CAQH CORE Health Care Claims Subgroup

Meeting #5

August 24, 2023

Agenda

Agenda Items
1.   Welcome, <u>Antitrust Guidelines</u> and Roll Call
2.   Straw Poll Results – 277CA Error Reporting
3.   Straw Poll Results – Coordination of Benefits (COB)
4.   Next Steps

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Exclusive Event: Health Plans, Providers and the Data Revolution
CAQH Connect 2023

Join us for **CAQH Connect 2023**, an event bringing together healthcare industry experts, thought leaders, and executives from the nation's government, health plans, and industry associations.

Save the Date! **September 27-29, 2023,** *Westin Georgetown, Washington, D.C.*

Attend our first-ever in-person CORE Participant Forum:

Open to all individuals from CORE Participating Organizations and any individual who is interested in joining CORE the afternoon of September 27th.

Event speakers include current and former CAQH CORE Board Members:

Anika Gardenhire
Chief Customer Experience Officer
Centene Corporation

Linda Reed
SVP and Chief Information Officer
St. Joseph's Health

Margaret Schuler
SVP, Practice Support Operations and Revenue Cycle Management
Aspen Dental

Troy Smith
VP, Cost of Care and Value Programs
Blue Cross Blue Shield of North Carolina

Register Here!
go.caqh.org/CAQHConnect2023

Health Care Claims Subgroup – Straw Poll #4
Straw Poll background

Purpose of Straw Poll:
To provide feedback on opportunity areas and rule options

Format:
- **Support for Opportunity Areas:** Indicate level of support for each opportunity area.
- **Feedback on Potential Rule Options:** Provide feedback on potential rule options for each opportunity area.

Summary of Opportunity Areas:
- **277CA Error Reporting:** A data content operating rule outlining business cases and standard Claim Status Category Code (CSCC) + Claim Status Code (CSC) combinations and specifying connection between 277CA error codes and 837 data could help to improve data quality and uniformity. Through the development of a 277CA data content operating rule, CAQH CORE hopes to increase adoption of the transaction and reduce the burden of claim resubmission.
- **COB Claim Submission:** A data content operating rule outlining potential rule requirements for establishing a minimum set of data for inclusion on COB claim submission and setting requirements for COB in companion guides could help industry to streamline the COB claim submission process.

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Health Care Claims Subgroup – Straw Poll #4
Respondent breakdown

Distribution of Responses	Total Straw Poll Responses	Percent of Total Participants
Provider/Provider Associations	5	22%
Health Plan/Health Plan Associations	5	22%
Vendor/Clearinghouses	9	39%
Government/Other	4	17%
Total Responses	**23**	**51% of participating organizations[1]**

1) The Health Care Claims Subgroup has 45 total unique participating organizations

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Health Care Claims Subgroup – Straw Poll #4
Comment categorization

Comments received on the Health Care Claims Straw Poll #4 are grouped into three categories:

1. **Substantive Comments:** May impact rule requirements; some comments require Subgroup discussion on potential adjustments to the draft requirements.

2. **Points of Clarification:** Pertain to areas where more explanation for the Subgroup is required; may require adjustments to the rule which do not change rule requirements.

3. **Non-substantive Comments:** Pertain to typographical/grammatical errors, wordsmithing, clarifying language, addition of references; do not impact rule requirements.

The Health Care Claims Subgroup will discuss substantive comments, points of clarification and CORE Co-chair and staff recommendations.

277CA Error Reporting

Straw Poll Results

Prioritization and Support for 277CA Error Reporting Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: Please indicate your organization's level of approval on aligning the business scenario with each listed CSC:					
Support Level Category	Scenario #1 Claim Rejected: Will Not Be Adjudicated	Scenario #2 Claim Not Found in Adjudication System	Scenario #3 Claim Rejected: Missing Information	Scenario #4 Claim Rejected: Invalid Information	Scenario #5 Claim Rejected: Data Relationship Error
> 55% Support	9/10	2/2	5/5	10/14	6/6
50% - 55% Support	1/10	0/2	0/5	4/14	0/6
0% - 49% Support	0/10	0/2	0/5	0/14	0/6

*Note: A full list of polled CSCC + CSC code combinations highlighted by their support levels can be found in the appendix.

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Health Care Claims Subgroup – Straw Poll #4
277CA CSCC + CSC Business Scenario comments

Question: *Please share your organization's opinion on the code combinations and additional CSCs to align with each business scenario. CSCs are found on X12's website.*

Substantive Comments	Co-chair and CORE Response
1. Several organizations commented that for many of these rejection scenarios, claims would still be accepted and forwarded to the claims adjudication system for processing. This supports clean claim requirements, timely filing/billing requirements, etc. even though for many of these reject reasons the claim will be denied.	1. **Discussion:** Co-chairs and CORE staff recommend adjusting the CORE 277CA Business Scenario definitions and descriptions so that that will may indicate either a rejection or a notification of to the submitter of missing information, invalid information, and a data relationship but that the claim will be sent to claims adjudication. Specific guidance on how an entity uses specific code combinations should be detailed in their 277CA Companion Guide.
2. Several organizations commented that "entity" needs to be further defined within each CSCC + CSC code combination definition.	2. **Discussion:** Co-chairs and CORE staff recommend not including Entity specification due to lack of maturity in the use of the 277CA at this time but include this as a future operating rule opportunity to be assess through wider adoption and use of the 277CA.
3. Several organizations comments that Business Scenario #2 was unclear in that reporting on the status of the claim was out of scope.	3. **Agree.** Business Scenario #2 will be removed.
4. A few organizations commented additions, adjustments, and/or deletions to the code combinations and their combined definitions across each business scenario.	4. CORE staff will evaluate these recommendations and draft updated combinations and their definitions for Review Work Group review. CORE will establish a process to review and update code combinations moving forward.

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Health Care Claims Subgroup – Straw Poll #4
277CA CSCC + CSC Business Scenario comments

Question: *Please share your organization's opinion on the code combinations and additional CSCs to align with each business scenario. CSCs are found on X12's website.*

Point of Clarification	Co-chair and CORE Response
1. Two organizations indicated they do not conduct the 277CA transaction, therefore 277CA error code combinations do not apply to them.	1. Currently the adoption of the 277CA is limited and its full capabilities are not being taken advantage of by industry. This first operating rule will allow broader industry adoption and use, allowing future iterations of operating rules to add capabilities through industry consensus.
2. One organization commented that they are concerned about the creation of a 277CA operating rule as it is not currently a federally-mandated transaction.	2. CORE Participating Organizations, Participants, and the CORE Board align industry through consensus driven processes to tackle pain points throughout the revenue cycle and data exchange between providers and health plan regardless of federal mandate.

Prioritization and Support for 277CA Error Reporting Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: *Please indicate which of the below data elements your organization supports for inclusion in a draft operating rule outlining data to return on a 277CA.*

#	Data Element	Support	Do Not Support
1	Patient Control Number (Claim Submitter's Identifier)	91%	9%
2.	Patient ID (Patient Primary Identifier)	82%	18%
3.	DOS (Service Date)	86%	14%
4.	Member ID (Subscriber Primary Identifier)	86%	14%
5.	Internal Claim ID (Claim Submitter's Identifier)	76%	24%
6.	Billing Provider NPI (Billing Provider Identifier)	76%	24%
7.	Patient DOB (Patient Birth Date)	68%	32%
8.	Charge Amount (Total Claim Charge Amount)	73%	27%
9.	Claim Identification Number (Payer Claim Control Number)	68%	32%
10.	Rendering Provider NPI (Rendering Provider Identifier)	64%	36%
11.	Procedure Code (Product/Service ID)	64%	36%
12.	Claim Control Number (Payer Claim Control Number)	62%	38%
13.	Billing Provider Tax ID (Billing Provider Tax Identification Number)	59%	41%
14.	POS (Facility Code Value)	52%	48%
15.	Gender (Gender Code)	45%	55%
16.	Rendering Provider Tax ID (Rendering Provider Secondary Identifier)	45%	55%

Context: CORE research suggests that providers sometimes receive 277CA transactions that they are unable to associate with an 837.
In Straw Poll #3, Subgroup participants asked that CORE specify a minimum set of information to include on a 277CA that supports matching the transaction to its corresponding 837. To support this, participants shared the above as data they would like to use to associate a 277CA transaction with its 837.

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Prioritization and Support for 277CA Error Reporting Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: *Please indicate which of the below data elements your organization supports for inclusion in a draft operating rule outlining data to return on a 277CA.*

#	Data Element	Support	Do Not Support
1.	Clearinghouse Trace Number	77%	23%
2.	Line Item Control Number	67%	33%
3.	Claim Transaction Batch Number	64%	36%
4.	Originator Application Transaction Identifier	57%	43%

Context: CORE acknowledges there are datapoints beyond those listed by participants in Straw Poll #3 (see prior question) that could be used to match a 277CA transaction and its corresponding 837. For further evaluation, above are the remaining data on an 837 that could be returned on a 277CA.

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Health Care Claims Subgroup – Straw Poll #4
277CA and 837 transaction matching data comments

Question: *Please share your thoughts on using the above datapoints for 277CA/837 alignment. We welcome additional datapoints you use for matching 277CAs and 837s that are not listed in questions 7 or 8.*

Substantive Comments	Co-chair and CORE Response
1. Two organizations commented that there is already a minimum set of data elements used for matching of the claim to the 277CA. This is an agreement between trading partners.	1. **Agree.** A minimum set of data elements outlined by a CORE operating rule will set a common, predictable floor for matching data that could be built upon by trading partner agreements.

Point of Clarification	Co-chair and CORE Response
2. One organization commented that they would need to understand the type of 837 (P, I, D) to indicate support levels.	2. **Agree**. While straw polls have up to this point considered data elements within the 837P, Straw Poll #5 will include 837I and 837D to identify any transaction specific data elements not captured here.

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Prioritization and Support for 277CA Error Reporting Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: *Please indicate which of the below data elements your organization supports for inclusion in a draft operating rule outlining data to return on a 277CA to support association of 277CA error codes with their corresponding service on an 837.*

#	Data Element	Support	Do Not Support
1.	Patient Control Number	70%	30%
2.	Line Item Control Number	70%	30%
3.	Clearinghouse Trace Number	63%	38%
4.	Payer Claim Control Number	58%	42%

Health Care Claims Subgroup – Straw Poll #4
277CA and 837 service matching data comments

Question: *Please share your thoughts on using the above datapoints for 277CA/837 alignment. We welcome additional datapoints you use for matching 277CAs and 837s that are not listed in questions 7 or 8.*

Substantive Comments	Co-chair and CORE Response
1. One organization commented that Price and Quantity at the line level will help with matching 277CA error codes to a specific service.	1. **Discussion:** Co-chairs and CORE staff recommend further straw polling on as previous examples did not include these line level data points, which may prove helpful in matching 277CA to it's associated 837.

Coordination of Benefits (COB) Claim Submission

Straw Poll Results

Prioritization and Support for COB Claim Submission Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: *Please indicate your organization's support for development of draft operating rule language locating requirements for COB claim submission in section 10 of the CAQH CORE Master Companion Guide Template.*				
Support	**Partially Support**	**Neutral**	**Partially Do Not Support**	**Do Not Support**
71%	0%	24%	0%	5%
Context: CORE research suggests that a health plan's secondary claim submission requirements can be difficult to find and can vary in formatting from one plan to the next. CORE has a Master Companion Guide Template that can be leveraged to include requirements for COB processes, data content, and related items.				

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Health Care Claims Subgroup – Straw Poll #4
277CA and 837 transaction matching data comments

Question: *Please share your organization's thoughts on locating requirements for COB claim submission in section 10 of the CAQH CORE Master Companion Guide Template.*

Point of Clarification	Co-chair and CORE Response
1. One organization commented requesting additional clarity on the purpose of this potential rule requirement.	1. The intent of this potential operating rule requirement is to ensure specific data needs related to COB claims are clearly presented in the 837 Companion Guide. This will ensure that all trading partners are aware of these requirements and that they are documented in a way that makes it easy for submitters to generate the 837 file to meet the data needs for a seamless COB claim submission. Including the data requirements in the Companion Guide will eliminate the need for trading partners to consult multiple and disparate sources for COB requirements, such as billing manuals, provider contracts, and other documentation.

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Prioritization and Support for COB Claim Submission Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: *Please indicate your organization's support for development of draft operating rule language to specify electronic accessibility of COB claim submission requirements.*

Support	Partially Support	Neutral	Partially Do Not Support	Do Not Support
67%	0%	18%	5%	10%

Context: To complement locating requirements for COB claim submission within the CAQH CORE Master Companion Guide Template, CORE suggests operating rule language specifying that the requirements are electronically accessible. For example, see Section 4.8 (page 17) of the CAQH CORE Attachments Health Care Claims Infrastructure Rule, which specifies how to make attachment-specific data electronically accessible. A similar rule can be written for COB data content and related items for claim submission.

Health Care Claims Subgroup – Straw Poll #4
277CA and 837 transaction matching data comments

Question: *Please share your organization's thoughts on drafting operating rule language to specify electronic accessibility of COB claim submission requirements.*

Point of Clarification	Co-chair and CORE Response
1. One organization commented that the reference COB claim submission information should not be in its own companion guide or rule, rather it should be part of the 837 claim submission guide or rule.	1. **Agree**. Co-chairs and CORE staff agree that COB data requirements should be included in the 837 Companion Guide. Specifics to COB claims processing, which may include turnaround times, clean claim requirements, state, market, or employer/client contract requirements, etc., may be included in other electronic available publications for ease of access and guidance.
2. One organization commented that automation of COB claim submission is best accomplished through the 837.	2. **Agree**. The adoption of the 837 and 835 electronic transactions is essential for seamless and automated coordination of benefits (COB). These 277 CA/837 draft data content rules, the CORE 837 Infrastructure rules, the 835 Infrastructure and Data Content rules, and their associated X12 standards are all designed to work together to create an automated network for COB.

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Prioritization and Support for COB Claim Submission Opportunity Areas
Support levels for rule development opportunities assessed in Straw Poll #4

Question: *Please indicate which of the below data elements your organization supports for inclusion in a draft operating rule outlining a minimum set of data to promote standardization in COB 837P claim submission.*			
#	**Data Element**	**Support**	**Do Not Support**
1.	Patient Control Number	89%	11%
2.	Other Payer Primary Identifier	84%	16%
3.	Coordination of Benefits Carrier Identifier	84%	16%
4.	Coordination of Benefits Carrier Name	84%	16%
5.	Subscriber Primary Identifier	79%	21%
6.	Patient Primary Identifier	72%	28%
7.	Line Item Control Number	71%	29%
8.	Subscriber Supplemental Identifier	65%	35%
9.	Payer Claim Control Number	61%	39%
10.	Prior Authorization Number	53%	47%
11.	Value Added Network Trace Number	41%	59%

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Next Steps

Action Items and Timelines

Next Steps from Subgroup Meeting #5

	Action Item	Timeline
1.	**Participants** to connect with colleagues at their organizations to align on feedback	--
2.	- **CORE team** to distribute Straw Poll #5 to Participants - **CORE team** to draft operating rule language for Subgroup review in meeting #6. - **Participants** to complete Straw Poll #5	**Straw Poll #5 Submission Dates** **DUE:** Wednesday, September 13th
3.	**Participants** to attend next Subgroup meeting	**Meeting Information** 2-3:30 PM ET Thursday, September 21st

Next Steps and Conclusion

Straw Poll #6

- Comprehensive review of DRAFT rule requirements.

- To be sent out to participants week of 9/25.

- Closes 10/6.

CORE Review Work Group

- Launches 9/14; Value-based Payment rules first on the docket.

- Call for Participants launched 8/23.

- Tasked to refine rule requirements for balloting.

- Questions? Please reach out to CORE@CAQH.org.

Rule		Subgroup Review
1	**NEW** – Health Care Claim Data Content Rule	**FULL** Review Required
2	**NEW** – 277CA Data Content Rule	**FULL** Review Required

CAQH CORE Participant Survey
2024 Priorities

- The 2024 CAQH CORE Participant Survey submission period is open.

- This survey consists of a series of questions regarding priorities for 2024 and your experience as a member of a CORE Participating Organization. The survey should only take about 15 minutes of your time. We welcome as much detail in your responses as you care to share.

- Participants can:
  - Provide feedback on CORE work priority areas for 2024.
  - Contribute to the refinement of CORE's long-term vision .
  - Consider any program changes to ensure continued CORE Participant satisfaction.

- Please complete the survey via the online submission link **HERE** by end of day on **Wednesday, September 6, 2023.**

- Questions on the survey should be directed to Jackie Leiser, at jleiser@caqh.org.

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Appendix

Health Care Claims Subgroup – Supporting Documents

#	Document Name & Description	Location
1.	**CAQH CORE 277CA Error Code Combinations** Excel file containing each 277CA CSCC + CSC code combination included on Straw Poll #4, organized and highlighted by support level.	https://dashboard.caqh.org/caqh-core-277ca-error-code-combintations082423