

**CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Health Care Claims Subgroup
HC Claims Straw Poll #3: Non-Substantive Comments**

Non-Substantive Comments Received on CAQH CORE HC Claims Subgroup Straw Poll #3

- This table summarizes non-substantive comments received by Straw Poll #3 respondents along with CAQH CORE Health Care Claims Co-chair and staff response, when applicable.

Table 1. Non-Substantive Comments Received on HC Claims Subgroup Straw Poll #3

#	Topic Area	Summary of Comments	CAQH CORE HC Claims Co-Chair & Staff Response
1.	Section 1.1 POS + modifier Table Lines	Two organizations commented that they are neutral on the drafted POS + modifier table lines as they will process any data if it is valid.	A part of CORE's mission is to help organizations develop business processes that streamline healthcare for patients, providers, and health plans.
2.	Section 1.2 DRAFT Rule Language for Specifying Telehealth Billing	One organization commented that they allow for the exchange of applicable data.	A part of CORE's mission is to help organizations develop business processes that streamline healthcare for patients, providers, and health plans.
3.	Section 2.1 CSCC Business Scenarios	Two organizations commented that they support data supported by X12.	The goal of CORE operating rule development is to support the use of HIPAA standards. CORE appreciates these organizations' flexibility in meeting this goal.
4.	Section 2.1 CSCC Business Scenarios	One organization supported CORE working with X12 to push for continued adoption of the 277CA as it is currently not mandated for use.	A part of CORE's mission is to increase adoption of electronic administrative transactions, and CORE works closely with X12 to meet this goal.
5.	Section 2.3 Development Set of Matching Data for 277CA and 837	One organization commented with a reminder that the 277CA is not a HIPAA-mandated transaction, and therefore a rule implementation must be voluntary.	By developing rule requirements for the 277CA, CORE hopes to increase voluntary adoption of the standard and reduce administrative burden related to clean claims transmission.
6.	Section 2.3 Development Set of Matching Data for 277CA and 837	One organization commented that they are in support of data for matching the 277CA and 837 transactions but are unaware of how often these transactions are not matched and therefore cannot provide additional information.	Matching 277CA and 837 transactions was identified as an issue during CAQH CORE environmental scanning and stakeholder interviews.

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#	Topic Area	Summary of Comments	CAQH CORE HC Claims Co-Chair & Staff Response
7.	Section 2.3 Development Set of Matching Data for 277CA and 837	Two organizations noted that they had no additional comments on matching data.	N/A
8.	Section 2.4 Development of Requirements to Specify connection between 277CA Error Codes and 837 Charge Items	One organization requested additional context from providers and health plans to better understand issues with associating 277CA errors with charges on an 837.	CORE can connect with participants to frame opportunity areas or facilitate discussions with stakeholders to improve understanding of issues at hand. CORE hopes that Subgroup participation supports development of an understanding of key issues.
9.	Section 2.4 Development of Requirements to Specify connection between 277CA Error Codes and 837 Charge Items	One organization requested additional context from providers and health plans to better understand issues with associating 277CA errors with charges on an 837.	CORE can connect with participants to frame opportunity areas or facilitate discussions with stakeholders to improve understanding of issues at hand. CORE hopes that Subgroup participation supports development of an understanding of key issues.
10.	Section 3.1 Development of Rule Requirements for Determining Primacy	Three organizations commented that they are indifferent on possible primacy standards and will transmit information within the determined standard.	Part of CORE's mission is to increase automation of administrative transactions across the industry, and these organizations' accommodations will support this effort.
11.	Section 3.2 Development Rule Requirements for Patient Data and Payment Timelines	One organization shared support of data transmission efforts.	A part of CORE's mission is to help organizations develop business processes that streamline healthcare for patients, providers, and health plans.
12.	Section 3.4 Support for Minimum Required Data Elements for COB Claim Submission	One organization asked what the certification/recertification requirements would be for confirming a minimum COB dataset if the elements are standard COB fields for electronic COB claims.	CORE will develop certification requirements after operating rules are finalized.