Rule vC.4.0.0**
- Updated: CAQH CORE Infrastructure Rules – System Availability Requirements
- Updated: CAQH CORE Eligibility & Benefits Operating Rules
- New: CAQH CORE Attachments Operating Rules

Erin Weber, Vice President
Bob Bowman, Principal
CAQH CORE

CAQH CORE

Newest Version of CORE Connectivity
Creating Common Expectations for Connectivity and Security Protocols Regardless of the Standard

The CAQH CORE Connectivity Rule vC4.0.0 is a single, uniform Connectivity Rule that supports administrative and clinical data exchange. The rule updates and aligns CAQH CORE connectivity & security requirements to support REST and other API technology, building upon prior versions of CAQH CORE Connectivity.

Existing: HIPAA-mandated Connectivity Rule
Established transport, authentication, data-inclusion and error-reporting standards for batch and real-time transactions.

Update: CAQH CORE Connectivity Rule vC.4.0.0
The updates to CORE Connectivity serve as a bridge between the existing and emerging standards and protocols and the adoption of contemporary security and authentication standards to ensure industry interoperability needs are met.

Key Connectivity Requirements:

- Use of **public internet** connection and **HTTP transport** standards to establish an industry **Safe Harbor**
- Employs **Username and Password** with optional use of **digital certificate** for authentication
- Use of both **SOAP** and **MIME messaging standards**
- **Defined metadata** to relieve burden of implementation and reduce variances across industry
- Supports **batch** and **real time** interactions meeting industry needs
- Specifies **error handling** processes and messaging requirements
- Requires development and implementation of a **capacity plan**

Updates to the CORE Connectivity vC4.0.0:

- Continues **Safe Harbor** Connectivity requirements to support **SOAP messaging standards**
- Incorporation of HTTPS and more stringent security standards – **TLS 1.2 or higher**
- Requirement to use digital certificate for authentication – **X.509**
- Implementation of stronger authorization standards – **OAuth 2.0**
- Add support for the exchange of **Attachments transactions – including X12 275, HL7 C-CDA, FHIR, etc.**

Addition of REST standards in vC4.0.0:

- Support for standard-agnostic **REST** style web resources
- Messaging in human-readable **JAVA format**
- Support for **API integration and versioning standards** for CORE Connectivity

CAQH CORE

CAQH CORE Connectivity Operating Rule Update
Benefits of Adoption

CAQH CORE Vision for Connectivity: The CAQH CORE Connectivity Rules address connectivity and security of administrative data exchange and establish a **national base** guiding healthcare communication.

CAQH CORE Connectivity Rule vC4.0.0 Business Case:

- Aligns the CAQH CORE Connectivity Rule vC4.0.0 to support frameworks proposed in the **CMS and ONC interoperability rules,** including the use of REST and other API technology**.**

- Establishes a **Safe Harbor** that aligns with existing IT implementations and supports emerging approaches for exchanging data by **continuing to support SOAP** as an exchange method and **adding support for data exchanged using REST**.

- Supports the intersection of administrative and clinical data exchange by adding support for the attachments transaction and publishing a **single updated rule to include all transactions that are addressed in CAQH CORE Operating Rules**, including those in development.

- **Updates the national floor** guiding connectivity communication in the industry.

Future Connectivity Opportunities: CAQH CORE Participants will continue to update the rule to align with current interoperability, privacy and security standards.

CAQH
CORE

Impacts Observed from Connectivity v.4.0.0 Implementers
Feedback from CORE Certification

CORE Connectivity Rules: "**Safe Harbor**" supports a national connectivity mechanism that trading partners can be assured will be supported when healthcare information is exchanged.

One national vendor touching over 60 million covered lives and supporting annual claim payment and remittance volumes of over 450 million transactions indicated they have **enabled support to exchange data via CAQH CORE Connectivity Rule v4.0.0.**

A regional clearinghouse serving 7,000 providers and covering 5.4 millions lives stated that the connectivity rules helped to **reduce implementation timeframes** with trading partners.

One vendor noted that once CORE Connectivity was implemented it helped to **support overall standardization and implementation costs reduction when connecting with trading partners**.

A regional clearinghouse serving 12,000 providers and covering over 2.5 million lives indicated that CORE Connectivity Rules allowed for **easier connectivity and supported reach to more trading partners**; with 1,000 users exchanging data over CORE Connectivity protocols.

CAQH
CORE

NCVHS Rule Package

- Updated: CAQH CORE Connectivity Rule vC.4.0.0
- **Updated: CAQH CORE Infrastructure Rules – System Availability Requirements**
- Updated: CAQH CORE Eligibility & Benefits Operating Rules
- New: CAQH CORE Attachments Operating Rules

Erin Weber, Vice President
Bob Bowman, Principal
CAQH CORE

CAQH CORE

Infrastructure Rules Background

Definition

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.

Note: Infrastructure rules can be used with any version of a standard.

Infrastructure Requirements

Each set of CAQH CORE Operating Rules includes an infrastructure rule with requirements including processing mode, response time, system availability, connectivity, acknowledgements, and companion guides, by transaction.

CAQH
CORE

CAQH CORE Infrastructure Rules for Eligibility, Claim Status, & Remittance
Enhancements Reflect Evolving Standards and 24/7 Business Needs Between Trading Partners

Existing Requirements	vs.	Updated/New Requirements
86% per calendar week	Weekly System Availability	**90%** per calendar week
N/A: Current Mandated CAQH CORE Infrastructure Rules **do not include** a quarterly system availability requirement	Quarterly System Availability	Health plans and their agents may use **24 additional hours** of system downtime per calendar quarter to accommodate larger system updates and maintenance
Phase I & II Connectivity Rules (vC.1.1.0 & vC.2.2.0)	Connectivity	**Most current** CAQH CORE Connectivity Rule (vC.4.0.0)
Companion guides must follow format and flow of CORE Master Companion Guide	Companion Guide	Updates include support for the non-X12 transactions to accommodate multiple standards

Updates to system availability requirements will **increase up-time by 364 hours annually**

- The mandated CAQH CORE Infrastructure Rules* for eligibility, claim status, and remittance advice provide safe harbor connectivity and security standards and dictate requirements for system availability, uniform use of acknowledgements and processing time requirements.

- Industry will benefit from enhanced security, greater system availability, flexibility to accommodate multiple payloads and conformance with the most current CORE Connectivity Rules.

*CAQH CORE Eligibility & Benefits (270/271) Infrastructure Rule; CAQH CORE Claims Status (276/277) Infrastructure Rule; CAQH CORE Payment & Remittance (835) Infrastructure Rule

CAQH
CORE

CAQH CORE Infrastructure Operating Rules Update

Benefits of Adoption

- **Aligns with today's technology and business needs** given the 24/7 nature of healthcare and stakeholder needs to exchange data outside of regular business hours.

- The quarterly system downtime supports overall greater system availability while **allowing for longer, less frequent periods of downtime** in recognition that today's systems are more integrated than in the past.

- Providers will have **improved access to needed data to better serve the patient at the time of service** - improving the revenue cycle, immediacy of care, and the patient experience.

- **Aligns requirements to use the CORE Connectivity Rule v4.0.0** to encourage use of both existing and emerging technology.

CAQH CORE

NCVHS Rule Package

- Updated: CAQH CORE Connectivity Rule vC.4.0.0
- Updated: CAQH CORE Infrastructure Rules – System Availability Requirements
- **Updated: CAQH CORE Eligibility & Benefits Operating Rules**
- New: CAQH CORE Attachments Operating Rules

Erin Weber, Vice President
Bob Bowman, Principal
CAQH CORE

Eligibility and Benefits Background

Eligibility & Benefits Electronic Adoption by Year

Year	Percent
2021	89%
2020	84%
2019	84%
2018	85%
2017	79%
2016	76%
2015	76%
2014	71%
2013	65%
2012	65%
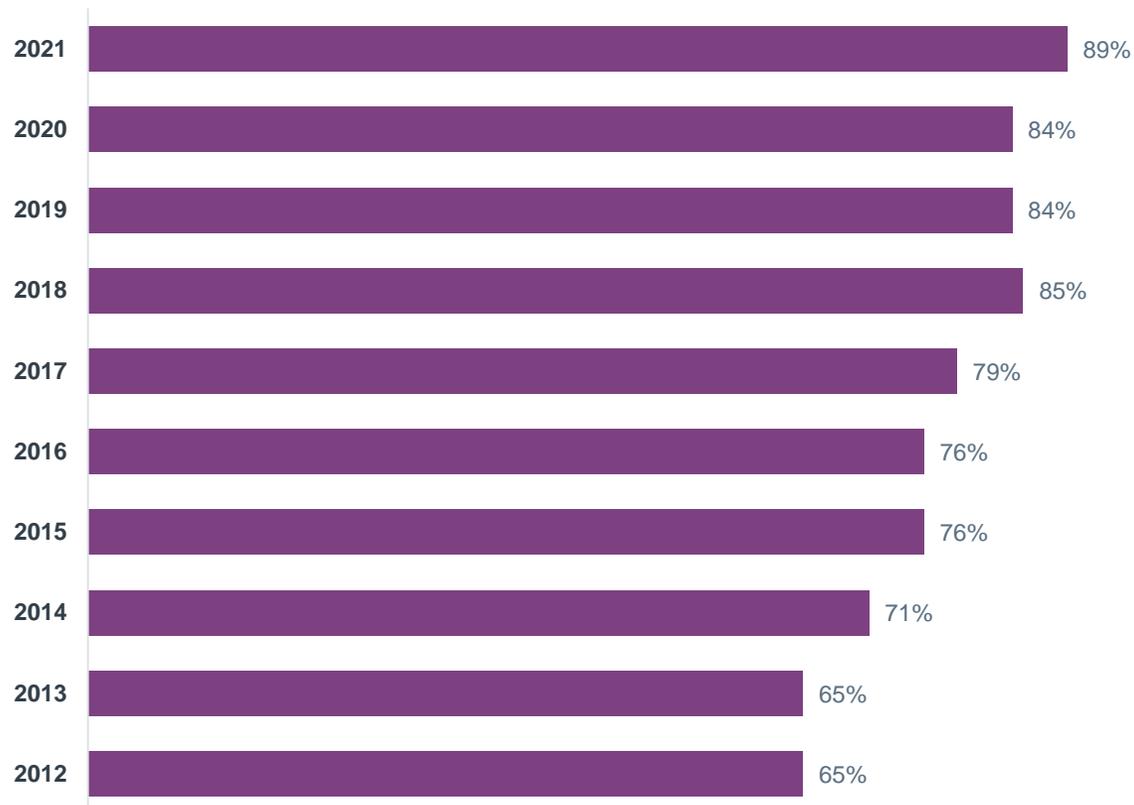
Definition

Eligibility and Benefit Verification: An inquiry from a provider to a health plan or from one health plan to another to obtain eligibility, coverage or benefits associated with the plan and a response from the health plan to the provider.

CAQH CORE Rule

The CAQH CORE Eligibility & Benefits Data Content Rule requires the submission and return of certain uniform data elements in real time for electronic eligibility, coverage and benefit transactions.

CAQH CORE

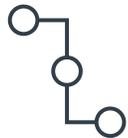# CAQH CORE Eligibility & Benefits Data Content Rule Update
Summary of Updates

The **CAQH CORE Eligibility & Benefits Data Content Rule Update** enhances the exchange of eligibility information between health plans and providers through requirements including providing financial information, especially co-insurance, co-payment, deductible, remaining deductible amounts, and coverage information for a set of service types in real time.
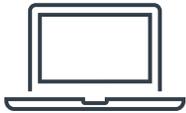
Telemedicine
Addresses emerging needs to communicate telemedicine by requiring the use of CMS's **Place of Service Codes** for Professional Health Claims Code 02 or 10 to indicate what service or benefit is available for telemedicine.

Procedure Codes
Enhances requirements to respond to eligibility and benefit requests at the **procedure level** (e.g., CPT, HCPCS) for Physical Therapy, Occupational Therapy, Surgery, and Imaging.

Service Type Codes
Adds 71 new Discretionary STC codes and 55 new Mandatory STC codes for **a total of 178** CORE-required STC codes.

CAQH CORE

CAQH CORE Eligibility & Benefits Data Content Rule Update
*Summary of Updates*

Prior Authorization/Certification

Requires the communication **if a prior authorization or certification is required** for a CORE-required services or procedures.

Remaining Coverage Benefits

Supports the communication of the number of visits/services left on a benefit by requiring health **plans to return maximum benefit limitations and their remaining benefits** for 10 CORE-required remaining coverage benefit service types.
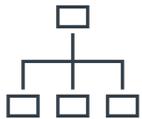
Tiered Benefits

Provides more granular level data for members of tiered benefit plans **including coverage status, patient financial responsibility, remaining benefit coverage, authorization/certification status, and in/out of network determination**. Additionally, communicates tiered network status of in-network, out-of-network, or exclusive/ preferred for the inquiring provider.

The NCVHS proposal also includes the **CAQH CORE Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0** which requires a health plan (or its agent) to return the **patient attribution status (yes/no/partial) and effective dates of attribution**.

CAQH CORE

CAQH CORE Eligibility and Benefit Operating Rules Update
Benefits of Adoption

Updates to the **CAQH CORE Eligibility and Benefit Operating Rules** ensure pressing industry needs are met while supporting the opportunity to achieve significant cost and time savings.

Cost Savings

The cost to conduct a manual eligibility and benefit check increased in 2020, driven by telemedicine

- The medical industry cost-savings opportunity per manual medical eligibility and benefit transaction was **$15.09 in 2020**, **nearly double the manual cost in previous years**.
- The emergence of telehealth during the COVID-19 drove this increase as plans and providers navigated changing and complex requirements and codes resulting in time-consuming phone calls and manual work.

Source: 2021 CAQH Index Report

Time Savings

Provider time-saving by including patient attribution on the eligibility and benefit transaction

- 62% of medical providers indicated they spent >1 hour reviewing attribution; 45% of this group reported spending >3 hours.
- 75% of responding providers who use the eligibility and benefits transaction to automate attribution checks indicated they spent **less than 1 hour exchanging attribution information.**

Source: CAQH Issue Brief: Communicating Attribution: Accessibility of Information to Support Value-Based Payment Initiatives

Industry Need

Prompt adoption of Eligibility and Benefit Rule updates meets urgent industry needs

- Provides immediate solutions for use with current mandated standards that address telehealth, prior authorization and the need for more granular data.
- If new versions of standards are introduced, Eligibility and Benefit Operating Rules will be updated, reflecting ongoing coordination between CAQH CORE and SDOs.
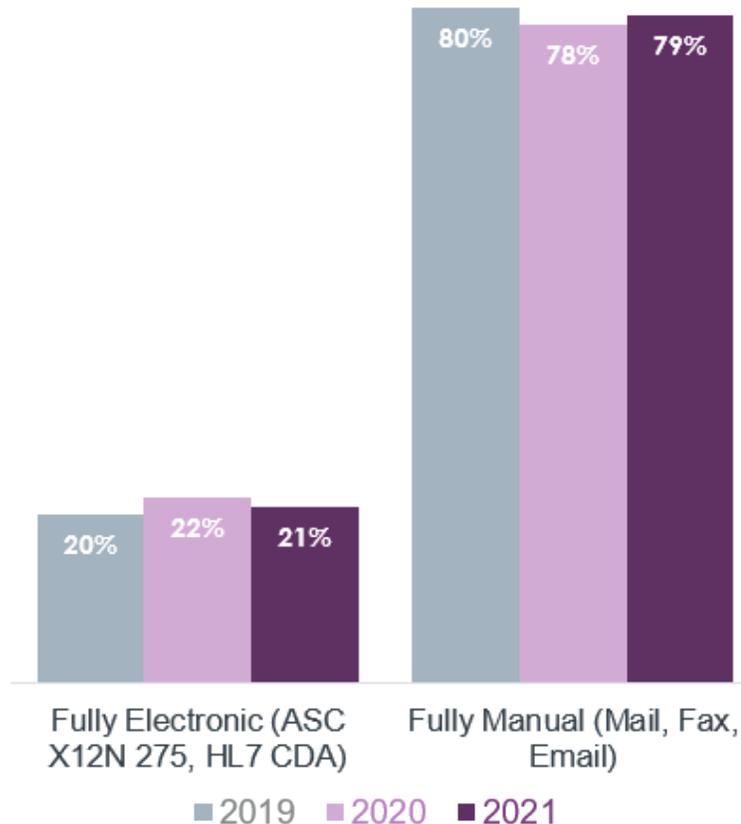
CAQH CORE

NCVHS Rule Package

- Updated: CAQH CORE Connectivity Rule vC.4.0.0
- Updated: CAQH CORE Infrastructure Rules – System Availability Requirements
- Updated: CAQH CORE Eligibility & Benefits Operating Rules
- **New: CAQH CORE Attachments Operating Rules**

Erin Weber, Vice President
Bob Bowman, Principal
CAQH CORE

Attachments Background

Attachments Adoption in the Medical Industry (2021 CAQH Index)

Chart showing:
- Fully Electronic (ASC X12N 275, HL7 CDA): 2019 = 20%, 2020 = 22%, 2021 = 21%
- Fully Manual (Mail, Fax, Email): 2019 = 80%, 2020 = 78%, 2021 = 79%

Legend: ■ 2019 ■ 2020 ■ 2021

Definition

Attachments refer to the exchange of patient-specific **medical information or supplemental documentation** to support an administrative healthcare transaction and are a **bridge between clinical and administrative data.**

Industry Use

Historically, the exchange of attachments has been highly manual, and a wide range of **standards and specifications exist to support the exchange of attachments** (e.g., X12 275, HL7 C-CDA, HL7 FHIR, REST, etc.).

CAQH CORE

CAQH CORE Attachments Infrastructure Rules
Support the Request, Flow, and Acknowledgement of Attachments for Prior Authorization and Claims

CAQH CORE Attachments Infrastructure Rules Requirements *Delivery method agnostic and support both X12 and non-X12 transaction methods*	Non-X12 Method	X12 Method
System Availability Weekly system availability must be no less than **90% per calendar week**. Includes the option for **24 additional downtime hours per calendar quarter** for larger system upgrades.	☑	☑
Connectivity Support most **current CAQH CORE Connectivity** standard, presently vC4.0.0.	☑	☑
File Size Systems must have the capability to **accept 64MB of data** to ensure attachments can be processed across varying systems. Please note for **healthcare claims only** there was a minimum file size support when sending multiple attachments in a singular 275.	☑	☑
Electronic Policy Access of Required Information For **healthcare claims only**, health plans must offer readily accessible information identifying data needed to support a claim adjudication request.	☑	☑
Processing Mode and Response Time Health plans must implement the server requirements for **Batch or Real Time Processing Modes** and support 2nd business day response or 20 second response, respectively, 90% of the time		☑
Acknowledgements and Addressing Errors System must return errors and acceptance for batch processing and errors for real-time processing. Requires providers and their agents to address errors within 1 business day of notification from health plans.		☑
Companion Guide If a Companion Guide covering X12 transaction (v6020) is published, it must follow the format/flow defined in the CORE Master Companion Guide Template		☑

CAQH CORE

CAQH CORE Attachments Data Content Rules
Improve Reassociation of Attachments to the Prior Authorization Request and Healthcare Claim

- Reassociation of additional information sent to support prior authorization or claims adjudication is time-consuming, error-prone, and ultimately can delay or jeopardize patient care. This issue is compounded when attachments are sent without solicitation. New operating rule requirements ease this burden.

Reassociation Requirements
Support X12 and non-X12 methods and leverage notifications and recommended reference data to ease these burdens.

Non-X12 Method	X12 Method
Provider requirement: o Indicate that additional documentation was **sent electronically, specifying attachment type**. o Utilize SOAP or REST **Headers consistent with CORE Connectivity vC4.0.0.** o Providers are encouraged include the **data elements** to assist with reassociation.	**Provider requirement:** o Must use **code 'EL'** to notify health plans that additional information is being transmitted electronically. o Encouraged to send **recommended metadata and/or reference data** to assist with reassociation. **Health plans:** o Must use **code 'EL'** to request the electronic submission of additional information in a pended response. o Should use appropriate **LOINC** code to make requests as specific as possible for the claims use case.

CAQH CORE

CAQH CORE Attachments Operating Rules

Benefits of Adoption

Provide a standards-agnostic solution for complicated and wasteful attachments reassociation efforts in support of prior authorization and healthcare claims adjudication.

Support the **convergence of clinical and administrative data** by aligning electronic data exchange for claims and prior authorization to support coverage decisions.

Establishes **key infrastructure requirements** that align with existing CORE Infrastructure Rules and provide the necessary information to uniformly send electronic attachments.

Simplify reassociation of a claim or prior authorization to an attachment reducing the need for manual intervention.

Enable consistent, electronic exchange of needed supporting documentation leading to **quicker coverage decisions to support patient care.**

CAQH
CORE

Attachment Standards Benefit from Concurrent Adoption of Operating Rules

Opportunity

Delay of the attachment standard NPRM presents opportunity to align with the simultaneous proposal of Operating Rules

- Allows organizations to **accommodate a single, efficient update** of systems and processes
- Promotes **uniformity of implementation** across multiple proposed standards supporting EDI and API
- A recommendation from NCVHS to HHS to concurrently adopt Operating Rules with the standards will **stimulate industry implementation**

Industry Need

The HHS Unified Agenda signals support for multiple data exchange standards, CAQH CORE Attachments Operating Rules are standard-agnostic and support implementation of multiple modalities

- This marks the **first-time multiple standards have been recommended for adoption**, elevating the importance of Operating Rules
- Operating Rules will smooth implementation by **promoting uniformity for X12 and non-X12 data exchange methods**
- Regardless of standard used, Operating Rules **ensure consistent security and authorization standards** through CORE Connectivity

Impact

Considerable cost savings will be realized across the medical industry through automation of attachments enabled by federally mandated standards and Operating Rules

- Manual submission of attachments costs the **medical industry $5.46 per transaction**; automation could save upwards of **75% per transaction**
- CAQH CORE Attachments Operating Rules are in early stages of implementation but are expected to **drive automation** in conjunction with standards
- Pilot studies of Operating Rule impact are underway with multiple organizations; these will enrich existing impact estimates

CAQH CORE

NCVHS Comment Letter Resource Reminders

Erin Weber
Vice President, CAQH CORE

Reminder
Provide NCVHS with your Feedback

Stakeholders are encouraged to respond to NCVHS' **Request for Comment** (RFC) on the value of the proposed standards and operating rules:

- Send Comment Letters to: *NCVHSmail@cdc.gov*

- Use the Subject Line: *RFC on X12 and CAQH CORE Proposals*

- **Due: Thursday, December 15th, 2022**

CAQH
CORE

CAQH CORE Website Supports NCVHS Process

- CAQH CORE has launched a **dedicated website page** to support industry stakeholders evaluating and commenting on the proposed operating rules.

- The website includes links to valuable materials to inform comment development including:

Links for:
- All the proposed operating rules
- NCVHS recommendation letter

Cheat Sheet:
- Current vs. updated versions of mandated operating rules

RFC Guidance:
- Use as reference during comment letter development

Pre-Recorded Webinar:
- Review proposed operating rules
- Hear staff answer common questions

Toolkit:
- Support the evaluation of cost/benefits of operating rule implementation at your organization

NCVHS Rule Package Summary

Tim Kaja

President, Optum Health Networks and EHR Strategy, UnitedHealth Group

Proposed Rule Set Facilitates Industry Evolution and Conformance

CAQH CORE Operating Rules actively meet emerging industry needs by streamlining the integration of clinical and administrative data, while simultaneously establishing a framework that supports the seamless adoption of EDI and API standards.

- **Updated CAQH CORE Infrastructure and Connectivity Rules:** Meet requirements for enhanced security and information sharing while reflecting the 24/7 nature of healthcare through increased system availability.

- **Updated Eligibility and Benefits Rules:** Confronts emerging industry needs by addressing telemedicine, prior authorization, and dictating the provision of more granular data about enrollee benefits and involvement with value-based payment models.

- **CAQH CORE Attachments Rules:** Provide a standards-agnostic solution for complicated and wasteful attachments reassociation efforts in support of prior authorization and healthcare claims adjudication.

CORE Participating Organizations represent ~75% of covered American lives between private and governmental payers. On average, ~90% of CORE Participating Organizations were in full support of the Operating Rules shared here.

St. Joseph's Health · Montefiore · AspenDental · MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION · aetna · BlueCross BlueShield of North Carolina · UnitedHealthcare · CENTENE Corporation · Point32Health · InstaMed a J.P.Morgan company · athenahealth · Epic

List of organizations is not comprehensive. For a full list of CAQH CORE Participating Organizations, please visit **here**.
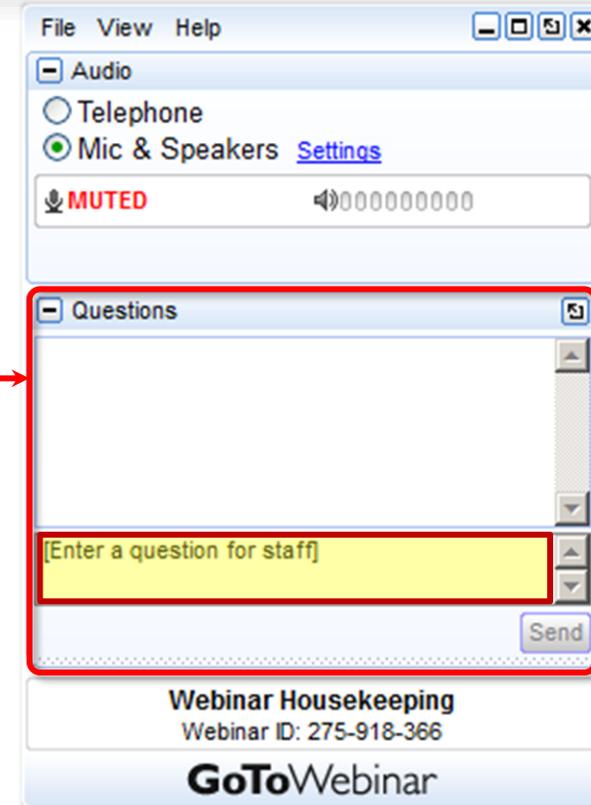
CAQH CORE

Discussion and Q&A

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.
- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Upcoming CAQH CORE Education Sessions and Events

CAQH CORE Recertification Webinar

December 16, 2022 | 12:00-12:30 pm ET

Register [Here](#)!

Contact 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.