

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Advanced EOB Advisory Group
Call #2 Summary: Wednesday, September 8, 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"> • 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. 	<i>Discussion</i>
2. Roll Call and Administrative Items	<ul style="list-style-type: none"> • Kaitlin Powers reviewed the call documents: <ul style="list-style-type: none"> ○ Doc #1: AEOB AG Call 2 Slide Deck 09.08.21. ○ Doc #2: AEOB AG Call 1 Summary 08.19.21 • Kaitlin Powers reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Advisory Group Level Set. ○ Discuss Straw Poll #1 Results. ○ Discuss Next Steps. • Kaitlin Powers 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: <ul style="list-style-type: none"> ○ No questions or comments were raised by AEOB AG participants. 	<i>Discussion</i>
3. Summary of Call #1 (Doc #2)	<ul style="list-style-type: none"> • Summary of 08/19/21 AEOB AG Call #1 (Doc #2). <ul style="list-style-type: none"> ○ CAQH CORE Level Set. ○ Background on No Surprises Act & Methods of Good Faith Estimate Data Exchange. ○ Discuss Next Steps. • Taha Anjarwalla (CAQH CORE Associate Director) asked the group for motion to approve the call summary. • Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by AEOB AG participants. 	Action Required: Approved 08/19/21 Call Summary (Doc #2) Motion to approve by Melanie Combs-Dyer (Mettle Solutions) and seconded by Megan Soccorso (Cigna).
4. CAQH CORE Level Set (Doc #1)	<ul style="list-style-type: none"> • Taha Anjarwalla provided a level set for the Advisory Group, including an update on CMS Guidance on Advanced EOBs. • Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by AEOB AG participants. 	<i>Discussion</i>

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<p>5. Straw Poll #1 Results (Doc #1)</p>	<ul style="list-style-type: none"> • Taha Anjarwalla provided an overview of Straw Poll #1 results, including a background on the Straw Poll and respondent breakdown. • Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by AEOB AG participants. • Bob Bowman (CAQH CORE Director) provided an overview of Straw Poll #1 results, including percent support for messaging standards and connectivity methods. • Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ Sam Undine (Blue Cross Blue Shield Association) asked how the X12 837 Professional Pre-Determination 005010X291 and X12 837 Institutional Pre-Determination 005010X292 standards could be used because the law expects a provider to send all service codes, charge amounts, etcetera for all providers that will reasonably take part in an episode of care. ○ Bob Bowman noted that the format will have to expand to this and provided two potential examples: the 837 can accommodate multiple lines within a diagnosis or multiple claims can be submitted for one episode of care. ○ Susan Langford (Blue Cross Blue Shield of Tennessee) noted that CMS Guidance on the Advanced EOB states that the Good Faith Estimate must be sent to the patient and asked if there was discussion on how to send it directly to the patient and not to the provider. ○ Bob Bowman noted that the Advisory Group is currently limiting its scope but agreed that they will need to address components of sending the Good Faith Estimates to patients. ○ Melanie Combs-Dyer (Mettle Solutions) asked for clarification on how the messaging standards and connectivity apply. Krisi Hutson (Avality) stated that the message standards are meant to be a uniform format for how providers and payers would share common information and that the payer would share information via their established communication protocols or mechanisms and expressed that the goal is to create a standardized messaging standard so that providers do not have to use multiple formats when communicating with different payers. ○ Bob Bowman agreed and noted that the initial scope is the exchange of Good Faith Estimates from a provider to a payer and that other use cases can be explored in the future. ○ A participant asked for clarification if the Good Faith Estimate should be sent from the provider to the payer and that the payer's obligation is to send the Advanced EOB to the member, not back to the provider. ○ Erin Weber (CAQH CORE Director) highlighted that the regulation states that the payer is obligated to send the Advanced EOB to the member, but also mentioned that, in conversations with the provider community, providers want a copy sent to them as well. 	<p><i>Discussion</i></p>

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	<ul style="list-style-type: none"> ○ Dawn Duchek (TriZetto) brought up that the Consolidated Appropriations Act specifies the Advanced EOB and Part 1 of the No Surprises Act states that the Advanced EOB is an estimation with the consent to care where a provider requests an estimation from a payer that they send to the patient via paper, email, or electronic methods. She noted that there is confusion between the Advanced EOB from the provider to the payer and the estimation from the provider to the patient laid out in Part 1 of the No Surprises Act. ○ Bob Bowman agreed that there is ambiguity around how industry is discussing these topics. He added that the Advisory Group is working to come up with specific language to remove some ambiguity. He further stated that the Advisory Group is discussing the Good Faith Estimate exchange between the provider and payer. ○ Sam Undine suggested that this Advanced EOB be called the “Good Faith Estimate of Scheduled Services.” A participant clarified that the Good Faith Estimate is created by the provider and sent to the patient and payer and that they payer responds with an Advanced EOB. Another participant explained that the provider must directly send a Good Faith Estimate to a patient only in the case of an uninsured patient. A third participant noted a second area where the provider sends a Good Faith Estimate to a patient when they intend to balance bill for out-of-network services. ○ Mike Denison (Change Healthcare) pointed out that there is legislative statutes and forthcoming regulations. So far Part 1 has been published with effective dates, but there are no regulations for the Advanced EOB yet. He noted that statues and regulations are different, whereas statues call upon Secretaries to develop regulations and that they industry is still waiting for regulations regarding the Advanced EOB and the Good Faith Estimate for Scheduled Services. ○ A participant asked if industry stakeholders voted similarly on the Straw Poll questions (i.e., Did providers all vote the same for each question?). ○ Bob Bowman noted that for each question to receive at least 50% approval, a mix of stakeholders approved of it. <ul style="list-style-type: none"> ● Bob Bowman provided an overview of Straw Poll #1 results, including reviewing recommended data content. ● Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by AEOB AG participants. ● Erin Weber provided an overview of Straw Poll #1 results, including support for use cases for future advisory group consideration. ● Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ A participant noted that it is critical to get an accurate estimate across multiple providers and that those all should be received at the same time or close to the same time. He further noted that it would be extremely challenging to expect that each transaction would be put together 	

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	<p>comprehensively. Melanie Combs-Dyer agreed and further explained that the patient needs to review information either in a package or separately but at close times to understand that they are related. Mike Denison agreed with them and added that requiring the scheduling provider or organization to codify services from another organization to send to a health plan is unrealistic and unattainable. Another participant asked if it would be useful to draft recommendations stating that other providers involved would be bound to the same requirements as the scheduling provider and would have to provide and codify their items.</p> <ul style="list-style-type: none"> ○ Erin Weber agreed and noted that the Advisory Group could work on defining how to get scheduled items and services into the scope of one Good Faith Estimate and think through provider and system capabilities. She stressed that the idea scenario is to have everything in one Good Faith Estimate, but that they need to do what is realistic. ○ Mike Denison suggested that there could be a shared unique coordination or care identifier to collate all submissions into one Good Faith Estimate. ○ Nancy Team (NextGen Healthcare) asked if an implementation date has been set for when vendors need to be able to provide customers a way to create an estimate request to a payer and noted that this date needs to be taken into consideration when deciding on recommendations. Vendors need time to develop and release applications by the date of implementation and she suggested that options that would need the least development would include the existing 837 transaction. Merri-Lee Stine (Aetna) noted that the currently implemented 837 does not allow for pre-determination. Mike Denison agreed and explained the field for pre-determination is marked as do not use and the industry would need regulations to allow for the use of that field. Merri-Lee Stine said that everything is based on HIPPA-mandated transactions and noted the concern over being able to tell the different between a billable claim and an estimate if the pre-determination field is not used. Mike Denison brought up the fact that the dental industry is using an 837 v5010 pre-determination so this can be a use case or a pilot opportunity for the Good Faith Estimate. Merri-Lee Stine stressed that they should be careful about using an X12 version that is not standardized throughout the industry. Mike Denison noted that in the absence of regulation, standards are not well adopted, and it is the regulation that drives adoption and standardization. ○ Bob Bowman reminded everyone that the goal of the Advisory Group is to come to a consensus on potential standards that can be used and advocate for them. 	
6. Next Steps (Doc #1)	<ul style="list-style-type: none"> ● Taha Anjarwalla discussed the Next Steps for the CAQH CORE Advanced EOB Advisory Group (AEOB AG): <ul style="list-style-type: none"> ○ <i>CAQH CORE AEOB AG Group Staff:</i> <ul style="list-style-type: none"> - Distribute Straw Poll #1 to participants by Thursday, 09/16/21, 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 Straw Poll #2. 	Action required: <i>Agreed to Next Steps.</i>

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	<ul style="list-style-type: none"> ○ <i>EBTG Participating Organizations:</i> <ul style="list-style-type: none"> - Complete Task Group Straw Poll #2 by Friday, 09/24/21, end of day. ● Summary of AEOB AG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by AEOB AG participants. 	

Call Documentation
Doc 1: AEOB AG Call 2 Slide Deck 09.08.21.pdf Doc 2: AEOB AG Call 1 Summary 08.19.21.pdf

CAQH CORE Contact Information

Bob Bowman Director, CORE rbowman@caqh.org	Erin Weber Director eweber@caqh.org	Taha Anjarwalla Associate Director, CORE tanjarwalla@caqh.org	Kaitlin Powers Associate, CORE kpowers@caqh.org
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Advanced EOB Advisory Group (AEOB AG) Call #2 Attendance

Organization	Last Name	First Name	Attended
Aetna	Morgan	Heather	X
Aetna	Neves	Amy	
Aetna	Parthemore	Kellene	X
Aetna	Stine	Merri-Lee	X
American Hospital Association (AHA)	Cunningham	Terrence	
American Medical Association (AMA)	McComas	Heather	
American Medical Association (AMA)	Reese	Molly	X
Anthem Inc.	Abernathy	Jen	
Anthem Inc.	Kutz	Meg	
Anthem Inc.	Munich	Scott	X
ASC X12	Barry	Michelle	X
athenahealth	Aziz	Tasaduk	X
athenahealth	Rezendes	Julie	X

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Organization	Last Name	First Name	Attended
athenahealth	Sampathkumar	Vijayaganesh	X
Availity, LLC	Hutson	Krisi	
Availity, LLC	Mort	Tom	
Blue Cross Blue Shield Association	Undine	Sam	
Blue Cross Blue Shield of Michigan	McNeilly	Ann	X
Blue Cross Blue Shield of Michigan	Monarch	Cindy	
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Blue Cross Blue Shield of Tennessee	Poteet	Brian	X
Change Healthcare	Denison	Mike	
Change Healthcare	McCachern	Deb	X
CIGNA	Soccorso	Megan	X
CMS	Doo	Lorraine	X
CMS	Kosko	Shari	
Cognizant	Dahl	Nicholas	X
Cognizant	Patel	Hardik	
Cognizant	Rachamadugu	Sree Kamakshi Devi	X
Cognizant	Sprague	Dawn	
Cognizant	Vanover	Bettina	
Cognizant	Wijtyk	Pat	
Edifecs	Boincean	Cristina	
Epic	Lucyk	Alex	X
Experian	Johnson	Roger	
Experian	Wiens	Dan	X
Harvard Pilgrim Health Care	Kilrain	Katherine	X
Healthedge Software Inc.	Brown	Maggie	
Healthedge Software Inc.	Desai	Parag	
Healthedge Software Inc.	Hanna	Douglas	X
Healthedge Software Inc.	Ravindran	Uma	
Kaiser Permanente	Gonzalez	Maria	

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Organization	Last Name	First Name	Attended
Mettle	Combs-Dyer	Melanie	X
MGMA	Voytal	Drew	X
NantHealth	Zanetti	Dennis	X
New Mexico Cancer Center	Bateman	Tonia	X
New Mexico Cancer Center	McAneny	Barbara	X
NextGen Healthcare Information Systems, Inc.	Schlichtig	Sue	
NextGen Healthcare Information Systems, Inc.	Team	Nancy	X
Ohio Health	Gabel	Randy	X
OneHealthPort	Campbell	Bill	X
OptumInsight	Michaelsen	Linda	X
OptumInsight	Rose	Tara	X
PaySpan	Balose	John	X
PaySpan	Pinataro	Robert	X
The SSI Group, Inc.	Mistkawi	David	X
TriZetto Corporation, A Cognizant Company	Duchek	Dawn	
TriZetto Corporation, A Cognizant Company	Johnson	A J	
Tufts Health Plan	Liu	LiLi	X
Tufts Health Plan	Waickman	Nicole	
WEDI	Eisenstock	Jay	
WEDI	Tennant	Robert	X