CAQH CORE®

Overview of Proposed Operating Rules
Health Care Claims, Prior Authorization,
Enrollment/Disenrollment & Premium Payment

Testimony Provided to the
Subcommittee on Standards
National Committee on Vital and Health Statistics

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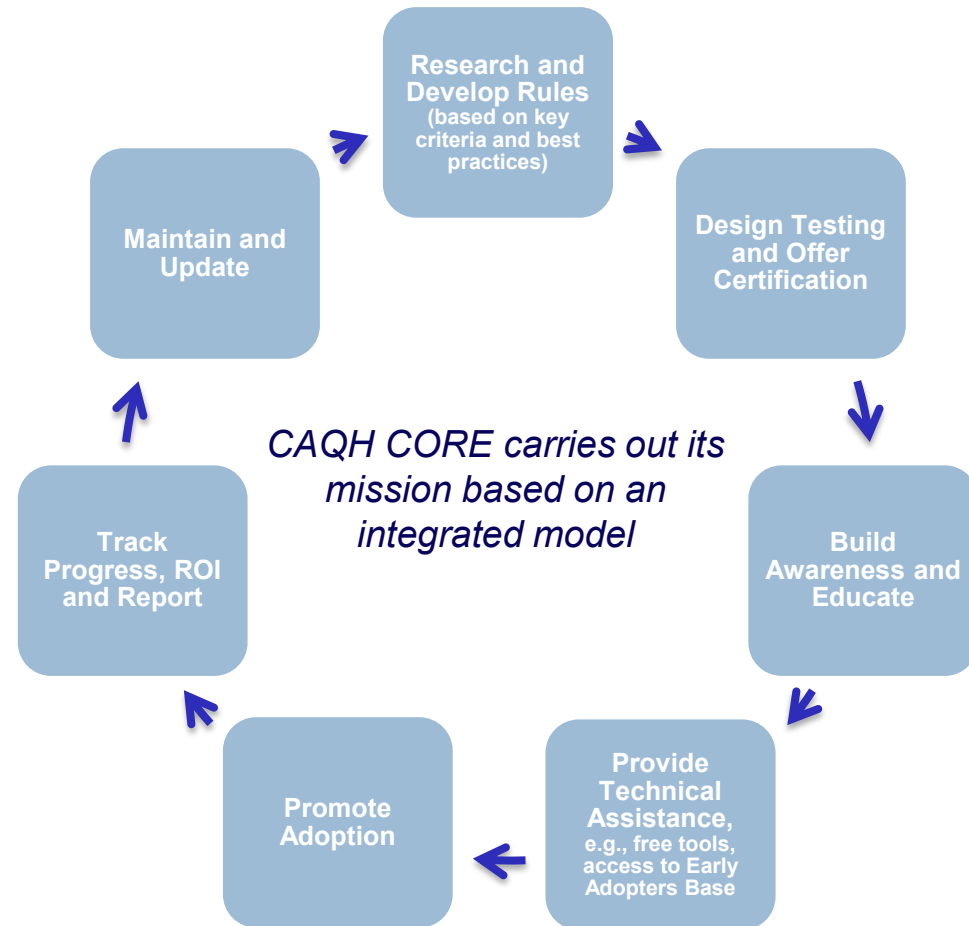for Information Exchange
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Testimony Overview

- CAQH CORE

- Parameters of Phase IV Operating Rules

- Process
  - CAQH CORE participants and public
  - Criteria and research

- Scope and Status
  - Details on the draft rule requirements
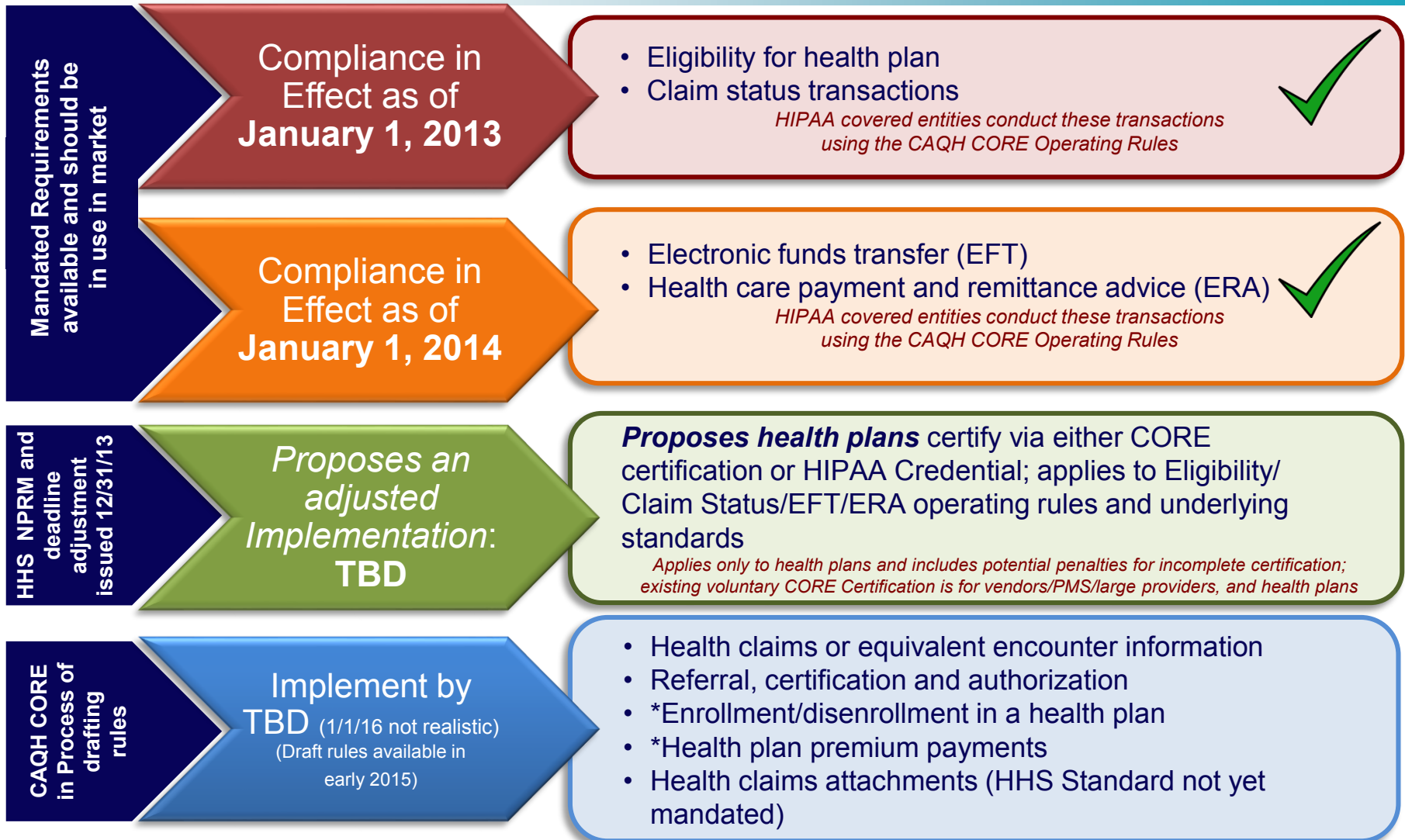
- Next Steps
  - Finalization

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CAQH CORE

- Established in 2005. Named by Secretary of HHS to be national author for three sets of operating rules mandated by the ACA.

- *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.

- **Participants:** 140+ multi-stakeholder entities with a multi-stakeholder Board.

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*Revised in 2014 by CAQH CORE multi-stakeholder Board.

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

Design Testing and Offer Certification

Maintain and Update

Build Awareness and Educate

Track Progress, ROI and Report

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

Promote Adoption

CAQH CORE carries out its mission based on an integrated model

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ACA Mandated Operating Rules and Certification
Compliance Dates

Mandated Requirements available and should be in use in market

Compliance in Effect as of January 1, 2013

- Eligibility for health plan
- Claim status transactions
  HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules ✓

Compliance in Effect as of January 1, 2014

- Electronic funds transfer (EFT)
- Health care payment and remittance advice (ERA) ✓
  HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

HHS NPRM and deadline adjustment issued 12/31/13

Proposes an adjusted Implementation: **TBD**

Proposes health plans certify via either CORE certification or HIPAA Credential; applies to Eligibility/ Claim Status/EFT/ERA operating rules and underlying standards
Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans

CAQH CORE in Process of drafting rules

Implement by TBD (1/1/16 not realistic) (Draft rules available in early 2015)

- Health claims or equivalent encounter information
- Referral, certification and authorization
- *Enrollment/disenrollment in a health plan
- *Health plan premium payments
- Health claims attachments (HHS Standard not yet mandated)

*Also used in federal and state Health Information Exchanges (HIX) implementations

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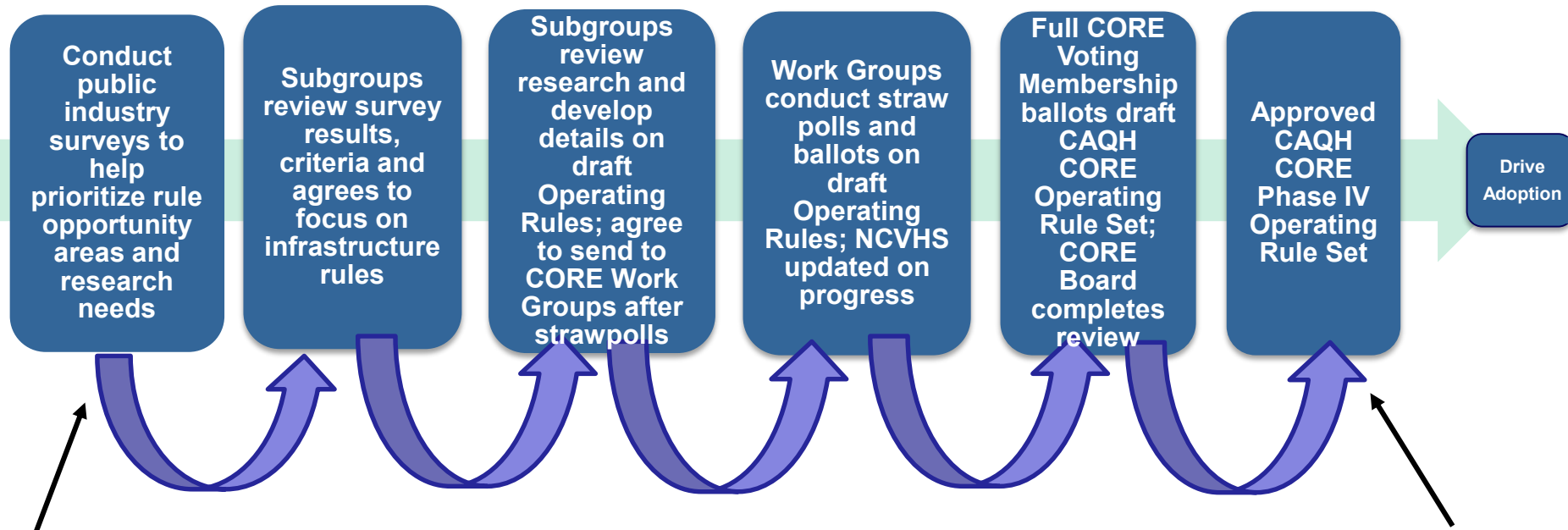A CAQH Initiative

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Key Parameters on the Scope of Draft Phase IV Operating Rules

- Parameters set by ACA legislative mandate and HIPAA regulations are integrated as well as lessons learned from existing CAQH CORE operating rules.

  – Operating rules and HIPAA mandated standards work in unison.
    - No repetitive or conflicting requirements included.
    - One of the transactions outlined by ACA (Attachments) does not yet have a mandated HIPAA transaction named, so it is not included in draft operating rule set; CAQH CORE has ongoing research focused on this area which supports that Prior Authorizations and Attachment improvements are related, so additional work on Prior Authorization should be conducted when Attachments standard(s) are issued.

  – Requirements are for entities that are defined as HIPAA covered entities.
    - Non-HIPAA covered entities critical to Phase IV transactions are not included. For Phase IV those key non-HIPAA covered entities include: Employers, Practice Management Systems and Property and Casualty.
    - There was considerable market interest in including these entities; CAQH CORE Board is determining how its voluntary efforts may be applied to meet this need.

  – Operating rules can address requirements for infrastructure and data content.
    - Draft Phase IV Operating Rules focus on common infrastructure due to benefits, market interest and lessons learned; data content will follow with focus on receipt of accurate and actionable data.

  – Voluntary CAQH CORE certification requirements are separate.
    - Applied the approach used with the already mandated EFT/ERA CAQH CORE Operating Rules, this draft rule set also has CAQH CORE Certification as a separate document.

  – Incorporate agile maintenance managed by author where possible.
    - Maintenance for specific areas incorporated; however, substantive changes require regulatory action.

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Collaborative Approach to CAQH CORE Rule Development

Phase IV CAQH CORE Operating Rule Set

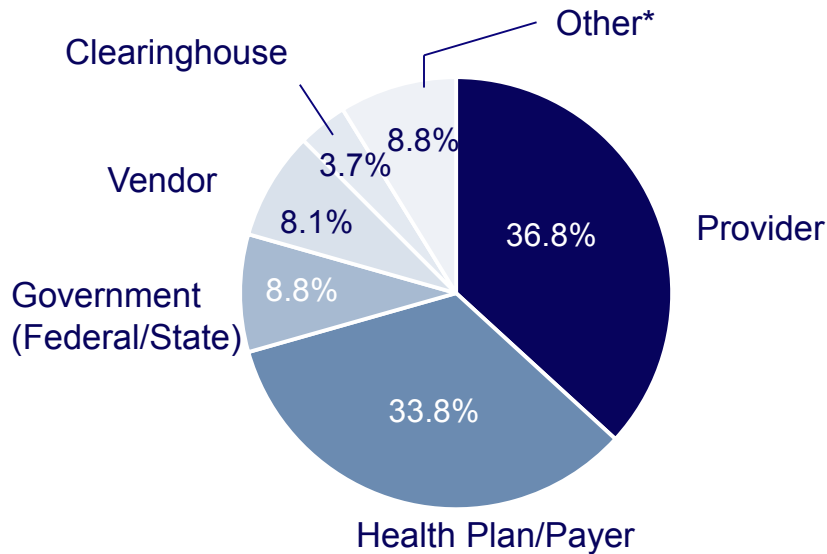*Formal market outreach began in 2013, less than three months after CORE was named by HHS Secretary.*

Conduct public industry surveys to help prioritize rule opportunity areas and research needs

Subgroups review survey results, criteria and agrees to focus on infrastructure rules

Subgroups review research and develop details on draft Operating Rules; agree to send to CORE Work Groups after strawpolls

Work Groups conduct straw polls and ballots on draft Operating Rules; NCVHS updated on progress

Full CORE Voting Membership ballots draft CAQH CORE Operating Rule Set; CORE Board completes review

Approved CAQH CORE Phase IV Operating Rule Set

Drive Adoption

Feedback loops to CAQH CORE from public industry surveys, public CAQH CORE Town Hall calls, targeted non-CORE specific calls, criteria development, external industry research, and opportunities for public comment via NCVHS meetings and regulations. Public website is available to provide status.

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Sample Findings
Respondents to CAQH CORE Public Survey Regarding Rule Priorities

Entity Type of Respondents
n=136

Other*

Clearinghouse

8.8%

Vendor 3.7%

8.1% Provider

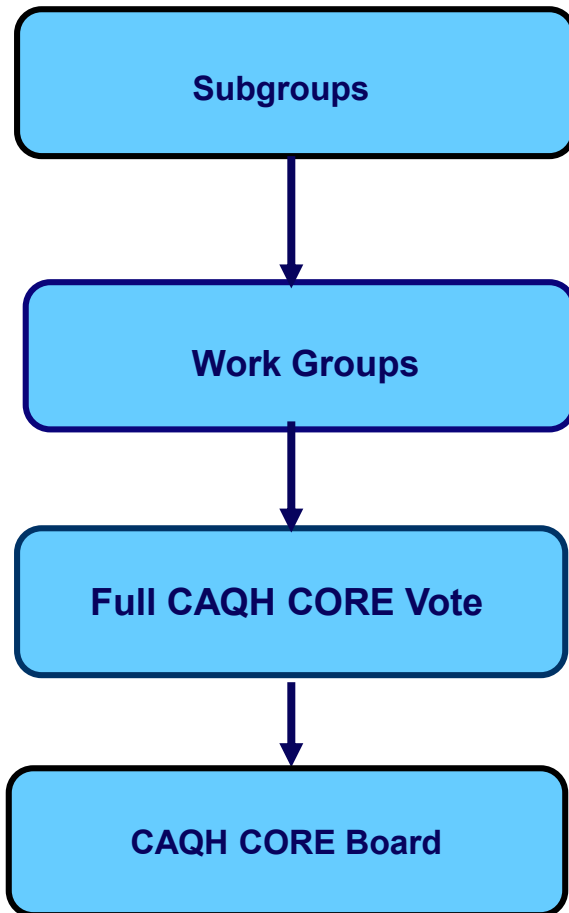Government 8.8% 36.8%
(Federal/State)

33.8%

Health Plan/Payer

*Examples of "other" respondent types include associations and
standard development organizations (SDOs).

Percentage of CORE Participants
n=136

73%

27%

Participants   Non-participants

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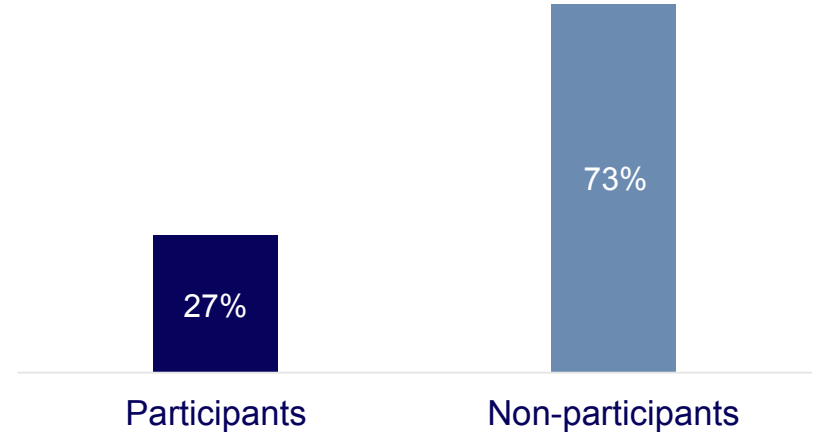
CAQH CORE Formal Voting Process
Requirements of Process and Status in Relation to Draft Phase IV

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│                         │
│       Subgroups         │
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│      Work Groups        │
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│   Full CAQH CORE Vote   │
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│    CAQH CORE Board      │
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- *Support including multi-stakeholder focus.* Quorums and majority support are required by process. Board voting focuses on provider-health plan agreement.
    - Status: Two of the five draft rules have gone to Work Groups and they have strong support; other three rules have strong Subgroup support.
    - Where there is a minority that does not support, views are not divided by stakeholder type, e.g. not health plan vs provider.

- *Adopter focused.* At full CORE vote, only participants that adopt the operating rules vote (meaning participants that create, transmit, or use transactions).
    - Status: Adopters have been actively engaged, e.g. over 100 people on some Subgroup calls. All Chairs are from organizations that need to adopt, e.g. provider led Connectivity and Security Subgroup.

- *Strategic oversight.* Before its final vote, executive-level Board stays updated on both rule development and external inputs like NCVHS and ONC work.
    - Status: Board has received several updates on Phase IV development including review of details such as research findings. Per their request, additional free, public call was held to inform non-CORE participants of status given rules are moving into finalization. Additionally, Board considering ONC strategic plans.

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Scope of Draft Phase IV CAQH CORE Operating Rules

Infrastructure	*Content*
Connectivity & Security	Support the further and uniform use of structured content, e.g. X12, Code Sets, HL7
Response Time (Batch/Real-time)	
System Availability	
Exception Processing Error Resolution	
Roles & Responsibilities	
Companion Guide	

Focus of Phase IV

- Lessons learned; criteria and targeted research informed draft requirements.
  - Public surveys highlighted CAQH CORE Guiding Principles (criteria) such as alignment with Federal HIT efforts and ROI.
  - Careful consideration given to experience in other areas of market, e.g., objective research on Insurance Exchange use of Premium Payments and Enrollment.
    - These two transactions are being used in the Health Insurance Exchanges (HIXs). CORE rules will apply to HIPAA covered entities only; however, research on usage in HIX environment was informative as it was found there is significant cross-over in IT systems, staff resources and challenges to getting to automation.
    - Firm with significant Federal and State HIX experience was retained to summarize lessons learned in first year of roll-out of HIX market and CORE Subgroup verified findings to identify potential areas of alignment for HIX and traditional HIPAA use of these transactions.
  - Rule-specific criteria was both business and technically-focused, e.g., DIRECT was considered for Connectivity but did not meet technical criteria.
  - Given the transactions are mandated, best practices already in market were supported versus building totally new formats that need pilot testing, e.g. acknowledgements of a claim was top priority identified for improving Claims.
  - Rule language was improved for clarity based on implementation experience, e.g. CORE requests, FAQs and experience of CORE Certified entities summarized to identify areas for improvement.
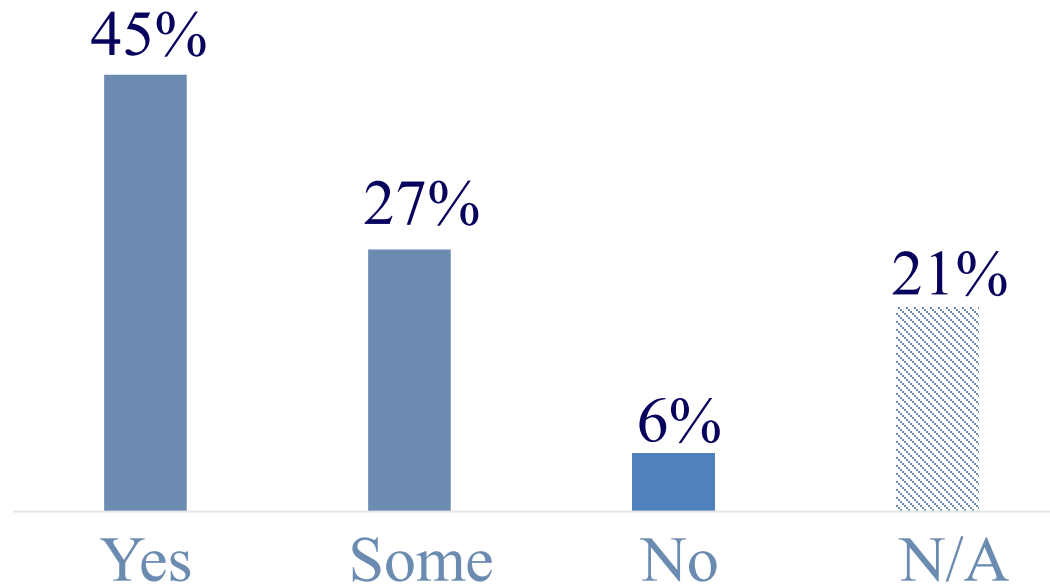
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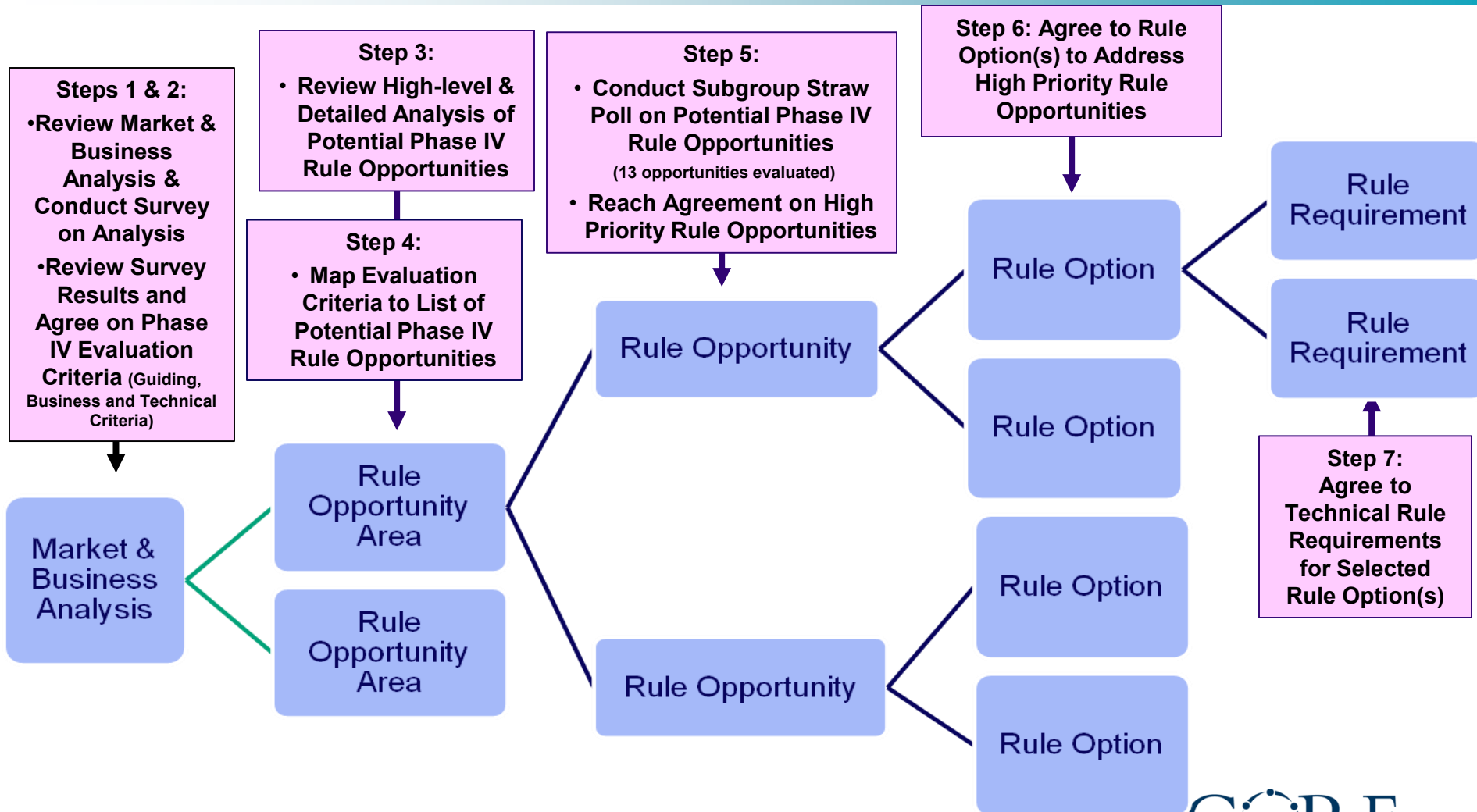
Sample Findings
HIX and non-HIX Resource Overlap (N=33 CORE participating entities with varied roles in HIX)

Question. Do the same IT systems/resources (including staff) at your entity process the ASC X12N v5010 834 and/or the ASC X12N v5010 820 for both traditional HIPAA processes and FFM/SBM implementations?

45%	27%	6%	21%
Yes	Some	No	N/A

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Sample Work Plan
Connectivity

Steps 1 & 2:
- Review Market & Business Analysis & Conduct Survey on Analysis
- Review Survey Results and Agree on Phase IV Evaluation Criteria (Guiding, Business and Technical Criteria)

Step 3:
- Review High-level & Detailed Analysis of Potential Phase IV Rule Opportunities

Step 4:
- Map Evaluation Criteria to List of Potential Phase IV Rule Opportunities

Step 5:
- Conduct Subgroup Straw Poll on Potential Phase IV Rule Opportunities (13 opportunities evaluated)
- Reach Agreement on High Priority Rule Opportunities

Step 6: Agree to Rule Option(s) to Address High Priority Rule Opportunities

Step 7: Agree to Technical Rule Requirements for Selected Rule Option(s)

Market & Business Analysis

Rule Opportunity Area

Rule Opportunity Area

Rule Opportunity

Rule Opportunity

Rule Option

Rule Option

Rule Option

Rule Option

Rule Requirement

Rule Requirement

Note: Opportunities are a range of choices for addressing business needs.

Details on the Draft Phase IV CAQH CORE Operating Rules

(slides 13-20 have detail; go to slide 24 for next steps)

Note: There are five rules to address the four transactions (see Appendix for links)
- One rule for each transaction; each rule contains common infrastructure requirements that apply to all transactions, with minor variation.
- One rule specific to safe harbor connectivity and security that applies to all four transactions.

Scope of Draft Phase IV CAQH CORE Rule Requirements

Reminder: Attachments not included; there is no formal HIPAA Attachment standard(s).

Infrastructure Requirement	Prior Authorization[1]	Claims[1]	Enrollment[2]	Premium Payment[2]
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[3]	X	X	X	X
System Availability	X	X	X	X
Companion Guide Template	X	X	X	X
Other unique to transaction	N/A	Include guidance for COB in Companion Guide given COB issues	Timeframe requirements for receiving system to process transaction within five business days	Timeframe requirements for receiving system to process transaction within five business days

X = Required
1. Draft Rules approved by Claims/Prior Authorization Subgroup under Rules Work Group review.
2: Draft Rules being straw polled by Benefit Enrollment & Maintenance/Premium Payment Subgroup.
3: Draft Connectivity Rule approved by Connectivity & Security Subgroup under Technical Work Group review.

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Draft Batch Processing Mode Response Time Requirements

Batch Processing Mode Response Time requirements specify the overall length of elapsed time from when a transaction is sent to a health plan and when the acknowledgement(s) or response to the transaction is available for pick up (retrieval) by the provider/health plan purchaser (sender).
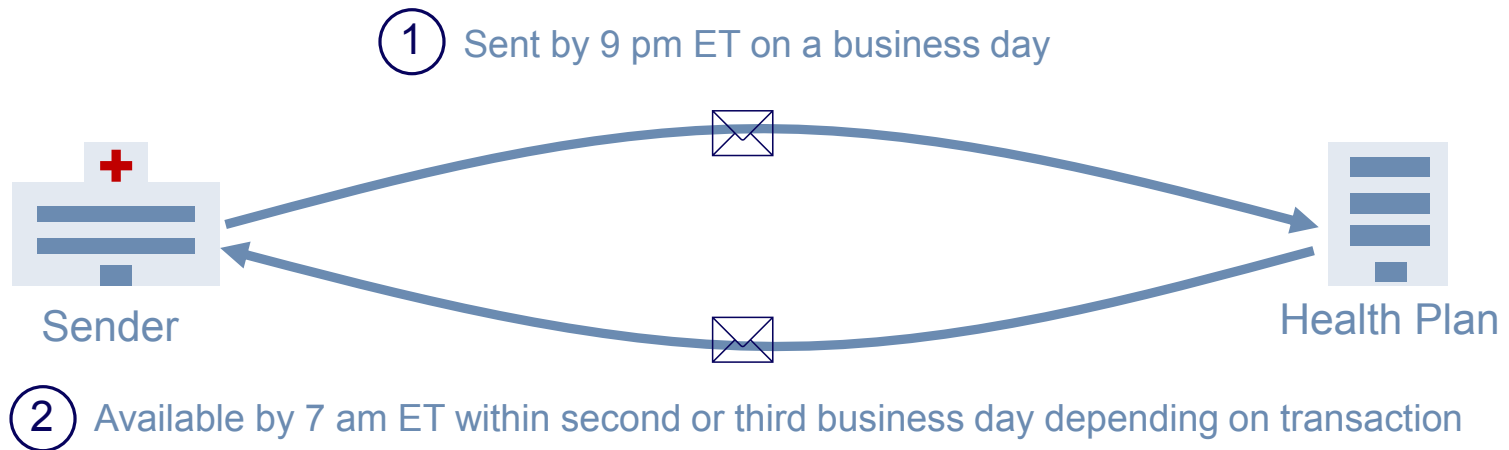
① Sent by 9 pm ET on a business day

Sender

Health Plan

② Available by 7 am ET within second or third business day depending on transaction

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Batch Processing Mode Response Time	X	X	X	X

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Draft Real Time Processing Mode Response Time Requirements

Real Time Processing Mode Response Time requirements specify the overall length of elapsed time from when a provider/health plan purchaser (sender) sends a transaction to a health plan and the related response transaction is received by the sender.

Sender

20 Seconds
Round Trip Max Response Time

Health Plan

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Real Time Processing Mode Response Time	If Real Time Used	If Real Time Used	If Real Time Used	If Real Time Used

Draft Batch Acknowledgement Requirements

837/278/834/820

999/277CA

Sender
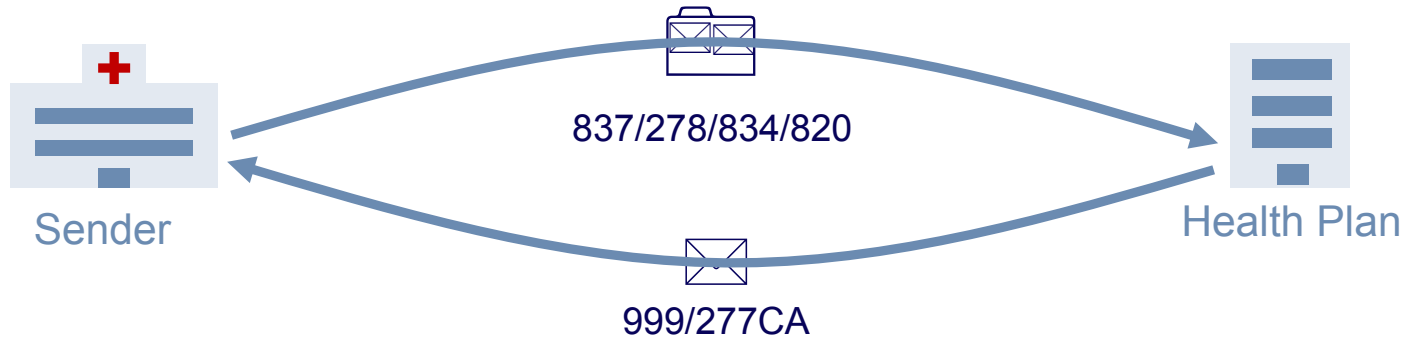
Health Plan

- Requirements for **837**
  - When any Functional Group of an ASC X12N v5010 837 Claim Transaction Set is accepted, accepted with errors, or rejected, an entity must return a ASC X12C v5010 999.
  - A health plan must acknowledge each claim received in any institutional, professional, or dental ASC X12N v5010 837 Transaction Set using the ASC X12N v5010 277CA unless previous processing resulted in a rejection of the Interchange or a Transaction Set in a Functional Group.

- Requirements for **278, 834** & **820**
  - When any Functional Group of these transaction is accepted, accepted with errors, or rejected, an entity must return an ASC X12C v5010 999.

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Batch Acknowledgement	X	X	X	X

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Real Time Acknowledgement Requirements

837/278/834/820

Sender

Health Plan

999/277CA
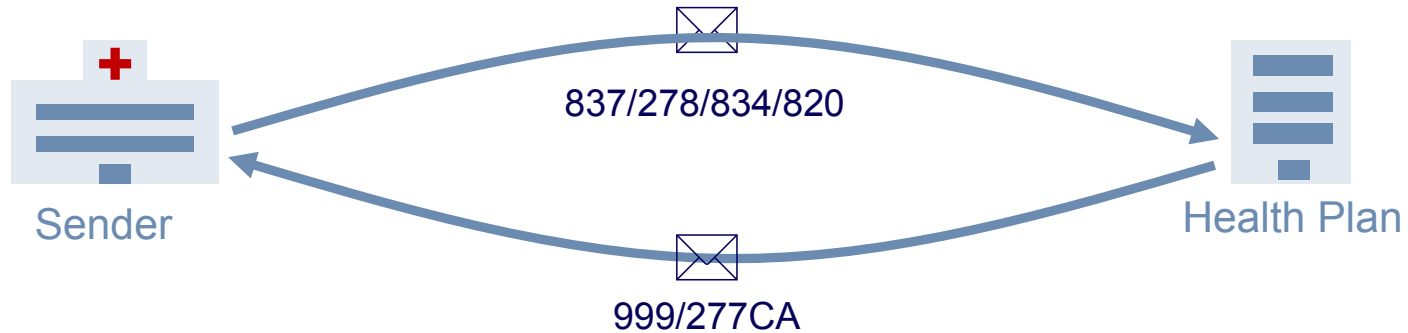
- Requirements for **837** (*NOTE: RTA is not in scope for this draft Phase IV rule*)
  - When any Functional Group of an ASC X12N v5010 837 Claim Transaction Set is accepted, accepted with errors, or rejected, an entity must return a ASC X12C v5010 999.
  - A health plan must acknowledge each claim received in any institutional, professional, or dental ASC X12N v5010 837 Transaction Set using the ASC X12N v5010 277CA unless previous processing resulted in a rejection of the Interchange or a Transaction Set in a Functional Group.

- Requirements for **278**
  - A receiver must return one response to an ASC X12N v5010 278 request: either an ASC X12C v5010 999 rejection or an ASC X12N v5010 278 response.

- Requirements for **834** & **820**
  - A health plan must return an ASC X12C v5010 999 for any Functional Group of any ASC X12N v5010 transaction to indicate if the Functional Group is accepted, accepted with errors, or rejected.

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Real Time Acknowledgement	If Real Time Used	If Real Time Used	If Real Time Used	If Real Time Used

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# Safe Harbor Connectivity & Security Requirements

Connectivity

HTTP 1.1

Other key rule requirements:

- Rule applicable to HIPAA mandated ASC X12N v5010 837, 278, 834, 820 transactions
- Transport Layer Security (SSL minimum/TLS instead of SSL when required by HIPAA covered entity's security policy)
- Single Message Envelope Standard (SOAP v1.2)
- Single Submitter Authentication Method (X.509)
- Normative Message Envelope Metadata
- Standard CORE-specified Schema (.xsd)
- Standard CORE-specified Web Services Description Language (.wsdl)
- Transaction Specific Required/Optional Processing Modes
- Standard Payload Type Identifiers for each transaction for each processing mode
- Process for maintaining Processing Mode and Payload Type Identifiers

Safe Harbor

Health Plan *Provider*
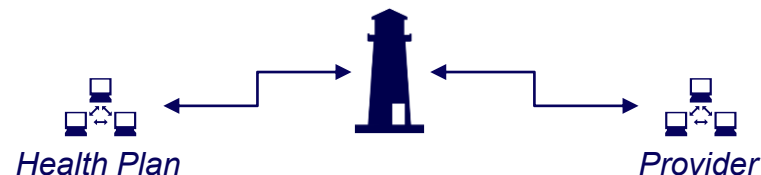
Enables trading partners to use different communications and security methods than what is specified in rule:

- HIPAA covered entities must support CORE rule requirements for real time and batch processing modes (if that mode is required by the CORE rules)
- Can offer other communications and security methods
- Does not require trading partners to deimplement any existing connectivity methods not compliant with CORE rule

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Connectivity Rule Improved

- Key features enhanced from Connectivity Rules from CAQH CORE Phase I, II, and III include:

  – Better Interoperability (single message envelope standard)

  – Improved security (authentication, transport)

  – Improved support for business workflows (push/pull)

  – Improved rule language clarity based on implementer feedback

  – Easier maintenance using Companion Payload and Processing Mode Document

  – Processing mode (batch/real time) definitions for Claim, Prior Authorization, Enrollment, and Premium Payment

  – Acknowledgements are included consistent with existing Operating Rules

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System Availability Requirements

The System Availability requirements establish the amount of time a system must be available to process the specified transactions:
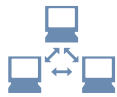
Minimum of **86 percent system availability** (per calendar week)

Provide **one week** advance notice on non-routine downtime

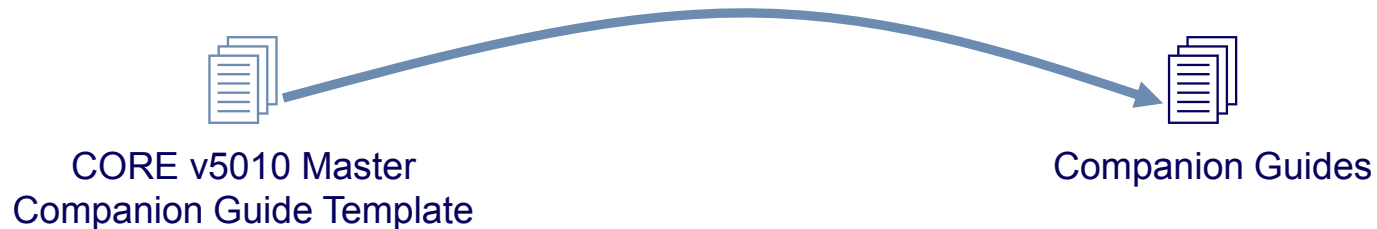Publish regularly scheduled **downtime**

Provide information within **one hour** of emergency downtime

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
System Availability	X	X	X	X

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Companion Guide Requirements

When an entity publishes a Companion Guide the CAQH CORE Companion Guide requirements establish the format and flow of Companion Guides.

CORE v5010 Master
Companion Guide Template

Companion Guides

Format & Flow Specified in Template

- Introduction
- Getting Started
- Testing with the Payer
- Connectivity with Payer/Communications
- Contact Information

- Control Segment/Envelopes
- Payer Specific Business Rules and Limitations
- Acknowledgements and/or Reports
- Trading Partner Agreements
- Transaction Specific Information

For Companion Guides addressing the X12N v5010 837 Claim, entities are also required to include their requirements for coordination of benefits in specified Sections.

Applicability of Requirements

Infrastructure Requirement	X12N v5010 837	X12N v5010 278	X12N v5010 834	X12N v5010 820
Companion Guide	X	X	X	X

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Minority Viewpoints to Date

- The draft operating rule requirements have support among majority to date; however, minority viewpoints exist in relation to areas such as:

  - Acknowledgements
    - NCVHS should strongly consider CAQH CORE analysis (see Appendix) of why now is the time that Acknowledgements finally need to be formally included in Federal mandates, and that such inclusion can be done via the CAQH CORE Operating Rules.

  - Higher level of Security (digital certificates) with the Phase IV CAQH CORE Connectivity Safe Harbor than security level in earlier CAQH CORE phases, which also allowed passwords.
    - NCVHS should strongly consider that although certificates are more costly, security is a growing risk and CAQH CORE must evolve accordingly; Safe Harbor supports industry best practice yet does not require other methods to be shut-down.

  - Real-time
    - Real-time use is minimal for the transactions addressed in Phase IV CAQH CORE; however, majority of participants want to set basic expectations if real time is offered by an entity.

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Benefits of the Draft Phase IV CAQH CORE Operating Rules

- By building on the existing federally mandated CAQH CORE infrastructure rules, Phase IV establishes national infrastructure expectations across the HIPAA mandated transactions thereby creating a common framework and increasing the consistency of transaction use/offerings, e.g.

  - Safe Harbor Connectivity allows entities to know at least one connection that can be supported by all clients

  - Acknowledgements enable entities to trace variances in transactions which supports the business model of a transaction-based economy

  - Response time requirements assure industry of timely information

  - Companion Guide requirements result in more uniform information-sharing across trading partners

  - System availability requirements enable providers and their vendors to interact with systems during non-business hours

- The benefits of the common CAQH CORE infrastructure requirements move to goals of:

  - Increased usage of automated electronic transactions

  - Reduced staff time for phone inquiries

  - More efficient processes

  - Improved Customer Service to Patients/Subscribers

  - Enhanced revenue cycle management

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Next Steps

- CAQH CORE is moving forward to finalize the draft Phase IV operating rules.
    - Rules will be adjusted during this process.
        - Participants are in process of clarifying language related to requirements to ensure consistent understanding.
        - Unlikely that participants will add more requirements but not prohibited.
    - Timeframe has been well communicated and is on track.
        - Q1: Complete Work Group process
        - Q2: Integration of Phase IV Operating Rules for full CAQH CORE vote and CORE Board vote
        - Q3: Finalize rule, publish and launch implementation support
    - CAQH CORE can present final Phase IV Operating Rule set to NCVHS if interested.

- NCVHS should recommend to HHS a timeline for market adoption that gives the market ample time to meet the requirements, e.g. year and half to two years.

- As with all operating rules, evolution of the Phase IV requirements will be important.
    - CAQH CORE is ready to address additional market needs for the these transactions and others by applying its voluntary adoption process as well as participating in NCVHS activities on new federal mandates.
    - Data content is a critical key next step as well as tracking adoption through efforts like CAQH Efficiency Index.

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Appendix

Acknowledgement Opportunity
Industry Need and Status

- ## Why industry needs acknowledgements.

  - Confirm electronic transactions sent by one party are received by intended recipient:
    - Not lost or misdirected in transmission, and
    - Are accepted into recipient's system

  - Aid Administrative Simplification because they:
    - Reduce need for recipient to check status of sent transaction, often necessitating resending
    - Supply evidence of date/time transaction was sent/received
    - Reduce inquiries to sender

- ## Current federal and market adoption.

  - Is not mandated under HIPAA or ACA, however:
    - NCVHS has consistently supported a mandate, and CAQH CORE has supplied HHS with a formal legal opinion supporting their adoption via operating rules
    - HHS regulations adopting operating rules, while explicitly excluding Acknowledgements from the operating rule mandates, state strong support for voluntary use
    - ACA-mandated health insurance exchanges (HIX) are required by CMS to use the ASC X12 Acknowledgements

  - Have been included in CAQH CORE voluntary certification for each of the transactions for which there are operating rules because the industry identified their value

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Acknowledgement Opportunity
Legalities and Technicalities

- **Acknowledgements are fundamentally different** from HIPAA transactions and are not specific to healthcare

- **Acknowledgement standard(s) are used by numerous industries worldwide** (e.g., retail, manufacturing, defense logistics)

- **Acknowledgements are not standalone standards**. They are triggered by transmission of a transaction and convey information about its transmission, e.g.

  – ASC X12 999 conveys information about deficiencies in data content and sometimes returns invalid data

  – Acknowledgements are like other infrastructure requirements, such as connectivity, system availability requirements, response times – all of which are specified in operating rules

- **Operating Rules have always included Acknowledgements**

  – With the next set of operating rules regulations, NCVHS should recommend HHS accept acknowledgements as part of all existing and new operating rules

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Links:
Draft CAQH CORE Phase IV Operating Rules

CAQH CORE rule development has been in development for *over two years*; dates presented on the rules are when agreed upon rule requirements were placed into the CAQH CORE operating rules documentation structure.

- [Draft Phase IV CAQH CORE 450 Health Care Claim (837) Infrastructure Rule](#)

- [Draft Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response (278) Infrastructure Rule](#)

- [Draft Phase IV CAQH CORE 454 Benefit Enrollment & Maintenance (834) Infrastructure Rule](#)

- [Draft Phase IV CAQH CORE 456 Premium Payment (820) Infrastructure Rule](#)

- [Draft Phase IV CAQH CORE 470 Connectivity Rule](#)
  - [Draft Phase IV CAQH CORE-Required Processing Mode and Payload Type Tables v4.0.0](#)
  - [XML Schema Specification (normative; may need to open in Notepad)](#)
  - [Web Services Definition Language (WSDL) Specification (normative;may need to open in Notepad)](#)

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