CAQH CORE Eligibility & Benefit Task Group *Feedback Form #1 – Due 05/17/21*

Background

The CAQH CORE Eligibility & Benefit Task Group (EBTG), launched April 2020 with a focus on enhancing the exchange of eligibility information between health plans and providers. The Task Group will work to update the existing CAQH CORE Eligibility & Benefit Data Content Rule by evaluating and providing feedback on opportunity areas and rule options with the goal of developing draft operating rule requirements.

Feedback Form Purpose

As discussed on its Wednesday 04/28/21 call, the EBTG will start by providing feedback on the potential opportunity areas and rule options with the option to submit additional comments for consideration on its 05/26/21 call. The information your organization submits on this form will provide further insights into the feasibility and impact of the potential opportunity areas and rule options that the Task Group considers as it works to develop draft requirements.

Summary of Opportunity Areas for Eligibility & Benefit Task Group.

The Eligibility & Benefit opportunity areas listed below were identified by CAQH CORE Participants via survey.

Opportunity Area	Opportunity Area Description
Telemedicine	Address the emergent need to communicate telemedicine specific eligibility and benefit information.
Service Type Codes	Include adding additional STC Codes beyond the current 52 CORE-required STC Codes.
Tiered Benefits	Provision of more granular level data for members of tiered benefit plans.
Procedure/Diagnosis Codes	Ability to respond to eligibility and benefit requests at the procedure or diagnosis level.
Remaining Coverage Benefits	Support the communication of the number of remaining visits/services left on a benefit.
Patient Data Sharing	Leverage standard cost sharing transaction data from the X12 270/271 or FHIR Resources for patient data sharing applications.
Dental	Support additional dental-specific eligibility and benefit requirements.
Prior Authorization	Ability to communicate if a prior authorization or certification is required for a specific procedure or service.

From this list of opportunity areas, the Task Group will review potential rule options, that may later evolve into draft requirements. This form captures that initial feedback.

Feedback Form Format & Instructions

This form consists of three sections:

- **Prioritization of Opportunity Areas:** Respondents will be asked to rank and weight opportunity areas in order of priority for their organizations.
- **Support for Opportunity Areas:** Respondents will be asked to indicate whether their organizations support or does not support each opportunity area.
- **Feedback on Potential Rule Options:** Respondents will be asked to provide feedback on potential rule options pertaining to each of the Opportunity Areas.

Note: If applicable, respondents may provide comments relating to their responses. Respondents may support pursuing an opportunity area or rule option and still provide feedback, suggested revisions, etc.

Additional Guidance

- Submit your response via the online submission link (not via the fillable PDF) by **Monday, 05/17/21 EOD**.

- Participants should reference Doc 1 EBTG Call 1 Deck 04.28.21 (included in the email sent to participants on 05/03/21) while completing EBTG Feedback Form #1.

- This feedback form is to be completed by CAQH CORE EBTG Participants only. Please coordinate within your organization to submit only one response per organization. Respondents may consult with other subject matter experts within their organization as needed. **To support coordination prior to submitting the final response via the online submission link, a copy of the online form in a fillable PDF was provided to you via email.**

- In accordance with CAQH CORE policy, all responses will be kept strictly confidential.

- Questions about the feedback form should be directed to Kaitlin Powers, CORE Associate, kpowers@caqh.org   .

Eligibility & Benefit Task Group Respondent Information

Please coordinate within your organization to submit only <u>one</u> response. Multiple responses from the same organization will not be tabulated.

First Name

Last Name

Position Title

Email Address

Phone Number

Select your Participating Organization (if not listed, select 'other')

CAQH CORE | COMMITTEE ON OPERATING RULES FOR INFORMATION EXCHANGE.

Respondent Stakeholder Type

Please identify as one of the following stakeholder types:

	Provider/ Provider Association	Health Plan/ Health Plan Association	Vendor or Clearinghouse	Government	Other (includes Standards Organizations)
Select Stakeholder Type	○	○	○	○	○

Section 1: Rank Opportunity Areas in Order of Priority

Please rank the following opportunity areas in order of priority for the CAQH CORE Eligibility & Benefit Task Group to pursue. One being the oppurutnity area of high priority and eight being the opportunity area of the lowest priority.

Note: Drag and drop each opportunity area in order from 1 to 8.

- **Telemedicine**: Address the emergent need to communicate telemedicine specific eligibility and benefit information.

- **Service Type Codes**: Include adding additional STC Codes beyond the current 52 CORE-required STC Codes.

- **Tiered Benefits**: Provision of more granular level data for members of tiered benefit plans.

- **Procedure/Diagnosis Codes:** Ability to respond to eligibility and benefit requests at the procedure or diagnosis level.

- **Remaining Coverage Benefits**: Support the communication of the number of remaining visits/services left on a benefit.

- **Patient Data Sharing**: Leverage standard cost sharing transaction data from the X12 270/271 or FHIR Resources for patient data sharing applications.

- **Dental**: Support additional dental-specific eligibility and benefit requirements.

- **Prior Authorization**: Ability to communicate if a prior authorization or certification is required for a specific procedure or service.

Provide comments or feedback on the ranking of opportunity areas below.

Section 2: Level of Support for Opportunity Areas

Please indicate your organization's level of support/non-support on the following opportunity areas for the CAQH CORE Eligibility & Benefit Task Group to consider for further evaluation.

	Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
Telemedicine	○	○	○	○	○	○
Service Type Codes	○	○	○	○	○	○
Tiered Benefits	○	○	○	○	○	○
Procedure/Diagnosis Codes	○	○	○	○	○	○
Remaining Coverage Benefits	○	○	○	○	○	○
Patient Data Sharing	○	○	○	○	○	○
Dental	○	○	○	○	○	○
Prior Authorization	○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes selected opportunity area(s)

If support/partially support/abstain, do you have general feedback regarding selected opportunity area(s).

Section 3: Feedback on Potential Rule Options, by Opportunity Area

In each section, respondents will be asked if their organization supports pursuing each potential rule option listed for an opportunity and to provide feedback on each potential rule option. Your feedback on the potential rule options is critical as the Task Group moves forward with drafting more defined rule options for these areas.

Telemedicine

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Telemedicine	**Address the emergent need to communicate telemedicine specific eligibility and benefit information.**	**1. Establish uniform MSG segment requirements to communicate Telemedicine services.** **2. Require that health plans follow recommendation from X12 (RFI #1957) to explain coverage for telemedicine benefits via the v5010 X12 271.**

Potential Rule Option 1: Establish uniform MSG segment requirements to communicate Telemedicine services.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Potential Rule Option 2: Require that health plans follow recommendation from X12 (RFI #1957) to explain coverage for telemedicine benefits via the v5010 X12 271.

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within Telemedicine that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

STC Codes

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Service Type Codes	Include adding additional STC Codes beyond the current 52 CORE-required STC Codes.	1. Expand list of CORE-required STC Codes by adding additional X12 v5010 270/271 STC Codes. *Note: The Task Group will work through consensus on an agreed upon set of Codes to add via future straw polls and calls.*

Potential Rule Option 1: Expand list of CORE-required STC Codes by adding additional X12 v5010 270/271 STC Codes. *Note: The Task Group will work to agree upon which STC Codes to add via future straw polls and calls.*

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within STC Codes that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Tiered Benefits

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Tiered Benefits	Provision of more granular level data for members of tiered benefit plans.	1. Establish uniform MSG segment requirements to communicate Tiered Benefit information. 2. Require that health plans follow recommendation from X12 (RFI #1767) to explain Tiered Benefits via the v5010 X12 271.

Potential Rule Option 1: Establish uniform MSG segment requirements to communicate Tiered Benefit information.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Potential Rule Option 2: Require that health plans follow recommendation from X12 ([RFI #1767](#)) to explain Tiered Benefits via the v5010 X12 271.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within Tiered Benefits that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Procedure/Diagnosis Codes

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Procedure/Diagnosis Codes	**Ability to respond to eligibility and benefit requests at the procedure or diagnosis level.**	**1. Define a minimum set of procedure/diagnosis codes that coverage and benefit information should be returned on via X12 v5010 270/271 exchanges.**

Potential Rule Option 1: Define a minimum set of common procedure/diagnosis codes that coverage and benefit information should be returned on via X12 v5010 270/271 exchanges.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within procedure/diagnosis codes that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Remaining Coverage Benefits

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Remaining Coverage Benefits	**Ability to respond to eligibility and benefit requests at the procedure or diagnosis level.**	**1. Define a minimum set of services or procedures (e.g., Physical Therapy, Speech Therapy, Occupational Therapy, Chiropractor, Eye Exam/Vision, Skilled Nursing) that remaining coverage benefit information should be returned via X12 v510 270/271 exchanges.**

Potential Rule Option 1: Define a minimum set of services or procedures (e.g., Physical Therapy, Speech Therapy, Occupational Therapy, Chiropractor, Eye Exam/Vision, Skilled Nursing) that remaining coverage benefit information should be returned via X12 v510 270/271 exchanges.

Does your organization support the inclusion of this potential rule option?

Support	**Partially Support**	**Neither Support nor Oppose**	**Partially Oppose**	**Oppose**	**Abstain**
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within Remaining Coverage Benefits that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Patient Data Sharing

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Patient Data Sharing	**Leverage standard cost sharing transaction data from the X12 270/271 or FHIR Resources for patient data sharing applications.**	**1. Establish a minimum eligibility and benefit data set for consumer-facing applications derived from X12 270/271 transaction data.**

Potential Rule Option 1: Establish a minimum eligibility and benefit data set for consumer-facing applications derived from X12 270/271 transaction data.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within Patient Data Sharing that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Dental

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Dental	**Support additional dental-specific eligibility and benefit requirements.**	**1. Require the return of eligibility & benefit information for a defined set of dental-specific STC Codes.** **2. Require the return of eligibility & benefit information for a defined set of ADA Code on Dental Procedures and Nomenclature (CDT Code).**

Potential Rule Option 1: Require the return of eligibility & benefit information for a defined set of dental-specific STC Codes.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Potential Rule Option 2: Require the return of eligibility & benefit information for a defined set of ADA Code on Dental Procedures and Nomenclature (CDT Code).

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within Dental that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Prior Authorization

Opportunity Area	Opportunity Area Description	Potential Rule Option(s)
Prior Authorization	Ability to communicate if a prior authorization or certification is required for a specific procedure or service	1. Require the return of information if prior authorization or certification is required (Y) or not required (N) at the STC Level via X12 v5010 270/271 exchanges. 2. Require the return of information if prior authorization or certification is required (Y) or not required (N) at the diagnosis/ procedure code level via X12 v5010 270/271 exchanges.

Potential Rule Option 1: Require the return of the Authorization or Certification Indicator Y (required) or N (not required) using EB11 for Service Type Level inquires via X12 v5010 270/271 exchanges.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Potential Rule Option 2: Require the return of the Authorization or Certification Indicator Y (required) or N (not required) using EB11 for Procedure or Diagnosis Code inquires via X12 v5010 270/271 exchanges.

Does your organization support the inclusion of this potential rule option?

Support	Partially Support	Neither Support nor Oppose	Partially Oppose	Oppose	Abstain
○	○	○	○	○	○

Provide comments as to why your organization partially opposes/opposes this potential rule option.

If support/partially support/abstain, do you have general feedback regarding this potential rule option.

Other Potential Rule Option(s)

Are there other potential rule options within Prior Authorization that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

Additional Opportunity Areas

Are there other opportunity areas and/or potential rule options that CAQH CORE should consider for the Eligibility & Benefit Task Group? If so, please provide feedback in the space below.

End of Feedback Form

Thank you for completing the Eligibility & Benefit Task Group Feedback Form #1.

As a reminder, **please click "next" to formally submit your feedback form.**