



CAQH CORE Eligibility & Benefits Data Content Rule Update Task Group

Call #1

Call Doc #1

April 28, 2021

Agenda

| Time | Agenda Item | Discussion Item or Action Required |
|------|---|--|
| 2:02 | 1. Antitrust Guidelines | <i>Discussion</i> |
| 2:05 | 2. Roll Call and Administrative Items <ul style="list-style-type: none"> • Roll call • Focus of today's call: <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. | <i>Discussion</i> |
| 2:10 | 3. Level Set <ul style="list-style-type: none"> • CAQH CORE Rule Development. • Eligibility & Benefits Task Group Operating Rule Roadmap. • Task Group Participant Expectations. | <i>Discussion</i> |
| 2:20 | 4. Overview of CAQH CORE Eligibility & Benefits Data Content Operating Rule <ul style="list-style-type: none"> • Review Existing CAQH CORE Eligibility & Benefits Data Content Rule. • Review Potential Opportunity Areas for Rule Update. • Market Adoption of the CAQH CORE Eligibility & Benefits Operating Rules. | <i>Discussion</i> |
| 2:45 | 5. Review Eligibility & Benefits Opportunity Area Survey Results | <i>Discussion</i> |
| 3:20 | 6. Next Steps <ul style="list-style-type: none"> • CAQH CORE Eligibility & Benefits Task Group (EBTG) Co-Chairs & Staff: <ul style="list-style-type: none"> – Distribute Task Group Feedback Form #1 to participants by Monday, 05/03/21, end of day. – Draft a call summary for today's Task Group call. – Analyze results of Task Group Feedback Form #1 in preparation for EBTG Call #2 on Wednesday, May 26, 2021. • EBTG Participating Organizations: <ul style="list-style-type: none"> – Complete Task Group Feedback Form #1 by Monday, 05/17/21, end of day. – Participate in the next CAQH CORE EBTG call on Wednesday, 05/26/21 from 2:00 - 3:30 PM ET. | <i>Action Required</i> Agree to next steps. |

CAQH CORE

Level Set

CAQH CORE Operating Rule Overview

Published Rules to Date

| | Infrastructure | Connectivity Rule Application | Data Content | Other | In Development |
|--|---|--|---|---------------------------------|--|
| Eligibility & Benefits | Eligibility (270/271) Infrastructure Rule* | Connectivity Rule vC1.0.0* Connectivity Rule vC2.0.0* | Eligibility (270/271) Data Content Rule* | Single Patient Attribution Data | Updated Eligibility (270/271) Data Content Rule |
| Claim Status | Claim Status (276/277) Infrastructure Rule* | Connectivity Rule vC2.0.0* | EFT/ERA 835/CCD+ Data Content Rule* | EFT/ERA Enrollment Data Rules* | |
| Payment & Remittance | Claim Payment/ Advice (835) Infrastructure Rule* | | | | |
| Prior Authorization & Referrals | Prior Authorization (278) Infrastructure Rule | Connectivity Rule vC3.0.0 | Prior Authorization (278) Data Content Rule | Prior Auth Web Portal Rule | Attachment Rule(s) (Prior Authorization Use Case) |
| Health Care Claims | Health Care Claim (837) Infrastructure Rule | | Attachment Rule(s) (Health Care Claims Use Case) | | |
| Benefit Enrollment | Benefit Enrollment (834) Infrastructure Rule | | | | |
| Premium Payment | Premium Payment (820) Infrastructure Rule | | | | |
| Attributed Patient Roster | Attributed Patient Roster (834) Infrastructure Rule | Connectivity Rule vC4.0.0*** | Attributed Patient Roster (834) Data Content Rule | | |

- * Rule is federally mandated.
- *** Connectivity Rule vC4.0 can be used for all rule sets once available for implementation.

Operating Rule Development Process

Identify Opportunities

Advisory Groups

e.g., Attachments Advisory Group.

Advisory Groups research opportunities for potential rules, prior to a Subgroup commencing rule writing.

Draft Rules

Subgroups

e.g., Attachments Subgroup



Review Work Group

Subgroups develop and straw poll draft Operating Rules for review by assigned Work Groups.

Work Groups vote on draft rules developed by assigned Subgroup(s).

Ballot Participants

CAQH CORE Participants

Full CAQH CORE Voting Membership vote requires for a quorum that 60% of all Full CORE Voting Member organizations (i.e., CAQH CORE Participants that create, transmit, or use transactions) vote on the proposed rule at this stage **with a 66.67% approval vote.**

CAQH CORE Board

Once CAQH CORE Participants have reached quorum, the **CAQH CORE Board will vote for final approval.**

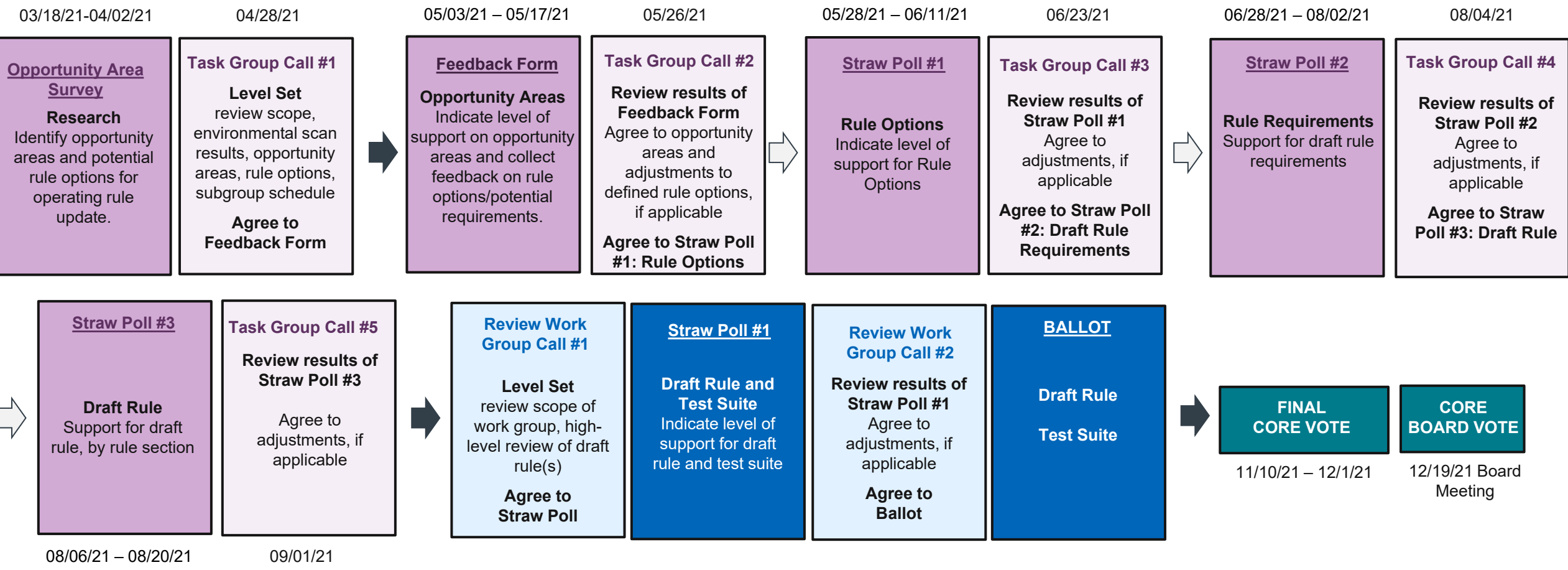
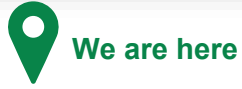
Task Groups

Task Groups convene to update/maintain existing Operating Rules.

e.g., CAQH CORE Code Combinations Task Group

CAQH CORE Eligibility and Benefits Task Group Roadmap

Overall Timeline



*Timeline may be subject to adjustments based on task group needs.

Eligibility & Benefits Task Group Participants

Expectations & Responsibilities



- **Become familiar with CAQH CORE's Eligibility & Benefits work and processes, including:**
 - CAQH CORE [New Operating Rule Structure](#).
 - CAQH CORE [Eligibility & Benefits Data Content Operating Rule](#), [Eligibility & Benefits Infrastructure Operating Rule](#), [Single Patient Attribution Data Content Rule](#), [Connectivity Rule](#), [Mandated Operating Rules](#), as well as others.
 - CAQH CORE Guiding Principles, Board Evaluation Criteria, and [Voting Process](#).



- **Attend and actively participate in calls.**
 - Read materials ahead of time whenever possible.
 - CAQH CORE staff assist Task Group Co-chairs with drafting call documents and ensure they are made available on the CAQH CORE Participant Dashboard.
 - Call summaries are created after each call and approved by the participants.



- **Work with your organization's subject matter experts (SMEs), as appropriate. SMEs should have:**
 - Knowledge of their organization's capabilities and processes with respect to exchanging eligibility and benefits information.
 - Understanding of how the potential draft CAQH CORE Eligibility & Benefits Data Content Rule update would impact their organization and the industry, both in terms of feasibility to implement and value.



- **Provide regular updates on Task Group's progress to Executive Sponsors.**
 - SMEs should regularly update their Executive Sponsors on the Task Group's progress to ensure larger organization buy-in of the drafted eligibility and benefits operating rule requirements and commitment to implementation.
- **Participate in feedback forms/straw polls and cast votes, as appropriate.**
 - Participating organizations may have any number of participants in the Task Group, but each organization has only one vote on feedback forms, straw polls, and ballots.

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CAQH CORE Eligibility & Benefits Operating Rule: Background

CAQH CORE Eligibility & Benefits Data Content Rule

Overview of Existing Rule Requirements: Scope & Electronic Delivery Patient Financial Information

The **CAQH CORE Eligibility & Benefits Data Content Rule** requires the submission and return of certain uniform data elements in real time for electronic eligibility, coverage, and benefit transactions.

Scope of the Rule: Applies when an entity uses, conducts, or processes the X12 270/271 transactions; X12 271 response relates to both generic and explicit inquiries.

Electronic Delivery of Patient Financial Information

Requirements for Health Plans:

- Support requests for benefit information at least 12 months into the past and up to the end of the current month.
- Inclusion of the following in response to both generic and explicit inquiries:
 - Name of the health plan covering the individual.
 - Patient financials for co-insurance, co-payment, base and remaining deductibles.
 - If financial responsibility is different for in-network vs. out-of-network, both amounts must be returned.
- Return of CORE-required eligibility & benefits data for specific Service Type Codes.

Requirements for Providers:

- Detect and extract all data elements to which the data content rule applies as returned by the health plan in the X12 271 response.



CORE-required Service Type Codes

Generic, Explicit, and Discretionary Responses

CORE-required Generic Response STCs: STCs for which health plans must return CORE-required eligibility & benefits data in response to a generic X12 270 inquiry.

| | | |
|-----------------------------------|--|-------------------------|
| 1 – Medical Care | 48 – Hospital – Inpatient | AL – Vision (Optometry) |
| 30 – Health Benefit Plan Coverage | 50 – Hospital – Outpatient | MH – Mental Health |
| 33 – Chiropractic | 86 – Emergency Services | UC – Urgent Care |
| 35 – Dental Care | 88 – Pharmacy | |
| 47 – Hospital | 98 – Professional (Physician) Visit – Office | |

CORE-required Explicit Response STCs: STCs for which health plans must return CORE-required eligibility & benefits data in response to an explicit X12 270 inquiry.

| | | |
|---|-------------------------------------|--|
| 1 – Medical Care | 48 – Hospital – Inpatient | 98 – Professional (Physician) Visit – Office |
| 2 – Surgical | 50 – Hospital – Outpatient | 99 – Professional (Physician) Visit – Inpatient |
| 4 – Diagnostic X-Ray | 51 – Hospital – Emergency Accident | A0 – Professional (Physician) Visit – Outpatient |
| 5 – Diagnostic Lab | 52 – Hospital – Emergency Medical | A3 – Professional (Physician) Visit – Home |
| 6 – Radiation Therapy | 53 – Hospital – Ambulatory Surgical | A6 – Psychotherapy |
| 7 – Anesthesia | 62 – MRI/CAT Scan | A7 – Psychiatric Inpatient |
| 8 – Surgical Assistance | 65 – Newborn Care | A8 – Psychiatric Outpatient |
| 12 – Durable Medical Equipment Purchase | 68 – Well Baby Care | AD – Occupational Therapy |
| 13 – Facility | 73 – Diagnostic Medical | AE – Physical Medicine |
| 18 – Durable Medical Equipment Rental | 76 – Dialysis | AF – Speech Therapy |
| 20 – Second Surgical Opinion | 78 – Chemotherapy | AG – Skilled Nursing Care |
| 33 – Chiropractic | 80 – Immunizations | AI – Substance Abuse |
| 35 – Dental Care | 81 – Routine Physical | AL – Vision (Optometry) |
| 40 – Oral Surgery | 82 – Family Planning | BG – Cardiac Rehabilitation |
| 42 – Home Health Care | 86 – Emergency Services | BH – Pediatric |
| 45 – Hospice | 88 – Pharmacy | MH – Mental Health |
| 47 – Hospital | 93 – Podiatry | UC – Urgent Care |

Discretionary Response STCs: STCs for which plans/information sources have the discretion to choose to return patient financial responsibility in response to both generic and explicit X12 270 inquiries.

| | | |
|------------------|-----------------------------|-------------------------|
| 1 – Medical Care | A6 – Psychotherapy | AI – Substance Abuse |
| 35 – Dental Care | A7 – Psychiatric Inpatient | AL – Vision (Optometry) |
| 88 – Pharmacy | A8 – Psychiatric Outpatient | MH – Mental Health |

CAQH CORE Eligibility & Benefits Data Content Rule

Overview of Existing Rule Requirements: Last Name Normalization & AAA Error Code Reporting

Last Name Normalization

- Provides health plans and providers to uniquely identify patients (subscribers, members, beneficiaries) for the purpose of ascertaining the eligibility of the patient for health plan benefits.
- The rule requires health plans to normalize a patient's last name from the submitted eligibility and benefit request and compare them to a normalized version of patient information contained in the health plans membership files.



AAA Error Code Reporting

- Defines a standard way for health plans to report errors in the event they are not able to respond to a provider with eligibility information for the requested patient or subscriber.
- The rule requires a health plan to return specific AAA error codes when certain errors are detected on an eligibility and benefit request. In addition, receiving systems must be able to detect and display associated error conditions as returned by health plan.



CAQH CORE Eligibility & Benefits Data Content Rule Update

Task Group Scope for 2021 Rule Update

The **CAQH CORE Eligibility & Benefits Data Content Rule** enhances the exchange of eligibility information between health plans and providers through requirements including **providing financial information**, especially co-insurance, co-payment, deductible, remaining deductible amounts, and **coverage information** for a set of service types.

- In Fall 2020, CAQH CORE participants identified the eligibility and benefits business process as an area for CAQH CORE to prioritize for operating rule development in 2021.
- The following opportunity areas for operating rule enhancements were recommended as part of updating the CAQH CORE Eligibility & Benefits Data Content Rule:
 1. Addressing the emergent need to communicate **telemedicine**-specific eligibility and benefits information.
 2. Including **additional STC Codes** beyond the current 52 CORE-required STC Codes.
 3. Providing more granular level data for members of **tiered benefit** plans.
 4. Responding to eligibility requests at the **procedure/diagnosis level**.
 5. Requiring the communication of the **number of remaining visits/services** left on a benefit.
 6. Leveraging standard cost sharing transaction data for **patient data sharing** applications.
 7. Adding support for **dental-specific** eligibility and benefit requirements.
 8. Communicating if **prior authorization or certification** is required for a specific procedure or service.

Adoption of the CAQH CORE Eligibility & Benefits Operating Rule

Federally Mandated and Wide Industry Adoption



Per the federal mandate, implementation of the CAQH CORE Eligibility & Benefits Operating Rule is a requirement for all HIPAA-covered entities. Thus, there is wide industry adoption of this operating rule among HIPAA-covered entities that exchange administrative transactions.

According to the 2020 CAQH Index, for the medical industry, eligibility and benefit verification continues to have the highest volume among all transactions, accounting for almost half of all transaction volume reported. Further, medical plan adoption electronic eligibility and benefit verifications is 84%.

CORE Certification Market Share



CAQH CORE publishes an annual progress report that tracks the reach of CORE Certification into the nation's healthcare system. The report shares the number of lives covered by health plans that are CORE-certified. Market share measures highlighting completion of Eligibility & Benefits CORE Certification by health plans include:

- 80% of commercial lives are in health plans that are CORE-certified.
- 77% of Medicare Advantage lives are in health plans that are CORE-certified.
- 50% of Medicaid lives are in health plans or state fee-for-service programs that are CORE-certified.

Adoption Potential for the Updated Eligibility & Benefit Rule



As the CAQH CORE Task Group works to define requirements for the CAQH CORE Eligibility & Benefits Rule Update, the updated rule, once approved, will be integrated into the CORE Certification and Recertification Program. This effort will help to promote, build, and progress market adoption of updated or new operating rule requirements.

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CAQH CORE Eligibility & Benefits Data Content Rule Update: Opportunity Area Survey Results

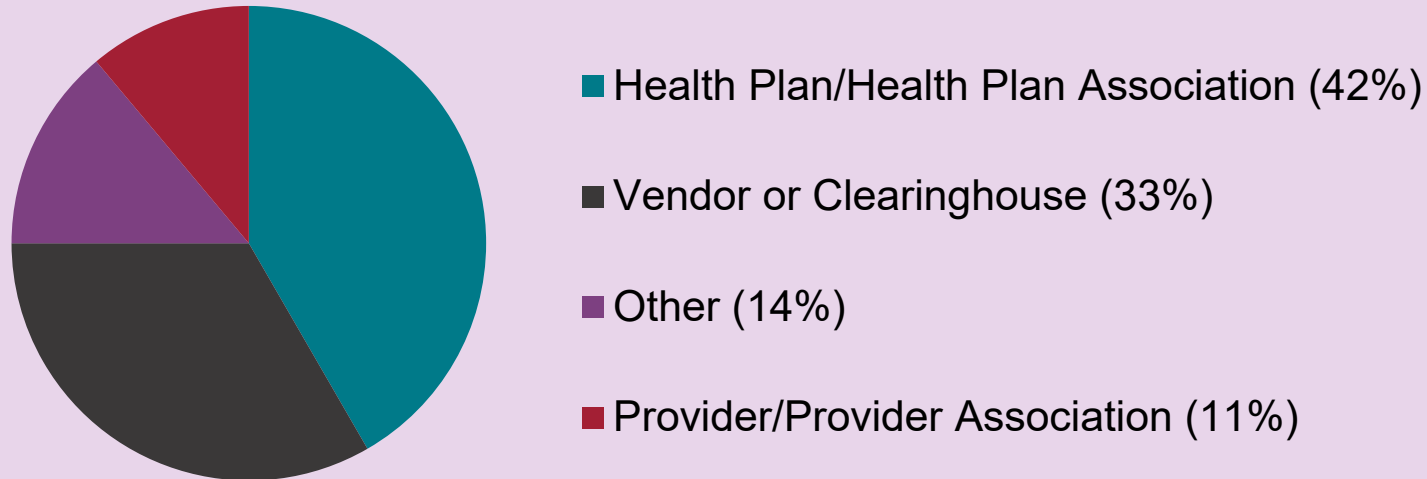
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Opportunity Area Survey Results

Surveyed CORE participants on eight areas for consideration in the rule update:

1. Telemedicine
2. Service Type Codes
3. Tiered Benefits
4. Procedure/Diagnosis Codes
5. Remaining Coverage Benefits
6. Patient Data Sharing
7. Dental
8. Prior Authorization

Received 36 responses from 29 organizations:



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Opportunity Area Survey Results



Telemedicine

- 73% of organizations support the exchange of telemedicine benefits via the X12 v5010 270/271 transaction. Below is the breakdown by stakeholder type:

| Supports via X12 v5010 270/271 | 73% |
|---------------------------------------|------------|
| Health Plan/Health Plan Association | 38% |
| Provider/Provider Association | 4% |
| Vendor or Clearinghouse | 31% |

| Does Not Support via X12 v5010 270/271 | 27% |
|---|------------|
| Health Plan/Health Plan Association | 12% |
| Other | 8% |
| Vendor or Clearinghouse | 8% |

- 46% of organizations are aware of the X12 RFI #1957 on how to best return telemedicine benefits.
- 93% of organizations see value in having uniform requirements for telemedicine-specific eligibility and benefit information. Below is the breakdown by stakeholder type:

| Health Plan/Health Plan Association | 40% |
|--|------------|
| Yes | 36% |
| No | 4% |
| Other | 12% |
| Yes | 12% |
| No | 0% |

| Provider/Provider Association | 16% |
|--------------------------------------|------------|
| Yes | 12% |
| No | 4% |
| Vendor or Clearinghouse | 32% |
| Yes | 28% |
| No | 4% |

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Opportunity Area Survey Results

STC Service Type Codes

- Organizations indicated which additional X12 v5010 270/271 STC Codes that CORE should support. Below are the Codes that received the highest support (numbers in table are the number of organizations that selected the STC Code):

| | | | |
|---------------------------------------|----|--|---|
| 69 Maternity | 11 | 24 Periodontics | 5 |
| 3 Consultation | 10 | 89 Free Standing Prescription Drug | 5 |
| PT Physical Therapy | 10 | 90 Mail Order Prescription Drug | 5 |
| 88 Pharmacy | 9 | 91 Brand Name Prescription Drug | 5 |
| 83 Infertility | 8 | 92 Generic Prescription Drug | 5 |
| 41 Routine (Preventive) Dental | 7 | AB Rehabilitation Inpatient | 5 |
| 44 Home Health Visits | 7 | AN Routine Exam | 5 |
| BZ Physician Visit Office: Well | 7 | BB Partial Hospitalization (Psychiatric) | 5 |
| DM Durable Medical Equipment | 7 | BT Gynecological | 5 |
| 23 Diagnostic Dental | 6 | CF Mental Health Provider Outpatient | 5 |
| BV Obstetrical/Gynecological | 6 | CG Mental Health Facility Inpatient | 5 |
| BY Physician Visit Office: Sick | 6 | CH Mental Health Facility Outpatient | 5 |
| CI Substance Abuse Facility Inpatient | 6 | CJ Substance Abuse Facility Outpatient | 5 |

- Organizations indicated which additional External STC Codes that CORE should support. Below are the Codes that received the highest support (numbers in table are the number of organizations that selected the STC Code):

| | |
|--|---|
| E37 Telemedicine | 9 |
| ED CAT Scan | 7 |
| EA Preventive Services | 4 |
| PE Positron Emission Tomography (PET) Scan | 4 |

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Opportunity Area Survey Results



Tiered Benefits

- All health plans/health plan associations, provider/provider associations, and other organizations support the exchange of tiered benefits via X12 v5010 270/271 and 10% of vendors/clearinghouses do not.
- 92% of organizations see value in having uniform requirements for communicating tiered benefit information. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 38% |
| Yes | 38% |
| No | 0% |
| Other | 13% |
| Yes | 13% |
| No | 0% |
| Provider/Provider Association | 17% |
| Yes | 17% |
| No | 0% |
| Vendor or Clearinghouse | 33% |
| Yes | 25% |
| No | 8% |

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Opportunity Area Survey Results

Procedure/Diagnosis Codes

- 30% of organizations support the X12 v5010 270/271 exchanges at the procedure/diagnosis code level. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 50% |
| Yes | 15% |
| No | 35% |
| Other | 15% |
| Yes | 0% |
| No | 15% |

| | |
|--------------------------------------|------------|
| Provider/Provider Association | 5% |
| Yes | 0% |
| No | 5% |
| Vendor or Clearinghouse | 30% |
| Yes | 15% |
| No | 15% |

- Out of seven code sets, organizations most commonly support CPT codes, HCPCS codes, and ICD-10-PCS codes, but there is little uniformity across the industry.
- 92% of organizations see value in having uniform requirements for communicating eligibility and benefit information at the procedure/diagnosis code level. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 38% |
| Yes | 23% |
| No | 15% |
| Other | 15% |
| Yes | 15% |
| No | 0% |

| | |
|--------------------------------------|------------|
| Provider/Provider Association | 19% |
| Yes | 15% |
| No | 4% |
| Vendor or Clearinghouse | 27% |
| Yes | 19% |
| No | 8% |

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Opportunity Area Survey Results



Remaining Coverage Benefits

- 71% of organizations communicate the number of remaining coverage benefits via X12 v5010 270/271. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 48% |
| Yes | 43% |
| No | 5% |
| Other | 10% |
| Yes | 5% |
| No | 5% |

| | |
|--------------------------------------|------------|
| Provider/Provider Association | 10% |
| Yes | 5% |
| No | 5% |
| Vendor or Clearinghouse | 33% |
| Yes | 19% |
| No | 14% |

- The most common services or procedures organizations think would benefit for inclusion in an operating rule are (in rank order): Physical Therapy, Chiropractor, Speech Therapy (AF and ST), Occupational Therapy (OT and AE), Physical Medicine, Eye Exam/Vision, Cardiac Rehabilitation, Nutrition Counselling, and Skilled Nursing.
- 96% of organizations see value in having uniform requirements for communicating remaining coverage benefit information. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 46% |
| Yes | 46% |
| No | 0% |
| Other | 13% |
| Yes | 13% |
| No | 0% |

| | |
|--------------------------------------|------------|
| Provider/Provider Association | 13% |
| Yes | 13% |
| No | 0% |
| Vendor or Clearinghouse | 29% |
| Yes | 25% |
| No | 4% |

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Opportunity Area Survey Results

Patient Data Sharing

- 68% of organizations communicate eligibility and benefit data or patient financial responsibilities with members. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 52% |
| Yes | 47% |
| No | 5% |
| Other | 16% |
| Yes | 5% |
| No | 11% |
| Provider/Provider Association | 10% |
| Yes | 5% |
| No | 5% |
| Vendor or Clearinghouse | 22% |
| Yes | 11% |
| No | 11% |

- 83% of organizations provide members with eligibility information and/or out-of-pocket costs via web/member portals.

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Opportunity Area Survey Results

Dental

- 39% of organizations are familiar with NDEDIC's Top Dental Eligibility and Benefits Question Response Guide. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 50% |
| Yes | 22% |
| No | 28% |
| Other | 11% |
| Yes | 11% |
| No | 0% |
| Provider/Provider Association | 11% |
| Yes | 0% |
| No | 11% |
| Vendor or Clearinghouse | 28% |
| Yes | 6% |
| No | 22% |

- 11% of organizations indicated that they have implemented the NDEDIC Guide, half of which adopted and implemented all 50 and beyond while half implemented some of the 50.

CAQH CORE Eligibility & Benefits Task Group

Opportunity Area Survey Results



Prior Authorization

- 74% of organizations support the inclusion of prior authorization in the rule update this year instead of in the future.
- 80% of organizations see value in knowing if authorization or certification is required at the STC level. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 42% |
| Yes | 29% |
| No | 13% |
| Other | 21% |
| Yes | 17% |
| No | 4% |

| | |
|--------------------------------------|------------|
| Provider/Provider Association | 8% |
| Yes | 8% |
| No | 0% |
| Vendor or Clearinghouse | 29% |
| Yes | 25% |
| No | 4% |

- 90% of organizations see value in knowing if authorization or certification is required at the diagnosis/procedure code level. Below is the breakdown by stakeholder type:

| | |
|--|------------|
| Health Plan/Health Plan Association | 48% |
| Yes | 43% |
| No | 5% |
| Other | 19% |
| Yes | 19% |
| No | 0% |

| | |
|--------------------------------------|------------|
| Provider/Provider Association | 10% |
| Yes | 10% |
| No | 0% |
| Vendor or Clearinghouse | 33% |
| Yes | 29% |
| No | 5% |

- 88% of organizations return EB11 for services that require authorization or certification in X12.

Task Group Next Steps

Eligibility & Benefits Task Group Feedback Form #1

Instructions, Guidelines & Due Date



Objectives: (1) Rank opportunity areas in order of priority for the rule update, (2) Indicate level of support for each opportunity area, and (3) Collect feedback on potential operating rule options across opportunity areas.

Task Group Feedback Form #1 Format

- ❑ **Prioritization of Opportunity Areas:** Respondents will be asked to rank and weigh opportunity areas in order of priority for their organizations.
 - ❑ **Support for Opportunity Areas:** Respondents will be asked to indicate whether their organizations supports 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.
 - ❑ If applicable, respondents may provide comments relating to their responses. Respondents may support pursuing an opportunity area and still provide feedback, suggested revisions, etc.
-

Additional Guidance

- Feedback Form #1 responses are due **via the online submission form by Friday, 05/14/21, end of day.**
- The form is to be completed by CAQH CORE EBTG Participants only; **please coordinate to submit one response for your organization.**
- Respondents may choose to abstain from responding to a given question, if they desire.
- In accordance with CAQH CORE policy, all responses will be kept strictly confidential.
- Questions should be directed to Kaitlin Powers, CORE Associate, at kpowers@caqh.org.

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Appendix

Today's Call Documents

| Document Name |
|----------------------------------|
| Doc 1: EBTG Call 1 Deck 04.28.21 |

| CORE Staff | Email Address |
|--|--|
| Bob Bowman, <i>Director, CORE</i> | rbowman@caqh.org |
| Taha Anjarwalla, <i>Senior Manager, CORE</i> | tanjarwalla@caqh.org |
| Emily TenEyck, <i>Manager, CORE</i> | eteneyck@caqh.org |
| Kaitlin Powers, <i>Associate, CORE</i> | kpowers@caqh.org |

CAQH CORE Eligibility & Benefits Task Group

Activity Schedule

| Task Group Schedule | Task Group Activity |
|---|---|
| Wednesday, 04/28/21 2:00 pm to 3:30 pm ET | EBTG Call #1 <ul style="list-style-type: none"> Review scope, environmental scan results, opportunity areas, rule options, and task group schedule Agree to Feedback Form |
| 04/30/21 – 05/14/21 | EBTG Feedback Form <ul style="list-style-type: none"> Indicate level of support on opportunity areas Collect feedback on rule options/potential requirements |
| Wednesday, 05/26/21 2:00 pm to 3:30 pm ET | EBTG Call #2 <ul style="list-style-type: none"> Review results from feedback form Agree to opportunity areas and adjustments to define rule options, if applicable Agree to Straw Poll #1: Rule Options |
| 05/28/21 – 06/11/21 | EBTG Straw Poll #1: Rule Options <ul style="list-style-type: none"> Indicate level of support for rule options |
| Wednesday, 06/23/21 2:00 pm to 3:30 pm ET | EBTG Call #3 <ul style="list-style-type: none"> Review results of Straw Poll #1 Agree to adjustments, if applicable Agree to Straw Poll #2: Draft Rule Requirements |
| 06/28/21 – 07/12/21 | EBTG Straw Poll #2: Draft Rule Requirements <ul style="list-style-type: none"> Indicate level of support for rule options |
| Wednesday, 08/04/21 2:00 pm to 3:30 pm ET | EBTG Call #4 <ul style="list-style-type: none"> Review results of Straw Poll #2 Agree to adjustments, if applicable Agree to Straw Poll #3: Draft Rule |
| 08/06/21 – 08/20/21 | EBTG Straw Poll #3: Draft Rule <ul style="list-style-type: none"> Support for draft rule, by rule section |
| Wednesday, 09/01/21 2:00 pm to 3:30 pm ET | EBTG Call #5 <ul style="list-style-type: none"> Review results of Straw Poll #3 Agree to adjustments, if applicable |

CAQH CORE Eligibility & Benefits Task Group

Roster

| Name | Organization |
|------------------------|---|
| 1 Camille Haywood | Centers for Medicare and Medicaid Services (CMS) |
| 2 Ada Sanchez | Centers for Medicare and Medicaid Services (CMS) |
| 3 Rupinder Singh | Centers for Medicare and Medicaid Services (CMS) |
| 4 Katherine Knapp | United States Department of Veterans Affairs |
| 5 Pranav Shah | United States Department of Veterans Affairs |
| 7 Merri-Lee Stine | Aetna |
| 8 Nancy Senato | Aetna |
| 9 Kristina Steece | Ameritas |
| 10 Kena Gwinn | Anthem Inc. |
| 11 Gail Kocher | Blue Cross and Blue Shield Association (BCBSA) |
| 12 Cindy Monarch | Blue Cross Blue Shield of Michigan |
| 13 Shweta Talwar | Blue Cross Blue Shield of Michigan |
| 14 Amy Turney | Blue Cross Blue Shield of Michigan |
| 15 Sudheer Tummala | Blue Cross Blue Shield of North Carolina |
| 16 Susan Langford | Blue Cross Blue Shield of Tennessee |
| 17 Brian Poteet | Blue Cross Blue Shield of Tennessee |
| 18 Mahesh Siddanati | Centene |
| 19 Megan Soccorso | CIGNA |
| 20 Billie Jo Churchill | Harvard Pilgram |
| 21 Sarah Farr | Harvard Pilgram |
| 22 Rhonda Starkey | Harvard Pilgram |
| 23 Donna Campbell | Health Care Service Corp |
| 24 Sandra Jamison | Humana |
| 25 Steve Clark | Kaiser Permanente |
| 26 Jean Oby | Medical Mutual of Ohio, Inc. |
| 27 Jameelah O'Neal | Medical Mutual of Ohio, Inc. |
| 28 Kiran Kalluri | Unitedhealthcare |
| 29 Margaret Weiker | National Council for Prescription Drug Programs (NCPDP) |
| 30 William Campbell | OneHealthPort |
| 31 Althea Robinson | Tata Consulting Services |

| Name | Organization |
|------------------------|--|
| 32 Terrence Cunningham | American Hospital Association (AHA) |
| 33 Celine Lefebvre | American Medical Association (AMA) |
| 34 Heather McComas | American Medical Association (AMA) |
| 35 Robert Otten | American Medical Association (AMA) |
| 36 Molly Reese | American Medical Association (AMA) |
| 37 Tyler Scheid | American Medical Association (AMA) |
| 38 BJ Venhuizen | Mayo Clinic |
| 39 Drew Voytal | MGMA |
| 6 Nora Iluri | Athenahealth |
| 40 Kathy Anderson | Change Healthcare |
| 41 Colton Casteel | Change Healthcare |
| 42 Karen Lamb | Change Healthcare |
| 43 Deborah McCachern | Change Healthcare |
| 44 Terry Thompson | Change Healthcare |
| 45 Chuck Wilhelm | Change Healthcare |
| 46 Maciej Wroblewski | Change Healthcare |
| 47 Shilesh Nair | CSRA |
| 48 Sergiu Rata | Edifecs |
| 49 Nate Donaldson | Epic |
| 50 Maggie Brown | HealthEdge |
| 51 Michael Hostetler | HMS |
| 52 Ron Singh | HMS |
| 53 Beth Wilcox | HMS |
| 54 Jason Woodford | HMS |
| 55 Jackie Lopez | NextGen Healthcare Information Systems, Inc. |
| 56 Tracey Tillman | The SSI Group, Inc. |
| 57 Danielle Couch | TriZetto Corporation, A Cognizant Company |
| 58 Brent Backhaus | Verata |
| 59 Jason Birgenheier | Wells Fargo |