

## CAQH FACTS



*Why can't verifying patient eligibility and benefits and other administrative data in provider offices be as easy as making an ATM withdrawal?*

### **CORE Mission and Vision**

CAQH launched the Committee on Operating Rules for Information Exchange (CORE) after completing a year of research with health plans, providers and industry leaders. The research showed that improved electronic access to accurate, timely healthcare administrative information, including eligibility and benefits data, would significantly reduce the resources required by providers to verify patient coverage, submit cleaner claims and help eliminate unnecessary bad debt.

CORE's vision is provider access to healthcare administrative information before or at the time of service using the electronic system of their choice for any patient or health plan.

CORE is almost 100 industry stakeholders ([www.caqh.org/ben\\_participating.php](http://www.caqh.org/ben_participating.php)) – health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and other healthcare entities.

CORE participants maintain eligibility and benefits data for more than 130 million lives, or more than 75 percent of the commercially insured plus Medicare and state-based Medicaid beneficiaries.

Working in collaboration they are building consensus on a set of operating rules that will:

1. Enhance interoperability between providers and payers
2. Streamline eligibility and benefits data transactions
3. Reduce the amount of time and resources providers spend on administrative functions – time better spent with patients.

Operating rules build on existing standards to make electronic transactions more predictable and consistent, regardless of the technology. Rights and responsibilities of all parties, security, transmission standards and formats, response time standards, liabilities, exception processing, error resolution and more must be clearly defined in order to facilitate successful interoperability. Beyond reducing cost and administrative hassles, operating rules foster trust among all participants.

CORE is solely focused on creating operating rules and will not develop software solutions, a switch, a database or central repository of administrative information.

### **CORE: A Multi-phase Initiative**

Phase I, completed in April 2006, developed operating rules that cover a limited number of key eligibility and benefits data elements and the processes required to exchange them. They will help providers:

- Determine whether a health plan covers the patient
- Determine patient benefit coverage
- Confirm coverage of certain treatments and the patient's co-pay amount, coinsurance level and base deductible levels (as defined in the member contract) for each of those types

Phase I rules and policies developed to govern exchange of this data include:

- System connectivity
- Standard inquiry acknowledgements
- Maximum response times (batch and real-time)
- Minimum hours a system must be available
- Standard 270/271 companion guide flow and format
- Standard testing, certification and enforcement processes to ensure CORE compliance

Additional eligibility components and business transactions will be addressed by CORE in Phase II (2006-2007) and later phases (2007-and beyond).

### **CORE Phase I Certification/Endorsement**

Use of the CORE rules/policies is voluntary and open to all organizations that create, send or transmit healthcare administrative data, including eligibility and benefits information.

To receive a CORE-certification Seal, organizations must sign a binding pledge to adopt, implement and comply with CORE Phase I rules. By signing the CORE Pledge, the organization commits to work with a CORE-authorized testing vendor to prove its IT system(s) are compliant with the CORE Phase I rules. Testing must be completed within 180 days of signing the CORE Pledge. CORE testing and certification is tailored for providers, health plans, vendors and clearinghouses.

Organizations that do not create, send or transmit data can demonstrate their support for CORE's mission and the Phase I rules by signing the CORE Pledge and applying for a CORE Endorser Seal.

CAQH has authorized the Claredi certification testing solution from Ingenix ([www.ingenix.com](http://www.ingenix.com)) and Edifecs, Inc. ([www.edifecs.com](http://www.edifecs.com)) to certify that healthcare organizations' IT systems are in compliance with CORE Phase I rules.

The SSI Group, Inc. (SSI) was the first healthcare organization to receive CORE certification seals, after successfully completing CORE Phase I certification testing. It was awarded a

CORE Clearinghouse certification seal for its ClickON® E-Verify product and a CORE Vendor certification seal for its ClickON® Net Eligibility product.

Twenty healthcare organizations have committed to CORE certification by no later than March 31, 2007. Over 20 additional organizations have endorsed the CORE Phase I rules. Visit [http://www.caqh.org/CORE\\_pending.php#clear](http://www.caqh.org/CORE_pending.php#clear) for more information.

**CORE Phase I Certification Seal Fees**

Clearinghouses	
Below \$75 million in net annual revenue:	\$4,000
\$75 million and above in net annual revenue:	\$6,000
Health Plans	
Below \$75 million in net annual revenue:	\$4,000
\$75 million and above in net annual revenue:	\$6,000
Vendors	
Below \$75 million in net annual revenue:	\$4,000
\$75 million and above in net annual revenue:	\$6,000
Providers	
Up to \$1 billion in net annual revenue:	\$ 500
\$1 billion and above in net annual revenue:	\$1,500
Endorsers	
(Only entities that do not create, transmit or use eligibility data)	No fee

NOTES:

- There is no charge to Federal or State government entities to receive the CORE Seal.
- There is no charge to CAQH member plans to receive the CORE Seal.
- The CORE Phase I Certification Seal fee is a one-time cost.
- The CORE Certification Seal fee does not include fees required for CORE certification testing, which are set by CORE-authorized testing organizations.
- A list of CORE-authorized testing organizations and their respective testing fees is available at [www.caqh.org](http://www.caqh.org).
- Organizations that become decertified will be required to complete the certification process again and pay all applicable fees in order to become re-certified.
- Any major change to the CORE Phase I rules (allowable once per year) approved by a full CORE vote will require that all CORE-certified organizations complete the certification process again and pay all applicable fees in order to remain CORE Phase I certified.
- CORE certification and CORE participation are two separate activities. CORE participants can assist with writing the rules/policies in addition to voting on the next phase of rules. CORE certification does not bestow CORE participation status. Additional information about CORE participation is available at [www.caqh.org](http://www.caqh.org).

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
 Current Participants (as of April 2007)**

**Health Plans**

Aetna, Inc.  
 AultCare  
 Blue Cross Blue Shield of Michigan  
 Blue Cross and Blue Shield of North Carolina  
 BlueCross BlueShield of Tennessee  
 CareFirst BlueCross BlueShield  
 CIGNA  
 Coventry Health Care  
 Excellus BlueCross BlueShield  
 Group Health, Inc.  
 Health Care Service Corporation  
 Health Net, Inc.  
 Health Plan of Michigan  
 Humana Inc.  
 Independence Blue Cross  
 Kaiser Permanente  
 UnitedHealth Group  
 WellPoint, Inc.

**Associations / Regional Entities / Standard Setting Organizations**

America's Health Insurance Plans (AHIP)  
 ASC X12  
 Blue Cross and Blue Shield Association (BCBSA)  
 CalRHIO  
 Delta Dental Plans Association  
 eHealth Initiative  
 Health Level 7 (HL7)  
 Healthcare Information and Management Systems Society (HIMSS)  
 Healthcare Financial Management Association (HFMA)  
 Maryland/DC Collaborative for Healthcare IT  
 National Committee for Quality Assurance (NCQA)  
 National Council for Prescription Drug Programs (NCPDP)  
 NJ Shore (WEDI/SNIP NY Affiliate)  
 Private Sector Technology Group  
 Smart Card Alliance Council  
 Utah Health Information Network (UHIN)  
 Utilization Review Accreditation Commission (URAC)  
 Work Group for Electronic Data Interchange (WEDI)

**Government Agencies**

Louisiana Medicaid – Unisys  
 Michigan Department of Community Health  
 Michigan Public Health Institute  
 Oregon Department of Human Resources  
 TRICARE  
 United States Centers for Medicare and Medicaid Services (CMS)  
 United States Department of Veterans Affairs

**Other**

ABN AMRO  
 Accenture  
 Foresight Corporation  
 PNC Bank  
 PricewaterhouseCoopers LLP

**Providers**

Adventist HealthCare, Inc.  
 American Academy of Family Physicians (AAFP)  
 American College of Physicians (ACP)  
 American Medical Association (AMA)  
 Catholic Healthcare West  
 Greater New York Hospital Association (GNYHA)  
 HCA Healthcare  
 LINXUS (initiative of GNYHA)  
 Mayo Clinic  
 Medical Group Management Association (MGMA)  
 Mobility Medical, Inc.  
 Montefiore Medical Center of New York  
 North Shore LIJ Health System  
 Partners HealthCare System  
 University of Wisconsin Medical Foundation  
 University Physicians, Inc. (University of Maryland)

**Vendors**

Affiliated Network Services  
 Athenahealth, Inc.  
 Availability LLC  
 CareMedic Systems, Inc.  
 Claredi (an Ingenix Division)  
 Edifecs  
 Electronic Data Systems (EDS)  
 Electronic Network Systems, Inc. (ENS) (an Ingenix Division)  
 Emdeon Business Services  
 First Data Corp. – Healthcare  
 GHN-Online  
 Health Management Systems, Inc.  
 Healthcare Administration Technologies, Inc.  
 HTP, Inc.  
 IVANS, Inc.  
 McKesson  
 MedAvant Healthcare Solutions  
 MedCom USA  
 MedData  
 Microsoft Corporation  
 National Account Service Company (NASCO)  
 NaviMedix  
 Passport Health Communications  
 Payerpath, a Misys Company  
 Quovadx  
 RxHub  
 SafeMed, Inc.  
 Siemens / HDX  
 SureScripts  
 The SSI Group, Inc.  
 The TriZetto Group, Inc.  
 VisionShare, Inc.

## **CORE Phase I Certification Commitments and Endorsements**

### **Certified Entities**

ACS EDI Gateway, Inc.  
Aetna, Inc.  
athenahealth, Inc.  
AultCare Corporation  
Emdeon Business Services  
Emerging Health Information Technology  
Health Net  
HTP, Inc.  
Mayo Clinic  
McKesson Provider Technologies  
MedAvant Healthcare Solutions  
Medical Informatics Engineering, Inc.  
Montefiore Medical Center  
NaviMedix, Inc.  
Passport Health Communications  
Siemens Medical Solutions  
The SSI Group, Inc.  
WellPoint, Inc. and its 14 Blue Cross and  
Shield-licensed subsidiaries

### **Certification by Q2 2007**

Blue Cross Blue Shield of North Carolina  
Blue Cross Blue Shield of Tennessee  
GHN-Online  
Health Plan of Michigan  
MedData  
NoMoreClipboard.com  
U.S. Department of Veterans Affairs  
VisionShare, Inc.

### **Certification by Q3 2007**

Availity, LLC  
Humana Inc.

### **Endorsement**

Accenture  
American Academy of Family Physicians  
American College of Physicians  
American Health Information Management  
Association  
California Regional Health Information  
Organization  
Claredi, an Ingenix Division  
Edifecs, Inc.  
eHealth Initiative  
Foresight Corporation  
Greater New York Hospital Association  
Healthcare Financial Management  
Association \*  
Healthcare Information and Management  
Systems Society  
Medical Group Management Association  
Michigan Public Health Institute  
Microsoft Corporation  
MultiPlan, Inc.  
NACHA – The Electronic Payments  
Association  
Pillsbury Winthrop Shaw Pittman, LLP  
Smart Card Alliance Council  
URAC  
Workgroup for Electronic Data  
Interchange (WEDI)