

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Eligibility & Benefits Task Group (EBTG)
Call #2 Summary: Wednesday, May 26, 2021, 2:00-3:30 pm ET Conference Call**

This document contains:

- Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call attendance.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
1. Antitrust Guidelines	<ul style="list-style-type: none"> • Megan Soccorso (Cigna) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. • Megan Soccorso (Cigna) introduced CAQH CORE staff supporting the Task Group and other the Co-chairs, Donna Campbell (Health Care Service Corps), Nora Iluri (athenahealth), and Molly Reese (AMA). 	<i>Discussion</i>
2. Roll Call and Administrative Items	<ul style="list-style-type: none"> • Megan Soccorso (Cigna) reviewed the call documents: <ul style="list-style-type: none"> ○ Doc #1: EBTG Call 2 Slide Deck 05.26.21. ○ Doc #2: EBTG Call 1 Summary 04.28.21. • Megan Soccorso (Cigna) reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Review results of Feedback Form #1. ○ Agree to adjustments, as necessary. ○ Provide an overview of Straw Poll #1. ○ Discuss Next Steps. • Taha Anjarwalla (CAQH CORE Senior Manager) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<i>Discussion</i>
3. Summary of 04/28/21 EBTG Call #1 (Doc #2)	<p>Summary of 04/28/21 EBTG Call #1 (Doc #2).</p> <ul style="list-style-type: none"> ○ Level set. ○ Review CAQH CORE Eligibility & Benefits Data Content Operating Rule. ○ Review Eligibility & Benefits Opportunity Area Survey Results. ○ Discuss Next Steps. <ul style="list-style-type: none"> • Taha Anjarwalla (CAQH CORE Senior Manager) asked the group for motion to approve the call summary. • Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<p>Action Required:</p> <ul style="list-style-type: none"> • Approved 04/28/21 Call Summary (Doc #2) <ul style="list-style-type: none"> ○ Motion to approve by Rhonda Starkey (Harvard Pilgrim) Seconded by Kristina Steece (Ameritas)

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<p>4. Review Feedback Form 1 Results (Doc #1)</p>	<ul style="list-style-type: none"> • Megan Soccorso (Cigna) provided an overview of the Feedback Form. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. • Bob Bowman (CAQH CORE Director) provided an overview of the respondent breakdown, prioritization and support for each opportunity area, and feedback on potential rule options. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. • Taha Anjarwalla (CAQH CORE Senior Manager) reviewed the classification categories of all comments and discussed the general comments received on the Feedback Form. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. • Molly Reese (AMA) reviewed comments received on the Telemedicine opportunity area. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ Chuck Wilhelm (Change Healthcare) asked if the telemedicine uniform message segment rule option would have defined text for specific contexts. Donna Campbell (Health Care Service Corps) replied that the potential rule option aligns with the RFI #1957 recommendations for specific wording in the message segment. ○ Rhonda Starkey (Harvard Pilgrim) asked for clarification regarding the telemedicine RFI #1957 rule option using service type code 02 since X12 v5010 does not have 02 as place of service in the III segment. Donna Campbell (Health Care Service Corps) explained that the place of service code that is in III 02 with the code value that is in the III 01 of a ZZ refers to an external code set currently in X12 v5010 that references a CMS place of service code set. This code set was published in the TR3 in 2010 and only includes codes available at that time, but 02 was added to the CMS place of service code set in January 2017 to communicate telemedicine and/or telehealth services. • Molly Reese (AMA) reviewed comments received on the STC Codes opportunity area. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. • Molly Reese (AMA) reviewed comments received on the Remaining Coverage Benefits opportunity area. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<p><i>Discussion</i></p>

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	<ul style="list-style-type: none"> • Donna Campbell (Health Care Service Corps) reviewed comments received on the Tiered Benefits opportunity area. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ One participant noted that extensive discussion would be required to develop a rule for communicating tiered benefit information and suggested that a phased approach would be best. She noted that an area to start with may be the disparities that occur between a front office eligibility and benefits inquiry and a claims submission. ○ Donna Campbell (Health Care Service Corps) explained that Health Care Service Corps does a lot of tiering based on in-network and out-of-network as well as urban versus rural location tiering and that this in- versus out-of-network tiering can vary based on location. She suggested another area to consider is to communicate different types of tiers more effectively. ○ Rhonda Starkey (Harvard Pilgrim) suggested another area to consider is identifying a provider by their tier and noted current issues because providers have different tiers for different products. She further noted that they are unable to use the NPI reference, so they respond with an added reference segment that states the tier for a specific member product, but they are only able to accurately match the correct tier to a member and a provider product about 40% of the time. ○ One participant also noted that one area to consider is defining a set of vocabulary for discussing tiered benefits such as defining “high level” and “mid-level.” • Donna Campbell (Health Care Service Corps) reviewed comments received on the Procedure/Diagnosis Codes opportunity areas. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ Rupinder Singh (CMS) questioned the inclusion of ICD-9 since it is legacy now and Donna Campbell (Health Care Service Corps) noted that future discussions would consider the use of ICD-9 versus ICD-10. • Donna Campbell (Health Care Service Corps) reviewed comments received on the Prior Authorization opportunity area. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ Rupinder Singh (CMS) asked if operating rules would require prior authorization to be mandatory or only when the necessary information is available and noted that making it required would be difficult since the information is not always available. ○ Mahesh Siddanati (Centene) asked if procedure and diagnosis codes would be the sole determinant of authorization and suggested that the line of business or number of units would have a larger impact. Bob Bowman (CAQH CORE Director) mentioned that the next straw poll would elicit feedback regarding the scope of using procedure and diagnosis codes. 	

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	<ul style="list-style-type: none"> ○ Diana Fuller (Michigan Medicaid) gave a health plan point of view, noting that it is more than a procedure or diagnosis code that determines if prior authorization is needed, including the benefit plan, and age and gender of a patient. ○ Ada Sanchez (CMS) noted that the X12 270 transaction could become overwhelmed because vendors/clearinghouses use and add every single STC and HCPC code that industry supports. Donna Campbell (Health Care Service Corps) agreed and added that the task group will need to look at service type codes procedure codes expansion. ○ Chuck Wilhelm (Change Healthcare) noted that clearinghouses will provide the information that is requested on each service type code that is supported and that clearinghouses will not provide definitions when they are not given. ● Nora Iluri (athenahealth) reviewed comments received on the Additional Opportunity Areas and Patient Data Sharing opportunity area. ● Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	
5. Next Steps (Doc #1)	<ul style="list-style-type: none"> ● Nora Iluri (athenahealth) discussed the Next Steps for the CAQH CORE Eligibility & Benefits Task Group (EBTG): <ul style="list-style-type: none"> ○ <i>CAQH CORE Eligibility & Benefits Task Group Co-Chairs & Staff:</i> <ul style="list-style-type: none"> - Distribute Task Group Straw Poll #1 to participants by Friday, 05/28/21, end of day. - Draft a call summary for today's Task Group call and make it available on the CAQH CORE Participant Dashboard for participant review. - Analyze the results of the Task Group Straw Poll #1 in preparation for EBTG Call #3 on Wednesday, 06/23/21. ○ <i>EBTG Participating Organizations:</i> <ul style="list-style-type: none"> - Complete Task Group Feedback Form by Friday, 06/11/21, end of day. - Participate in the next CAQH CORE EBTG call on Wednesday, 06/23/21 from 2:00-3:30 PM ET. ● Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<p><u>Action required:</u> <i>Agreed to Next Steps.</i></p>

Call Documentation

Doc 1: EBTG Call 3 Slide Deck 06.23.21.pdf
Doc 2: EBTG Call 2 Summary 05.26.21.pdf

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CAQH CORE Contact Information

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Eligibility & Benefits Task Group (EBTG) Call #2 Attendance

Organization	Last Name	First Name	Attended
Aetna	Senato	Nancy	X
Aetna	Stine	Merri-Lee	X
American Hospital Association (AHA)	Cunningham	Terrence	
American Medical Association (AMA)	Lefebvre	Celine	
American Medical Association (AMA)	McComas	Heather	
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Reese	Molly	X
American Medical Association (AMA)	Scheid	Tyler	X
Ameritas	Pinzon	Michelle	X
Ameritas	Steece	Kristina	X
Anthem Inc.	Gwinn	Kena	
Athenahealth	Iluri	Nora	X
Availity, Inc.	Silva	Steffi	X
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	
Blue Cross Blue Shield of Michigan	Monarch	Cindy	
Blue Cross Blue Shield of Michigan	Talwar	Shweta	X
Blue Cross Blue Shield of Michigan	Turney	Amy	X
Blue Cross Blue Shield of North Carolina	Tummala	Sudheer	X
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Blue Cross Blue Shield of Tennessee	Poteet	Brian	X
Centene	Siddanati	Mahesh	X
Centers for Medicare and Medicaid Services (CMS)	Haywood	Camille	X
Centers for Medicare and Medicaid Services (CMS)	Sanchez	Ada	X

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Organization	Last Name	First Name	Attended
Centers for Medicare and Medicaid Services (CMS)	Singh	Rupinder	X
Change Healthcare	Anderson	Kathy	
Change Healthcare	Casteel	Colton	
Change Healthcare	Denison	Mike	
Change Healthcare	Lamb	Karen	
Change Healthcare	McCachern	Deborah	
Change Healthcare	Thompson	Terry	
Change Healthcare	Wilhelm	Chuck	X
Change Healthcare	Wroblewski	Maciej	
CIGNA	Soccorso	Megan	X
CMS	Collins	Diane	
CMS	Harris	Patricia	X
CSRA	Nair	Shilesh	X
Edifecs	Rata	Sergiu	X
Epic	Donaldson	Nate	
GDIT	Sibley	Amanda	X
Harvard Pilgrim	Churchill	Billie	X
Harvard Pilgrim	Farr	Sarah	X
Harvard Pilgrim	Starkey	Rhonda	X
Health Care Service Corp	Campbell	Donna	X
HealthEdge	Brown	Maggie	
HMS	Hostetler	Michael	
HMS	Singh	Ron	
HMS	Wilcox	Beth	
HMS	Woodford	Jason	
Humana	Jamison	Sandra	
Independent Health	Gracon	Christopher	X
Kaiser Permanente	Clark	Steve	
Mayo Clinic	Venhuizen	BJ	X

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Organization	Last Name	First Name	Attended
Medical Mutual of Ohio, Inc.	Oby	Jean	
Medical Mutual of Ohio, Inc.	O'Neal	Jameelah	X
MGMA	Voytal	Drew	X
Michigan Department of Community Health	Fuller	Diana	X
Michigan Department of Community Health	Veverka	Chuck	X
National Council for Prescription Drug Programs (NCPDP)	Strickland	Teresa	X
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	X
NextGen Healthcare Information Systems, Inc.	Lopez	Jackie	
Ohio Hospitals	Weaver	Quyen	X
OneHealthPort	Campbell	William	
Security Health	Koch	Steven	X
Tata Consulting Services	Robinson	Althea	X
The Mind Finders	Evelyn	Parks	X
The SSI Group, Inc.	Tillman	Tracey	
TriZetto Corporation, A Cognizant Company	Couch	Danielle	
United States Department of Veterans Affairs	Knapp	Katherine	X
United States Department of Veterans Affairs	Shah	Pranav	X
Unitedhealthcare	Kalluri	Kiran	
Verata	Backhaus	Brent	X
WEDI	Tennant	Robert	
Wells Fargo	Birgenheier	Jason	