



*Committed to Improving  
Health Plan-Provider Interoperability*

CORRE™

**CTST The Americas 2009**  
**Track E14: Health ID Cards & Applications**  
**May 5<sup>th</sup>, 2009**

# Discussion Topics

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- Introduction to CAQH
- CORE Overview
  - Vision, Mission and Goals
  - CORE Rules
    - Phased Approach to Industry-Wide Adoption
  - Health Identification Cards
    - Industry Direction and Momentum
    - CORE Phase III Work Group
- Questions

# An Introduction to CAQH

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CAQH, an unprecedented nonprofit alliance of health plans and trade associations, is a catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers.

## Current Initiatives:

UPD® – Universal Provider Datasource (over 700,000 providers)

CORE® – Committee on Operating Rules for Information Exchange  
(Topic of today's discussion)

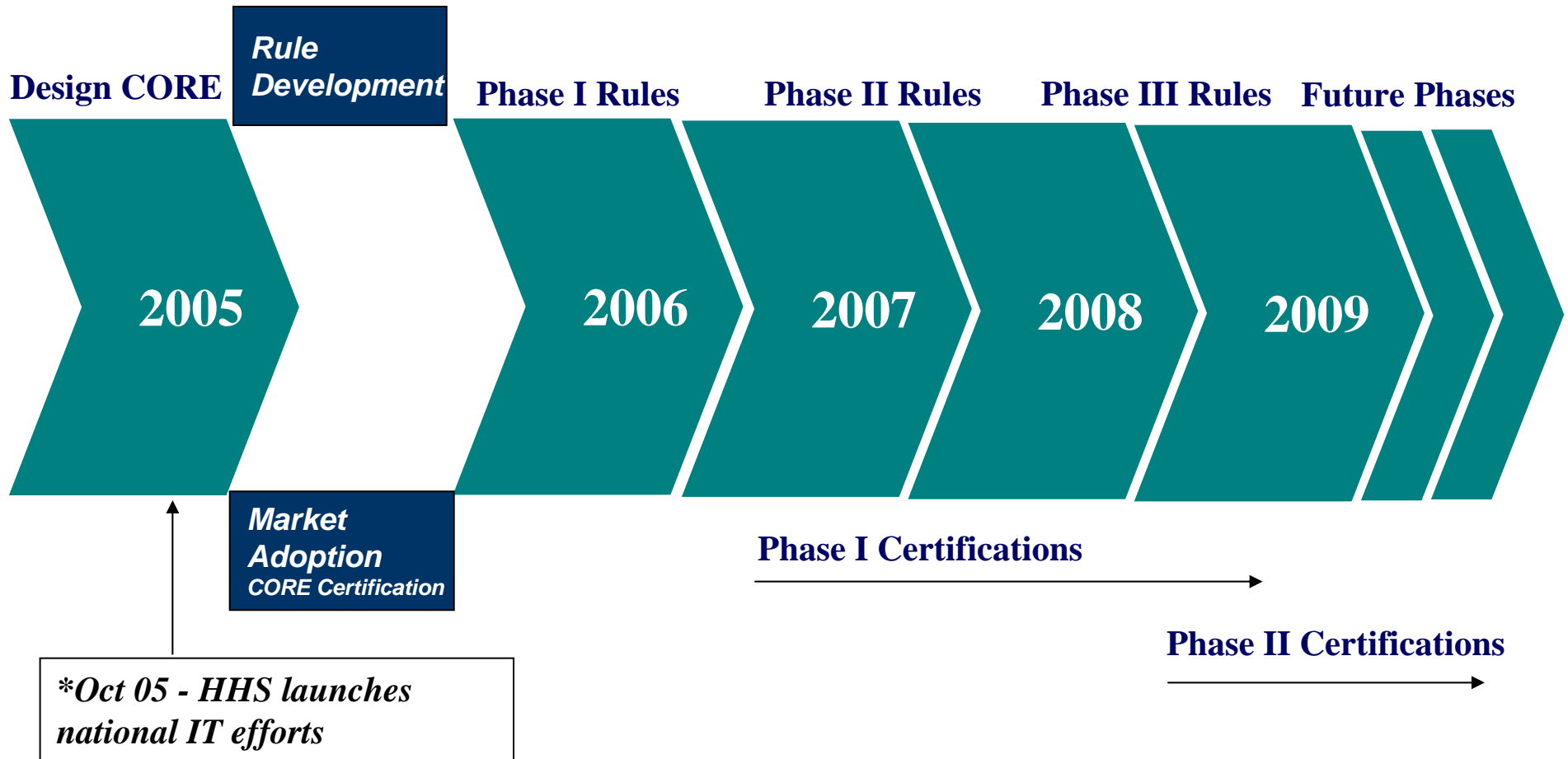


is more than 100 industry stakeholders – health plans\*, providers, vendors, government agencies, associations, regional entities, standard-setting organizations and other healthcare entities.

- Working in collaboration, they are building consensus on a set of operating rules that will:
  - Enhance interoperability between providers and payers
  - Streamline administrative data transactions (e.g., eligibility, claim status)
  - Reduce the amount of time and resources providers spend on administrative functions – time better spent with patients
- Operating rules are agreed-upon business rules for using and processing transactions
  - Enable providers to submit transactions from or to any system
  - CORE rules apply to health plans, vendors and large providers
  - Operating rules (*i.e., transmission standards and formats, security, response timing standards, etc*) encourage an interoperable network
    - e.g. ATM's in banking, cellular phones, airline reservation systems

*simplifying healthcare administration*

# CORE “Phased” Approach



***REMINDER: CORE rules are a baseline; Entities are encouraged to go beyond the minimum CORE requirements***

# CORE Phases

<p>CORE Phase I</p> <ul style="list-style-type: none"><li>✓ Approved</li><li>✓ Implemented</li></ul>	<p>CORE's first set of rules are helping:</p> <ul style="list-style-type: none"><li>• Determine patient benefit coverage and co-pay, coinsurance and base deductible information</li><li>• Provide access to this information in real-time and via common internet protocols</li></ul>
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# ID Cards for Healthcare Administrative Needs: State of the Industry

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- Vary significantly in data content, media, technology and format
- No agreement on machine readable format, though Track 3 magnetic stripe and PDF417 2-Dimensional Bar Code are most favored
- “Chicken or the egg scenario”
  - Issuers hesitant to distribute more costly machine readable cards if providers are not willing or able to take advantage of the benefits
  - Providers hesitant to purchase card readers without single format specified and without significant market adoption machine readable cards
- Standards are emerging and being adopted
- Some in healthcare believe ID cards are/will become passé while others do not

# ID Cards for Healthcare Administrative Needs: Industry Direction on a Standard

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- Standard available since 1997, but not widely utilized
  - ANSI, Identification Cards – Health Care Identification Cards, INCITS 284
- WEDI Health ID Card Implementation Guide (IG) of this standard – approved by industry stakeholders in 2007 for voluntary adoption
  - “Access key”: method to electronically access information systems databases and not rely on printed information
  - Specifies Track 3 magnetic stripe and/or PDF417 bar code; other technologies not addressed by the WEDI IG are at the discretion of the card issuer
  - No patient identification authentication provisions beyond an optional portrait
  - Specifies only “identifiers”: Name of Subscriber, Subscriber ID assigned by plan, Standard PlanID, but permits other information
  - While HIPAA stipulates issuance of a unique PlanID (similar to provider NPI), CMS has not yet come forth with a plan to do so

# Health ID Cards for Administrative Needs: Industry Direction on a Standard (cont'd)

- Some entities are starting to embrace standards
  - United Healthcare implementing machine readable standard ID cards in compliance with the WEDI IG (issuing Track 3 mag stripe)
  - Medical Group Management Association (MGMA) Project SwipeIT is supporting WEDI IG and is seeking pledges from stakeholders to adopt or accommodate a standard machine readable ID card
    - Humana has pledged as well as many providers and vendors
- CORE Phase III to address health ID cards
  - Debate on central issues will drive rules
  - Goal is not to prescribe a card as sole method, rather improve uniformity of the cards issued by those who choose to use cards
- Not just about payers
  - Providers will need to incorporate card reader technology in workflow
  - Software vendors will need to incorporate machine readable automation into products
- “Progress, not perfection”

# CORE Phase III Work on Health ID Cards

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- Phase III Health ID Card Group will utilize CORE's proven consensus-based process to create rules that address adoption of standard machine readable ID cards in conformance with WEDI IG
- Recognize technology is not a magic bullet – how it is incorporated and used is critical
  - Front office workflow traditionally a paper based process
  - As real time information and all-payer solutions start to take shape, behaviors/workflows will need to be modified accordingly

## **Expected key areas for debate:**

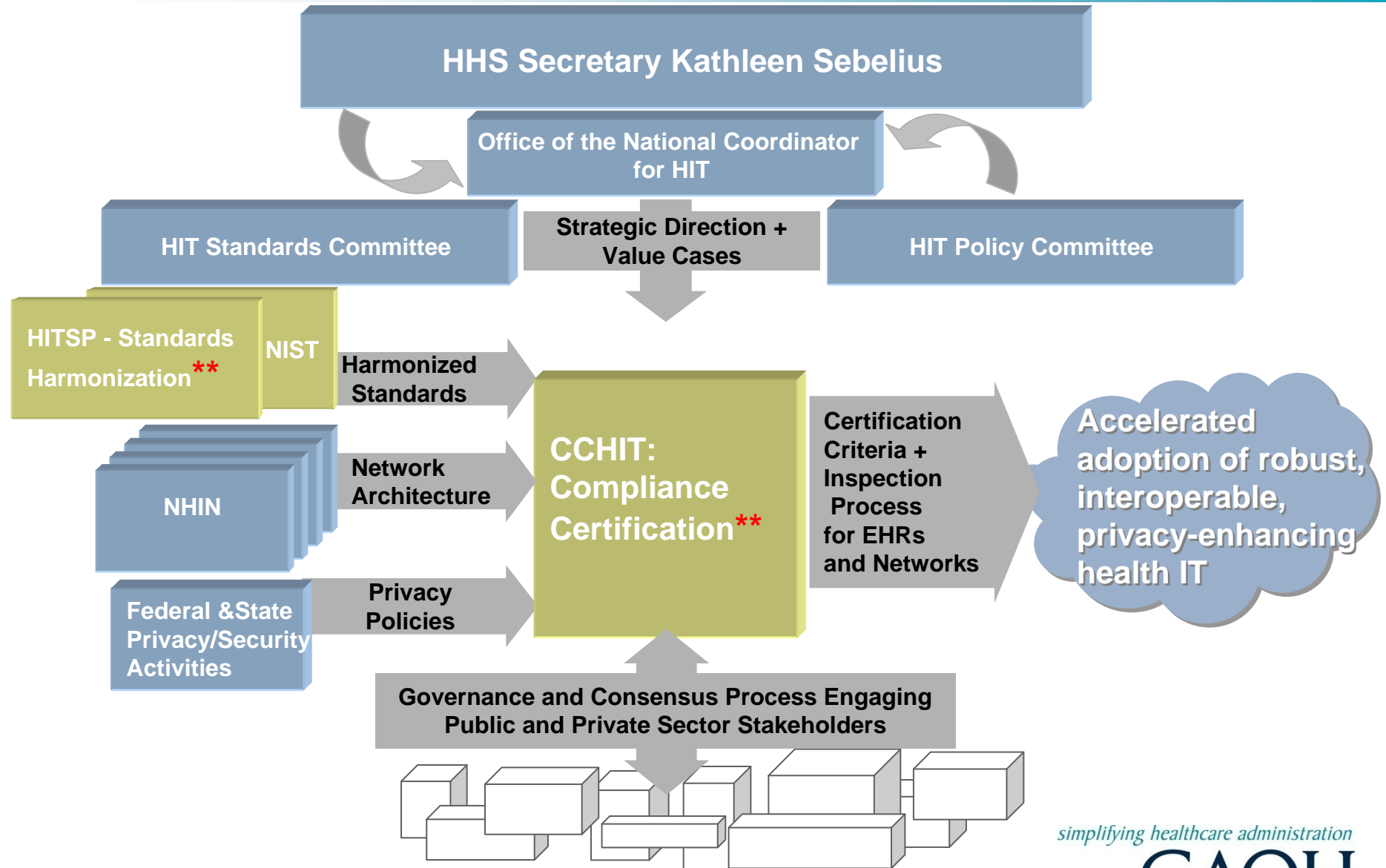
- Lack of consensus on one standard machine readable format (In general, health plans favor magnetic stripe - pharmacies favor PDF barcode)
- No federally sponsored PlanID enumeration system in place as outlined in HIPAA
- “Chicken or the egg” scenario

# “Evolving” National Health IT Landscape

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- During next six months critical focus on defining “certified EHR” and “meaningful use”
  - Incentives/disincentives predicated on meeting these requirements
    - Does “Meaningful use” include administrative functions?
- Integration of clinical and administrative data necessary to achieve true interoperability
- Operating rules are vendor agnostic – and a necessary part of any HIE, RHIO, portal or other connected system

# CORE in relation to CCHIT, HITSP and the “Evolving” National Health IT Effort (as of May ‘09)



12 **\*\*Indicates where CORE is involved**

# Questions?



A CAQH Initiative



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*Steven Zlotkus*

*Marketing/Business Development*

[szlotkus@caqh.org](mailto:szlotkus@caqh.org)

202-778-3226

[www.caqh.org](http://www.caqh.org)