

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET 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. Introductions, Welcome, Antitrust Guidelines, and Participant Dashboard (Doc #1 Slide 2-3)	<ul style="list-style-type: none"> • Olga Khabinskay (HBMA) opened the call and welcomed everyone to the group. Olga also reviewed the call agenda, roll call, and antitrust guidelines. <ul style="list-style-type: none"> ○ [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. • Olga Khabinskay (HBMA) reviewed the CAQH CORE dashboard, its importance, and how to make sure participants are properly set up in the dashboard. 	<i>Discussion</i>
2. Straw Poll #1 Results – Telehealth (Doc #1 Slides 4-13)	<ul style="list-style-type: none"> • Randy Gabel (OhioHealth) reviewed the background and purpose of Straw Poll #1. <ul style="list-style-type: none"> ○ Randy Gabel (OhioHealth) reviewed the distribution of responses from Straw Poll #1, noting that 20 organizations responded to the poll representing 52% participating subgroup organizations. • Randy Gabel (OhioHealth) introduced the straw poll results, starting with support levels for telehealth rule development opportunities. <ul style="list-style-type: none"> ○ Place of Service Codes, Modifiers, A set of commonly used POS + Modifier combinations for telehealth visits, and routinely updated resources that detail permissible telehealth services by health plan all received at least 70% support from straw poll respondents, illustrating consensus. • Bob Bowman (Principal, CORE) reviewed how CAQH CORE categorizes straw poll comments, and how CAQH CORE works to adjudicate comments received. <ul style="list-style-type: none"> ○ Noted that Substantive and Point of Clarification comments would be reviewed on the call, while non-Substantive comments are compiled in a document for offline review. • Bob Bowman (Principal, CORE) reviewed substantive and point of clarification comments related to the support for telehealth rule development opportunities straw poll question. • Bob Bowman (Principal, CORE) reviewed the straw poll result support levels for which POS codes organizations support for standardized use when billing telehealth claims. POS codes 10 and 02 both received high levels of support. <ul style="list-style-type: none"> ○ Terrance Cunningham (AHA) commented that if Support and Partially Support are going to be combined for analysis, maybe there should be only three options. Christina Love (Availity) agreed with this comment. ○ Mike Dennison (Change Healthcare) commented that POS codes 10 and 02 are geared towards telehealth services, and that some plans may not have supported those codes and therefore utilized codes they had been. Bob Bowman (Principal, CORE) mentioned that this aligned with the feedback CORE heard during its environmental scanning of the topic. ○ Cindy Monarch (BCBSM) commented that during the public health emergency, they supported POS codes with modifiers to indicate telehealth services, but with the ending of the PHE, they will likely discontinue that support and stick to POS codes 10 and 02 for telehealth services. ○ Heather McCommas (AMA) commented that AMA internal resources have strong concerns over 	<i>Discussion</i>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call**

Agenda Item	Key Discussion Points	Decisions and Actions
	<p>the continued use of POS codes 10 and 02, and that they were created before the PHE. There potentially could be confusion between using the POS codes 10 and 02 or using the applicable POS code with modifier to indicate telehealth services rendered.</p> <ul style="list-style-type: none"> ○ Nancy Spector (AMA) commented that her understanding was that POS 10 and 02 were put in place originally for Medicare telehealth services rendered at the originating site. She is wondering if part of the interest in keeping 10 and 02 is stemming from a wanting to stick to how things have been done in the past, as to what may be a better way to do it now. ● Bob Bowman (Principal, CORE) reviewed substantive and point of clarification comments related to the POS Straw Poll comments. <ul style="list-style-type: none"> ○ Cindy Monarch (BCBSMA) commented that as far as she is aware, getting back to the use of POS codes 10 and 02 stems from the ending of the PHE, and noted that factors such as CPT codes, type of provider, and diagnosis codes support appropriate adjudication of telehealth services aside from just POS code and modifier. ○ Terrance Cunningham (AHA) noted that there is no POS code on an institutional claim. He also noted that there is potential to add to industry confusion should an operating rule recommendation go against what the AMA might recommend. ○ Bob Bowman (Principal, CORE) replied that it may be too early to consider that as no rule requirements have been drafted yet, and that the AMA has been very active in participation with the subgroup to help inform the potential drafting of an operating rule for telehealth billing. ○ Jeff Narog (Cigna) commented that generally if a code is describing more than one thing at a time, than that is a red flag. In the case of POS codes, 10 and 02 indicate both the place a service takes place, as well as how the service took place. ● Bob Bowman (Principal, CORE) introduced the levels of support for the standardized use of modifiers when billing telehealth claims. Modifier 93 received the highest support for use when billing audio only telehealth claims, while modifiers 95 and GT received the highest levels of support for billing audio + visual telehealth claims. <ul style="list-style-type: none"> ○ Nancy Spector (AMA) noted that the three codes that received the highest level of support were all synchronous codes, and that there were only low levels of support for the modifiers indicating asynchronous. ○ Mike Dennison (Change Healthcare) commented that there are high levels of support for 95 and GT to indicate audio + visual synchronous, but they have very similar descriptions and try to communicate the same thing. ○ Cindy Monarch (BCBSM) noted that the difference in description between 95 and GT seems to be that 95 is only applicable for specific service types. ● Bob Bowman (Principal, CORE) introduced the substantive and point of clarification comments related to the standardized use of modifiers for telehealth billing. ● Bob Bowman (Principal, CORE) introduced the substantive and point of clarification comments received related to modifier use. <ul style="list-style-type: none"> ○ Mike Dennison (Change Healthcare) commented that they had heard in the past that in some cases, such as for specific service types, were modifiers required whereas others did not require a modifier, only the POS code. ○ Jeff Narog (Cigna) commented that the fee schedule reimbursement can be adjusted by the modifier codes rather than the POS codes, this is up to the health plan. ○ Olga Khabinskay (HMBA) noted that prior to the PHE, taxonomy code was an important data element that was included to identify specialty and was considered in addition to the POS code 	

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call**

Agenda Item	Key Discussion Points	Decisions and Actions
	and any modifiers to determine reimbursements.	
3. Rule Development Discussion – Submission of Additional Diagnoses to Support VBP (Doc #1 Slides 14-18)	<ul style="list-style-type: none"> • Bob Bowman (Principal, CORE) handed the call over to Pete Benziger (Senior Manager, CORE) to introduce the next rule development opportunity area, submission of additional diagnoses to support VBP. • Pete Benziger (Senior Manager, CORE) introduced the issue of diagnosis limits that currently exist on the X12N v5010 837P transaction, and how this limitation currently can affect workflows that may require the communication of more than 12 relevant diagnoses codes for a single patient encounter, as often seen in VBP workflows. <ul style="list-style-type: none"> ○ Pete acknowledged the VBP Subgroup that is working concurrently with the Health Care Claims Subgroup, and defined the scopes of both groups highlighting how the work of each will together contribute towards enhancing VBP frameworks. The Health Care Claims Subgroup is focused on the technical exchange of data. • Pete Benziger (Senior Manager, CORE) highlighted current workflows and guidelines that are in place to assist with transmitting multiple claims to support communicating more than 12 diagnoses for a single encounter. These workflows are not standard, creating confusion across industry that can result in duplicate claim denials. <ul style="list-style-type: none"> ○ Cindy Monarch (BCBSM) asked for clarification on the workflow being described and how it relates to a VBP workflow. Pete Benziger (Senior Manager, CORE) described a scenario where a provider has captured 20 diagnosis codes to communicate the health status of a patient but can only fit 12 on the initial claim to be paid. The question remains, what is the best method for the provider to submit the additional 8 diagnosis codes on an additional claim for the same encounter without it being flagged as a duplicate claim. ○ Jeff Narog (Cigna) commented that the secondary being sent may look like an encounter, making it difficult for a system to differentiate between the secondary claim and an encounter. ○ Olga Khabinskay (HBMA) mentioned that internally, HBMA has discussed what the creation of a value-based payment specific 837 transaction may be able to accomplish this workflow and eliminate the need to send a secondary 837P. ○ Cindy Monarch (BCBSM) noted that there are 837 reporting specific transactions that could be leveraged instead of the 837P. ○ Jeff Narog (Cigna) commented to be cautious of coming up with a solution that would only create more industry confusion. ○ Cindy Monarch (BCBSM) noted that the X12 v8020 of the 837P is currently being considered for recommendation by NCVHS and would solve the issue of only supporting 12 diagnosis codes. • Pete Benziger (Senior Manager, CORE) introduced potential operating rule requirement opportunity areas and concepts for feedback from the subgroup. These concepts include matching information, initial claim limitations, supplemental claim CPT, supplemental claim frequency, and primary and secondary diagnoses codes. 	<i>Discussion</i>
4. Next Steps (Doc #1 Slides 19-20)	<ul style="list-style-type: none"> • Olga Khabinskay (HBMA) reviewed the next steps and expressed the importance of straw poll completion in guiding the discussions and rule requirement development. The Straw Poll #2 will be distributed on Monday, May 8th. The next Subgroup call will be held at 2PM EST on Thursday, June 22nd. <ul style="list-style-type: none"> ○ <i>CAQH CORE Health Care Claims Co-Chairs & Staff:</i> <ul style="list-style-type: none"> • Distribute Straw Poll #2 to participants by Monday, 05/08/2023, end of day. 	<i>Discussion</i>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call**

Agenda Item	Key Discussion Points	Decisions and Actions
	<ul style="list-style-type: none"> • Draft a call summary for today’s subgroup call and make it available on the CAQH CORE Participant Dashboard for participants to review. • Analyze the results of Straw Poll #2 in preparation for Health Care Claims Subgroup Call #3 on Thursday, June 22nd. ○ <i>Health Care Claims Subgroup Participating Organizations:</i> <ul style="list-style-type: none"> • Complete Straw Poll #2 by Friday, May 26th EOD. • Participate in the Health Care Claims Subgroup Call #3 on Thursday, June 22nd from 2:00-3:30pm ET 	

Call Documentation
Doc 1: CAQH CORE Health Care Claims Subgroup Meeting 2.pdf
Doc 2: Health Care Claims Subgroup Straw Poll 05.04.23.Final.pdf
Doc 3: Health Care Claims Subgroup Straw Poll #1 Non-Substantive Comments.pdf
Doc 4: Health Care Claims Subgroup Call #1 Summary 04.13.23.pdf

CAQH CORE Contact Information

Pete Benziger
Sr. Manager, CORE
pbenziger@caqh.org

Bob Bowman
Principal, CORE
rbowman@caqh.org

Kayla Cooper
Associate, CORE
kcooper@caqh.org

Tanner Fuchs
Associate, CORE
tfuchs@caqh.org

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call
CAQH CORE Subgroup Call #2 Attendance**

Organization	Last Name	First Name	Attendance
Aetna	Morgan	Heather	
Aetna	Davidson	Marianne	X
Aetna	Rabuffo	Mark	
Aetna	Hodges	Rose	
AIM Specialty Health	VoHusmann	Thuy	
AIM Specialty Health	Aerabati	Anitha	
American Hospital Association (AHA)	Cunningham	Terrance	X
American Hospital Association (AHA)	Preisler	Andrea	X
American Medical Association (AMA)	McComas	Heather	X
American Medical Association (AMA)	Spector	Nancy	X
American Medical Association (AMA)	Otten	Rob	
American Medical Association (AMA)	Martin	Erica	X
Ameritas Life Insurance Corp.	Wanless	Scott	
Aspen Dental	Schuler	Margaret	
Athenahealth	Cullen	Elly	
Athenahealth	Illuri	Nora	
Athenahealth	MacNulty	Ani	
athenahealth	DePina	Emidio	X
Aultcare	Criswell	Chris	
Aultcare	Bolam	Kristen	
Availity	Jordan	Joshua	
Availity	Barber	Leah	X
Availity	Sites	Kathy	X
Availity	Love	Christina	X
Availity	Barry	Michelle	X
Availity	Barnes	Rebecca	
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	

CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call
CAQH CORE Subgroup Call #2 Attendance

Organization	Last Name	First Name	Attendance
Blue Cross Blue Shield of Michigan	Bussone	Jennifer	
Blue Cross Blue Shield of Michigan	Monarch	Cynthia	X
Blue Cross Blue Shield of Michigan	Knapp	Ron	
Blue Cross Blue Shield of Michigan	Rasegan	Amy	
Blue Cross Blue Shield of Michigan	Sallie	Natasha	X
Blue Cross Blue Shield of Michigan	Siebers	Carl	
Blue Cross Blue Shield of Michigan	Cloutier	Steve	X
Blue Cross Blue Shield of North Carolina	Harris	Betty	
Blue Cross Blue Shield of North Carolina	Sammons	Heather	X
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Centene Corporation	Siddanati	Mahesh	
Centers for Medicare and Medicaid Services (CMS)	Rooke	Fred	
Change Healthcare	Denison	Mike	X
Change Healthcare	Morris	Genevieve	X
Children's Healthcare of Atlanta Inc	Osborne	James	
CIGNA	Narog	Jeff	X
Cleveland Clinic	Suri	Sanjeev	X
Cleveland Clinic	Jones	Robert	X
Cleveland Clinic	Medina	Michelle	X
Cognizant	Wijtyk	Patricia	
Cognizant	Carrillo	Vincent	X
Cognizant	Kumaresan	Akila	
Cognizant	Williams	Nichole	
Cognizant	Mason	Tania	X
Cognizant	Rajagopalan	Navin	
Epic	Habermann	James	X
Epic	Tarmann	Benjamin	X

CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call
CAQH CORE Subgroup Call #2 Attendance

Organization	Last Name	First Name	Attendance
Gainwell Technologies	Soccorso	Megan	
Health Care Service Corp	Pickens	Brian	
Healthcare Business Management Association (HBMA)	Khabinskay	Olga	X
Healthcare Financial Management Association (HFMA)	Stack	Shawn	
Healthedge Software Inc	Sheldon	Dave	X
Healthedge Software Inc	Hanna	Doug	
Healthedge Software Inc	Lane	Tonya	X
HEALTHeNET	Irvine	Robert	
Horizon Blue Cross Blue Shield of New Jersey	Bandula	Athalage	X
Horizon Blue Cross Blue Shield of New Jersey	Lewnes-King	Penny	X
Kaiser Permanente	Rezai	Pauny	
Kaiser Permanente	Bigham	Robert	
Laboratory Corporation of America	Rosario Diaz	Gheisha-Ly	X
Medical Mutual of Ohio, Inc.	O'Neal	Jameelah	
Montefiore Medical Center	Miller	Erin	
National Council for Prescription Drug Programs (NCPDP)	Strickland	Teresa	X
New Mexico Cancer Center	Bateman	Tonia	
NextGen Healthcare Information Systems, Inc.	Team	Nancy	
NextGen Healthcare Information Systems, Inc.	Kay-Rast	Juneko	
NextGen Healthcare Information Systems, Inc.	Moreno	John	
OhioHealth	Gabel	Randy	X
OhioHealth	Alexander	Mary	

CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Subgroup Call #2
Call Summary: Thursday, May 4th, 2023, 2 pm - 3 pm ET Call
CAQH CORE Subgroup Call #2 Attendance

Organization	Last Name	First Name	Attendance
Optum	Milton	Linda	
OptumInsight	Chapple	Lynn	
OptumInsight	Rose	Tara	X
PeaceHealth	Mallory	Cheryl	
Point32Health	Werth	Russell	
Point32Health	Patel	Monal	X
Point32Health	Sherman	Michael	
St. Joseph's Health	Reed	Linda	
Tata Consultancy Services Ltd	Vicari	Tammy	X
Tata Consultancy Services Ltd	Williams-Woods	Nikita	
The SSI Group, Inc.	Tillman	Tracey	
TRICARE	Petry	Brian	
TriZetto Corporation, A Cognizant Company	Shulz	Andy	
UnitedHealthGroup	Dean	Laurie	
UnitedHealthGroup	Mueller	Cynthia	
UnitedHealthGroup	Jarvis	Claire	
UnitedHealthGroup	Fayazdeen	Sofia	
UnitedHealthGroup	Cook	Terri	X
UnitedHealthGroup	Kalluri	Kiran	X
Virginia Mason Medical Center	Chambers	Kevin	
Virginia Mason Medical Center	Ness	Lisa	
Virginia Mason Medical Center	Wallace	Jenny	
Work Group for Electronic Data Interchange (WEDI)	Tennant	Robert	X