Moving Forward: Overview of New and Updated Operating Rules

April 27, 2022

Agenda

- CAQH CORE Overview and Vision

- New and Updated CAQH CORE Operating Rules:

  › New: CAQH CORE Attachments Operating Rules
    - Prior Authorization
    - Health Care Claims
  › Updated: CAQH CORE Infrastructure Rules – System Availability Requirements
  › Updated: CAQH CORE Eligibility & Benefits Data Content Rule

- Q&A

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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.

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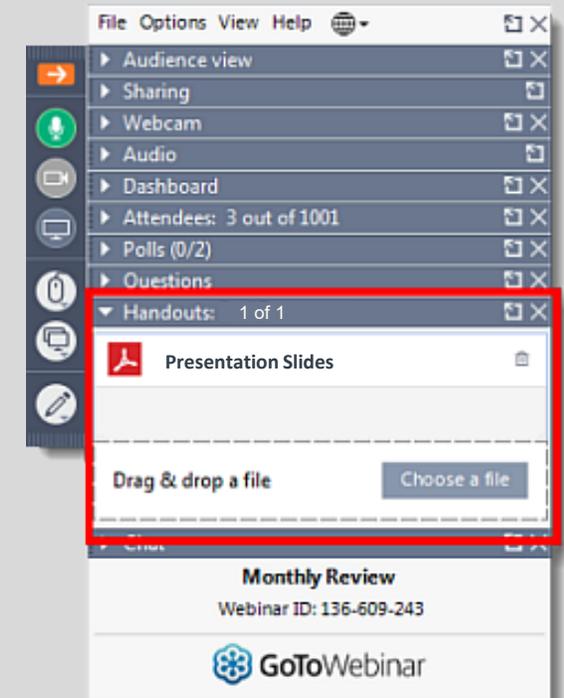
Thank You to Our Speakers and Co-Chairs

Donna Campbell

Senior Manager Provider Portal and Connectivity
Health Care Service Corporation

Molly Reese

Senior Policy Analyst
American Medical Association

Mahesh Siddanati

VP of Digital Initiatives
Centene

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CAQH CORE
Overview and Vision

Erin Weber
Vice President, CAQH CORE

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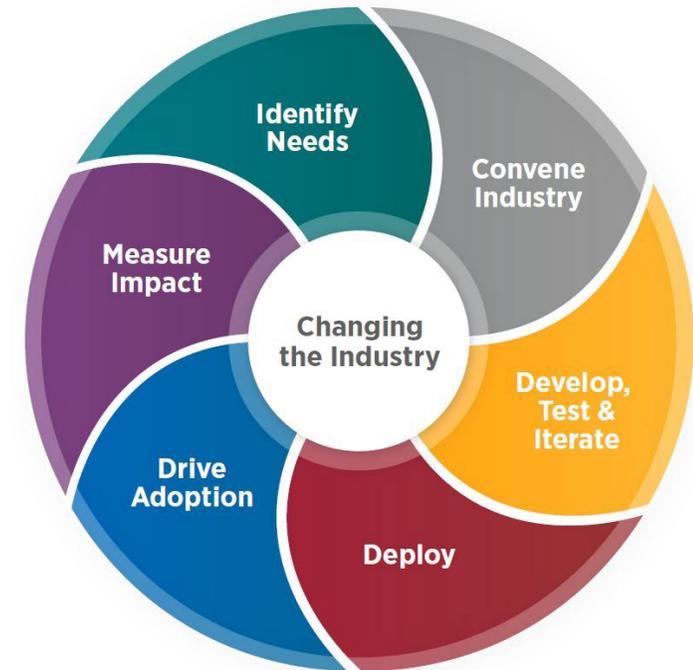
DESIGNATION
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.** The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative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

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More than 110 Participating Organizations Representing 75% of Insured Lives

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

Health Plans
- Aetna
- Ameritas Life Insurance Corp.
- Anthem Inc.
- 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
- Government Employees Health Association, Inc. (GEHA)
- Harvard Pilgrim Health Care
- 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.
- 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

Providers
- American College of Physicians
- 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)
- Virginia Mason Medical Center
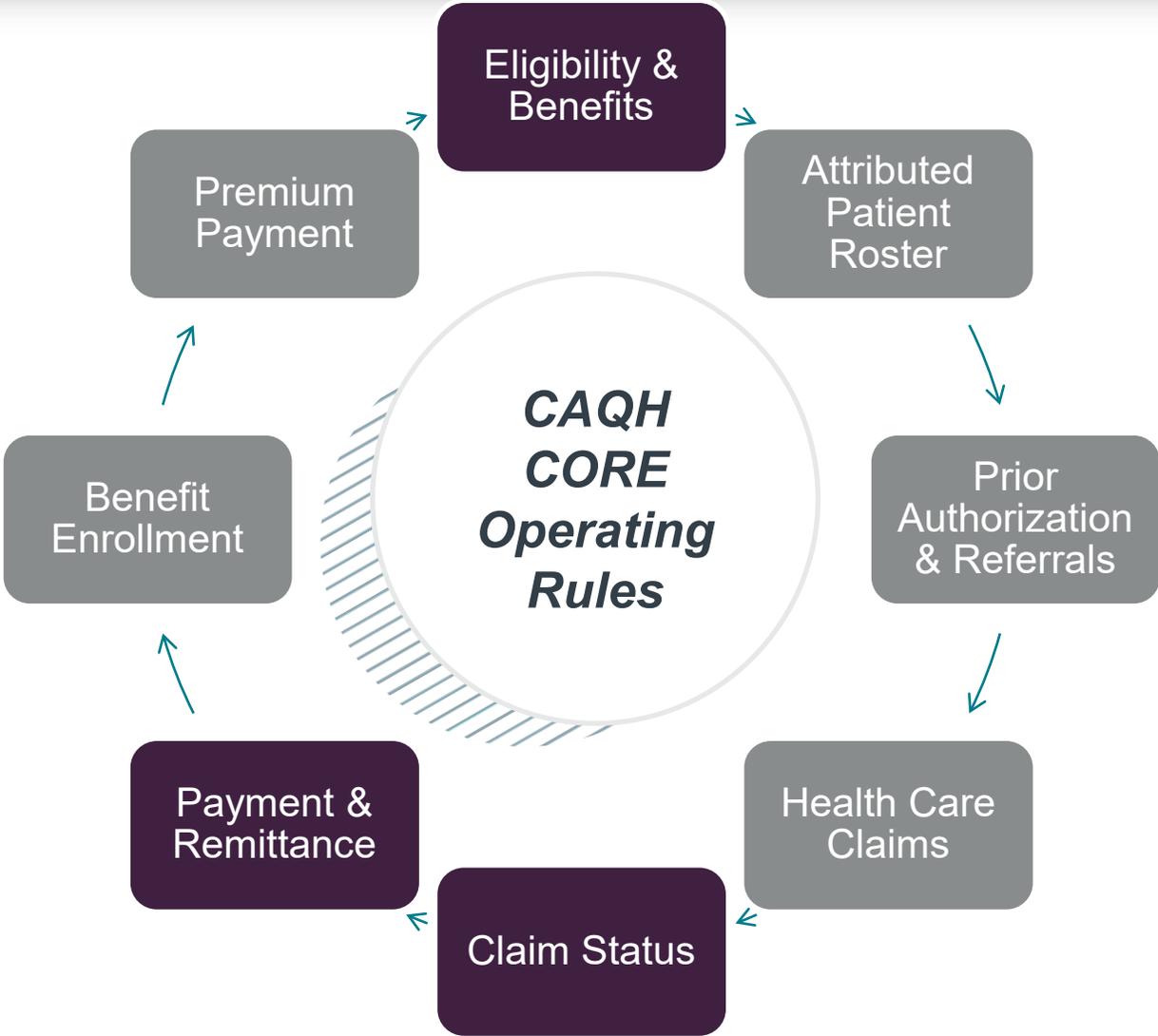
Vendors & Clearinghouses
- AIM Specialty Health
- athenahealth
- Availity, LLC
- Aver
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- Olive AI
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- The SSI Group, Inc.
- TIBCO Software, Inc.
- TrialCard
- 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

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CAQH CORE Operating Rules Support Key Revenue Cycle Functions
Three Rule Sets Adopted Under HIPAA

CAQH CORE Rule Development Process

Identify Opportunities

Develop Requirements

Ballot Rules

Board Vote

Environmental Scans, Industry Surveys, and Advisory Groups inform opportunities for rule development.

Rule Writing Groups chaired by industry experts develop requirements using a consensus-based approach.

CAQH CORE Voting Organizations vote on the proposed rules.

CAQH CORE Board votes on the proposed rules.

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Identifying and Responding to Evolving Industry Needs
Areas of Strategic Focus for CAQH CORE in 2021

Create and update operating rules that address unmet market needs expressed by the industry to support more efficient, predictable and uniform business processes

➡ Update federally mandated operating rules to align with current and future business practices

Develop operating rules that facilitate the alignment of administrative and clinical activities in an environment where healthcare data exchange is evolving

➡ Address needs for attachments automation across health care claims and prior authorization workflows

Help industry align across standards and technologies to ensure consistent expectations for data exchange that close automation gaps and address changing business needs

➡ Consider the role of standard agnostic operating rules to support industry transition between current and emerging standards

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Approved New and Updated Operating Rules
Each Rule Set Garnered at Least 88 Percent Support with ~65 Organizations Submitting Ballots

NEW: CAQH CORE Attachments Prior Authorization Operating Rules

- CAQH CORE Attachments Prior Authorization Infrastructure Rule PA.1.0
- CAQH CORE Attachments Prior Authorization Data Content Rule PA.1.0
- CAQH CORE Attachments Prior Authorization Certification Test Scenarios

NEW: CAQH CORE Attachments Health Care Claims Operating Rules

- CAQH CORE Attachments Health Care Claims Infrastructure Rule HC.1.0
- CAQH CORE Attachments Health Care Claims Data Content Rule HC.1.0
- CAQH CORE Attachments Health Care Claims Certification Test Scenarios

UPDATED: CAQH CORE Eligibility & Benefits Data Content Rule

- Specific updates to the Eligibility & Benefit Data Content Rule across six areas

UPDATED: CAQH CORE Infrastructure Rules - System Availability Requirement

- Substantive updates to the system availability requirements across all the existing CAQH CORE Infrastructure Rules with system availability requirements
- Non-substantive updates for clarity
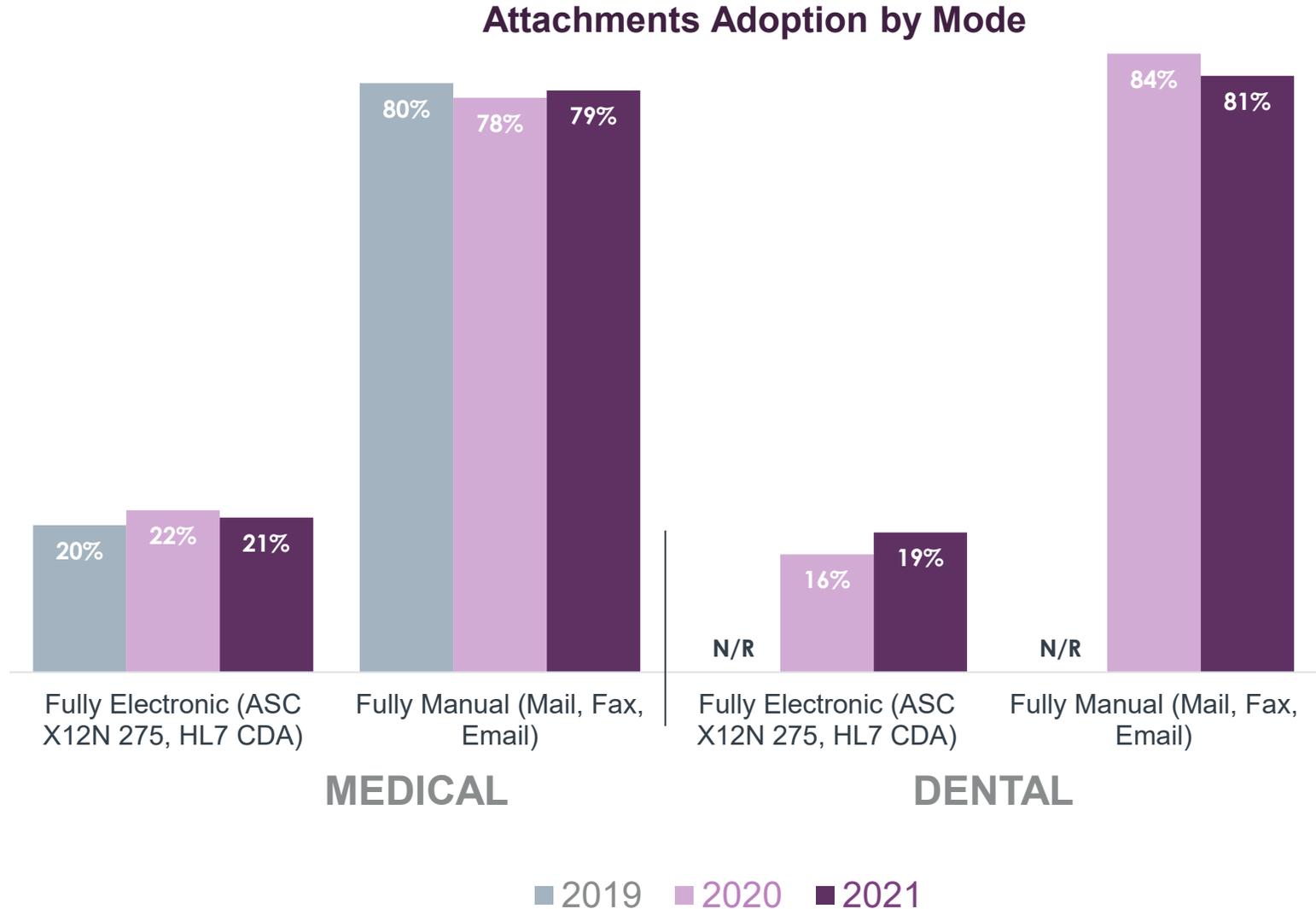
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New CAQH CORE Attachments Operating Rules

- CAQH CORE Attachments Prior Authorization Rule PA.1.0
- CAQH CORE Attachments Health Care Claims Rule HC.1.0

Robert Bowman,
Principal, Interoperability and Standards, CAQH

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Attachments Background
Lack of Mandated Electronic Transaction Standard Limits Adoption

- Attachments refer to the exchange of patient-specific **medical information or supplemental documentation** to support an administrative healthcare transaction.

- Exchange of attachments remains **highly manual.**

- Wide range of **standards and specifications exist to support the exchange of attachments** (e.g., X12 275, HL7 C-CDA, HL7 FHIR, REST, etc.).

Attachments Adoption by Mode

Chart: Attachments Adoption by Mode

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

DENTAL
- Fully Electronic (ASC X12N 275, HL7 CDA): 2019 = N/R, 2020 = 16%, 2021 = 19%
- Fully Manual (Mail, Fax, Email): 2019 = N/R, 2020 = 84%, 2021 = 81%

Legend: ■ 2019 ■ 2020 ■ 2021

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Attachments Rule Development Process
Intensive and Detailed Process Facilitated Compromise and Consensus

2019

2020-2021

Dec. 2021

Feb. 2022

Identify Opportunities

Develop Requirements

Ballot Rules

Board Vote

Environmental Scans, Industry Surveys, and Advisory Group prioritize PA and Claims use cases for attachments.
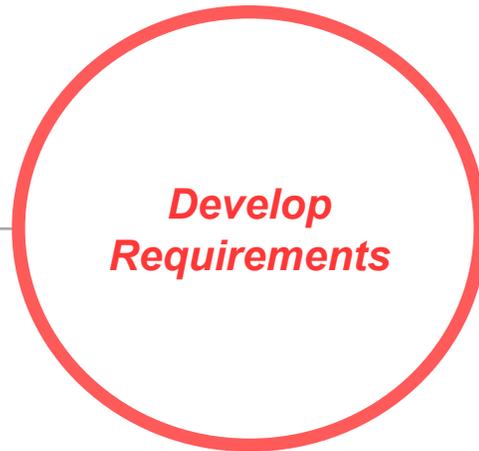
15 Work Group Calls and 8 Straw Polls and Ballot inform rule development process resulting in 4 new operating rules.

High Support from CAQH CORE Voting Organizations. **88%** of organizations approve PA Attachments Rules and **90%** approve Claims Attachments Rules.
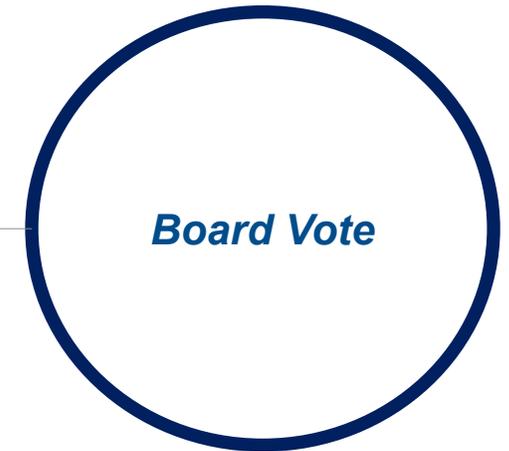
Unanimous CAQH CORE Board approval.

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Newly Approved CAQH CORE Attachments Operating Rules
Prior Authorization and Claims Use Cases

NEW: CAQH CORE Attachments Prior Authorization Operating Rules

- CAQH CORE Attachments Prior Authorization Infrastructure Rule PA.1.0
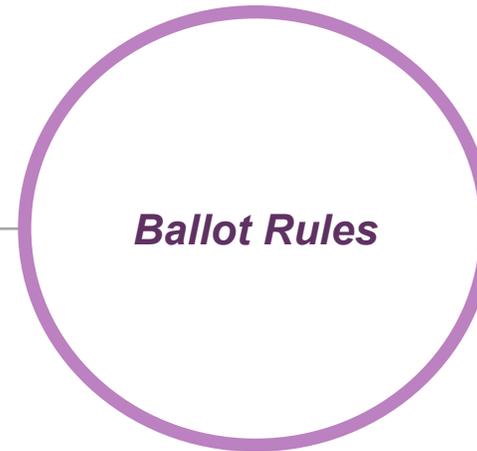- CAQH CORE Attachments Prior Authorization Data Content Rule PA.1.0
- CAQH CORE Attachments Prior Authorization Certification Test Scenarios

NEW: CAQH CORE Attachments Health Care Claims Operating Rules

- CAQH CORE Attachments Health Care Claims Infrastructure Rule HC.1.0
- CAQH CORE Attachments Health Care Claims Data Content Rule HC.1.0
- CAQH CORE Attachments Health Care Claims Certification Test Scenarios

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Creating Common Expectations Regardless of the Underlying Standard

With additional exchange methods emerging within the industry, including the use of HL7 FHIR, the **scope of the CAQH CORE Attachments Operating Rules address the following two scenarios** for sending attachments/additional documentation:

1. **X12 275 Method**

2. **Non-X12 275 Method**

	X12 275 Method	Non-X12 275 Method
Payload Exchange Method	CORE Connectivity vC4.0.0	CORE Connectivity vC4.0.0
Payload Format	X12 v6020 275	**N/A**
Payload Type	HL7 C-CDA; FHIR Resource; BDS Segment; .PDF; .docx; .jpeg, etc.	HL7 C-CDA; FHIR Resource; .PDF; .docx; .jpg, etc.

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CAQH CORE Attachments Operating Rules
Benefits of Adoption

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

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

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

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

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New CAQH CORE Attachments Operating Rules

- CAQH CORE Attachments Prior Authorization Rules PA.1.0
- CAQH CORE Attachments Health Care Claims Rules HC.1.0

Mahesh Siddanati
VP of Digital Initiatives, Centene

Addressing Attachments Prior Authorization (PA) Workflow Pain Points
Multiple Roadblocks Prevent Timely, Automated Exchange of Attachments

X12 275 attachment(s) with X12 278 PA request submitted

Health plan receives and acknowledges attachment(s)*

Health plan processes attachment

Health plan links accepted attachment to original PA Request

5a Fully adjudicated PA - workflow complete

OR

5b Health plan requests additional information to adjudicate the PA

1

2

3

4

⚠ System not always available to accept the attachment when it is sent

⚠ Additional clinical documentation required to complete a PA is not consistently available to providers in an electronic format and/or in a uniform location

⚠ Inconsistent receipt of confirmation leads to duplication and/or manual follow up

⚠ No standard method to communicate errors

⚠ Varying capabilities in terms of the maximum file size systems can accept

⚠ Duplicate submissions

⚠ Attachments are often not sent with the original electronic PA submission, resulting in significant manual follow-up to link an attachment with the original PA request

* Receipt and acknowledgement of the X12 278 is addressed in the prior authorization workflow (not shown here) via existing CAQH CORE Operating Rules.

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CAQH CORE Attachments Prior Authorization Infrastructure Rule PA.1.0
Summary of Requirements

Both X12 & Non-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.

X12 Method Only

Processing Mode
Health plans must implement the server requirements for Batch and Real Time Processing Modes for the X12 v6020X316 275 Attachment, as specified in the CAQH CORE Connectivity Rule vC4.0.0.

Both X12 & Non-X12 Method

Connectivity
Support CAQH CORE Connectivity vC4.0.0.

X12 Method Only

Companion Guide
If a Companion Guide covering the X12 6020X316 275 is published, it must follow the format/flow defined in the CORE Master Companion Guide Template.

Both X12 & Non-X12 Method

File Size
Must have the capability to accept 64MB of data to ensure attachments can be processed across varying systems (front end server and internal document management system).

X12 Method Only

Acknowledgements & Data Error Handling
Health plans must use the X12 v6020X290 999 when an X12 v6020X316 275 is received regardless of if there is a processing error. Includes requirements for the return of an X12 v6020257 824 if health plans responds to errors at the Initial Data Content Processing layer.

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CAQH CORE Attachments Prior Authorization Data Content Rule PA.1.0
Summary of Requirements

X12 Method Only

Reassociation Requirements

- **Health Plan Requirement**: In a pended X12 v5010X217 278 Response, **health plans must use PWK02 Code EL** in Loop 2000E/Loop 2000F to request electronic submission of additional documentation.

- **Provider Requirement**: Providers **must use PWK02 Code EL** in Loop 2000E/Loop 2000F in the X12 278 Request to notify health plans that additional documentation is being transmitted electronically.

NOTE: Providers are also encouraged to send **metadata and/or reference identifiers identified in the rule** sending an X12 v6020X316 275 for ease of reassociating the attachment to the original prior authorization.

Non-X12 Method Only

Reassociation Requirements

- **Provider Requirement**: Providers should indicate that an **additional documentation was sent and specify the attachment body type** (e.g., .pdf or HL7 C-CDA) using SOAP or REST headers, as specified in CORE Connectivity v4.0.0.

NOTE: Providers should include the data elements identified in the rule as part of the non-X12 payload when sending additional information to assist with reassociation.

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Operating Rules Streamline the Prior Authorization Workflow
Rules Address Key Barriers Enabling Timely, Electronic Exchange of Attachments

X12 275 attachment(s) with X12 278 PA request submitted

Health plan receives and acknowledges attachment(s)

Health plan processes attachment

Health plan links accepted attachment to original PA Request

1

2

3

4

5a — **Fully adjudicated PA - workflow complete**

OR

5b — **Health plan requests additional information to adjudicate the PA**

★ System Availability: 90% availability ensures providers can send additional information **outside typical business hours**

★ Acknowledgements: Real Time and Batch response times for acknowledgements establish **uniform expectations**

★ File size: Ensures typical attachments can be **sent electronically without denial due to size**

★ Error Handling: X12 824 allows for more specificity in describing why a submission was rejected for errors, **reducing manual communication** as providers adjust the submission

★ Reassociation: Providers electronically notifying that an attachment was submitted electronically **streamlines the plan's ability to link** the attachment to the PA request

★ Reassociation: Use of Common CORE Connectivity Headers and Common Reference Data on the attachment **assist with identification and linking**, reducing the need for additional follow-up

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New CAQH CORE Attachments Operating Rules

- CAQH CORE Attachments Prior Authorization Rules PA.1.0
- CAQH CORE Attachments Health Care Claims Rules HC.1.0

Mahesh Siddanati
VP of Digital Initiatives, Centene

CAQH CORE Attachments Health Care Claims Infrastructure Rule HC.1.0
Summary of Requirements

X12 Method Only

File Size
- If a provider uses more than one LX loop to submit multiple attachments, **the health plan must support the capability to receive multiple LX loops per X12 v6020X314 275** for one Health Care Claim submission.

NOTE: The 64MB file size minimum applies to the entire X12 v6020X314 275 attachment, not per LX loop.

X12 Method Only

Electronic Policy Access
- Requires **attachment policies to be accessible electronically** in a consistent location (e.g., health plan webpage).

The Attachments Claims Infrastructure Rule Requirements mirror the infrastructure requirements established in the Attachments Prior Authorization Infrastructure Rule.

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CAQH CORE Attachments Health Care Claims Data Content Rule HC.1.0
Summary of Requirements

X12 Method Only

Additional Reassociation Requirement

Health Plans **should use the appropriate LOINC code on an X12 v6020X313 277 RFAI** to request the most specific additional information needed to support a X12 v5010 837 Claim Submission.

NOTE: Health Plans are not required to utilize the X12 v6020X313 277RFAI to request additional information, the requirement only applies if used.

The Attachments Claims Data Content Rule Requirements mirror the data content requirements established in the Attachments Prior Authorization Data Content Rule.

CAQH CORE

Operating Rules Streamline the Claims Workflow
Similar to PA, Rules Address Key Roadblocks Resulting in Timely Adjudication

X12 275 attachment(s) with X12 278 PA request submitted

1

Health plan receives and acknowledges attachment(s)

2

Health plan processes attachment

3

Health plan links accepted attachment to original claim

4

5a **Fully adjudicated claim: workflow complete**

OR

5b **Health plan requests additional information to adjudicate the claim**

★ System Availability: 90% availability ensures providers can send additional information **outside typical business hours**

★ **Electronic Policy Access:** Plans must offer an electronic method to identify attachment-specific data to **increase transparency and reduce back and forth communication**

★ Acknowledgements: Real Time and Batch response times for acknowledgements establish **uniform expectations**

★ File size: Ensures typical attachments can be **sent electronically without denial due to size**

★ **File Size:** Sending multiple LX loops for a single **attachment keeps all information to support a claim linked**

★ Error Handling: X12 824 allows for more specificity in describing why a submission was rejected for errors, **reducing manual communication**

★ Reassociation: Providers electronically notifying a plan that an attachment was submitted electronically **streamlines the plan's ability to link** the attachment to the claim

★ Reassociation: Use of Common CORE Connectivity Headers and Common Reference Data on the attachment

★ **Reassociation:** LOINC provides specificity that allows providers to respond with the needed attachment, **eliminating the need for manual communication**

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Update: CAQH CORE Infrastructure Operating Rules

Molly Reese
Senior Policy Analyst, AMA

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Infrastructure Rule Update Level Set

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.
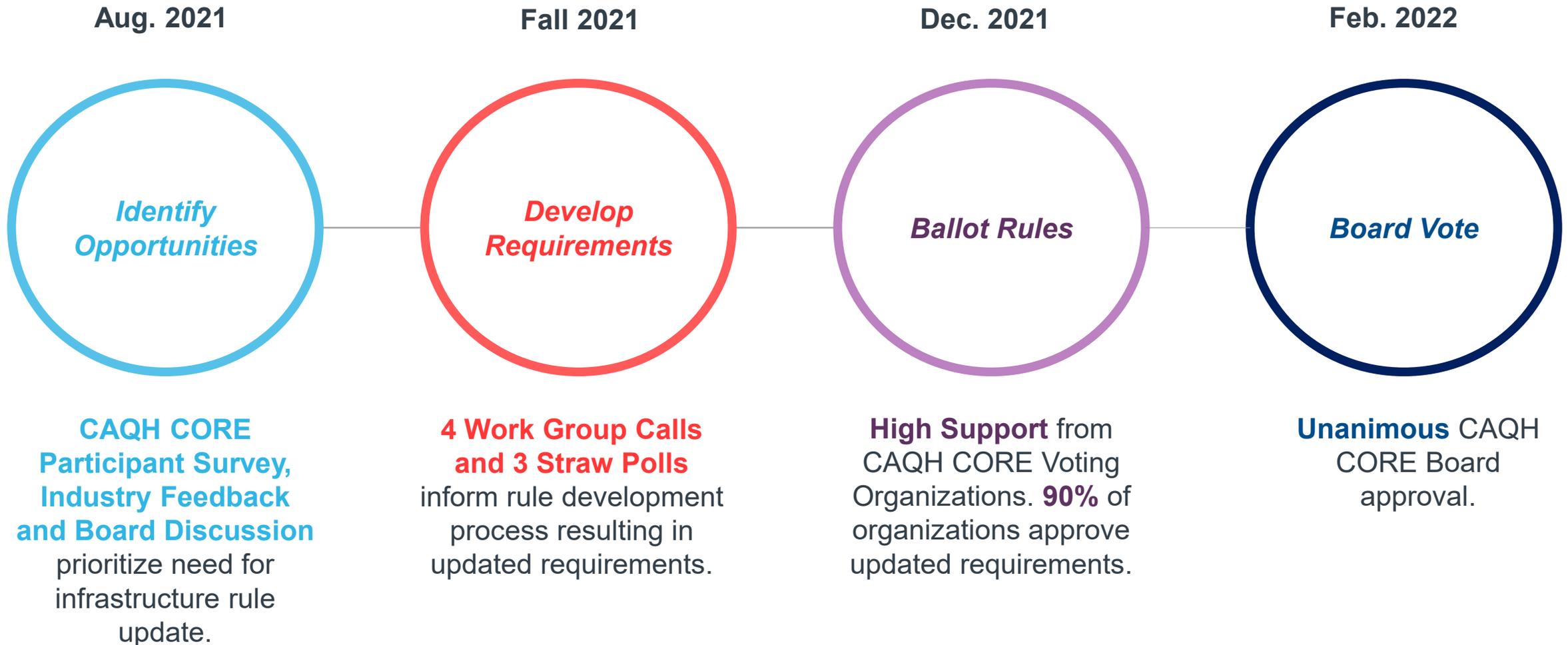
Rule Set	Infrastructure	Connectivity Rule	Data Content	Other
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule	Connectivity Rule vC1.0.0 / Connectivity Rule vC2.0.0	Eligibility (270/271) Data Content Rule	Single Patient Attribution Data
Claim Status	Claim Status (276/277) Infrastructure Rule	Connectivity Rule vC2.0.0		
Payment & Remittance	Claim Payment/ Advice (835) Infrastructure Rule		EFT/ERA 835/CCD+ Data Content Rule	EFT/ERA Enrollment Data Rules
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule	Connectivity Rule vC3.0.0	Prior Authorization (278) Data Content Rule	Prior Auth Web Portal Rule
Health Care Claims	Health Care Claim (837) Infrastructure Rule			
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule			
Premium Payment	Premium Payment (820) Infrastructure Rule			
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule	Connectivity Rule vC4.0.0	Attributed Patient Roster (834) Data Content Rule	

NOTE: Rules in purple are federally mandated.

*The X12 835 transaction does not include system availability requirements as it is often conducted via Batch Processing Mode and made available to providers for pick up

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Infrastructure Rule Update Process
Industry Need for Updated Requirements Spurs Action

Aug. 2021

Identify Opportunities

CAQH CORE Participant Survey, Industry Feedback and Board Discussion prioritize need for infrastructure rule update.

Fall 2021

Develop Requirements

4 Work Group Calls and 3 Straw Polls inform rule development process resulting in updated requirements.

Dec. 2021

Ballot Rules

High Support from CAQH CORE Voting Organizations. **90%** of organizations approve updated requirements.

Feb. 2022

Board Vote

Unanimous CAQH CORE Board approval.

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CAQH CORE Infrastructure Operating Rules Update
Substantive Updates Across Applicable Rule Sets

- **New quarterly system availability requirement** to accommodate large system migrations *if* weekly system availability was increased above 86%.

- Established the following **substantive adjustments** for all infrastructure rules with existing system availability requirements:

	Existing Requirements	Updated/New Requirements
System Availability	**EXISTING: Weekly System Availability** • **86%** per calendar week.	**UPDATED: Weekly System Availability** • **90%** per calendar week.
	N/A: Quarterly System Availability • Current CAQH CORE Infrastructure Rules **do not include** a quarterly system availability requirement.	**NEW: Quarterly System Availability** • Health plans and their agents may use **24 additional hours** of system downtime per calendar quarter for system migrations, mitigation, and more integrated system needs that may require downtime in excess of the allowable weekly system downtime.

- The increase in weekly system availability **will reduce downtime by 364 hours annually.**

NOTE: Processing Mode Response Time requirements were not updated as consensus was not reached on potential adjustments. Requirements remain 20 seconds for real time and vary for batch according to use case.

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CAQH CORE Infrastructure Operating Rules Update
Additional Non-Substantive Updates

Non-substantive updates to **CAQH CORE Connectivity** and the **CAQH CORE Master Companion Guide Template** were made in all CAQH CORE Infrastructure Rules for clarity.

- **Non-Substantive Connectivity Update to Reference "Most Recent Version":** Per CAQH CORE Certification Policy, CORE-certified entities will be required to comply with the most recent version of CAQH CORE Connectivity within two years of publication. Therefore, by January 1, 2023, CAQH CORE Connectivity vC4.0.0 will be required for all CAQH CORE Infrastructure Operating Rules. To align the rule requirements with this policy, **the connectivity requirement language in all CAQH CORE Infrastructure Rules were updated to require "the most recent version" of CAQH CORE Connectivity**.

- **Companion Guide Update - Modifiable X12 Version References:** Each of the CAQH CORE Infrastructure Rules require use of the CORE Master Companion Guide. As the companion guide templates are currently written, they are to be used in tandem with the v5010 ASC X12N Implementation Guides and are compliant with both ASC X12 syntax and those guides. **However, as new operating rules have been written, not all operating rules will use the v5010 (Attachments, for example, uses the v6020). To align with this need, references to a specific X12 version are modifiable in the CAQH CORE Master Companion Guide.**

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CAQH CORE Infrastructure Operating Rules Update
Benefits of Adoption

1 **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.

2 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.

3 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.

4 **Aligns requirements to use the CORE Connectivity Rule v4.0.0** to encourage use of both existing and emerging technology.
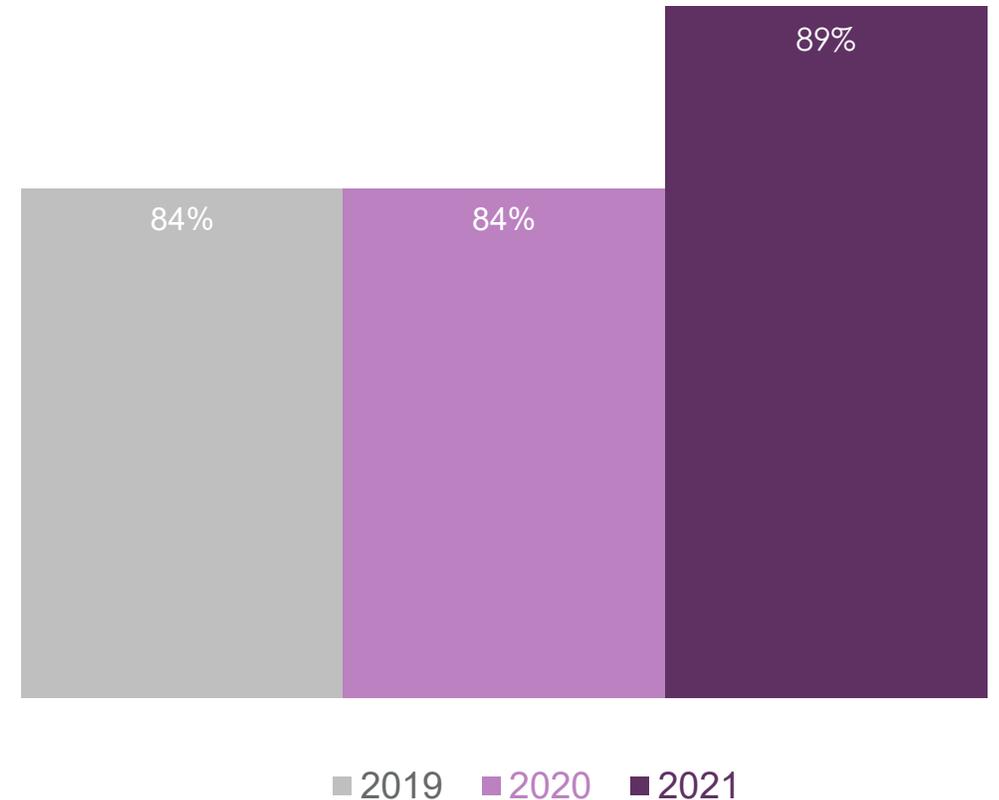
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CAQH CORE Eligibility & Benefits Data Content Rule Update

Donna Campbell

Senior Manager Provider Portal and Connectivity, HCSC

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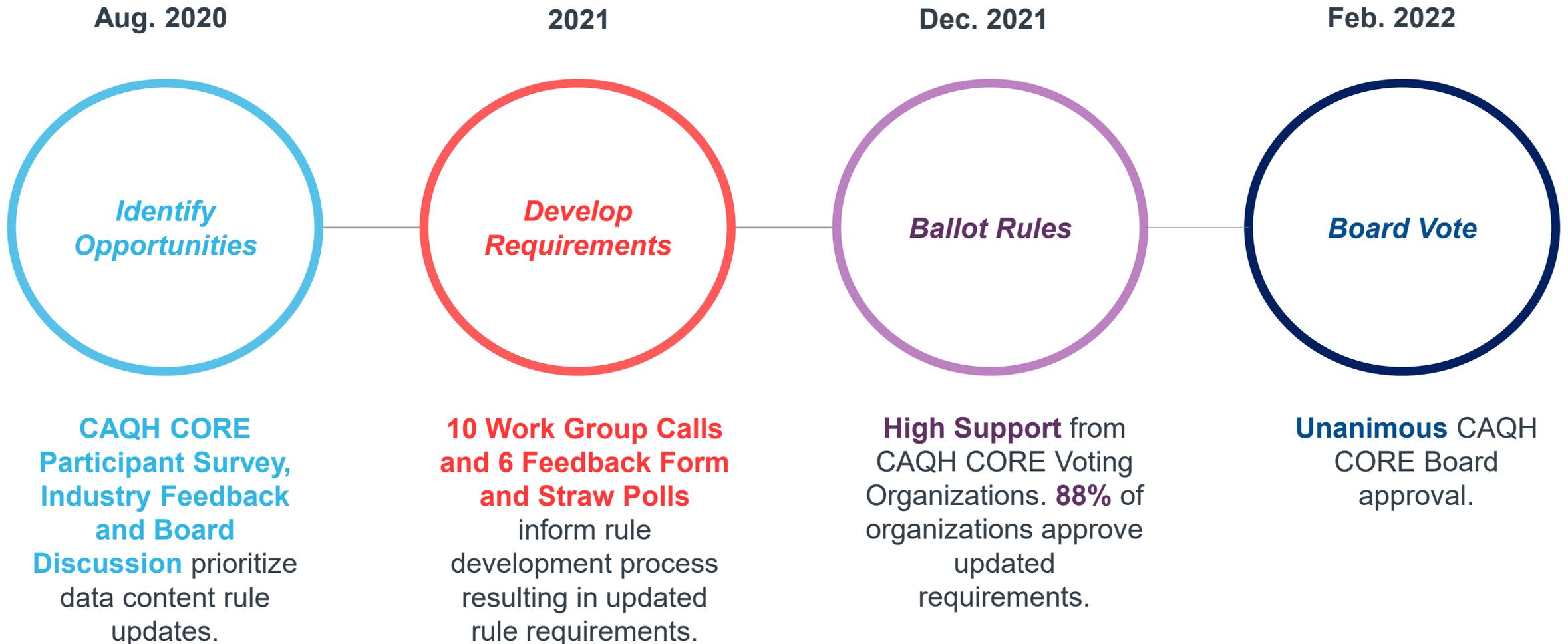# Eligibility and Benefits Level Set

- **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.

- **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.

Eligibility & Benefits Electronic Adoption by Year

89%

84%

84%

- 2019
- 2020
- 2021

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Eligibility & Benefits Data Content Rule Update Process
Respond to Requests from Industry and CAQH CORE Board to Add New Requirements

Aug. 2020

2021

Dec. 2021

Feb. 2022

Identify Opportunities

Develop Requirements

Ballot Rules

Board Vote

CAQH CORE Participant Survey, Industry Feedback and Board Discussion prioritize data content rule updates.

10 Work Group Calls and 6 Feedback Form and Straw Polls inform rule development process resulting in updated rule requirements.

High Support from CAQH CORE Voting Organizations. **88%** of organizations approve updated requirements.

Unanimous CAQH CORE Board approval.

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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.

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

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.

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.

Prior Authorization/Certification
Requires the communication if a prior authorization or certification is required for a CORE-required services or procedures.

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.

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1 Allows health plans and providers to readily identify which services or benefits are covered, **reducing the time and effort spent verifying information.**

2 Adds more **granular information** related to telemedicine, prior authorization, remaining coverage benefits, procedure-level information, and tiered benefits to service type and procedure codes.

3 Access to this information prior to or at the time of service in real time will result in **more accurate pricing and billing practices.**

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Polling Question

- **Which of the following CAQH CORE initiatives is your organization interested in? (Check all that apply)**

- CAQH CORE Participation

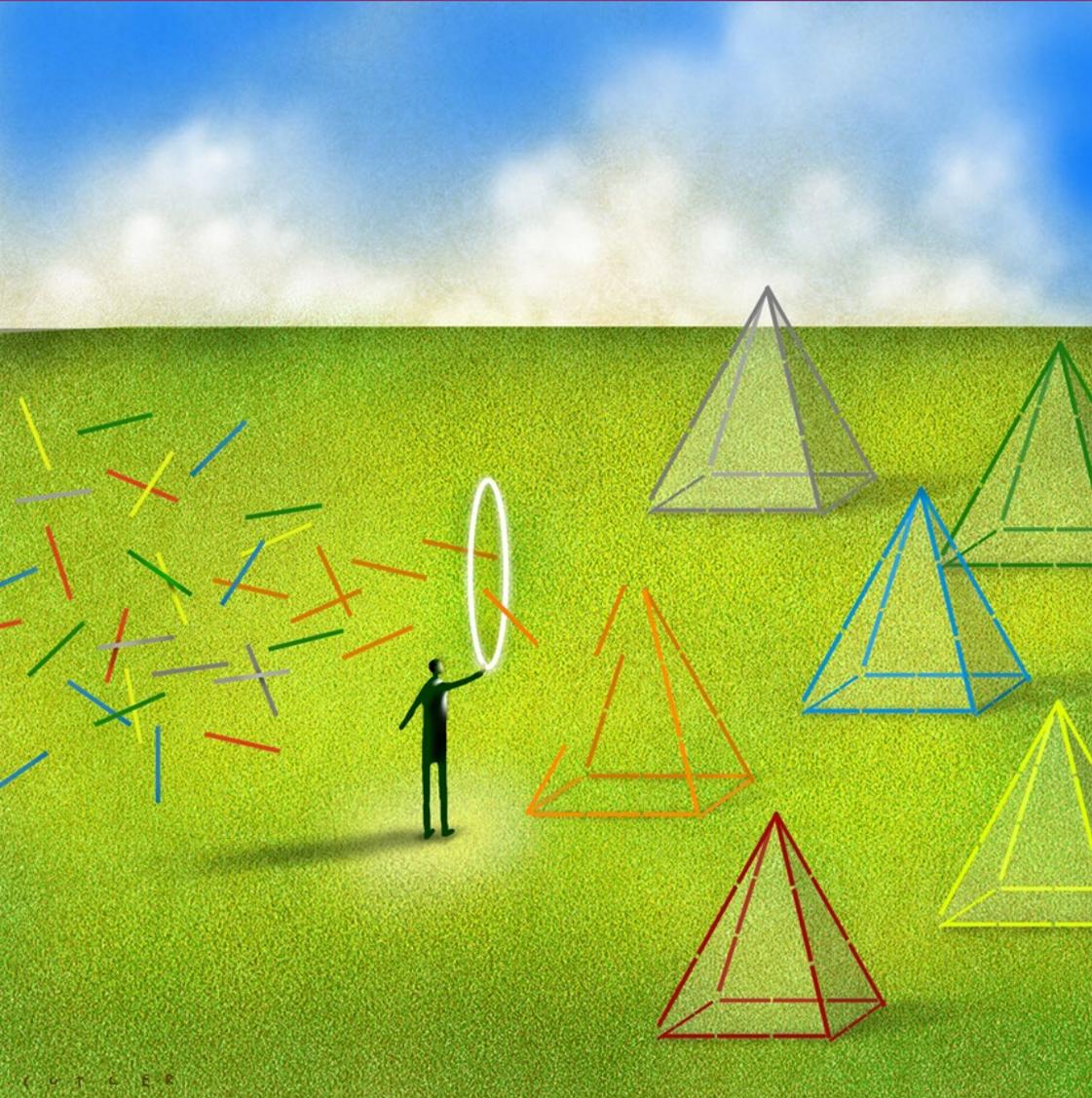- CORE Certification

- Ongoing Pilot/ROI Assessment

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Call to Action

Erin Weber
Vice President, CAQH CORE

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Next Steps to Drive Adoption
Support for Standardization Across the Industry

➡ **NCVHS Recommendations for Mandate:** The CORE Board is working on a rule package for NCVHS consideration which includes both new rules and updates to mandated rules.

Under Development: Testing platform development to support CORE Certification for Attachments rules.

Ongoing ROI Measurement: Collecting data from organizations that complete the CORE Certification process to track impact.

CAQH CORE Website: Updated to include published new and update rules and their corresponding FAQs.

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Call to Action
Become Involved in Streamlining Healthcare Administration

Participate in Ongoing Pilot/ROI Assessment:
CAQH CORE continues to work with industry partners to measure the impact of current and potential future operating rules and corresponding standards on organizations' efficiency metrics.

Become CORE Certified:
Demonstrate conformance and commitment to streamlining ad ministrative data exchange.

Engage with us as a CAQH CORE Participant:
Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.
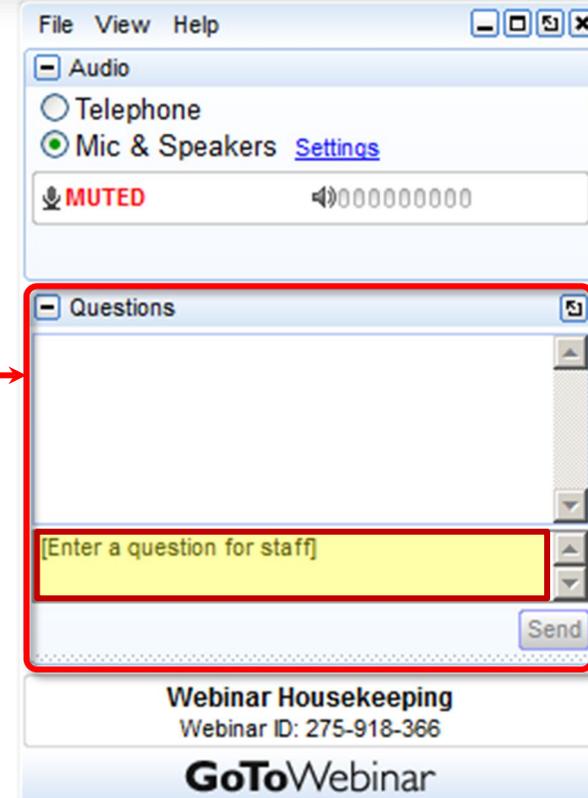
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Audience Q&A

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.

CAQH CORE

Upcoming CAQH CORE Education Sessions and Events

CAQH CORE Town Hall

May 17, 2022 | 2-3 pm ET

NDEDIC EDI Summit

May 9, 2022

WEDI Spring Conference

May 23-26, 2022

Thank you for joining us!

 [@CAQH](https://twitter.com/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.