



Advanced EOB Readiness Focus Group

Regulatory Landscape &
Industry Progress

May 19, 2022

2:00-3:00 PM ET

Agenda



Objective: Understand industry dialogue on approaches for implementing various components of the No Surprises Act and identify opportunities where CAQH CORE can support industry implementation.

Time	Agenda Item	Discussion Item or Action Required
2:00	1. Level Set: Overview of focus group objectives, review call agenda and participant roster.	<i>Discussion</i>
2:05	3. Policy Updates: Review latest regulatory guidance related to implementation of Advanced EOB requirements.	<i>Discussion</i>
2:15	4. Industry Progress: Understand provider, health plan, and vendor perspectives on the types of use cases being prioritized for implementing Advanced EOB requirements.	<i>Discussion and Polling Questions</i>
2:30	5. Messaging Standards: Evaluate the types of standards (i.e., X12 837 Pre-Determination, HL7 FHIR, etc.) organizations are considering implementing to facilitate the exchange of Good Faith Estimates.	<i>Discussion and Polling Questions</i>
2:40	6. Gaps & Opportunities: Determine the types of gaps that are not currently addressed by existing standards or standards development efforts and provide direction on future focus areas that CAQH CORE should address and be promoting as part of next steps.	<i>Discussion and Polling Questions</i>
2:55	7. Next Steps: Review of next step action items for Focus Group participants and CAQH CORE.	<i>Discussion</i>

Participant Roster

The Focus Group has 80 participants from 41 organizations

Name	Organization	Name	Organization	Name	Organization
Lisa Foos	Aetna	Maxim Abramsky	Edifecs	Don Quackenbush	TriZetto Corporation, A Cognizant Company
Terry Cunningham	American Hospital Association (AHA)	Cristina Boincean	Edifecs	Donna Killian	UnitedHealthGroup
Heather McComas	American Medical Association (AMA)	Abhinav Garg	Edifecs	Kevin Chambers	Virginia Mason Medical Center
Molly Reese	American Medical Association (AMA)	Navin Gupta	Edifecs	Julie McGill	Virginia Mason Medical Center
Christol Green	Anthem Inc.	Vik Sachdev	Edifecs	Lisa Ness	Virginia Mason Medical Center
Ranjith Kandur	Anthem Inc.	Jacob Woodford	Epic	Jenny Wallace	Virginia Mason Medical Center
Meg Kutz	Anthem Inc.	Riley Matthews	Experian	Robert Tennant	Work Group for Electronic Data Interchange (WEDI)
Sheryl Turney	Anthem Inc.	Donna Campbell	Health Care Service Corp		
Michelle Barry	ASC X12	Hanna Mehret	Health Care Service Corp		
Julie Rezendes	athenahealth	Denise Wiltjer	Health Care Service Corp		
Kathy Sites	Availity, LLC	Uma Ravindran	Healthedge Software Inc		
Karen Starrett	Availity, LLC	LuAnn Hetherington	Highmark, Inc		
Ann McNeilly	Blue Cross Blue Shield of Michigan	Viet Nguyen	HL7 International		
Amanda Wahl	Blue Cross Blue Shield of Michigan	Cathy Plattner	Kaiser Permanente		
Barry Hillman	Blue Cross Blue Shield of North Carolina	Gheisha-LyRosario Diaz	Laboratory Corporation of America		
Christina Blake	Blue Cross Blue Shield of Tennessee	Kevin Mulcahy	Massachusetts General Brigham		
Maggie Fox	Blue Cross Blue Shield of Tennessee	Sreekanth Puram	Mettle Solutions llc		
David King	Blue Cross Blue Shield of Tennessee	David Delano	New England HealthCare Exchange Network (NEHEN)		
Susan Langford	Blue Cross Blue Shield of Tennessee	Tonia Bateman	New Mexico Cancer Center		
Daniel Lau	Blue Cross Blue Shield of Tennessee	Nancy Team	NextGen Healthcare Information Systems, Inc.		
Donna Lutton	Blue Cross Blue Shield of Tennessee	Randy Gabel	OhioHealth		
Mitchell Mead	Blue Cross Blue Shield of Tennessee	Sentoria Albany	PaySpan		
Erin Thurman	Blue Cross Blue Shield of Tennessee	John Balose	PaySpan		
John Schroeder	Centene Corporation	Jenna Desatoff	PaySpan		
Mahesh Siddanati	Centene Corporation	Cassandra Jones	PaySpan		
Emily Ames	Centers for Medicare and Medicaid Services (CMS)	Lidia Klemetsrud	PaySpan		
Marlene Biggs	Centers for Medicare and Medicaid Services (CMS)	Nicole Shemwell	PaySpan		
Lorraine Doo	Centers for Medicare and Medicaid Services (CMS)	Katherine Kilrain	Point32 Health		
Noah Isserman	Centers for Medicare and Medicaid Services (CMS)	Rhonda Starkey	Point32 Health		
Rupinder Singh	Centers for Medicare and Medicaid Services (CMS)	Jeffrey Blasinski	PriorAuthNow		
Mike Denison	Change Healthcare	Steven Koch	Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)		
Jamie Osborne	Children's Healthcare of Atlanta	TammyBarde-Vicari	Tata ConsultancyServices Ltd		
Ranah Anani	Cognizant	Dorothy Egan	Tata ConsultancyServices Ltd		
Kamakshi JeevanKumar	Cognizant	Teaka Walker-Demeritte	Tata ConsultancyServices Ltd		
Susan Scardina	Cognizant	Jennifer Lacombe	Tata ConsultancyServices Ltd		
Bettina Vanover	Cognizant	Nikita Williams-Woods	Tata ConsultancyServices Ltd		
Patricia Wijtyk	Cognizant	Jim Taylor	TIBCO Software, Inc.		
William Rogers	DST Health Solutions	Dawn Duchek	TriZetto Corporation, A Cognizant Company		

Stakeholder Type	Number of Organizations (% of total)
Provider/Provider Association	12 (15%)
Health Plan/Health Plan Association	26 (34%)
Vendor or Clearinghouse	30 (38%)
Government	3 (3%)
Other (includes standards organizations)	8 (10%)

CAQH CORE Advanced EOB Advisory Group

CAQH CORE engages the healthcare industry in developing consistent business processes for patients, providers, and health plans to **deliver administrative efficiency and value to the industry.**



Establishing the Building Blocks for Price Transparency:
Industry Guidance on Provider to Payer Approaches for
Good Faith Estimate Exchanges



- Convened CAQH CORE Advanced EOB Advisory Group in August 2021 to research opportunities related to the No Surprises Act requirements to provide industry guidance.
- Published Guidance Document in November 2021: [Establishing the Building Blocks for Price Transparency: Industry Guidance on Provider to Payer Approaches for Good Faith Estimate Exchanges](#)
 - Provides recommendations for how industry should implement **connectivity protocols, messaging standards, and related data content** to support provider to payer exchanges of Good Faith Estimates.
- CAQH CORE is continuing to identify opportunities and develop guidance in 2022.

Policy Updates

FAQs Published in 2022

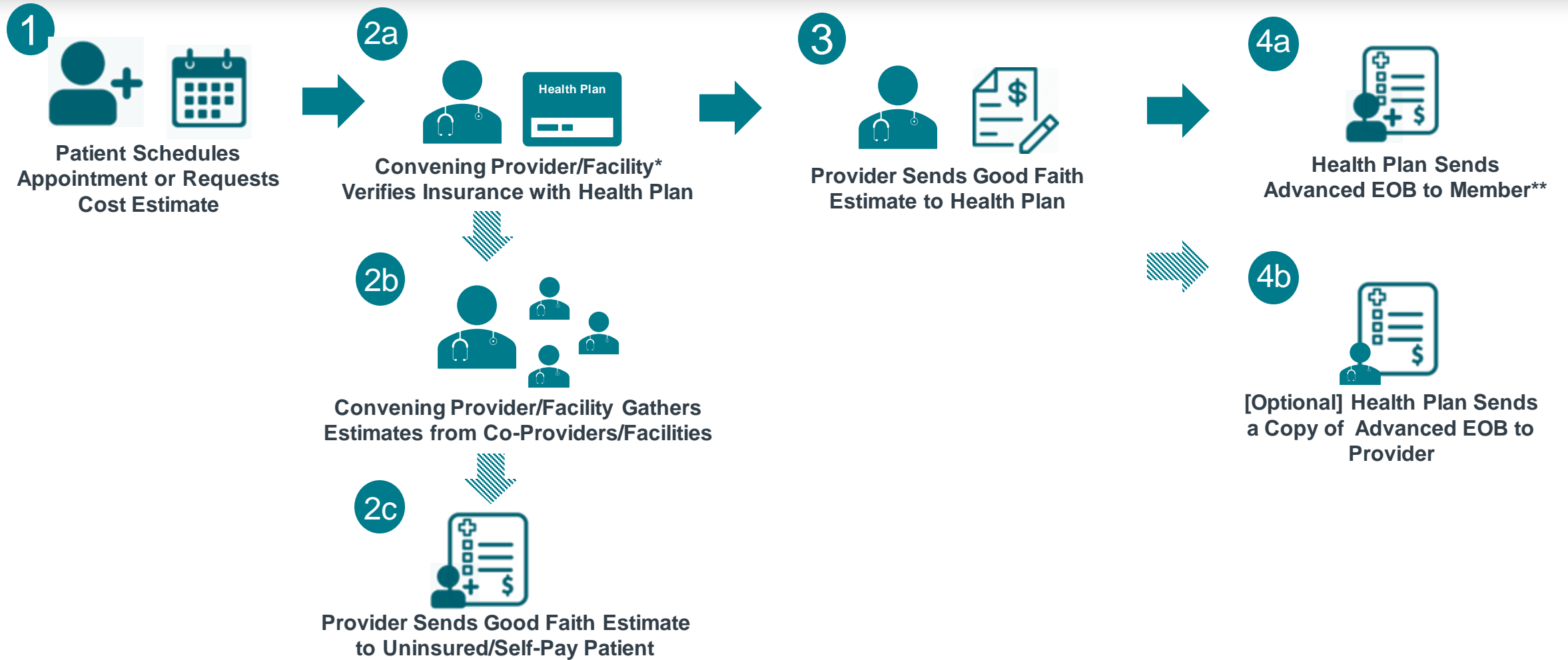
- [FAQs about Consolidated Appropriations Act, 2021 Implementation - Good Faith Estimates for Uninsured \(or Self-Pay\) Individuals](#) – released April 5, 2022
 1. Providers/facilities are only required to provide **diagnosis codes** when one is required for the GFE calculation.
 2. Providers/facilities are not required to provide expected charges for items/services that will be furnished after an initial visit or services reasonably expected to be furnished in conjunction with the primary item/service for the period of care on the **GFE for the initial visit**.
 3. Providers/facilities may issue a single GFE for **recurring items or services** (i.e., periodic counseling or physical therapy services).
 4. Interim final rules **do not require GFEs to include charges for items or services that could not have been reasonable expected**. If a provider/facility furnishes an item/service not included in the original GFE and the difference between the GFE and billed charges is \$400 or greater, the uninsured/self-pay patient may initiate the patient-provider dispute resolution process. If a provider/facility expects any changes to the scope of the GFE, they must provide a new GFE to the uninsured/self-pay patient no later than one business day before the scheduled appointment.
 5. Providers/facilities are not required to provide a GFE to uninsured/self-pay patients upon scheduling **same-day (or walk-in)** appointments.
 6. If providers/facilities determined an individual was **not uninsured/self-pay at the time of scheduling an appointment and then later becomes aware that the patient is uninsured/self-pay** fewer than three days before the appointment, the provider/facility is not required to provide a GFE unless the appointment is rescheduled for a later date.

Policy Updates

FAQs Published in 2022

- [FAQs for Providers about the No Surprises Rules](#) – released April 6, 2022. Provides details and exceptions for the following requirements in addition to FAQs around applicability, disclosure requirements, standard notice and consent, and Independent Dispute Resolution (IDR) fees:
 1. No balance billing for **out-of-network emergency services**.
 2. No balance billing for **non-emergency services by out-of-network providers during patient visits to certain in-network health care facilities**, unless notice and consent requirements are met for certain items and services.
 3. Providers/facilities **must publicly disclose patient protections** against balance billing.
 4. No balance billing for **covered air ambulance** services by out-of-network air ambulance providers.
 5. In instances where balance billing is prohibited, **cost sharing for insured patients is limited to in-network levels/amounts**.
 6. Providers must give a **GFE of expected charges to uninsured/self-pay patients** at least three business days before a scheduled service or upon request.
 7. Plans, issuers, providers, and facilities must ensure **continuity of care** when a provider's network status changes in certain circumstances.
 8. Plans, issuers, providers, and facilities must implement certain measures to **improve the accuracy of provider directory** information.

Advanced EOB Workflow



*The “convening provider/facility” is the provider/facility responsible for scheduling the primary items/services.

**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 services scheduled more than 10 days from intended service date.

Industry Progress

Discussion

Provider and health plans across the industry have begun to evaluate and adjust existing workflows to accommodate Advanced EOB requirements with support from vendor partners. Please share how far your organization has progressed in the implementation journey.

Provider Workflows

- How have providers/facilities integrated the triggering of a Good Faith Estimate into existing patient scheduling workflows? (e.g., mapping of distinct workflows between uninsured/self-pay and insured patients)
- What type of approaches are convening providers/facilities considering to facilitate the communication of information between co-providers/facilities in order facilitate the onset of Good Faith Estimate? (e.g., integrated messaging with EHR/PMS systems, faxing information, secure email, etc.)

Health Plan Workflows

- How have health plans leveraged existing workflows to support the processing of Good Faith Estimates in order to trigger the onset of an Advanced EOB? (e.g., adaption of existing claim workflows to allow for predeterminations)
- How are health plans planning to deliver Advanced EOBs to members? (e.g., member portal, secure email, mail, etc.)
- How are health plans optionally planning to deliver Advanced EOBs to providers? (e.g., provider portal, secure email, fax, mail, etc.)

Vendor Workflows

- What components of provider or health plan workflows have vendors developed products or integration services to support Advanced EOB requirements?

Polling Question #1

Based on current regulatory guidance, what is your organization's anticipated timeline for implementing and supporting the exchange of Good Faith Estimates for a single convening provider?

- 0 – 6 Months
- 6 – 12 Months
- 12 - 24 Months
- Awaiting Further Regulatory Guidance
- Other: (please specify in the chat)

Polling Question #2

Based on current regulatory guidance, what is your organization's anticipated timeline for implementing and supporting the delivery of Advanced EOBs to members?

- 0 – 6 Months
- 6 – 12 Months
- 12 - 24 Months
- Awaiting Further Regulatory Guidance
- Other: (please specify in the chat)

Polling Question #3

Based on current regulatory guidance, what is your organization's anticipated timeline for implementing and supporting the delivery of Advanced EOBs to providers?

- 0 – 6 Months
- 6 – 12 Months
- 12 - 24 Months
- Awaiting Further Regulatory Guidance Prior to Implementation
- Not Implementing this Optional Requirement
- Other: (please specify in the chat)

Good Faith Estimate Exchange Methods

There are **multiple approaches** that the healthcare industry could implement to support how **Good Faith Estimate** are formatted, structured, and exchanged. These include:

- X12 837 P/I Pre-Determination v5010 Transactions
- X12 837 P/I v8010 Transactions
- HL7 Da Vinci Patient Cost Transparency (PCT) Implementation Guide
- Good Faith Estimate Templates to Send via Web Portal / Fax / Secure Email

Note: The CAQH CORE Advanced EOB Advisory Group evaluated multiple messaging standards that could be leveraged to support Good Faith Estimate exchanges between providers and payers and coalesced to recommend the support of X12 837 Professional Pre-Determination 005010X291 (X12 837P v5010 Predetermination), X12 837 Institutional Pre-Determination 005010X292 (X12 837I v5010 Pre-Determination), and HL7 FHIR.

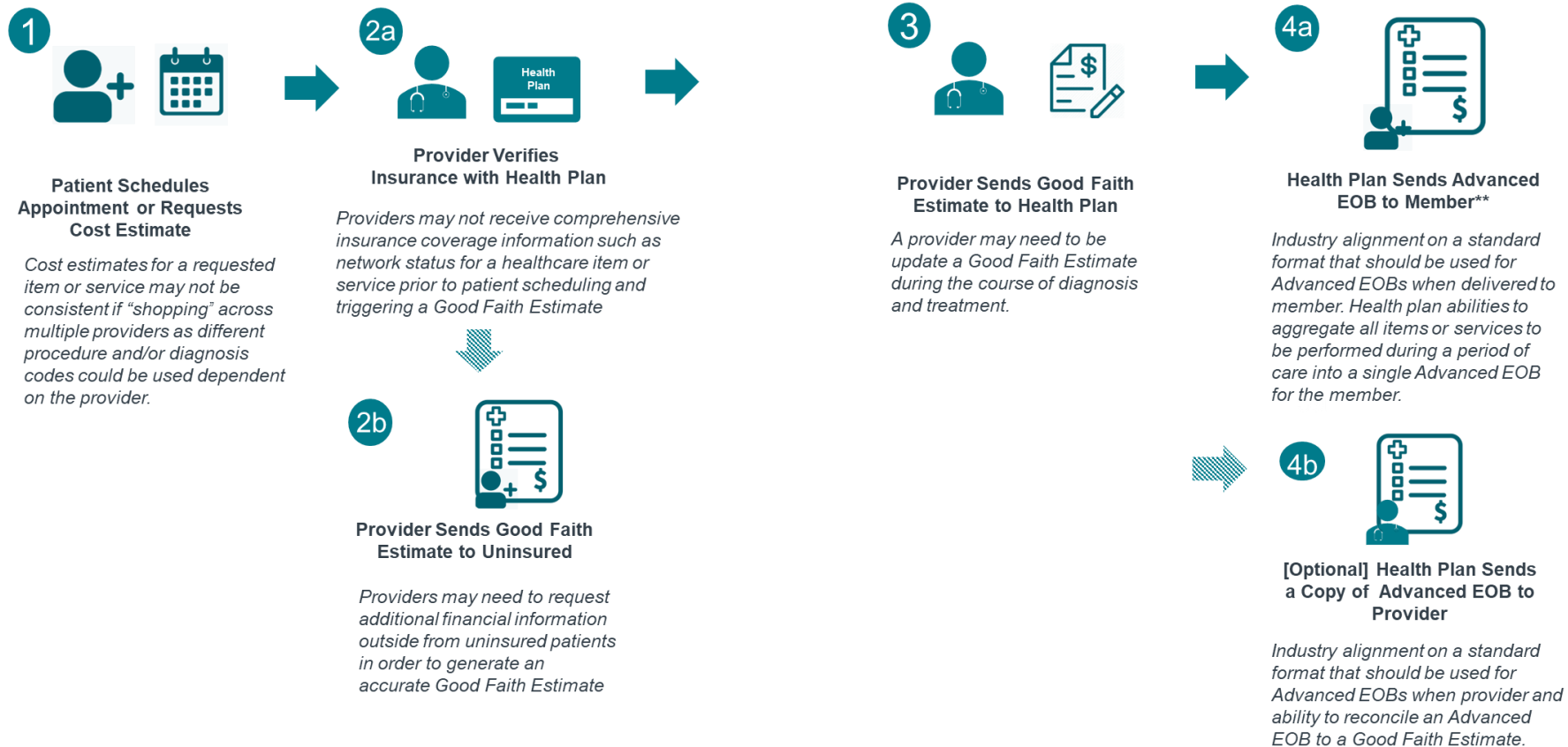
Polling Question #4

As your organizations works to support the exchange and processing of Good Faith Estimates, please identify which exchange formats are being considered for implementation.

- X12 837 P/I Pre-Determination
- HL7 Da Vinci Patient Cost Transparency (PCT) Implementation Guide
- Good Faith Estimate Templates to Send via Web Portal / Fax / Secure Email
- Proprietary Format
- Unsure (outsourcing to vendor)

Current Gaps & Opportunity Areas

In review of the Advanced EOB workflow, there a variety of business challenges and gaps that are not currently addressed by existing standards or standard development efforts today. CAQH CORE intends to have additional stakeholder-specific focus groups and is seeking feedback on types of opportunity areas to prioritize for future discussions.



Polling Question #5

How should CAQH CORE continue to engage with the industry to support implementation of Advanced EOB requirements?

- **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.
- **Measurement Survey:** Develop a set of industry metrics and survey industry to understand costs, burden, and value impact for implementing Advanced EOB requirements.
- **Focus Groups:** Continue to host focus groups to as a forum for CORE Participants to share implementation progress, discuss barriers, and offer advice on best practices.
- **Address Gaps/Opportunities via CAQH CORE Advisory Group:** Convene an Advisory Group to review, prioritize, and develop industry guidance on topics discuss on today's focus group call.
- **Develop Operating Rules:** Convene a Work Group to develop operating rules related to Advanced EOB requirements.
- Other: (please specify in the chat)

Next Steps



- **Reach out to us** (core@caqh.org) with other topics CAQH CORE should be focusing on to support industry readiness.



- Attend the upcoming webinar - **AEOB Readiness: Regulatory Landscape & Industry Progress** in June 2022.



- Stay tuned for details on next focus group call on **AEOB Readiness: Provider to Provider Exchanges for Creating Good Faith Estimates.**