CAQH. CORE



CAQH CORE Advanced Explanation of Benefits (EOB) Advisory Group

Call #2

Call Doc #1

September 8, 2021

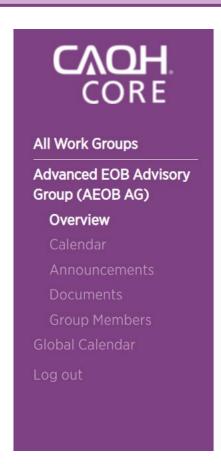
Agenda

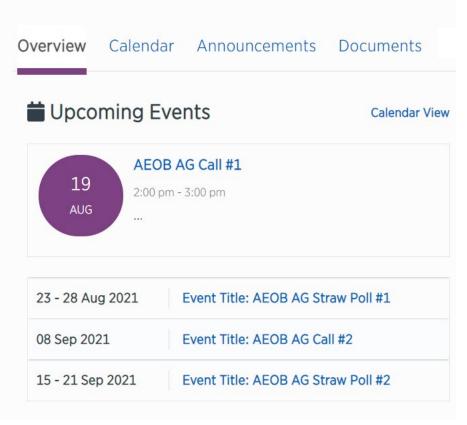
Time	Agenda Item	Discussion Item or Action Required
2:02	1. Antitrust Guidelines	Discussion
2:05	 2. Roll Call and Administrative Items Roll call Focus of today's call: Level set Review Straw Poll #1 Results and Comments Next Steps 	Discussion
2:07	 3. Summary of 08/19/21 Advisory Group Call CAQH CORE Level Set Background on No Surprises Act & Methods of Good Faith Estimate Data Exchange Next Steps 	Action Required: • Approve Call Summary.
2:10	4. Advisory Group Level Set	Discussion
2:15	 5. Straw Poll #1 Results Respondent Breakdown, Percent Support for Messaging Standards; Percent Support for Connectivity Methods; Review of Recommended Data Content; and Support for Use Cases for Future Advisory Group Consideration. 	Discussion
3:20	 6. Next Steps CAQH CORE Advanced EOB Advisory Group Co-Chairs & Staff: Distribute Advisory Group Straw Poll #2 to participants by Wednesday, 09/15/21, end of day Draft a call summary for today's Advisory Group call Analyze results of Advisory Group Straw Poll #2 Publish recommendations Advanced EOB Advisory Group Participating Organizations: Complete Straw Poll #2 by Tuesday, 09/21/21, end of day 	Action Required Agree to next steps.



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.

Advanced EOB Advisory Group—AEOB AG Call #1 Summary

Motion to Approve

CAQH Committee on Operating Rules for Information Exchange (CORE)

Advanced EOB Advisory Group

Call #1 Summary: Thursday, August 19, 2021, 2:00-3:00 pm ET Conference Call

This document contains:

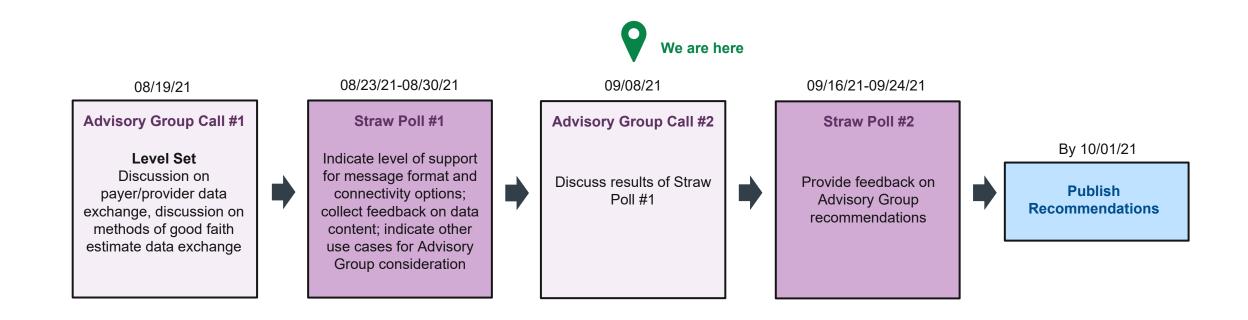
- · Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call attendance.

Agenda Item	Key Discussion Points	Decisions and Actions
1. Antitrust Guidelines	Kaitlin Powers (CAQH CORE Associate) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials.	Discussion
2. Roll Call and Administrative Items	 Kaitlin Powers (CAQH CORE Associate) reviewed the call documents: Doc #1: EBTG Call 1 Slide Deck 08.19.21. Kaitlin Powers (CAQH CORE Associate) reviewed the focus of the call, which was to: Level Set on CAQH CORE. Discuss Background on No Surprises Act. Discuss Methods of Good Faith Estimate Data Exchange. Discuss Next Steps. Kaitlin Powers (CAQH CORE Associate) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. Summary of AEOB AG Discussion: No questions or comments were raised by AEOB AG participants. 	Discussion

Advisory Group Level Set

CAQH CORE Advanced EOB Advisory Group Roadmap

Level Set for Today's Call





^{*}Timeline may be subject to adjustments based on Advisory Group needs.

Update: CMS Guidance on Advanced EOBs

CMS recently published new <u>FAQ Guidance</u> related to Advanced EOBs and other requirements of the No Surprises Act.

Issuance of regulations addressing the Good Faith Estimate prior to statutory effective date:

- HHS intends to issue regulations implementing good faith estimate requirements for individuals not enrolled in a health plan or coverage or who are not seeking to have a claim for the scheduled items or services submitted to the plan or coverage prior to the statutory effective date.
- HHS recognizes that compliance with implementing good faith estimates for individuals who are enrolled in a health plan or coverage and are seeking to have a claim for the scheduled items or services submitted to the plan or coverage is likely not possible by January 1, 2022. Until rulemaking is adopted, HHS will defer enforcement of this requirement.

Issuance of regulations addressing Advanced EOBs prior to effective date of January 1, 2022:

- HHS does not plan on issuing regulations prior to January 1, 2022, as compliance with this section is likely not possible by January 1, 2022.
- HHS intends to undertake notice and comment rulemaking in the future to implement this provision, including establishing appropriate data transfer standards. Until that time, enforcement of Advanced EOB requirements will be deferred. However, HHS will investigate whether interim solutions are feasible for insured consumers.

CAQH CORE is continuing to review the guidance which underscores the importance of the Advisory Group's work to develop industry consensus on how best to leverage uniform frameworks and industry standards to implement components of the Advanced EOB for consideration by industry stakeholders and regulators.

Advisory Group Straw Poll #1 Results

Straw Poll #1 Background

Purpose of Straw Poll: To collect feedback on methods of exchanging Good Faith Estimates in efforts to inform a guidance document illustrating how industry can meet Advanced EOB requirements.

Summary of Feedback Areas:

- 1. Messaging Standards to Send Good Faith Estimates
- 2. Connectivity Methods to Facilitate a Good Faith Estimate Exchange
- 3. Uniform Data Content To Deliver for Good Faith Estimates
- 4. Additional Use Cases for Advisory Group Consideration

Respondent Breakdown

Respondent Breakdown: 23 responses were submitted, representing 72% of Advisory Group Participating Organizations.

Number of Advisory Group Participating Organizations	32
Total Number of Advisory Group Responses	23 (72% of Entities)
Number of Provider/Provider Association Responses	4 (17% of respondents)
Number of Health Plan/Health Plan Association Responses	6 (27% of respondents)
Number of Vendor/Clearinghouse Responses	12 (52% of respondents)
Number of 'Other' Responses (includes SDOs)	1 (4% of respondents)

Messaging Standards to Send Good Faith Estimates

Messaging Standards to Send Good Faith Estimates		
Messaging Standard	%/(Count)	
X12 837 Professional Pre-Determination 005010X291	74% (14)	
X12 837 Institutional Pre-Determination 005010X292	58% (11)	
HL7 FHIR	53% (10)	
X12 837 Professional 005010X222 (HIPAA-mandated)	53% (10)	
X12 837 Institutional 005010X223 (HIPPA-mandated)	47% (9)	
X12 837 I/P/D Health Care Claim v8010	32% (7)	
X12 837 Dental 005010X224 (HIPAA-mandated)	32% (6)	

Other: Portal + Custom API

- Standards-based Approach: Overall, many respondents commented that a standard-based approach should be pursued to support interoperable exchanges of Good Faith Estimates between stakeholders.
- X12 v5010 837 I/P Pre-Determination: A majority of respondents advocated support for the 005010X291 and 005010X292 transactions, however one respondent noted the transactions were not widely used today. Further, several entities indicated that the industry should leverage established and published versions of the X12 standards for pre-determination of benefit workflows.
- Regulatory Mandate: A few respondents stated they do not have implementation plans for Good Faith Estimates unless a messaging standard is
 mandated. After the recent enforcement discretion, one entity indicated they will revisit implementation decisions once direction is provided by HHS/CMS.
- **HL7 FHIR:** Several respondents communicated that the industry should be evaluating HL7 FHIR opportunities as a future and long-term solution. However, these entities noted that the industry should start with X12 as an interim strategy, considering the level of adoption that already exists for the X12 837 and that the transaction supports data content required for Good Faith Estimates. The Da Vinci Project is currently working to develop a FHIR IG to address this use case.



Connectivity Methods to Facilitate a Good Faith Estimate Exchange

In addition to CAQH CORE Connectivity, Connectivity Methods to Facilitate a Good Faith Estimate Exchange		
Connectivity Method	%/(Count)	
HL7 FHIR API	74% (14)	
Web Portals	58% (11)	
Secure File Transfer Protocol (SFTP)	53% (10)	
Secure Email	26% (5)	
Proprietary Formats	16% (3)	

Other: Print

- Scalable Solution: Several respondents expressed that connectivity methods to facilitate the exchange of Good Faith Estimates should be scalable and be able to leverage EDI connections or HL7 FHIR APIs to support the exchange of X12 and/or HL7 standards. These entities noted that connectivity methods such as web portals, SFTP, and secure email should be avoided.
- Avoid Proprietary: A large number of respondents indicated that proprietary solutions should be avoided as these methods add
 complexity, discourage uniformity, and add burden to implementers. In the interim, a small number of respondents indicated that
 they have developed proprietary solutions to support Advanced EOB requirements.
- Provider Perspective: One provider stated that web portals and proprietary formats add burden to already-strained provider practices and directly contradict the goal of uniformity across the industry.
- **Vendor Perspective:** Several vendors were agnostic to connectivity method. For example, one vendor indicated that they would support secure connectivity methods based on customer preference.

Uniform Data Content to Deliver for Good Faith Estimates

Data Type	Definition	Data Elements Recommended by Advisory Group
Indicator	Specify how to notify a health plan that the claim transaction is for a Good Faith Estimate vs a Billable Claim for Payment.	Good Faith Estimate Indicator (5); Pre-Determination Indicator (4); Incoming API Endpoint (1); User Access Method (1); Future Date of Service (1) Unique Qualifier (1); An Appended Code to Indicate a GFE for a Scheduled Service (1) Claim Type (1); Claim Grouper (1), Unique Submission Number with Timestamp (1).
Patient +	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.	Member ID (8); Date of Birth (8); First & Last Name (7); Data Content Consistent with X12 837 TR3s (5); Subscriber/Dependent Status (4); Relationship with Subscriber (2); Sex (2); Address (2); Policy Number (1); Plan Name (1); Coverage Status (1); Patient preference for AEOB – Print/Electronic (1)
Provider/Facility	Identify provider or facility demographics data needed for a health plan to determine who will be providing the scheduled service via Good Faith Estimate.	Provider/Facility Name (11); NPI (10); Place of Service (7); Provider Taxonomy (6); Data Content Consistent with X12 837 TR3s (5); Department/Location (5); Tax ID Number (4); Address (2); Referring Provider Information (2); Service Type Code (1); PAPI (1); TIN (1); Service Provider (1); Requesting Provider Details (1); Available for Billing and Rendering Providers (1).
Service	Catalog data elements needed to attribute a scheduled service as indicated by Good Faith Estimate.	Scheduled Date (7); Data Content Consistent with X12 837 TR3s (6); Procedure Codes (6); Diagnosis Codes (6); Modifiers (5); Charge Amount (5); Date of Service (3); Unit of Measure (2); CPT (1); Durable Medical Equipment Codes (1); Codes for Billable Items/Products of Service (1); Unit Accumulators (2) Revenue Codes (1); Predetermination/Prior Authorization ID (1).

Overall, many respondents indicated that the X12 837 health care standards contain all the required data elements to support an estimate of services/items in the same manner as billing for services/item, as an Advanced EOB request may mimic a real claim.

Advanced EOB Advisory Group – Straw Poll #1 Results *Additional Use Cases*

Additional Use Cases for Advisory Group Consideration		
Use Case	Priority Rank	Avg. Rank
Provider/Payer Aggregation of Service Estimates : The collection of Good Faith Estimates that aggregates all items or services to be performed during the patient's scheduled visit.	1	2.0
Comprehensive Advanced EOB Data Set: A uniform and consistent set of data elements that enable a common information flow and format across all Advanced EOBs.		2.4
Health Plan to Provider Advanced EOB Exchange: The exchange and delivery of an Advanced EOB from Health Plan to Provider for scheduled service or service estimate.		2.7
Health Plan to Member Advanced EOB Exchange: The exchange and delivery of an Advanced EOB from Health Plan to Member for scheduled service or service estimate.	4	3.3

^{*}Ranking Scale: 1 is the highest priority and 4 is the lowest priority

Other Recommended Use Cases:

- **Pilot Opportunities:** Engage in pilots with industry to understand value, industry benefits, and to help inform regulators for leveraging a standard based approach for Advanced EOB/Good Faith Estimate workflows.
- **Turnaround Times:** Establish uniform timeframe parameters and expectations across different touchpoints in the Advanced EOB workflow (e.g., patient scheduling of service, minimum timeframe for delivery of Good Faith Estimate; length of time a Good Faith Estimate should be honored; management of Good Faith Estimate timelines when appointments are rescheduled).
- Patient Financial Responsibility: Require health plans to explain or reconcile actual patient financial responsibility to estimated cost share amounts.
- In and Out Network: Require health plans to expose adjudication data for in and out of network determination.

Additional Use Cases: Feedback on Payer/Provider Aggregation of Service Estimates

Provider/Payer Aggregation of Service Estimates (Priority Rank #1)

Barriers and Challenges to Implementation

- Coordination, timing, and submission of Good Faith Estimates across multiple providers and determining the party responsible for submitting the request.
- Access to data and sharing of proprietary information across provider organizations in efforts to aggregate/collect Good Faith Estimates.
- Health plan determination capabilities in understanding which services are related from receipt of multiple Good Faith Estimates as part
 of a single scheduled service.
- Address scenarios where a Good Faith Estimate may need to be updated during the course of diagnosis and treatment.
- Concerns that instead of leveraging standardized approaches to facilitate Good Faith Estimate exchanges, health plans will require
 providers to utilize web portals.

Possible Solutions and Opportunities

- Recommend a definition of a scheduled item or service included in the scope of a single Good Faith Estimate and/or Advanced EOB, considering provider and plan system capabilities and requirements in the NSA.
- Engage in industry discussions to facilitate the coordination and submission of Good Faith Estimates.
- Support health plans in efforts to set up a structure for identifying and collating multiple provider Good Faith Estimates into a single Advanced EOB.
- Consider splitting use case into two sub-cases. One for the scheduling provider to reach out to other providers taking part in the service to collect necessary information and a second for the scheduling provider to submit the collection of service information to the health plan.



Additional Use Cases: Feedback on Comprehensive Advanced EOB Data Set and Health Plan to Provider Advanced EOB Exchange

Comprehensive Advanced EOB Data Set (Priority Rank #2)

Barriers and Challenges to Implementation

Delivery of non-standardized Advanced EOBs from health plans to providers could add complexities, as each could be interpreted differently leading to manual follow-ups.

Possible Solutions and Opportunities

- Establish a uniform data set to provide providers and patients with clear, consistent, and precise information to support interpretation of Advanced EOBs.
- Leverage external code sets to build and trigger standard Advanced EOBs.

Health Plan to Provider Advanced EOB Exchange (Priority Rank #3)

Barriers and Challenges to Implementation

- The ability to coordinate delivery of Advanced EOBs to providers when multiple providers are involved in an episode of care.
 Management of missing or late receipt of Advanced EOBs that could impact patient consent and delivery of services.
- Accommodation of scheduled service adjustments or when services are split and/or rendered separately over multiple visits.
- Currently, there is no regulatory requirement that Advanced EOBs are required to be sent to the provider. However, this exchange is
 essential for providers to have informed conversation with their patients.

Possible Solutions and Opportunities

Establish uniform workflows to facilitate the exchange Advanced EOBs between stakeholders in ways that avoids proprietary methods.



Advisory Group Next Steps

CAQH CORE Advanced EOB Advisory Group Straw Poll #2

Instructions, Guidelines, and Due Date



Objectives: Collect each Participating Organization's level of support on draft recommendations for methods of exchanging Good Faith Estimates. Feedback received will help to inform a guidance document illustrating how the industry should implement messaging standards, connectivity protocols, and related data content to support provider to payer exchanges of Good Faith Estimates.

Advisory Group Straw Poll #2 Format

- □ (1) Indicate support on draft recommendations on messaging standards that should be used to send Good Faith Estimates.
- □ (2) Indicate support on draft recommendations on connectivity methods to facilitate a Good Faith Estimate exchange.
- □ (3) Indicate support on draft recommendations on scope of uniform data content that should be delivered as part of the Good Faith Estimate.
- □ (4) Indicate support on draft recommendations on additional use cases and prioritization for future Advisory Group consideration.

Additional Guidance

- Straw Poll #2 responses are due via the online submission form by Friday, 09/24/21, end of day.
- 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 kpowers@cagh.org.

CAQH CORE Advanced EOB Advisory Group

Next Steps



CAQH CORE Advanced EOB Advisory Group Participants

Complete Straw Poll #2 by <u>Friday</u>, <u>09/24/21</u>.



CAQH CORE Staff

- Draft a summary for today's call.
- Send Straw Poll #2 to Advisory Group Participants by <u>Thursday</u>, <u>09/16/21</u>.

Contact CORE@caqh.org with any questions.

Appendix

Today's Call Documents

Document Name

Doc 1: AEOB AG Call 2 Deck 09.08.21

Doc 2: AEOB AG Call 1 Summary 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, Manager, CORE	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	 Advisory Group Call #1 Level-Set. Review of No Surprises Act. Discussion on Good Faith Estimate Exchanges.
August 23-30, 2021	 Advisory Group Straw Poll #1 Collect feedback on messaging standards, connectivity methods, and uniform data content. Indicate and prioritize other use cases for Advisory Group consideration.
Wednesday, September 8, 2021 Time: 2:00 – 3:30 pm ET	Advisory Group Call #2 Discuss results of Straw Poll #1.
September 16-24, 2021	Advisory Group Straw Poll #2 Provide feedback on draft recommendations.
By October 1, 2021	Publish Recommendations

CAQH CORE Advanced EOB Advisory Group

Roster

Full Name	Organization
Heather Morgan	Aetna
Amy Neves	Aetna
Kellene Parthemore	Aetna
Merri-Lee Stine	Aetna
Terrence Cunningham	American Hospital Association (AHA)
Heather McComas	American Medical Association (AMA)
Molly Reese	American Medical Association (AMA)
Jen Abernathy	Anthem Inc.
Meg Kutz	Anthem Inc.
Scott Munich	Anthem Inc.
Michelle Barry	ASC X12
Tasaduk Aziz	athenahealth
Julie Rezendes	athenahealth
Vijayaganesh Sampathkumar	athenahealth
Krisi Hutson	Availity, LLC
Tom Mort	Availity, LLC
Sam Undine	Blue Cross Blue Shield Association
Ann McNeilly	Blue Cross Blue Shield of Michigan
Cindy Monarch	Blue Cross Blue Shield of Michigan
Susan Langford	Blue Cross Blue Shield of Tennessee
Brian Poteet	Blue Cross Blue Shield of Tennessee
Lorraine Doo	Centers for Medicare and Medicaid Services (CMS)
Shari Kosko	Centers for Medicare and Medicaid Services (CMS)
Mike Denison	Change Healthcare
Deb McCachern	Change Healthcare
Megan Soccorso	CIGNA
Nicholas Dahl	Cognizant
Hardik Patel	Cognizant
Sree Kamakshi Devi Rachamadugu	Cognizant

Full Name	Organization
Dawn Sprague	Cognizant
Bettina Vanover	Cognizant
Cristina Boincean	Edifecs
Alex Lucyk	Epic
Roger Johnson	Experian
Dan Wiens	Experian
Katherine Kilrain	Harvard Pilgrim Health Care
Parag Desai	Healthedge Software Inc
Douglas Hanna	Healthedge Software Inc
Maria Gonzalez	Kaiser Permanente
Melanie Combs-Dyer	Mettle Solutions
Drew Voytal	MGMA
Dennis Zanetti	NantHealth
Tonia Bateman	New Mexico Cancer Center
Sue Schlichtig	NextGen Healthcare Information Systems, Inc.
Nancy Team	NextGen Healthcare Information Systems, Inc.
Randy Gabel	Ohio Health
Bill Campbell	OneHealthPort
Linda Michaelsen	OptumInsight
Tara Rose	OptumInsight
John Balose	PaySpan
Robert Pinataro	PaySpan
David Mistkawi	The SSI Group, Inc.
Dawn Duchek	TriZetto Corporation, A Cognizant Company
A J Johnson	TriZetto Corporation, A Cognizant Company
LiLi Liu	Tufts Health Plan
Nicole Waickman	Tufts Health Plan
Jay Eisenstock	Work Group for Electronic Data Interchange (WEDI)
Robert Tennant	Work Group for Electronic Data Interchange (WEDI)

