## CAOH. CORE



CAQH CORE Advanced Explanation of Benefits (EOB) Advisory Group

Call #1

Call Doc #1

August 19, 2021

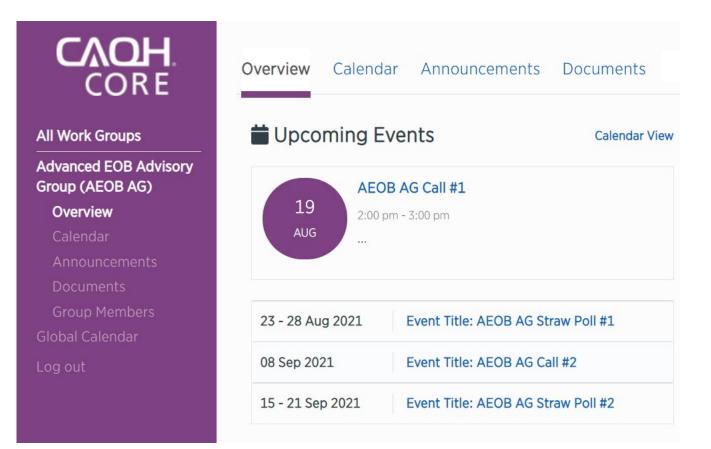
## Agenda

Time	Agenda Item	Discussion Item or Action Required
2:02	1. Antitrust Guidelines	Discussion
	2. Roll Call and Administrative Items	
	Roll call	
	Focus of today's call:	
2:05	<ul> <li>Level set</li> </ul>	Discussion
	<ul> <li>Background</li> </ul>	
	<ul> <li>Discussion on Good Faith Estimate Exchange Methods</li> </ul>	
	<ul> <li>Next Steps</li> </ul>	
	3. CAQH CORE Level Set	
	Advisory Group Goals and Scope	
2:10	CAQH CORE Rule Development Process	Discussion
	Advisory Group Roadmap	
	Advisory Group Participant Expectations	
	4. Background on No Surprises Act	
2:15	No Surprises Act: Policy Overview	Discussion
2.10	Review of Good Faith Estimate and Advanced EOB Requirements	Discussion
	Industry Collaboration and Interest	
	5. Discussion on Methods of Good Faith Estimate Data Exchange	
	Good Faith Estimate Scope and Goals	
2:25	Connectivity and Security Methods	Discussion
	Leveraging the X12 Standards	
	Indicator and Data Elements	
	6. Next Steps	
	CAQH CORE Advanced EOB Advisory Group Co-Chairs & Staff:	
	<ul> <li>Distribute Advisory Group Straw Poll #1 to participants by Monday, 08/23/21, end of day.</li> </ul>	
2:55	<ul> <li>Draft a call summary for today's Advisory Group call.</li> </ul>	Action Required
2.00	<ul> <li>Analyze results of Advisory Group Straw Poll #1 in preparation for Call #2 on Wednesday, September 8, 2021.</li> </ul>	Agree to next steps.
	Advanced EOB Advisory Group Participating Organizations:	
	<ul> <li>Complete Straw Poll #1 by Friday, 08/27/21, end of day.</li> </ul>	
	<ul> <li>Participate in the next CAQH CORE Advanced EOB Advisory Call on Wednesday, 09/08/21 from 2:00 - 3:30 PM ET.</li> </ul>	



## **CAQH CORE** Participant Dashboard

The **CAQH CORE Participant Dashboard** was created to serve as a comprehensive resource for CAQH CORE Participants to access work group information and any Participant-specific resources and events.



- The <u>dashboard</u> is accessible only to CAQH CORE Participants.
- Participants can view the work groups they are currently involved in and add themselves to new groups.
- Participants can view upcoming events, documents, announcements, and group member information.
- Email <u>core@caqh.org</u> if you need a login.



# CAQH CORE Level Set



## **Broad Interest in Advanced EOB**

Strong Advisory Group Representation Across Stakeholders





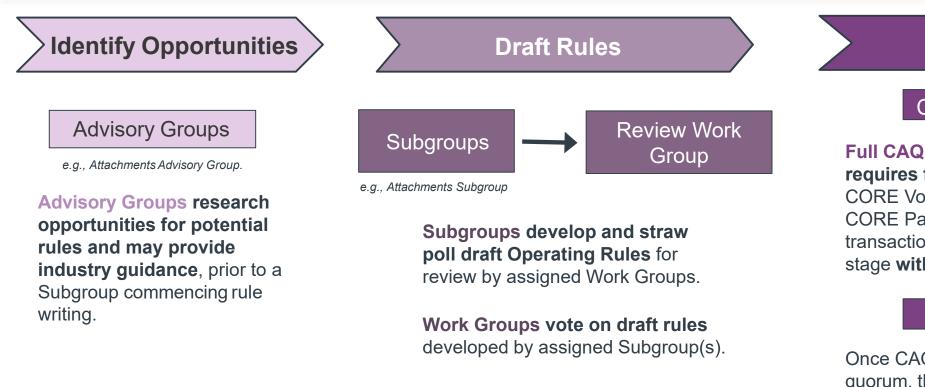
## CAQH CORE Operating Rule Overview

### Published Rules to Date

Rule Set	Infrastructure	Connectivity Rule Application	Data Content	Other	
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 Rule	
Claim Status	Claim Status (276/277) Infrastructure Rule	Connectivity Rule vC2.0.0			
Payment & Remittance	Claim Payment/ Advice (835) Infrastructure Rule	Connectivity Rule vC2.0.0	EFT/ERA 835/CCD+ Data Content Rule	EFT/ERA Enrollment Data Rules	
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule		Prior Authorization (278) Data Content Rule	Prior Auth Web Portal Rule	
Health Care Claims	Health Care Claim (837) Infrastructure Rule	Connectivity Rule vC3.0.0			
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule			Rules in purple boxes a federally mandated.	
Premium Payment	Premium Payment (820) Infrastructure Rule			*Connectivity Rule vC4 can be used to support rule sets for CORE	
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule	$(Connoctivity Pullo v(C(1)))^*$		Certification.	



## **CAQH CORE Operating Rule Development Process**



### **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 Advanced EOB Advisory Group** *Goals and Scope*



**Goal**: **Publish a guidance document** illustrating how industry can meet Advanced EOB requirements leveraging uniform frameworks and industry standards, with a focus on the exchange of Good Faith Estimates.



Scope: The initial scope of work will aim to help organizations demonstrate a good faith effort to meet Advanced EOB requirements by January 01, 2022, by providing guidance on how industry should implement connectivity protocols, messaging standards, and related data content to support provider to payer exchanges of Good Faith Estimates.

Additional use cases for Advanced EOB requirements may be considered by the Advisory Group in the future:

- Provider/Payer Aggregation of Service Estimates
- Plan to Member Advanced EOB Exchange
- Plan to Provider Advanced EOB Exchange
- Comprehensive Advanced EOB Data Set

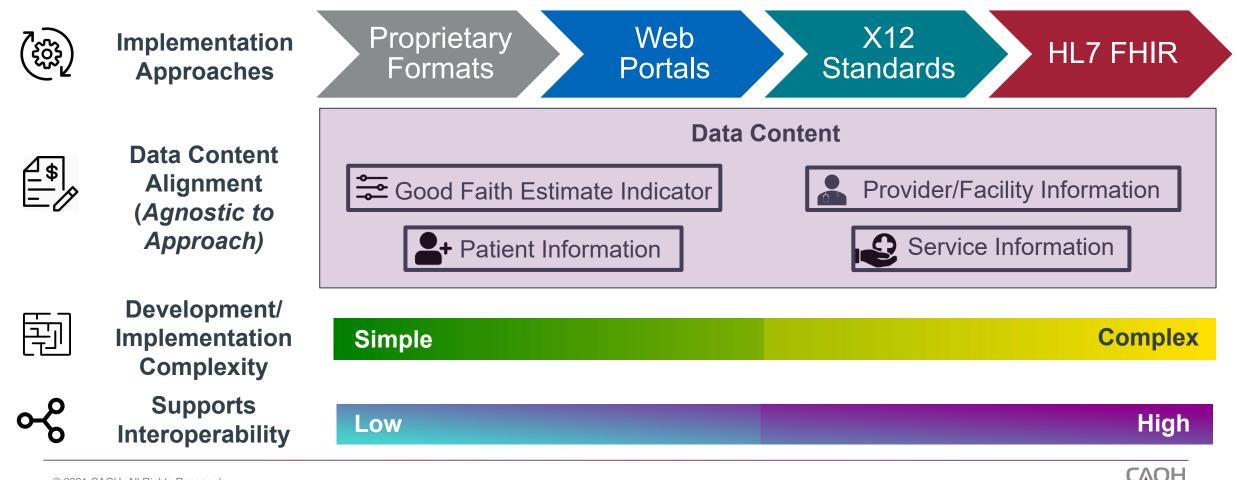


With further vetting via the CAQH CORE rule development process, **recommendations from the guidance** document could be developed into operating rules in the future.



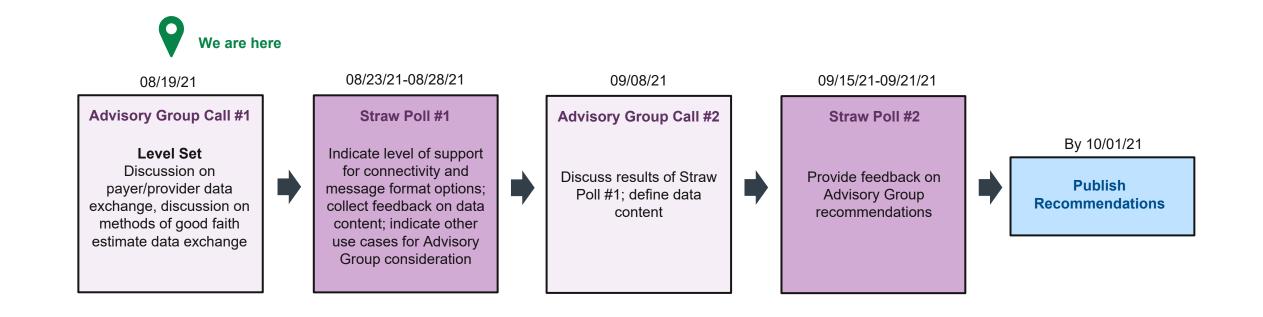
## **CAQH Advanced EOB Advisory Group** Implementation Approaches

Today, there are a variety of approaches the industry could implement to support Advanced EOB requirements. CAQH CORE is seeking to coalesce the industry towards a common approach to promote uniform implementations and to support interoperability.



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## CAQH CORE Advanced EOB Advisory Group Roadmap Overall Timeline



\*Timeline may be subject to adjustments based on Advisory Group needs.



## **CAQH CORE Advanced EOB Advisory Group Participants**

Expectations & Responsibilities



- Become familiar with the No Surprises Act, Good Faith Estimates, Advanced EOBs, and including:
  - H.R. 133 Consolidated Appropriations Act; Division BB Private Health Insurance and Public Health Provisions, especially the No Surprises Act; CMS Hospital Price Transparency Rule; CMS Transparency in Coverage Rule.
  - Industry efforts focused on Advanced EOB/price transparency.



- Attend and actively participate in calls.
  - Read materials ahead of time whenever possible.
    - CAQH CORE staff will draft 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 business processes with respect to the implementation of Good Faith Estimates, Advanced EOBs, and/or be a price transparency expert.
- Provide regular updates on Advisory Group's progress to Executive Sponsors.
  - SMEs should regularly update their Executive Sponsors on the Advisory Group's progress.
- Participate in Straw Polls.



## **Background: No Surprises Act**



## **CAQH CORE Advanced EOB Advisory Group Background**

No Surprises Act, Advanced EOB, & Good Faith Estimate

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- The **No Surprises Act**, signed into law as part of the Consolidated Appropriations Act of 2021, addresses surprise medical billing at the federal level.



Section 111 of the Act requires health plans to provide an Advanced EOB for scheduled services one to three business days in advance, dependent on date of intended service/item, to give patients transparency into which providers are expected to provide treatment, the expected cost, and the network status of providers.



 Section 112 requires health care providers and facilities to verify what type of coverage the patient is enrolled in and provide notification of a good faith estimate of charges to the payer/patient at least three days in advance of service/item and no later than one day after scheduling the service.



Mandate compliance begins January 1, 2022\*.

\*An <u>Interim Final Rule</u> has been issued focusing on implementing provisions of the No Surprises Act. The rule does not directly address Advanced EOBs, noting that additional rulemaking and guidance will be issued in the near future. However, per the rule, stakeholders are expected to implement the requirements using a good faith, reasonable interpretation of the statue by 01/01/22.



## **CAQH CORE Advanced EOB Advisory Group Background**

Advanced EOB & Good Faith Estimate Requirements



- The Advanced EOB must be shared with the member/patient by mail or electronically, depending on the individual's preference, and include the following information:
  - If a provider/facility is in- or out-of-network with respect to the item/service.
    - If the provider/facility is in-network, the contracted rate based on billing and diagnostic costs sent by the provider.
    - If the provider/facility is out-of-network, a description on how the individual can find contracted providers/facilities, if any.
  - A Good Faith Estimate of expected charges based on billing and diagnostic codes.
  - A Good Faith Estimate of the plan's payment responsibility and member's cost sharing responsibilities for the item/service.
  - A Good Faith Estimate of the amount the member has incurred toward meeting their financial responsibility limit (including deductibles and out-of-pocket maximums) under the plan.
  - Disclaimers that the coverage is subject to medical management requirements and that the estimates are subject to change.
  - Any other information health plans deem appropriate to include consistent with other requirements.



## **CAQH CORE Advanced EOB Advisory Group Background**

Industry Collaboration and Interest



CAQH CORE is collaborating with and complementing the efforts of industry initiatives working on various aspects of the No Surprises Act.

### **CAQH CORE**

The CAQH CORE Advanced EOB Advisory Group will develop initial guidance on how the industry can best demonstrate a good faith effort to meet the Advanced EOB requirements, with a focus of Good Faith Estimate exchanges between providers to payers.

#### **Da Vinci Project**

Da Vinci is working to define standard FHIR-based methodology (data input, data output, and format) to support real-time requests and responses for patient cost; ability to communicate good faith estimates for single service, collection of services, and items; and ability to communicate cost estimates in advance of scheduled service upon request. Targeting ballot in January 2022.

### WEDI

WEDI is focused on understanding business challenges with the No Surprises Act and providing feedback to HHS, CMS, and other agencies.

#### **CARIN Alliance**

CARIN is developing a consumer payer data set and corresponding implementation guide for the set of HL7 FHIR Resources that payers can display to consumers via a FHIR API.

#### NCVHS

NCVHS is currently looking at issues of industry standardization to achieve efficiency, simplicity, and burden reduction in the U.S. health care system in their Convergence 2.0 initiative.

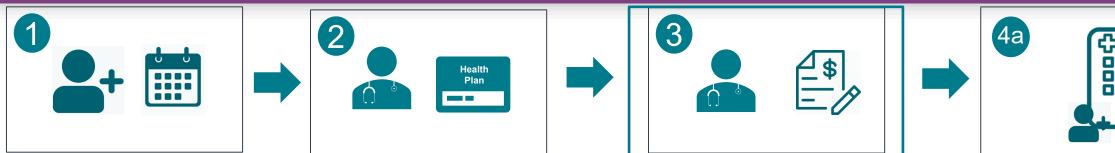




## Discussion on Good Faith Estimate Exchange Methods

## **Advanced EOB Workflow**

Scope for Advisory Group



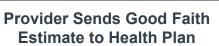
Patient Schedules **Appointment or Requests Cost Estimate** 

Patient schedules a healthcare service appointment with a provider **OR** patient requests estimate for a healthcare item or service from provider.

Applies to all healthcare items and services provided by providers and facilities.



Provider verifies a patient's insurance coverage with health plan to determine eligibility and benefit information for the healthcare item or service.



Provider sends a Good Faith *Estimate of expected charges* for the healthcare service including billing, procedure and/or diagnostics codes to health plan at least three days in advanced of service and no later than one day after scheduling the service.

In-scope for the CAQH CORE Advanced EOB Advisory Group.

Out of Scope: Additional use cases will be considered in the future. such as provider/payer aggregation of Good Faith Estimates and Advanced EOB exchange.



#### Health Plan Sends Advanced EOB to Member\*

Health Plan sends member an Advanced EOB electronically or via mail that provides information on provider network status, covered costs, and out-of-pocket estimates.



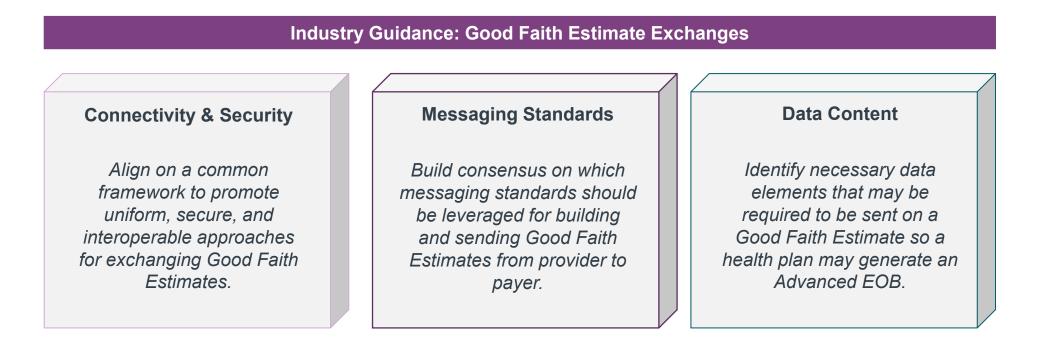
[Optional] Health Plan Sends a Copy of Advanced EOB to Provider

\*Advanced EOB's must be issued within one business day after receiving Good Faith Estimate for services scheduled three to nine days before intended service date. \*Advanced EOB's must be issued within three business days after receiving Good Faith Estimate for serviced scheduled more than 10 days from intended service date.



## Industry Guidance on Good Faith Estimate Exchanges Goal for Advisory Group

Goal: Publish a guidance document illustrating how industry can support Advanced EOB requirements by January 1, 2022, with an initial focus on the exchange of Good Faith Estimates between providers and payers.



CAQH CORE Participants will continue to advance and build on the progress the CAQH CORE Advanced EOB Advisory Group at regular intervals over time to align with policy updates, industry initiatives, and participating organization priorities.



The **CAQH CORE Connectivity Rule vC4.0.0** is positioned to support the exchange of Good Faith Estimates between providers and payers:

- Addresses connectivity and security of administrative and clinical data exchange and establishes a national base guiding healthcare communication.
- Aligns to support frameworks outlined in the CMS and ONC Interoperability Rules for modernized connectivity and security requirements.
- ♥ Using the Internet as a delivery option establishes a Safe Harbor connectivity method that application vendors, providers, and health plans can be assured <u>will be supported by any HIPAA covered entity</u>, meaning that the entity is capable and ready to exchange data at the time of a request by a trading partner using the CAQH CORE Connectivity Rule.
- Payload agnostic as supports the exchange of X12 and non-X12 data over SOAP Web Services and REST API's.
- Ensures secure transmission of information by requiring the use of TLS 1.2 or higher for encryption, X.509 Digital Certificates for authentication, and OAuth 2.0 of authorization.



## Good Faith Estimate Data Exchange Methods

Leveraging the X12 Standards

The X12 Claim (837) Transaction(s) have the capacity to facilitate the exchange of Good Faith Estimates between Providers and Health Plans.

- A predetermination claim could be submitted by a provider to a health plan, outlining the scheduled service with associated billing, procedure, and/or diagnostic codes and associated charges.
- The health plan could then review, process and adjudicate the pre-determination claim to generate an Advanced EOB.

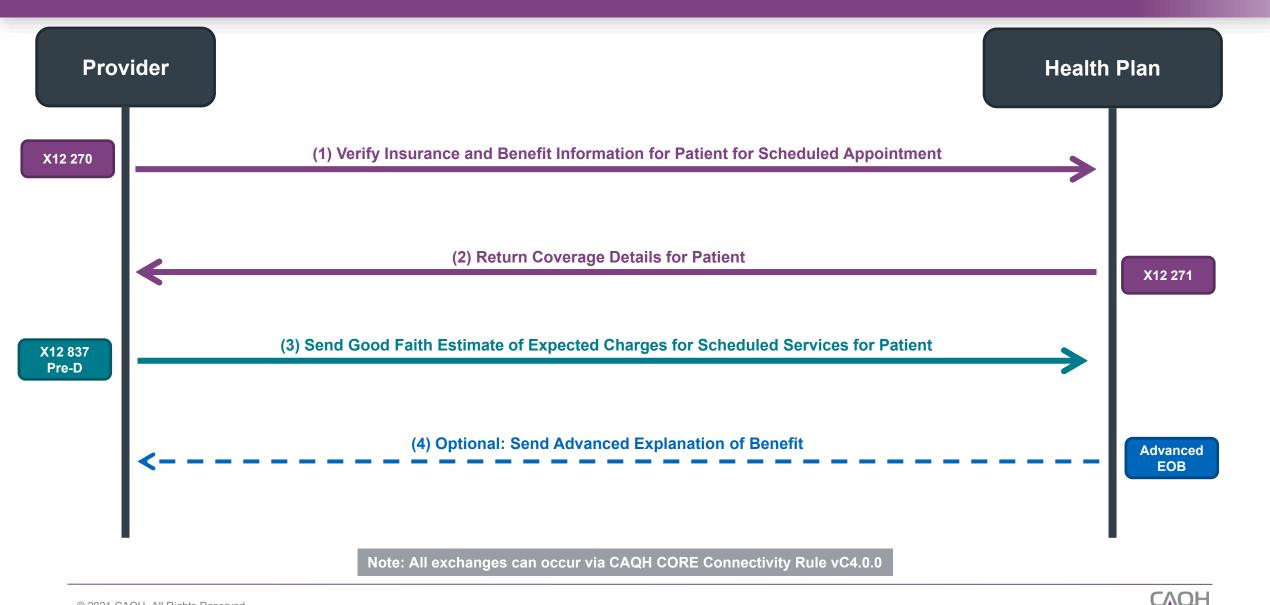
X12 Claim (837) Transaction	HIPAA-mandated	Pre-determination Support
X12 837 Institutional 005010X223	✓	
X12 837 Institutional – Pre-Determination 005010X292		~
X12 837 Professional 005010X222	✓	
X12 837 Professional – Pre-Determination 005010X291		~
X12 837 Dental 005010X224	✓	✓

Additionally, the Da Vinci Patient Cost Transparency Use Case is working to define a standard FHIR-based methodology to support real-time requests and responses for patient cost. Da Vinci is evaluating a hybrid X12 and HL7 FHIR model for Advanced EOBs, leveraging the X12 837 Pre-Determination transaction sets.



### **Good Faith Estimate Data Exchange Methods**

Potential Workflow for Provider to Payer Interactions



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## **Good Faith Estimate Data Exchange Methods**

Uniform Data Content Opportunities for Good Faith Estimate

### indicator

Specify how to notify a health plan that the claim transaction is for a Good Faith Estimate vs a Billable Claim for Payment.



### **Patient Information**

Define patient demographics data needed for a health plan to identify and match member who is receiving scheduled service or has requested an estimate via Good Faith Estimate. (e.g., First Name; Last Name; Member ID; Date of Birth; Subscriber/Dependent)

### Provider/Facility Information

Identify provider or facility demographics data needed for a health plan to determine who will be providing the scheduled service via Good Faith Estimate. (e.g., Provider/Facility Name; NPI; Place of Service; Service Location; Provider Taxonomy)



### **Service Information**

Catalog data elements needed to attribute a scheduled service as indicated by Good Faith Estimate. (e.g., Procedure Codes, Diagnosis Codes, and Modifiers; Date of Scheduled Service; Unit Accumulators; Charge Amount.





## CAQH CORE Advanced EOB Advisory Group Straw Poll #1

Instructions, Guidelines, and Due Date



**Objectives:** Collect each Participating Organization's feedback on methods of exchanging Good Faith Estimates. Feedback received will help to inform a guidance document illustrating how industry can meet Advanced EOB requirements, with a focus on Good Faith Estimates.

### **Advisory Group Straw Poll #1 Format**

- **(1)** Collect feedback on connectivity methods to facilitate a Good Faith Estimate exchange.
- **(2)** Collect feedback on messaging standards that could be used to send Good Faith Estimates.
- **(3)** Collect feedback on scope of uniform data content that should be delivered as part of the Good Faith Estimate.
- **(4)** Indicate and prioritize other use cases for Advisory Group consideration.

### **Additional Guidance**

- Straw Poll #1 responses are due via the online submission form by <u>Friday, 08/27/21, end of day</u>.
- The form is to be completed by CAQH CORE Advisory Group 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 <u>kpowers@caqh.org</u>.



### CAQH CORE Advanced EOB Advisory Group Next Steps



### CAQH CORE Advanced EOB Advisory Group Participants

- Complete Straw Poll #1 by Friday, 08/27/21.
- Participate in the next Advisory Group Call on <u>Wednesday, 09/08/21 at 2:00 PM ET.</u>

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### CAQH CORE Staff

- Draft a summary for today's call.
- Send Straw Poll #1 to Advisory Group Participants by Monday, 08/23/21.
- Analyze Straw Poll #1 feedback and prepare results for <u>Wednesday, 09/08/21</u> call.

Contact <u>CORE@caqh.org</u> with any questions.









## **Today's Call Documents**

### **Document Name**

Doc 1: AEOB AG Call 1 Deck 08.19.21

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

## CAQH CORE Advanced EOB Advisory Group

Activity Schedule

Date	Advanced EOB Advisory Group Activity
Thursday, August 19, 2021 Time: 2:00-3:00 pm ET	<ul> <li>Advisory Group Call #1</li> <li>Level-Set.</li> <li>Review of No Surprises Act</li> <li>Discussion on Good Faith Estimate Exchanges.</li> </ul>
August 23-27, 2021	<ul> <li>Advisory Group Straw Poll #1</li> <li>Collect feedback on connectivity, messaging standards, and uniform data content.</li> <li>Indicate and prioritize other use cases for Advisory Group consideration.</li> </ul>
Wednesday, September 8, 2021 Time: 2:00 – 3:30 pm ET	<ul> <li>Advisory Group Call #2</li> <li>Discuss results of Straw Poll #1.</li> <li>Define data content.</li> </ul>
September 15-21, 2021	<ul> <li>Advisory Group Straw Poll #2</li> <li>Provide feedback on Advisory Group recommendations.</li> </ul>
By October 1, 2021	Publish Recommendations



## CAQH CORE Advanced EOB Advisory Group

Roster

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