CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Eligibility and Benefits Task Group (EBTG)
EBTG Straw Poll #2: Non-Substantive Comments

Non-Substantive Comments and Comments Received on Dropped Opportunity Areas on CAQH CORE EBTG Straw Poll 1

Table 1. Non-Substantive Comments

Table 1 summarizes non-substantive comments received by EBTG Straw Poll #1 respondents along with CAQH CORE EBTG Co-chair and staff response, when applicable.

Table 1.

Telemedicine		
#	**Comment(s)**	**EBTG Co-chair and CAQH CORE Staff Response**
1.	One entity provided an explanation for their support for codifiable methods explaining that it uses existing data elements and external code sources to represent the telemedicine benefit and that this is preferred over MSG text as it's easy to standardize and can be simple to explain the general interpretation when received.	n/a
2.	One entity provided and explanation for their non-support, explaining that their organization does not use Telemedicine in their outbound 270 inquiry.	n/a
STC Codes		
#	**Comment(s)**	**EBTG Co-chair and CAQH CORE Staff Response**
3.	One entity provided an explanation for their abstention explaining that the STC is too vague or broad to quote coverage/eligibility for a service/benefit, or that it's a provider type or diagnosis. The commenter also mentioned these codes can make it difficult to provide an answer unless a diagnosis is sent on the 270 or 271 response and requested an explanation on what would be required if an STC is categorized as discretionary or mandatory.	n/a
Remaining Coverage Benefits		
#	**Comment(s)**	**EBTG Co-chair and CAQH CORE Staff Response**
4.	Two entities commented that their organization currently requires phone calls to receive this information.	n/a
5.	One entity mentioned that some payers may not have the ability to provide remaining coverage benefit data.	n/a
6.	One entity provided an explanation for their non-support explaining that not all procedure codes in an STC have the same benefit coverage and that a procedure code, modifier, DX, and Rendering Provider NPI are all required in the 270 request, for a Payer to respond accurately in the 271.	n/a
Procedure Codes		
#	**Comment(s)**	**EBTG Co-chair and CAQH CORE Staff Response**
7.	Six entities commented on categories of service to consider for inclusion. • One entity suggested adding Chiropractic and all rehabilitation benefits. • One entity suggested adding Injections.	Allowing the industry to make feasible progress in building logic into their eligibility & benefit systems for an initial set of categories will help inform future rule

	• One entity commented that they do not support Speech-Language Pathology. • One entity recommended adding smaller categories first and implementing categories in phases/stages.	development. CAQH CORE will evaluate these additional categories of service as part of a future rule update.
8.	One entity noted that these categories of service will be required in the Advanced Explanation of Benefits (AEOB) (No Surprises Act).	n/a
9.	Two entities noted general concerns for the draft rule requirement. • One entity noted that use of CPT requires a license from AMA, which has to potential to inhibit innovation and innovative start-up plans and/or payers because of that cost. • One entity noted their concern with payers' ability to accommodate this mandate with current version 5010 and necessary changes for next version. • One entity suggested more review and analysis to determine if this approach will work systematically given the required turnaround timeframes.	n/a
10.	Four entities commented on the use of procedure codes. • One entity commented on their non-support, noting that categories of Service include multiple procedure codes and that a procedure code, modifier, DX and Rendering Provider NPI are all required within the Provider's 270 request, in order for a Payer to respond accurately. They also noted that the return of eligibility and benefit information in a Payer's 271 response must be based upon Procedure (CPT or HCPCS)/Modifier/DX Codes, not on categories of service. • One entity noted their support for reporting benefits for codes maintained by CAQH CORE, but do not agree to evaluate all procedure codes outside of the list. • One entity noted that if processors support procedure level benefits, then specific procedure codes may be defined by the operating ule; otherwise the processor shouldn't be required to support the capability. • One entity noted that this will enable providers and organizations to provide better service to patients to be able to verify and provide benefit and patient responsibility information before a specific service is rendered. Procedure codes will provide information at a level specific enough to be useful (where STC codes were too vague to be useful).	n/a
Authorization/Certification		
#	**Comment(s)**	**EBTG Co-chair and CAQH CORE Staff Response**
11.	Three entities commented on the use of the STC and Procedure Code levels. • One entity noted their concern with a payer's ability to respond with authorization/certification requirements at the STC level since STCs are often times too generic and recommended the procedure code level.	n/a

	• One entity noted that STCs and procedure codes alone may not be enough to make a Yes or No determination as other variables may be required such as procedure code or place of service may be needed to determine an authorization. • One entity noted that processors must support the procedure code functionality per operating rule.	
12.	Two entities commented on using code U. • One entity noted that the absence of language to determine the appropriate use of code U limits the utility of this requirement and explained that there are instances where the need for authorization cannot be determined, at present there is very little to prohibit plans from using code U because it is convenient or arbitrarily, which would flood the 271 response with information that is not useful to providers. • One entity noted that a response would be a U when they cannot get down to a granular level.	n/a
13.	Two entities commented on this approach for authorization/certification. • One entity suggested more review and analysis to determine if this approach will work systematically given the required turnaround timeframes. • One entity suggested that depending upon the services included, this would require an annual task to review and update the mappings.	n/a
Tiered Benefits		
#	**Comment(s)**	**EBTG Co-Chair and CAQH CORE Staff Response**
14.	Two entities commented on the MSG segment. • One entity noted that they do not support the MSG segment approach but support the RFI 1767 REF segment approach. • One entity suggested structuring the MSG segment to facilitate automation.	n/a
15.	Three entities provided explanations for their non-support. • One entity noted their non-support the Authorization/Certification piece. • One entity noted their non-support for returning only applicable benefits. • One entity noted their non-support, explaining that they only respond to enrolled providers, they do not have out-of-network benefits or exclusive/preferred providers, and they do not have tiered benefits.	n/a
16.	Two entities commented on this approach to Tiered Benefits. • One entity suggested that specificity would be valuable for items like estimation of patient responsibility, their propensity to pay, etc. • One entity noted that not a lot of provider information is submitted on the 270 inbound and that they would support providing a network status for the provider/patient relationship, however, limiting the data could result in additional phone calls if the provider is not able to complete an automated transaction since they need other network benefits.	n/a
17.	Two entities provided explanations for their support.	n/a

	• One entity noted that although this solution will be difficult to attain in 100% of all cases (for example, when a provider has multiple contracts and associations to multiple networks and the member's product and the provider does not result in a 1:1 match to a tier), this approach will work. • One entity noted their enthusiastic support of this requirement.	