

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
Health Care Claims Focus Group  
Straw Poll Results**

**Background**

In 2022, CAQH CORE undertook a comprehensive environmental scan to identify industry challenges surrounding the submission and adjudication of claims that could be addressed by specifying data content requirements in a CAQH CORE Operating Rule. Identified obstacles ranged from data content gaps in widely used and accepted transactions to the exchange of patient information using APIs. To further refine these opportunities, CAQH CORE convened the Health Care Claims Focus Group to share their insight about the identified opportunities and their suitability to be addressed through operating rule development. Input was shared through structured and unstructured discussions, and through in-call “spot polls” to gauge support for potential data content operating rules.

At the conclusion of the Focus Group, participants were asked to complete a final straw poll confirming their support for the development of data content operating rules for a refined list of claims-related opportunities, including claim acknowledgment and error reporting, value-based payments, telehealth, and clean claim requirements. Participants had the opportunity to expand on these topics by providing comments and through questions that interrogated specific use-cases within the identified opportunity areas.

The input and opinions shared by Focus Group Participants is directly informing the launch agenda for a **CAQH CORE Health Care Claims Subgroup for Operating Rule Development**. The Subgroup will meet for the first time in **March 2023**, and will address data content operating rules for claim submission, errors, and acknowledgments; value-based payments; and billing requirements for telehealth. Other areas such as application of claims to emerging regulatory requirements and coordination of benefits may be reviewed by the Subgroup, but operating rules will not be pursued for these topics at this time.

Detailed results of the survey are included below. If you have any questions or wish to discuss any of the conclusions you can reach out directly to Michael Phillips, Manager, CAQH CORE at [mphillips@caqh.org](mailto:mphillips@caqh.org).

**Distribution of Responses**

The CAQH CORE Health Care Claims Focus Group consisted of a diverse group of industry stakeholders representing provider, health plan, government, and vendors – among others. The distribution of responses by stakeholder type is shown in **Table 1**.

Stakeholder Type	Proportion of Respondents
Vendor/Clearinghouse	33%
Provider/Association	25%
Government Entities	17%
Other Stakeholder Types	17%
Health Plan/Association	8%

**Table 1:** Health Care Claim Focus Group Response by Stakeholder Type

**Results and Recommendations**

The survey asked participants to indicate their support for operating rule development across 4 opportunity areas. Each polled category included “sub-questions” and an option to provide detailed comments designed to elucidate use-cases to which data content operating rules can be applied. Support for each of the polled categories is shown in **Table 2**. Additional details about the decision to pursue operating rules and the proposed approach to development are included below.

Category	% Supported	Operating Rule Development
Claim Acknowledgement and Error Reporting	82%	Yes
Telehealth	75%	Yes
Value-based Payments	63%	Yes
Clean Claim Requirements	38%	No

**Table 2:** Support for Polled Areas of Opportunity

**Claim Acknowledgement and Error Reporting.** Participants strongly supported the development of data content operating rules for the X12N 277 Claim Acknowledgement transaction. CAQH CORE and the Health

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Care Claims Subgroup are moving forward with operating rule development to specify the uniform use of claim status codes that are used to acknowledge submissions and indicate errors, ensuring a return of information that is robust and actionable.

CAQH CORE and the Subgroup will further identify corresponding data content requirements in the HIPAA-mandated X12N 837 Claim Submission transaction, helping the industry avoid downstream rejections and denials. Together, addressing these transactions through data content operating rules will assist industry stakeholders in avoiding downstream appeals – another common pain point identified by Focus Group participants.

**Telehealth.** Participants supported the development of data content operating rules to align place of service reporting requirements for care delivered using telehealth or other remote modalities. CAQH CORE and the Health Care Claims Subgroup are provisionally moving forward with data content rule development to unify telehealth place of service reporting using the HIPAA-mandated X12N 837 Claim Submission transaction. Addressing disparate telehealth place of service reporting requirements across health plans – an issue that came to the forefront during the COVID-19 pandemic – minimizes industry confusion and aids in reducing burdensome downstream rejection and appeals processes.

**Value-based Payments.** Participants supported the development of data content operating rules supporting claims-based methodologies for value-based payment models; particularly as it relates to the collection of social determinants of health (SDOH) information to support health equity. CAQH CORE and the Health Care Claims Subgroup will provisionally support the development of an X12N 837 Claim Submission data content operating rule to streamline the submission of SDOH information.

The pursuit of a data content operating rule to support SDOH data collection presents a unique cross-competency opportunity within CAQH CORE. The simultaneously established CAQH CORE Value-based Payment Subgroup and the Health Care Claims Subgroup are collaborating to create this operating rule, ensuring that the data content requirements fully consider technical and value-based payment requirements.

**Clean Claim Requirements.** Clean claim requirements, or the data that must be included on a claim for it to be accepted into adjudication systems, are complex and often differ state-to-state. CAQH CORE polled Focus Group participants to gauge interest in generating data content requirements to align state clean claim requirements to simplify reporting. Support for this topic was low and CAQH CORE and the Health Care Claims Subgroup are not moving forward with operating rule development in this area.

### **Conclusion and Next Steps**

The CAQH CORE Health Care Claims Focus Group was invaluable in the identification of opportunity areas that are actionable and achievable. The CAQH CORE Health Care Claims Subgroup will focus on the development of much-needed data content operating rules for the X12N 277CA and 837 transactions to unify the industry around common approaches to the submission of information and reporting of acknowledgments and errors. Downstream, these rules reduce costly and burdensome appeals processes to streamline the business of healthcare and lay the framework for innovative care delivery.

The Health Care Claims Subgroup will launch in March 2023. To participate in the first meeting, please fill out the call for participants using this [online tool](#).