



CAQH Endpoint Directory Work Group

Session #1

October 15, 2020 2:00 – 4:00pm ET

Antitrust Guidelines

- Participation at this meeting and any subsequent meetings is voluntary.
- The sponsors are responsible for preparing a written agenda for the meeting and preparing written minutes for the meeting.
- The Chairperson of the meeting or the moderator of each discussion group will ensure that discussion follows the agenda.
- Participants will not discuss matters of a competitive nature, such as nonpublic information regarding pricing, products, or customers.
- Any participant who believes the meeting is covering an area of a competitive nature should raise the issue with the Chairperson or moderator, with counsel for any of the meeting's sponsors, or with the participant's own counsel.

The meeting will be recorded to ensure accurate documentation





Session Outline

Topic	Time*	Details
1. Welcome	2:00 – 2:20	 Antitrust guidelines, roll call Review session objectives and agenda topics Introductions
2. Background	2:20 – 2:30	 Overview of CAQH Background on CAQH Endpoint Directory solution and roadmap
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Session Objectives

Level-set on CAQH Endpoint Directory Work Group charge and goals.

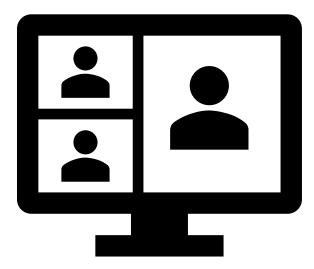
Align on scope of topics that require Work Group review and consensus.



Introductions

Primary member from each organization:

- 1. Introduce yourself: name, title and what you are looking forward to about participating in this CAQH Endpoint Directory Solution Work Group Effort.
- 2. Introduce your colleagues on the line: name, title.



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Overview of CAQH



CAQH initiatives are foundational to healthcare business processes

healthcare.



Trusted National Utilities that Streamline Healthcare Administration and Data Exchange:

- CAQH ProView[®] is the industry standard for provider data collection and distribution.
- CAQH ProView for Groups standardizes the credentialing process for delegated groups and health plans.
- DirectAssure® increases the accuracy of provider directories.
- VeriFide[™] streamlines credentialing by standardizing and automating primary source verification.
- SanctionsTrack® delivers comprehensive, multistate information on provider licensure disciplinary actions.
- EnrollHub® reduces costly paper checks with provider enrollment for EFT and ERA.
- COB Smart® identifies health plan members with overlapping coverage.



Research and measurement arm of CAQH with an agenda to help demonstrate the impact of streamlined business practices in

CAQH Explorations publishes the annual CAQH Index Report, which is the industry source for tracking and benchmarking health plan and provider adoption of fully electronic administrative transactions.

CAOH

Industry-led creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.

CAQH CORE has been designated by the Department of Health and Human Services (HHS) as the author of national operating rules for HIPAA-covered administrative transactions. Its operating rules improve the efficiency, accuracy and effectiveness of industry-driven business transactions.





CAQH works with a significant share of the healthcare industry including payer, provider, government, and vendor organizations

Engagement Highlights

- 730+ contracted health plans, including 82% of CMS-regulated plans, use CAQH solutions.
- 1.6M healthcare providers actively engaged, including over 72% of physicians.
- Other stakeholder engagement includes 43 solution vendors/ clearinghouses.
- CORE-certified and participating organizations represent 75% of covered lives.







CAQH takes a consensus-based approach to launching new initiatives such as the endpoint directory

A national payer endpoint directory will require more than just a directory.

It will require governance, consensus building, trusted validation, adoption and a track record of scaling solutions for the vast majority of the healthcare industry.

CAQH is a **non-profit** and one of the few **neutral trusted multi-stakeholder intermediaries** between payers, providers, vendors, and government entities.

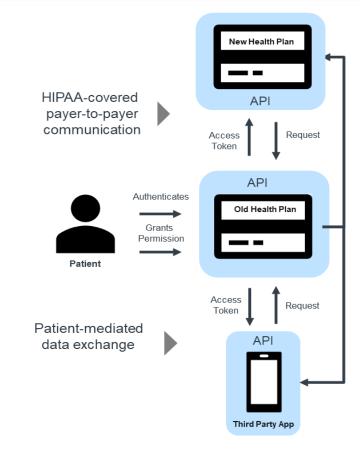
CAQH Focus	Details
Governance	 Multi-stakeholder boards and councils representing significant share of industry Consensus-driven initiatives
Working Groups	 Industry work groups convene to align on initiative scope and approach
Solution Development	 Cost sharing across multiple organizations One-to-many transaction model Best of breed technology vendors Solutions built on trusted validation
Rules and Standards Alignment & Validation	 Collaborative development of business operating rules that support standards Test, iterate, educate, certify and drive adoption: facilitate trusted connections



Background on CAQH Endpoint Directory Solution & Roadmap

Background

- Centers for Medicare and Medicaid Services released the Final Rule ("CMS Final Rule") on Interoperability and Patient Access, requiring that CMS-regulated plans:
 - ✓ Implement and maintain openly-published HL7® FHIR® -based APIs in order to provide patients access to their health information.
 - ✓ **Permits access to data by third-party applications**, with approval from patient (effective Jan 1, 2021; enforceable Jul 1, 2021).
 - ✓ Support electronic exchange of data for care coordination as patients move between plans (effective and enforceable Jan 1, 2022).
 - Provide information to their members to help them protect the privacy and security of their health information including information on third party apps regarding privacy and security practices and secondary data use.
- ONC's FHIR at Scale Task Force (FAST), Da Vinci, and other organizations have identified endpoint directories as a critical solution to overcome scale barriers.
- Drawing on solution concepts from the ONC FAST foundation, CAQH developed a prototype to capture feedback and understand roadmap priorities from health plans and experts from ONC FAST, Da Vinci, CARIN, and others.



Administrative
(adjudicated claims,
capitated provider
encounters, provider
remittances, enrollee
cost sharing)

Clinical (USCDI)

Provider Directory

Industry feedback during CAQH's proof-of-concept period indicated that: (1) a utility that publishes payer FHIR endpoints and third-party apps would close an industry gap, and (2) CAQH is well positioned to develop and maintain the utility.



Situation: Unwieldy volume of one-off trusted connections required for plan-to-plan and app vendor-to-plan interaction

For health plans to implement and comply with the CMS Final Rule... **Trusted connections** must address: security, privacy, **Health Plan A Health Plan E** adherence to and Assuming 689 CMSconformance with regulated payers standards, **Health Plan B Health Plan F** alone, there are over access, 237k possible planuse cases. to-plan trusted modalities, **Health Plan G Health Plan C** connections that technical need to be frameworks. established.* governance **Health Plan D** Health Plan... Plans are required to grant access to third-party app vendors. Plans may notify members if an app does not seem trustworthy but cannot reject the request unless there App Vendor ... **App Vendor 1 App Vendor 2 App Vendor 3** is a security threat.

CAOH.

Challenge #1: Inquiring on an organization-by-organization basis on the location of payers' FHIR endpoints

If health plans had to comply with the Final Rule today, the endpoint discovery and connection process would be inefficient, uncertain, and present a barrier to endpoint usage and interoperability...





Health Plan B wants to connect

with Health Plan A to enable

and streamline data requests

Health Plan A to Health Plan B.

May be triggered by request

from member to retrieve data

from Health Plan A.

for members moving from

Health Plan B wishes to get information via APIs, but needs Health Plan A's endpoint to do SO.

Health Plan B searches web sites to find endpoint, unsure if it even has an endpoint.

Health Plan B must make a request to Health Plan A for API access. Both plans must prove identity to each other.

Health Plan B is not confident in Health Plan A's endpoint (or is conformant to IGs) to obtain patients' treatment information.

Health Plan A wishes to establish "rules of the road" with Health Plan B around security, data access, privacy, technical standards, use cases supported, and other data exchange issues.

These must go through each Plans' legal department.



Implementation is successful, but only after weeks of technical, legal, and operational hurdles being overcome.

Repeat 100 times.

Challenge #2: Giving access to payer APIs to third party apps will be burdensome



Authenticating Vendors

- Checking business credentials of hundreds of applications
- Verification of privacy and data protection policies



Education and Training

- Ensuring that vendor understands and is proficient with FHIR standards and security
- Training and educating vendor on Certification and Testing needs and process



Testing and Certification

- Ensuring that application follows the laid down security protocols
- Test and Certify applications for various FHIR use-cases
- Ensuring that applications do not mislead members



Operational Hurdles

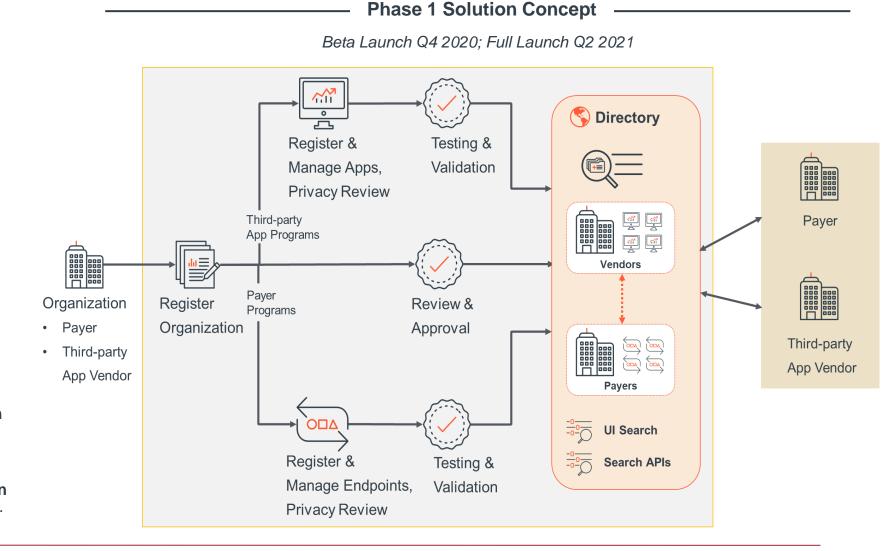
- Testing and Certification of applications at scale
- Keeping administrative costs low, while meeting members' expectations in terms of applications of their choice



Solution Concept: A National Utility for Payer Endpoints & Third-party App Registry

A national source of truth for validated payer endpoints and third-party apps that:

- Allows payers to share information about endpoints, including capability statement imports. Simplifies, automates manual processes.
- Allows payers and third-party apps to query payer endpoints for multiple use cases.
- Validates identity of payer and third-party app participants.
- Facilitates connection request between parties.
- Confirms privacy and security attestations and/or privacy policy, data use agreements.
- Ensures conformance testing and validation of FHIR endpoints and ability to work with endpoints.
- Allows third-party apps to upload information about themselves to make available to payers.



Solutions

Items that are out of scope; items that could be potential for Phase 2 scope

Out of Scope

- Obtaining patient authorization/ consent <a> Issuing of client IDs and secret keys
- Routing capabilities
- Conduit of patient data between payers or between payers and third-party apps

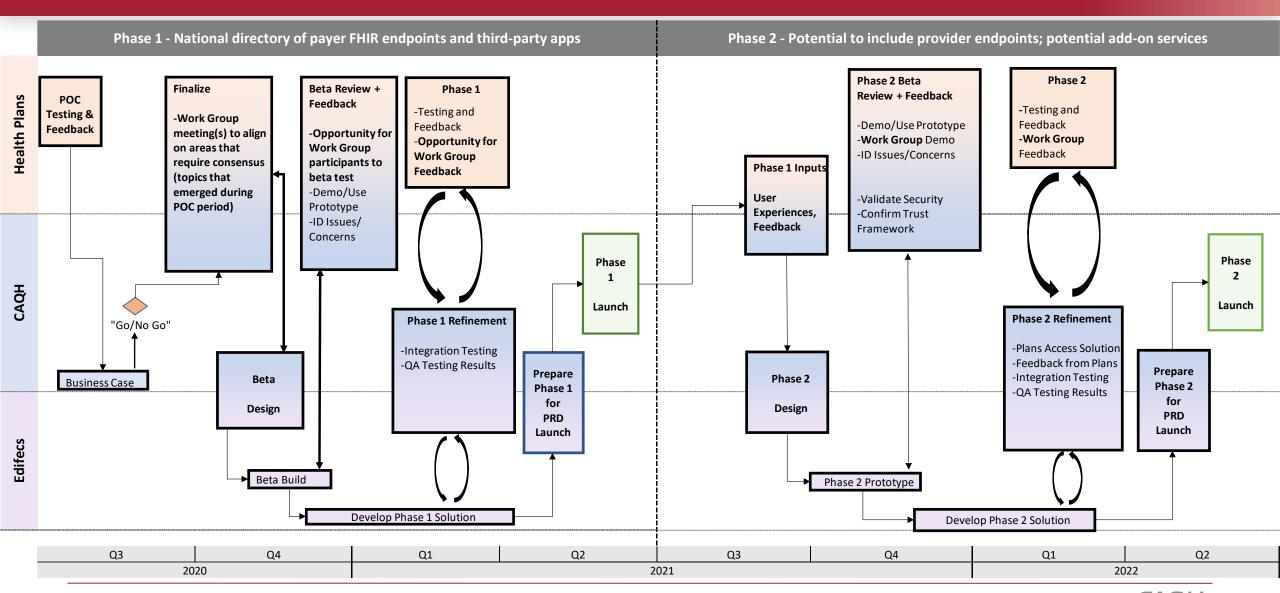
Potential Phase 2 Scope

- Phase 2, which would beta launch Q4 2021 and fully launch Q2 2022, could include the following:
 - Provider endpoints
 - A more formalized trust framework
 - Automated client-server request/ credential check
 - Potential support for UDAP Dynamic Client Registration
 - Add-on optional services to support accurate patient matching and identification of prior coverage



Roadmap

Beta Launch Q4 2020, Phase 1 Full Launch Q2 2021



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CAQH Endpoint Directory Work Group Charge

Work Group Scope

- The CAQH Endpoint Directory Work Group, comprised of a diverse set of health plans, is convening to address items that could benefit from collaborative discussion. During the proof-of-concept period, feedback emerged that the below topics may require Work Group consensus and decision.
 - Privacy policy, security policy, and data use review and attestation.
 - Health plan identifiers, endpoint organizational hierarchy, and search parameters.
 - Breadth and depth of conformance testing and validation; re-validation cadence.
 - Directory participation requirements: "gates"/ criteria for posting information from third-party apps and health plans to the directory.
- Over the course of four sessions, the Work Group will provide input on these areas in order to inform the beta solution.
- Following today's session, Work Group participants will complete a Straw Poll to provide additional feedback; areas with low levels of agreement will be prioritized for consensus discussions in subsequent sessions.



CAQH Endpoint Directory Work Group Charge

Participant Expectations

- Attend and actively participate in all four Work Group sessions.
- Each organization may have multiple participants, but please identify one primary member.
- Organizations may only submit one Straw Poll response.
- In between sessions, complete straw polls as applicable. Consult with additional SMEs within your organization to provide feedback, as needed.
- If you have a conflict, please identify an alternate to sit-in, and notify CAQH staff.

Time Commitment ————

- Four sessions from mid-October to December 2020. Sessions are two hours long.
- Completing straw polls/ surveys, obtaining SME guidance from within your organization, etc. will take additional time in between sessions.
- Work Group organizations are also welcome to participate in beta testing.

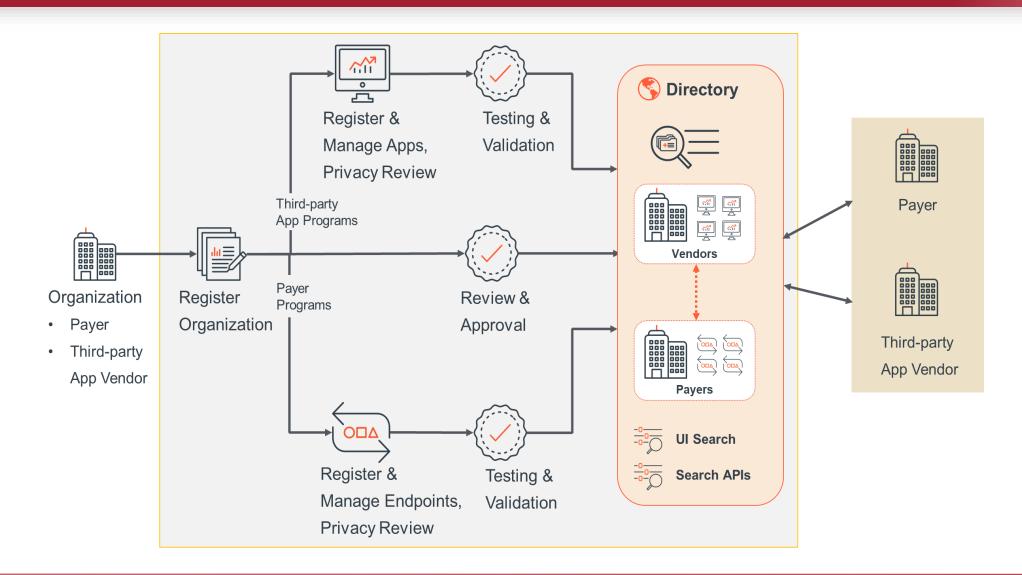


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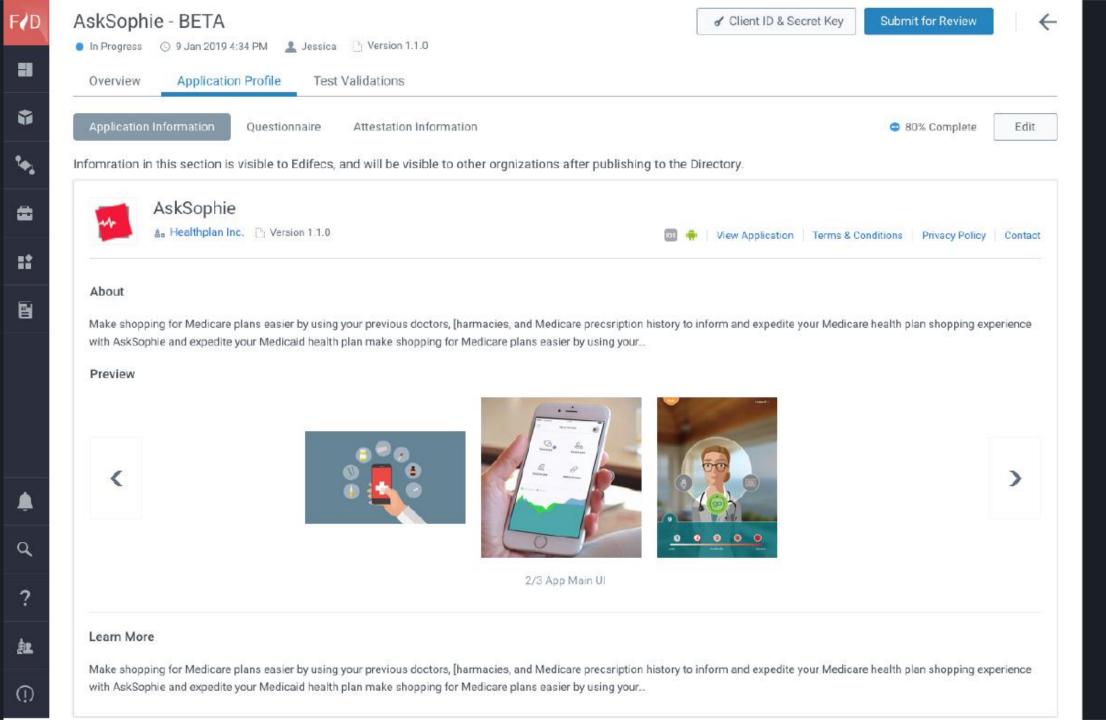


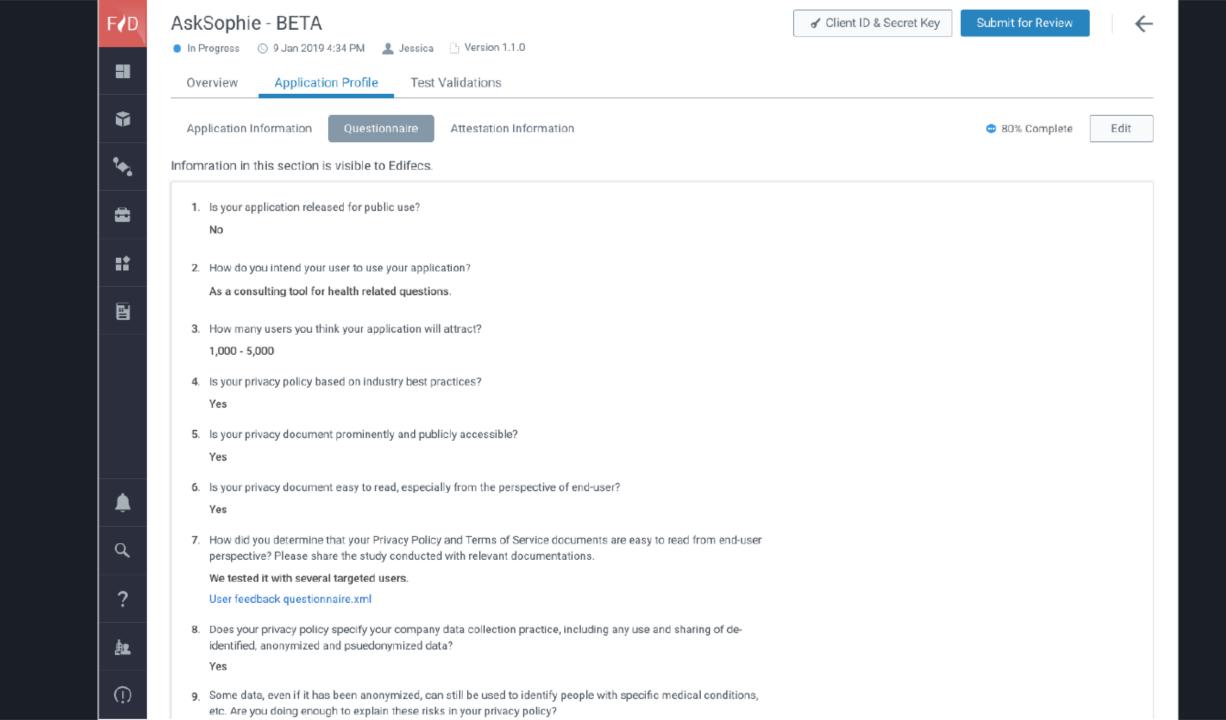
Focus of Demo/Wireframe Walkthrough: Phase 1 Solution Concepts



Proof-of-Concept Demo

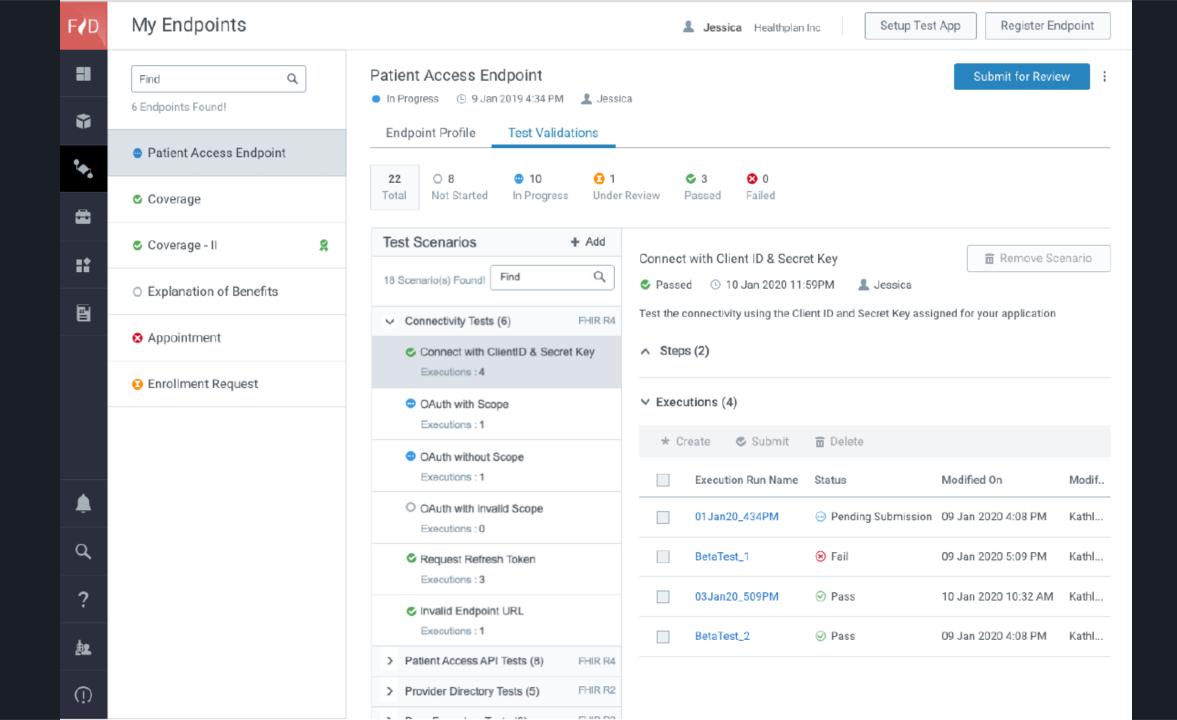
Wireframe (1 of 3)
Registering a Third-Party App





Wireframe (2 of 3)

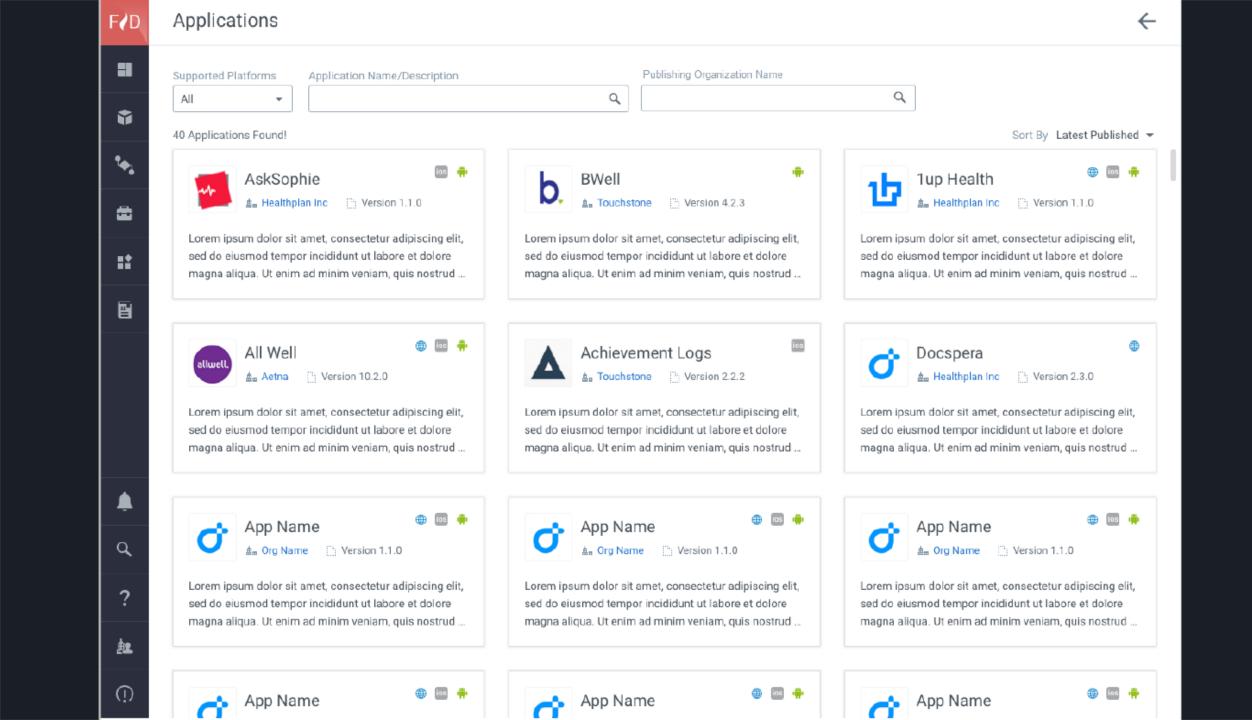
Testing a Third-Party App (to demonstrate ability to integrate with Payer APIs)

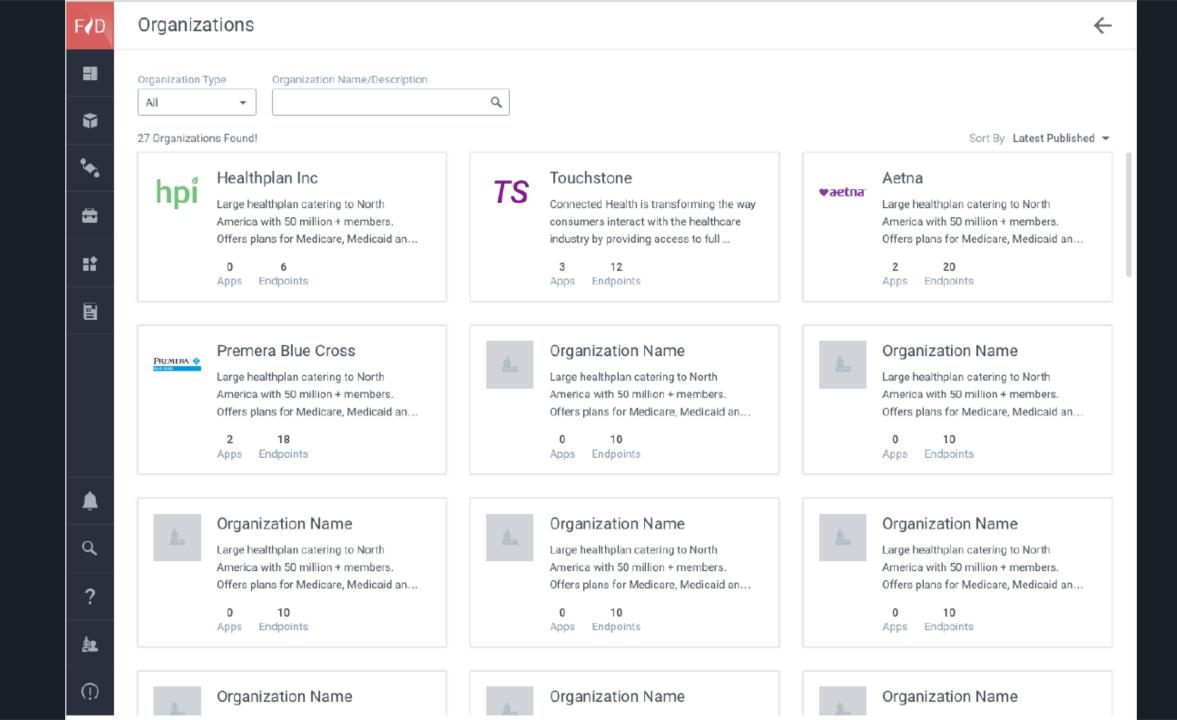


Wireframes (Part 3 of 3):

Payer Endpoint and Third-Party App Discovery







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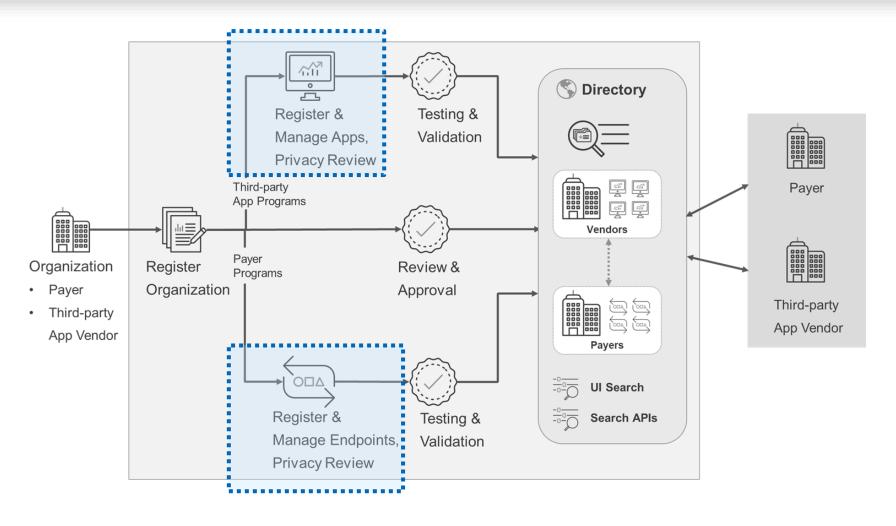
Overview of CAQH Endpoint Directory Work Group Topics

During CAQH's proof-of-concept period, feedback emerged that the below topics may require Work Group consensus and decision. Following today's session, Work Group participants will complete a Straw Poll to provide additional feedback; **areas with low levels of agreement will be prioritized for consensus discussion in subsequent sessions.** The Work Group will provide input to these areas in order to inform the beta solution.

#	Topic	Representative High-level Questions – not exhaustive
1	Privacy policy, security policy, and data use review and attestation.	Criteria & scoring: Which policy documents should be required for upload? Is it possible to align on a standard questionnaire and scoring method? In addition to privacy, what security questions are critical to ask?
		Timing & revalidation: Can these requirements occur at time of endpoint/app registration? Should requestors be prompted to revalidate their attestations upon connection request?
2	Health plan identifiers, endpoint organizational	Org identifiers: Which IDs are critical to be able to accommodate in the directory? Do we need IDs both at organization level as well as endpoint level?
	hierarchy, and search parameters.	Hierarchy & search terms: What data fields do we need to ensure that we capture both the plans that organize at a high organizational level and then route, vs. plans that have different IDs and endpoints for each LOB, geographic region, market, etc.?
3	Breadth and depth of	Criteria: What level of conformance testing should be offered? Should some aspects be required vs. optional?
	conformance testing and validation; re-validation	■ Revalidation: How often should entities be required to go through testing/ at what cadence should revalidation occur?
	cadence.	Seal of approval: Should there be a seal of approval shown in the directory if an organization has gone through conformance testing and validation?
4	Criteria for posting information from third-party apps and health plans to the directory.	Criteria: What is the "gate" to be listed in the directory? Completing privacy attestations, etc., or that plus conformance testing and validation?



CAQH Endpoint Directory Work Group Topics: Today's Focus

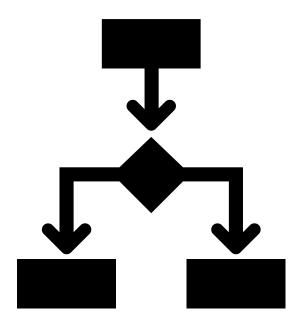




Today's focus: questions pertaining to privacy reviews, criteria, sequencing



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Next Steps: CAQH Endpoint Directory Work Group

- 1. Work Group participants complete Straw Poll, due <u>Tuesday</u>, 11/03/20 COB. Straw poll goal: uncover areas of agreement versus areas that require further discussion and consensus during subsequent Work Group sessions.
- 2. Work Group participants complete scheduling poll by tomorrow, Friday 10/16/20 COB: https://doodle.com/poll/twugv9nmbv9dda83. Note: When completing the poll, please indicate ALL windows that you are available; CAQH will choose the most popular date/time options to schedule the remaining three sessions and send out invites.
- **3.** CAQH send calendar invites for remaining Work Group sessions (dependent on item #2 above). *Note:* the remaining sessions will take place in November and December.

APPENDIX



Today's Call Documents

Document Name

CAQH Endpoint Directory Work Group_Session 1 Deck_20201015

CAQH Staff	Email Address
April Todd Senior Vice President, CORE & Explorations	atodd@caqh.org
Ron Urwongse Director of Strategy and Innovation	rurwongse@caqh.org
Rachel Goldstein Senior Manager, CORE	rgoldstein@caqh.org
Dasia Rogers Program Assistant, Solutions – Technology & Product	drogers@caqh.org

CAQH Endpoint Directory Work Group Roster (as of 10/15/20)

Health Plan	Participant Name
Aetna	Hari Viswanathan
	Shivani Patel
Anthem	Brandon Raab
	Christol Green
	Kenneth Williams
	Sam Sander
	Sarah Young
BCBS FL	Amit Shah
	Court Collins
	Heather Kennedy
BCBS MA	TBD

Health Plan	Participant Name
BCBS NC	Lynda McMillin
	Prabhat Bali
CareFirst	Julie Billman
Cigna	Patrick Haren
	Paul Oates
Horizon	Siobhan Matsagas
Humana	Patrick Murta
Kaiser	Bryan Matsuura
	Kevin Isbell
	Radha Murakami
United	Nick Radov
	Sagran Moodley



Edifecs



We build innovative healthcare solutions that harness data into meaningful transactions, reducing operating risks and scaling value-based initiatives, to meet the specific needs of our clients.

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- Over 350 global clients who trust our solutions to enhance their productivity and operational efficiency.
- Single framework to simplify Electronic Data Interchange (EDI) and ensures conformance with changing standards.
 - Facilitate ongoing compliance, format specification and data integrity assurance.
 - Drive down administrative costs elimination of redundant, labor-intensive processing.

CAQH & CMS Certification Programs

- Edifect offers free certification testing portal has helped 190+ healthcare organization obtain CORE certifications.
- CMS chose the Edifecs XEngine to test business transactions for compliance for the ASETT program.

