CAQH CORE
Advanced Explanation of Benefits (EOB) Advisory Group

Call #3

Call Doc #1

October 5, 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 #2 Results and Comments
	  – Next Steps
		Discussion

2:07	**3. Summary of 09/08/21 Advisory Group Call** ▪ Advisory Group Level Set ▪ Review Straw Poll #1 Results ▪ Discuss Next Steps	Action Required: • Approve Call Summary.
2:10	**4. Advisory Group Level Set**	*Discussion*
2:15	**5. Straw Poll #2 Results** ▪ Respondent Breakdown, Percent Support for Messaging Standards; Percent Support for Connectivity Methods; Percent Support for Uniform Data Content; and Support for Use Cases for Future Advisory Group Consideration	*Discussion*

2:50	**6. Next Steps**
	▪ CAQH CORE Advanced EOB Advisory Group Co-Chairs & Staff:
	  – Draft a call summary for today's Advisory Group call
	  – Send Draft Industry Guidance Document to Participants **by Tuesday, 10/11/21, end of day**.
	  – Publish recommendations
	▪ Advanced EOB Advisory Group Participating Organizations:
	  – Review Draft Industry Guidance Document by **Friday, 10/15/21, end of day**.
		Action Required
		Agree to next steps.

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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 dashboard 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 core@caqh.org if you need a login.

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.
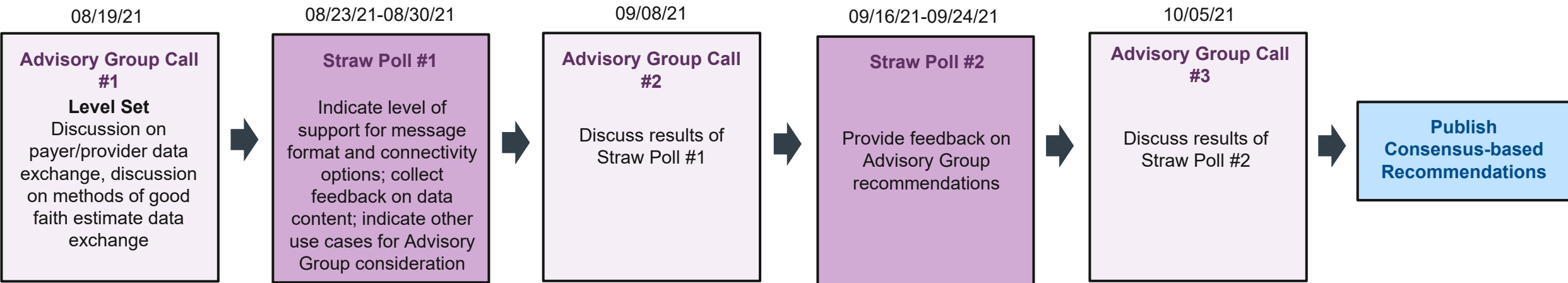- Next steps.
- Call attendance.

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 reviewed the call documents: 　o Doc #1: AEOB AG Call 2 Slide Deck 09.08.21. 　o Doc #2: AEOB AG Call 1 Summary 08.19.21 • Kaitlin Powers reviewed the focus of the call, which was to: 　o Advisory Group Level Set. 　o Discuss Straw Poll #1 Results. 　o 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:** 　o No questions or comments were raised by AEOB AG participants.	*Discussion*
3. Summary of Call #1 (Doc #2)	• **Summary of 08/19/21 AEOG AG Call #1 (Doc #2).** 　o CAQH CORE Level Set. 　o Background on No Surprises Act & Methods of Good Faith Estimate Data Exchange. 　o Discuss Next Steps. • Taha Anjarwalla (CAQH CORE Associate Director) asked the group for motion to approve the call summary. • **Summary of AEOB AG Discussion:** 　o 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)	• Taha Anjarwalla provided a level set for the Advisory Group, including an update on CMS Guidance on Advanced EOBs. • **Summary of AEOB AG Discussion:** 　o No questions or comments were raised by AEOB AG participants.	*Discussion*

4

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Advisory Group
Level Set

CAQH CORE Advanced EOB Advisory Group Roadmap
Level Set for Today's Call

We are here

08/19/21	08/23/21-08/30/21	09/08/21	09/16/21-09/24/21	10/05/21	
Advisory Group Call #1 **Level Set** Discussion on payer/provider data exchange, discussion on methods of good faith estimate data exchange	**Straw Poll #1** Indicate level of support for message format and connectivity options; collect feedback on data content; indicate other use cases for Advisory Group consideration	**Advisory Group Call #2** Discuss results of Straw Poll #1	**Straw Poll #2** Provide feedback on Advisory Group recommendations	**Advisory Group Call #3** Discuss results of Straw Poll #2	**Publish Consensus-based Recommendations**

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

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Advisory Group
Straw Poll #2 Results

Advanced EOB Advisory Group – Straw Poll #2 Results
Straw Poll #2 Background

Purpose of Straw Poll: To collect level of support for high-level recommendations for methods to exchange Good Faith Estimates.

Summary of Draft Recommendation Areas:

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

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Advanced EOB Advisory Group – Straw Poll #2 Results
Respondent Breakdown

> **Respondent Breakdown: <u>24</u>** responses were submitted, representing **<u>75%</u>** of Advisory Group Participating Organizations.

Number of Advisory Group Participating Organizations	32
Total Number of Advisory Group Responses	**24 (75% of Entities)**
Number of Provider/Provider Association Responses	3 (13% of respondents)
Number of Health Plan/Health Plan Association Responses	8 (33% of respondents)
Number of Vendor/Clearinghouse Responses	10 (42% of respondents)
Number of Government Responses	1 (4% of respondents)
Number of 'Other' Responses (includes SDOs)	2 (8% of respondents)

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Draft Recommendations

The Advisory Group evaluated and discussed multiple messaging standards that could be leveraged to support Good Faith Estimate exchanges and coalesced to recommend the support of **X12 837 Professional Pre-Determination 005010X291 (X12 837P Pre-Determination), X12 837 Institutional Pre-Determination 005010X292 (X12 837I Pre-Determination), and HL7 FHIR.**

1. Industry can leverage the established and published X12 837 P/I Pre-Determination transactions and align their implementations with the HIPAA-mandated X12 837 Professional 005010X222 and X12 837 Institutional 005010X223 transactions.

2. A provider can send a pre-determination claim to a health plan that includes the scheduled service with associated billing, procedure, and/or diagnostic codes with associated charges and a health plan can review, process, and adjudicate the claim to generate an Advanced EOB.

3. While Advisory Group members recognized that most systems are capable and ready to implement the X12 837 P/I Pre-Determination transactions with limited development today, they also supported a standard FHIR-based methodology to support real-time requests and responses for patient cost as a complementary, longer-term strategy.

4. In general, stakeholders should avoid implementing proprietary approaches, including web portals, as they restrain interoperability.

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Advanced EOB Advisory Group – Straw Poll #2 Results
Messaging Standards to Send Good Faith Estimates

Straw Poll Results			
Support	**Partially Support**	**Do Not Support**	**Abstain**
59% (13)	**18% (4)**	**23% (5)**	**2**

Key Themes from Comments:

- **Standards-based Approach**: Over 75% of respondents supported a standard based approach in meeting the requirements for Good Faith Estimates to reduce implementation complexity, while only one respondent noted that web-based solutions and proprietary formats that support elements with the X12 and/or FHIR recommendations should also be accepted.

- **X12 837 P/I v5010 Pre-Determination**: Although most respondents recommended support of the X12 837 P/I v5010 Pre-Determination messaging standards, some respondents noted that these transactions are not widely adopted, nor HIPAA mandated. Further, one respondent suggested implementing the X12 837 v8010 messaging standard because this transaction supports predetermination workflows and would be an ideal use case to pilot the X12 837 v8010 standards in preparation for industry transition to v8010.

- **HL7 FHIR**: Several respondents indicated their support for developing a standard FHIR-based methodology to support real-time requests and responses as a complementary, longer-term strategy while also supporting X12. CAQH CORE is closely following and communicating with the HL7 Da Vinci Price Transparency Work Group to ensure alignment.

- **Regulatory Mandate**: One respondent reiterated that it is unclear what HHS/CMS will publish and whether the rule will require a broader data set.

Next Steps: Given 77% of the Advisory Group supported or partially supported the draft recommendation, it will be included in the Guidance Document.

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Advanced EOB Advisory Group – Straw Poll #2 Results
Connectivity Methods to Facilitate a Good Faith Estimate Exchange

Straw Poll Results			
Support	**Partially Support**	**Do Not Support**	**Abstain**
70% (14)	20% (4)	10% (2)	4

Key Themes from Comments:

- **Standards-Based Approach:** Several respondents commented that a standard approach is necessary to reduce complexity, minimize cost, and expedite workflows.

- **X12 Transport:** Some respondents recommended scoping connectivity methods to focus only on the transport of X12 transactions given that the Good Faith Estimate necessitates the use of X12 for many payers and is an administrative issue.

- **Safe Harbor:** One respondent noted that even though standard connectivity methods should be established, these approaches should also not limit the use of existing trading partner connections already in place today; another observed that there are multiple versions of CORE Connectivity, some of which are mandated, while newer versions are supported by CORE Certification.

Next Steps: Given 90% of the Advisory Group supported or partially supported the draft recommendation, it will be included in the Guidance Document.

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Draft Recommendations

The Advisory Group evaluated and discussed a variety of connectivity methods that could be used to transport Good Faith Estimates and coalesced to recommend **CAQH CORE Connectivity and HL7 FHIR APIs**.

1. CAQH CORE Connectivity is required for all HIPAA-covered entities and widely implemented by industry. The latest version of CORE Connectivity enables the transport of X12 Standards and HL7 FHIR Resources over SOAP and REST and is well positioned to support the exchange of Good Faith Estimates between providers and payers.

2. While CAQH CORE Connectivity supports both recommended messaging standards, HL7 APIs are also recommended by the Advisory Group to transport HL7 FHIR Resources and Bundles to support the exchange of Good Faith Estimates. HL7 APIs are the core of the CMS and ONC interoperability rules to provide patient access to information historically exchanged between providers and health plans. As healthcare organizations align on messaging standards, pathways can be established to identify which connectivity approach to use for a given messaging standard.

3. In general, stakeholders should avoid implementing proprietary connectivity methods as they restrain interoperability.

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Draft Recommendations

The Advisory Group identified **four data groups and associated data elements** needed to support uniform data content within a message standard, whether X12 837 P/I Pre-Determination transactions or HL7 FHIR, for the exchange of Good Faith Estimates.

1. **Indicator –** Indicators could help to specify how to notify a health plan that a standard transaction is for a Good Faith Estimate versus a Billable Claim for Payment. The Advisory Group's recommendations for the use of X12 837 data sets to meet the needs for a Good Faith Estimate may resolve most needs. There may be other considerations for the use of an indicator, which includes data recommended for industry consideration by the Advisory Group for uniform data content: Pre-Determination Indicator or a Good Faith Estimate Indicator.

2. **Patient –** Patient demographic data is needed for a health plan to identify and match a member who is receiving scheduled services or has requested an estimate via a Good Faith Estimate. The following uniform patient data is recommended by the Advisory Group: Member ID, Date of Birth, First Name, Last Name, and Subscriber/Dependent status.

3. **Provider/Facility –** Provider/facility data is needed for a health plan to determine who will be providing the scheduled service via a Good Faith Estimate. The following uniform provider/facility data is recommended by the Advisory Group: Provider/Facility Name, NPI, Place of Service, Provider Taxonomy, and Practice Location.

4. **Service –** Service data is needed to attribute a scheduled service as indicated by a Good Faith Estimate. The following uniform service data is recommended by the Advisory Group: Schedule Date of Service, Procedure Codes, Diagnosis Codes, Modifiers, and Charge Amounts.

5. The X12 837 P/I Pre-Determination standards contains the data content required to support an estimate of services or items.

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Advanced EOB Advisory Group – Straw Poll #2 Results
Uniform Data Content to Deliver for Good Faith Estimates

Straw Poll Results			
Support	**Partially Support**	**Do Not Support**	**Abstain**
68% (15)	14% (3)	18% (4)	2

Key Themes from Comments:

▪ **Require Uniform Data**: Several respondents commented that use of uniform data content should be required and a few suggested using the required indicators, data content, identifiers, and code sets listed in the X12 837 standard. Further, another respondent indicated that if the X12 837 standard is used, stakeholders should follow the usage of data elements per implementation guidelines.

▪ **Data Content Scope:** One respondent noted that although the high-level data recommended by the Advisory Group are essential data elements needed to support a Good Faith Estimate, other data elements may need to be supported as well.

Next Steps: Given 82% of the Advisory Group supported or partially supported the draft recommendation, it will be included in the Guidance Document.

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Advanced EOB Advisory Group – Straw Poll #2 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	3.2
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	3.8
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.*	3	4.0
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.*	4	4.0
Uniform Time Parameters: *Uniform and consistent turnaround time parameters across the Advanced EOB/Good Faith Estimate workflows.*	5	5.4
In- and Out-of-Network Data: *Require health plans to provide adjudication data for in- and out-of-network determination.*	6	5.6
Pilot Opportunities: *Utilize pilot implementation strategies to gather data on industry benefits and value proposition for using X12 standards for the Advanced EOB/Good Faith Estimate workflows.*	7	6.0
Provider to Patient Good Faith Estimate Exchange: *The exchange and delivery of a Good Faith Estimate from a provider to an individual not enrolled in health plan coverage.*	8	6.3
Patient Financial Responsibility: *Require health plans to explain or reconcile actual patient financial responsibility to estimated cost share amounts.*	9	6.7

*Ranking Scale: 1 is the highest priority and 9 is the lowest priority.

Next Steps: CAQH CORE could apply its integrated model of rule development to evaluate operating rule opportunities for Good Faith Estimate exchange or consider options to move forward with providing industry guidance on additional use cases.

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Advisory Group Next Steps

CAQH CORE Advanced EOB Advisory Group
Next Steps

CAQH CORE Advanced EOB Advisory Group Participants

- Review and provide final input on Draft Industry Guidance Document illustrating how industry should implement messaging standards, connectivity protocols, and related data content to support provider to payer exchanges of Good Faith Estimates.
- Provide input by **Friday, 10/15/21, end of day**.

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- Send Draft Industry Guidance Document to Advisory Group Participants by **Tuesday, 10/12/21, end of day.**
- Engage in research on additional use cases and reconvene Advisory Group to evaluate next steps based on agreed-upon industry needs.
- Draft a summary for today's call.

Contact CORE@caqh.org with any questions.

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Appendix

Today's Call Documents

Document Name
Doc 1: AEOB AG Call 3 Deck 10.05.21 Doc 2: AEOB AG Call 2 Summary 09.08.21

CORE Staff	Email Address
Erin Weber, *Director, CORE*	eweber@caqh.org
Bob Bowman, *Director, CORE*	rbowman@caqh.org
Taha Anjarwalla, *Associate Director, CORE*	tanjarwalla@caqh.org
Kaitlin Powers, *Associate, CORE*	kpowers@caqh.org

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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.
October 5, 2021 **Time: 3:00 – 4:00 pm ET**	**Advisory Group Call #3** ▪ Discuss results of Straw Poll #2.
By October 31, 2021	**Publish Recommendations**

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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
Mahesh Siddanati	Centene
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)

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