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How are the processes of development of Operating rules working?

- # Implementation Challenges- Lessons Learned Issues from Phase III ERA Operating Rule

  - Enrollment Rule – Did not account for various models of enrollment including relationships with Clearinghouses and Third parties.

    - Focus was on one model direct provider to payer.

    - Need a deeper look into assessing other working models

  - Having providers leave the enrollment screen to collect "other" non-DEG data needed for enrollment is not easier.

  - Suggest for now narrowing the rule to apply only to direct provider to payer enrollments and revisit other models for addition later.

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How are the processes of development of Operating rules working?

- Group codes CARC and RARCs associated to Scenarios:
  - This rule was created before a maintenance process was created – both the development of the code combinations and scenarios were done quickly to align with regulatory set dates and things were missed that had to be corrected.
    - Subsequently maintenance process had to be developed.
    - Since the IFC released in August 2012 the CARC list had 3 deletes and 32 changes/adds and RARC list 32 changes/adds

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- ## Infrastructure Rule

- The ERA transaction is generally batch

  Payers were required to be able to support communication protocols such as MIME and SOAP which are not widely used for this transaction in the industry.

  - Payers that contracted with or had third parties to support the SOAP and MIME requirements for 270/271 and 276/277 had to, in some cases, purchase software to be able to do this for ERA if asked.

  - The 270 rule should be reviewed on a transaction by transaction basis and not broadly applied to each new operating rule.

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How are the processes of development of Operating rules working?

- Public Comment Period with responses is needed

- Entities who are non members feel excluded from the development process (no public input)

- CAQH CORE process as it is, worked when this was a voluntary adoption – these Rules go directly to LAW and that makes a big difference and impacts the industry financially

- The way the ORs are documented is problematic to the industry.

  – Payers reported trying to decipher the CAQH CORE ORs with all the Certification details within it caused a delay in starting to develop the solutions

  – Partners interpreted things differently causing issues

  – Key aspects of Operating rules were found in foot notes.

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Compliance with Operating rules

- ## Some Operating Rules are impossible to be compliant with or to measure compliance

- Rule said "When electronically enrolling a healthcare provider in ERA, a health plan (or its agent) must use the CORE Master ERA Enrollment Data Element Name and Sub-element Name as specified in Table 4.2-1 <u>without revision or modification.</u> "

- Some of the Element and Sub-element names contain special characters and explanation/examples that cannot be used in xml tags. They create syntax errors – below are a few examples.

  - Doing Business As Name <u>(DBA)</u>   - Zip Code<u>/</u>Postal Code

  - Requested EFT Start<u>/</u>Change<u>/</u>Cancel Date

  - Provider Federal Tax Identification Number <u>(TIN)</u> or Employer Identification Number <u>(EIN)</u>

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Compliance with Operating rules

- ## Rule 360 – CARC and RARCs
  - These are not validatable to the scenario because the scenario is an adjudication determination and any other combination could be accurate in a different situation.

- ## Rule 270 – Communications
  - In the 20 second turn around requirement who along the path besides to provider will be able to ensure the 20 second turn around ? How can payers attest to the fact that the answer is getting to the provider within the required timeframe if they are not in control of the other steps in the process?

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SUGGESTIONS

- Make sure there is a Public Comment Period BEFORE the rule is LAW

- Take more time to vet rules

- Revise the current process to reflect a more rigorous process around development of Operating Rules

  - Requirement gathering from industry leveraging ASC X12 and WEDI and provider groups AMA, MGMT, *Clearinghouses (or Cooperative Exchange)* ETC

  - Have an open portal for entering CRs from the general public -Business requirements / rationale /ROI – **6 mo**

  - Industry Review and refine the rules **6 mo** A real **public comment of at least 2 of these months** with consideration of the comments and refinement of the rule

  - **3 mo** for finalization and preparation for rule making

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SUGGESTIONS cont.

- Documentation of ORs needs to be changed to represent a more straightforward requirements only document.

- Key aspects of a requirement must not be in footnotes where it is easy to miss.

- All requirements should be in One place and not have to reference other documents

- Communication Rule 270 should be reviewed on a case by case basis for transactions to adhere to industry best practices or create new rules as they apply to the given transaction.

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How are the processes of <u>maintenance</u> of Operating rules working?

- Update process for Operating Rules (OR) is unknown
  - Sending a note to CAQH.org seems to be the answer to most inquiries – but there is no place that documents the process the change requests will go through or the vote etc.
- There is no way for a person that is not a member to make a change request for a change to an OR.
- At this time there is not a place that a member can go to see what changes are suggested/ what the timeline and release cycles are for those changes.
- The maintenance process for CARC and RARCs is Compliance based and Market based this concept is fragmented and postpones getting changes in timely.
- Lay out a timeline for updates to rule 360 that shows the CARC /RARC timeline with CAQH's dates for updates and when the payers must be ready After the 1/1/2014 effective date.

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SUGGESTIONS

- A change request process that is open to the public should be established and should be consistent for all ORs and not overly taxing AND before another set of ORs is created.

- A comment Period should be required for all new ORs, if they are going to continue to be released directly into law.

- AND/OR change the process to be an NPRM and NOT an IFC

- A process and timeline for changes on both CAQH CORE side and government side needs to be created and shared with the entire industry.

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On First Round of Operating Rules (Eligibility and Claim Status)

- Phase I and Phase II ORs Implemented

- Process was Voluntary

- Many Blues were already prepared for the first sets

- Communication Rule – seemed to apply to these two sets of transactions

- Some of the ORs were also supported by the 5010 guide

- Rule 360 CARC/RARC Combinations/ Business Scenarios
  - By far this is the most complete from a development perspective at around 50-75%
    - Testing efforts align with the percent most being approximately 50% complete with testing

- Enrollment Rule
  - This is the greatest span of variance which shows that payers are anywhere from 1-25% 25-50% or 75-100% each equally represented
    - Testing is in the 1-25% range for all

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What is the status of adoption and implementation of ORs for EFT/ERA?

➢ Reassociation Rule

➢ This ranges from 25-75% development complete

➢ Testing ranging from the same 25-75%

➢ Infrastructure Rule

➢ This rule is mostly in the 25-50% development complete

➢ Testing ranging from 1-25%

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ERA/EFT RULE STATUS

- Payers are working through issues and asking questions of CAQH along the development of these rules in order to get interpretations accurate

- All are positioning themselves to be on track for a 1/1/2014 deadline

- This Set was not without its share of problems

- Consideration should be taken before the next set is created.

- Do not make the next set an IFC –Require an NPRM with public comment

- Majority of those surveyed did not work on the development of ORs

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