ACA Operating Rules Update

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Outline

- Introduction

- Overview of Operating Rules

  - Rule Requirements

  - Process

- Voluntary CORE Certification

- Future: Voluntary and Mandated Operating Rules

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Introduction: CAQH

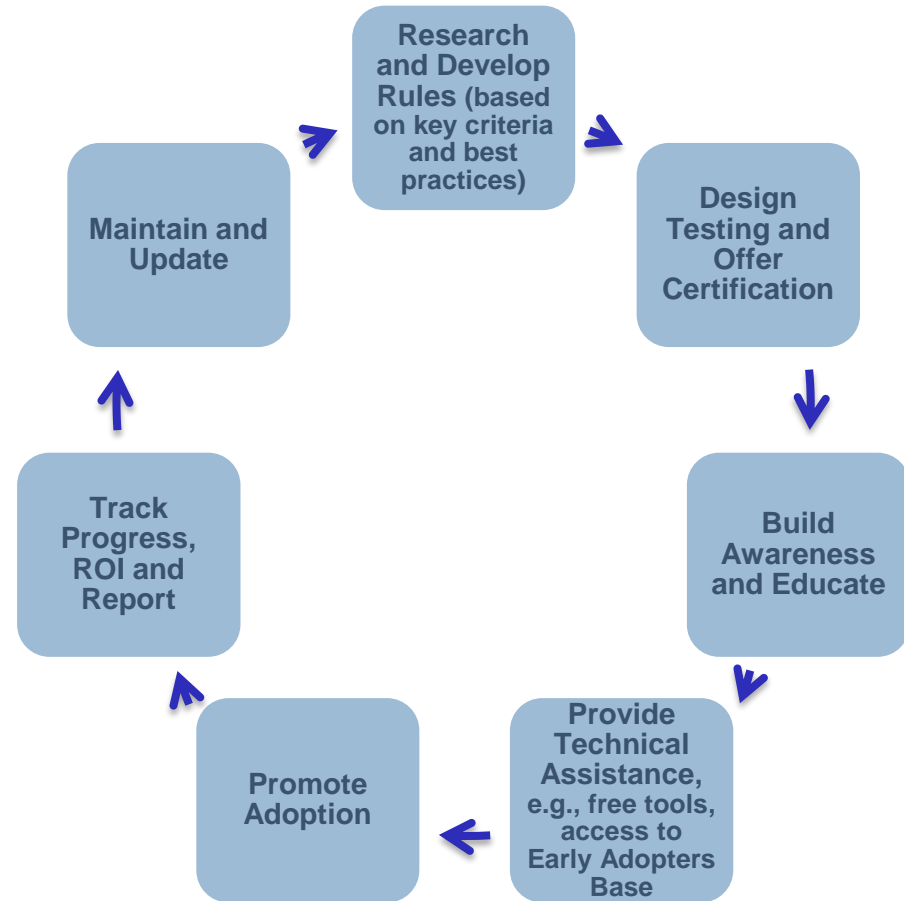|		
CAQH Solutions	COB SMART.	Quickly and accurately directs coordination of benefits processes. **140 million covered lives.**
CAQH CORE	COMMITTEE ON OPERATING RULES FOR INFORMATION EXCHANGE	Maximizes business efficiency and savings by developing and implementing operating rules. **More than 140 participating organizations.**
CAQH Solutions	DIRECTASSURE™	Increases the accuracy of health plan provider directories.
CAQH Solutions	ENROLLHUB.	Reduces costly paper checks with enrollment for electronic payments and electronic remittance advice. **250K+ providers** and **50K+ provider practices.**
CAQH Explorations	INDEX.	Benchmarks progress and helps optimize operations by tracking industry adoption of electronic administrative transactions.
CAQH Solutions	PROVIEW.	Eases the burden of provider data collection, maintenance and distribution. **1.3 million+ provider users, 700+ payers.**
CAQH Solutions	SANCTIONSTRACK.	Delivers comprehensive, multi-state information on healthcare provider licensure disciplinary actions.

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Introduction: 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.

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.

Research and Develop Rules (based on key criteria and best practices)

Design Testing and Offer Certification

Build Awareness and Educate

Provide Technical Assistance, e.g., free tools, access to Early Adopters Base

Promote Adoption

Track Progress, ROI and Report

Maintain and Update

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CAQH CORE Operating Rule Requirements

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

Developed to facilitate administrative interoperability by building upon recognized standards and ensuring benefit for each critical stakeholder.

Compliment and support healthcare and industry neutral standards— they *do not repeat or reiterate standards.*

Used by other industries.

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.

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Benefits of CAQH CORE Operating Rules

Billions are being wasted by the industry in not fully embracing electronic data exchange.

"We believe that the (CORE) certification process helped us to ensure full compliance and the issues we identified and resolved during testing have improved our overall Solution."

> Roger Widner, Project Manager for the Maine Integrated Health Management Solution, Office of MaineCare Services, CORE Education Webinar, August 11, 2015

"The role that CAQH CORE plays is critical in moving the industry to a more consistent platform for transactions. And as a large provider, VA benefits from this standardization."

> Ruth-Ann Phelps, PhD, Director, eBusiness Solutions, Veteran's Health Administration, CORE Education Webinar, November 5, 2015

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CAQH CORE Phase I-IV
Where CORE Has Set Expectations

Transaction (*mandated)	Current CORE Operating Rules	
	Basic National Infrastructure [1] *(Critical to healthcare ecosystem as it has no Federated Network or Industry Hubs for these transactions)*	**Uniform Data Content** *(Delivered via requirements of further use of recognized standards)*
Enrollment/ Disenrollment	X	
Premium Payment	X	
*Eligibility	X	X
Prior Authorization	X	
*Claim Status	X	
*EFT	X	X
*ERA	X	X
Claim	X	

[1] Infrastructure includes: Safe harbor connectivity/security, batch/real-time turnaround times, response time tracking, acknowledgements, system availability and downtime reporting, error processing, uniformity trading partner data exchange documentation and roles/responsibilities in exchange by stakeholder.

These requirements are making industry players creatively brainstorm and determine how they improve operations and information flow with their trading partners.

These requirements align with/don't repeat mandated content standards, e.g., X12. Also rules are structured to have ongoing content maintenance that CORE maintains, e.g. Code Combos, enrollment data sets. Requirements directly supporting further use of standards can roll into future versions of standards.

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CAQH CORE Operating Rules
Development and Voting Process

Opportunity Identification

- Environmental Scan
- Implementer Feedback

Selection & Development of Rule Opportunities

- Using Guiding Principles, Business & Technical Criteria
- Voting (with required quorums and approval rates)

Draft Rule

- Review Process at Many Levels
- Voting (with required quorums and approval rates)
- Board Approval

Final Operating Rules

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Phase IV Vetting Process
Transparent, Fact-based, Collaborative and Benefit-focused

The public at large and CAQH CORE participants prioritized starting with common infrastructure operating rules for the standards addressed in Phase IV (rather than infrastructure AND data content). Industry analysis determined Phase IV is a *significant step in meeting industry needs to drive well-documented cost reduction opportunity,* yet is achievable resource-wise and technically.

- ✓ ***Approximately two and a half year development time*** from initial public outreach to issuance.

- ✓ ***Nearly 100 non-CORE participants participated*** in public surveys seeking ideas with greatest return and then rating of options.

- ✓ *Over **70 teleconferences*** held by the various Sub/Work Groups during rule development. Groups had multi-stakeholder Chairs.

- ✓ After creation of initial draft, ***draft rules were made available for free*** on website throughout process; high level requirements also reviewed on Town Hall calls.

- ✓ Required quorums and participation rates ***exceeded*** at all stages. Over 130 HIPAA and non-HIPAA covered entities involved representing Medicare, Medicaids, provider-facing vendors, providers, clearinghouses, TPAs, health plans, etc.

- ✓ Final vote on the full Phase IV package garnered ***90% participation and 88% approval.*** CAQH CORE Board had ***unanimous approval***.

Phase IV CAQH CORE Operating Rules
Overview of Requirements – Foundational Starting Point (Payload Agnostic)

Infrastructure Requirement	Prior Authorization	Claims	Enrollment/ Disenrollment	Premium Payment
Processing Mode	*Batch OR Real Time Required*	*Batch Required; Real Time Optional*	*Batch Required; Real Time Optional*	*Batch Required; Real Time Optional*
Batch Processing Mode Response Time	*If Batch Offered*	X	X	X
Batch Acknowledgements	*If Batch Offered*	X	X	X
Real Time Processing Mode Response Time	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*
Real Time Acknowledgements	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*	*If Real Time Offered*
Safe Harbor Connectivity and Security	X	X	X	X
System Availability	X	X	X	X
Companion Guide Template	X	X	X	X
Other	N/A	Include guidance for COB in companion guide	Timeframe requirements to process data after successful receipt and verification of transaction	Timeframe requirements to process data after successful receipt and verification of transaction

X = Required

Note: Health Claims Attachments transaction not included; there is no formal HIPAA Claims Attachment standard(s).

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Impact of Phase IV CAQH CORE Operating Rules

Key components:

- Offering at least one common method of **connectivity** (i.e., a "safe harbor") among entities transmitting data electronically
- A minimal amount of time for **system availability** to receive and send data
- An **acknowledgement** to ensure the transaction has been received, has not been lost between entities, and will be addressed
- Required **response times** for acknowledgement and processing for both real-time and large record "batch" submissions
- A common format that entities must use when providing information about their proprietary data exchange systems via "companion guides"

Key impacts:

- ✓ Increased and simplified security and connectivity
- ✓ Improve customer services to patients/providers
- ✓ Reduce staff time for phone inquiries
- ✓ Consistency/automation of transactions across entities = reduced administrative costs
- ✓ Increase usage of automated electronic transactions
- ✓ Enhance revenue cycle management = improved cash flow

Submitter   Health Plan

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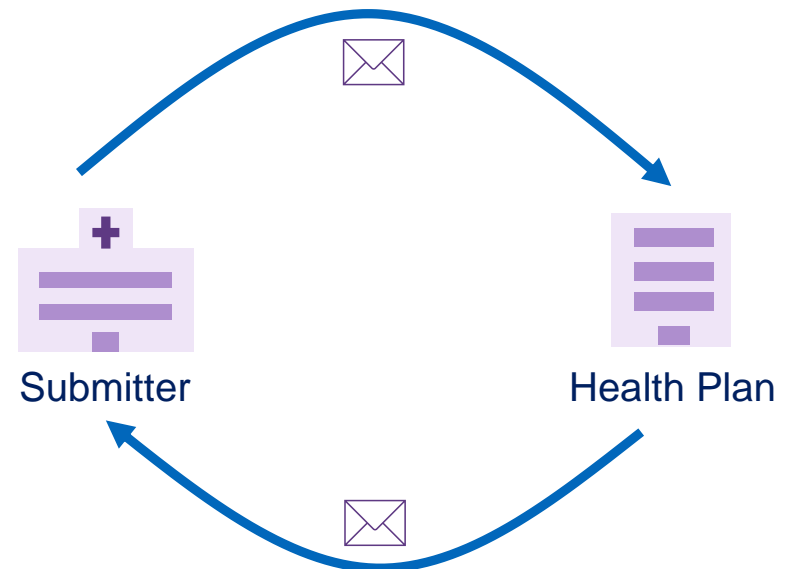
Voluntary CORE Certification
Developed BY Industry, FOR Industry

- Most robust and widely-recognized industry program of its kind, for health plans, providers, clearinghouses and vendors, all of whom play a critical role in healthcare data exchange.

- Approach assures an independent, industry-developed confirmation of conformance with operating rules and underlying standards.

- Requirements developed by broad, multi-stakeholder representation through transparent discussion and polling process.

- Requires conformance testing by third party testing vendors that are experts in EDI and testing.

- CAQH CORE serves as a neutral, non-commercial administrator:
  - Authorizes the conformance testing vendors.
  - Reviews and approves the Certification applications and conformance test reports before Certification Seal is awarded.
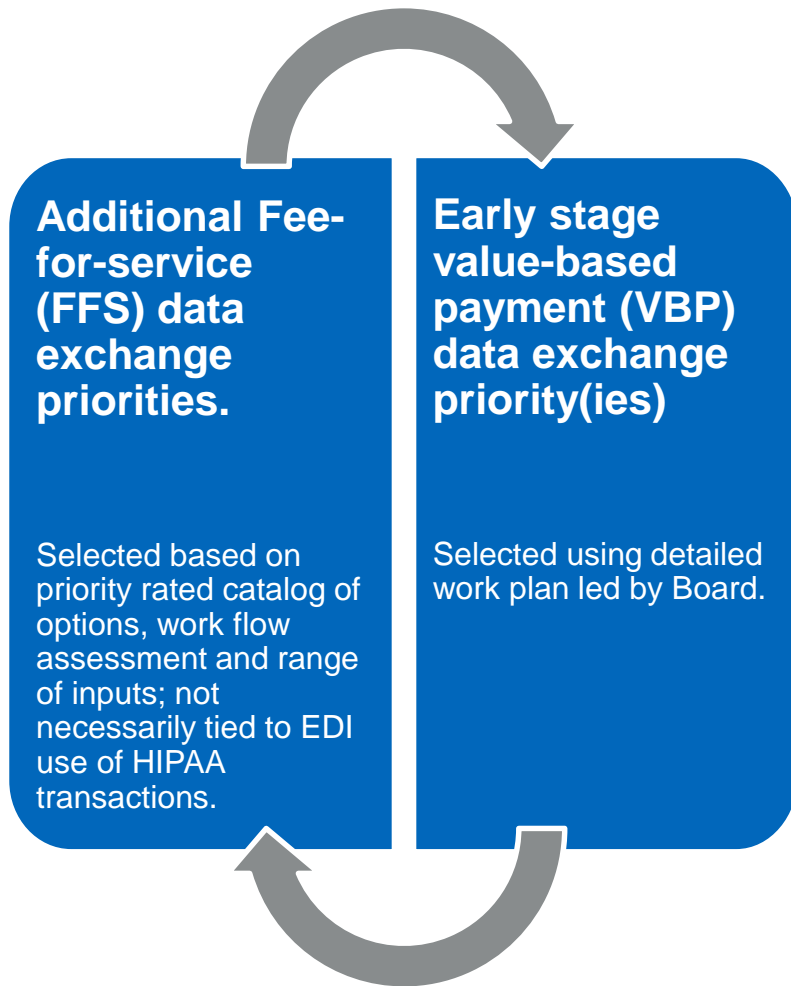
CORE Certifications

Nearly 270 CORE Certifications to date and 30 more Pledges (includes 15 Medicaid Agencies)

Health Plan Stakeholder Types	Provider Stakeholder Types	Clearinghouse Stakeholder Types	Vendor Solutions or Products
Agency for Health Care Administration, State of Florida	Department of Veterans Affairs	TriZetto Provider Solutions™	MEDITECH Reimagining healthcare. Redefining productivity.
CENTENE Corporation	MAYO CLINIC	e-Services	PNC HEALTHCARE
UNITEDHEALTH GROUP	MONTEFIORE Medical Center	InstaMed Healthcare Payments Simplified	NEXTGEN HEALTHCARE
Cigna.	SPECTRUM LABORATORY NETWORK	OPTUM™	GE

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CORE Board Commitment to Future
Fee-for-Service & Value-based Payments

Additional Fee-for-service (FFS) data exchange priorities.

Selected based on priority rated catalog of options, work flow assessment and range of inputs; not necessarily tied to EDI use of HIPAA transactions.

Early stage value-based payment (VBP) data exchange priority(ies)

Selected using detailed work plan led by Board.

Criteria

Goal and expected impact

With ability and plan to track

ROI: Benefit to provider, health plan and system – immediate or long-term

Will require very detailed research, e.g. drivers of health plan call volumes or provider time spent on VBP metric collection

Ability to drive participation/adoption/ ease of implementation

Strategic and organizational fit

(CORE Guiding Principles)

Existing players or critical partnerships required

Timing considerations

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Value-based Payment (VBP)

Stage 1	Stage 2	Stage 3	Stage 4
High-Level Action	Study VBP operational needs via secondary research and Board dialog. Seven potential areas identified for industry action.	Conduct primary research. Interview 35-45 entities experienced in VBP to help inform any potential need for industry action in VBP areas.	Publish outcomes. Prioritize focus for CAQH CORE action and/or recommendations for others in industry to take action.	Develop CAQH CORE effort and/or support industry in implementing recommendations.

Q4 2015 – Q1 2016	Q1-Q2 2016	Q3 2016	Q4 2016

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Thank You

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