

Review Work Group

Call #2

October 19, 2023

Agenda

1. Welcome, [Antitrust Guidelines](#), and Roll Call
2. Summary of 09/14/23 Call
3. Level Set
 - Scope, Goals, and Timeline
4. Draft Value-based Payment Operating Rules
 - Straw Poll #1 Results
5. Draft Health Care Claim Operating Rules
 - Health Care Claim (X12 837) Data Content Rule
 - Health Care Claim Acknowledgement (X12 277CA) Data Content Rule
6. Next Steps
 - Straw Poll #2 open from October 25th – November 10th
 - Next Call on Thursday, November 16th from 2:00 - 3:30 pm

CORE Participant Dashboard

The **CORE Participant Dashboard** is a comprehensive resource for CORE Participants to access Task Group information and any CORE Participant resources and events.

The screenshot shows the CAQH CORE Participant Dashboard for a "Review Work Group". The dashboard is divided into several sections:

- Navigation Menu (Left):** Includes "All Work Groups", "Review Work Group", "Overview", "Calendar", "Announcements", "Documents", "Group Members", "Global Calendar", and "Log out".
- Overview Tab (Selected):** Contains the following sections:
 - Upcoming Events:** Shows a calendar view with one event: "CAQH CORE Review Work Group Call #1" on September 14th, from 2:00 pm to 3:30 pm.
 - Announcement:** States "No Announcements found."
 - Documents (0):** States "No Documents Found." with a "View More" link.
 - Group Members:** Lists "CAQH CORE Staff".

- The dashboard is accessible only to CORE Participants.
- Participants can view the groups they are currently involved in and add themselves to new groups.
- Participants can view upcoming events, documents, announcements, and group member information.
- Email core@caqh.org if you need a login.

Summary of RWG Call #1

September 14th, 2023
2p-3:30p ET

| <i>Agenda Item</i> | <i>Key Discussion Points</i> | <i>Decisions and Actions</i> |
|---|---|------------------------------|
| 1. Welcome, Antitrust Guidelines, and Participant Dashboard (Doc #1 Slides 1-3) | <ul style="list-style-type: none"> • Katie Gilfillan (HFMA) opened the call and welcomed everyone to the group. Ms. Gilfillan reviewed the antitrust guidelines, administrative items, and agenda items. • Kaitlin Powers (CAQH) conducted roll call. <ul style="list-style-type: none"> ◦ [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. | <i>Discussion</i> |
| 2. Level Set (Doc #1 Slides 4-12) | <ul style="list-style-type: none"> • Patricia Wijtyk (Cognizant) gave a high-level overview of CORE's mission, vision, and industry role, then discussed the approach and progression of CORE's operating rule development and voting process. Additionally, Ms. Wijtyk: <ul style="list-style-type: none"> ◦ Reviewed the scope, goals, and timelines for the Review Work Group (RWG). ◦ Introduced herself as a RWG co-chair and passed the call to the other co-chairs for them to introduce themselves. They include Ms. Gilfillan and Donna Campbell (HCSC). ◦ Provided a breakdown of RWG participants, participant expectations and responsibilities for RWG calls, and any additional work, such as straw polling and call preparation. | <i>Discussion</i> |
| 3. Scope (Doc #1 Slides 13-20) | <ul style="list-style-type: none"> • Michael Phillips (CAQH) provided an orientation of the updated and new operating rules that the RWG will be tasked to review and provide feedback for in Straw Polls and the RWG Ballot. These include draft operating rules for Value-based Payments (VBP), Health Care Claims, and EFT & ERA Enrollment Data. Supporting this review: <ul style="list-style-type: none"> ◦ Mr. Phillips reviewed the progression of VBP rule development and key focus areas for the draft VBP operating rules. ◦ Pete Benzinger (CAQH) reviewed the progression of Health Care Claims rule development and key focus areas for the claims data content operating rules. ◦ Ms. Powers reviewed the progression of EFT & ERA Enrollment Data rule maintenance and the five opportunity areas currently under consideration by the EFT & ERA Enrollment Data Task Group (EDTG) for a rule update. | <i>Discussion</i> |
| 4. Draft Value-based Payment Operating Rules (Doc #1 Slides 21-38) | <ul style="list-style-type: none"> • Mr. Phillips provided an overview of VBP opportunity areas, newly drafted operating rules and resources that support VBP methodologies. This review included the following draft rules and resources: <ul style="list-style-type: none"> ◦ NEW Benefit Enrollment and Maintenance Data Content Rule ◦ UPDATED Attributed Patient Roster Data Content Rule ◦ UPDATED Benefit Enrollment and Maintenance and Attributed Patient Roster Infrastructure Rules ◦ NEW CORE Framework for Semantic Interoperability in VBP • The benefits of each draft rule were briefly outlined highlighting their role in standardizing socio-demographic data collection and exchange and unifying definitions for concepts and terms in the industry. | <i>Discussion</i> |
| 5. Next Steps | <ul style="list-style-type: none"> • Ms. Gilfillan reviewed the next steps and expressed the importance of straw poll completion in guiding | Action required: |

| <i>Agenda Item</i> | <i>Key Discussion Points</i> | <i>Decisions and Actions</i> |
|-----------------------|---|------------------------------|
| (Doc #1 Slides 29-30) | <p>the discussions and operating rule refinement. Straw Poll #1 will be distributed on <u>September 25th</u>. The next RWG call is at 2:00 PM EST on Thursday, October 19th.</p> <ul style="list-style-type: none"> ◦ CORE RWG Co-Chairs & Staff: <ul style="list-style-type: none"> • Distribute Straw Poll #1 to participants by Monday, 09/25/2023, end of day. • Draft a call summary for today's call and make it available on the CORE Participant Dashboard for participants to review. • Analyze the results of Straw Poll #1 in preparation for Call #2 on Thursday, October 19th. ◦ RWG Participating Organizations: <ul style="list-style-type: none"> • Complete Straw Poll #1 by Friday, <u>October 13th</u> EOD. • Participate in Call #2 on Thursday, <u>October 19th</u> from 2:00-3:30 PM EST. | Agreed to Next Steps. |

Level Set

Updated and Newly Drafted Operating Rules for RWG Review

1. New/Updated: Draft Value-based Payment Operating Rules and Industry Resource

- New: Draft CORE Benefit Enrollment (834*) Data Content Rule
- Updated: Draft CORE Benefit Enrollment (834*) Infrastructure Rule
- Updated: Draft CORE Attributed Patient Roster (834**) Data Content Rule
- Updated: Draft CORE Attributed Patient Roster (834**) Infrastructure Content Rule
- New: Draft CORE Framework for Semantic Interoperability in Value-based Payment Models

2. New: Health Care Claims Data Content Rules

- New: Draft CORE Health Care Claims (837) Data Content Rule
- New: Draft CORE Health Care Claims Acknowledgment (277CA) Data Content Rule

3. Updated: EFT & ERA Enrollment Data Rules

- Updated: Draft CORE Payment & Remittance EFT Enrollment Data Rule
- Updated: Draft CORE Payment & Remittance ERA Enrollment Data Rule

*X12 005010X220 834

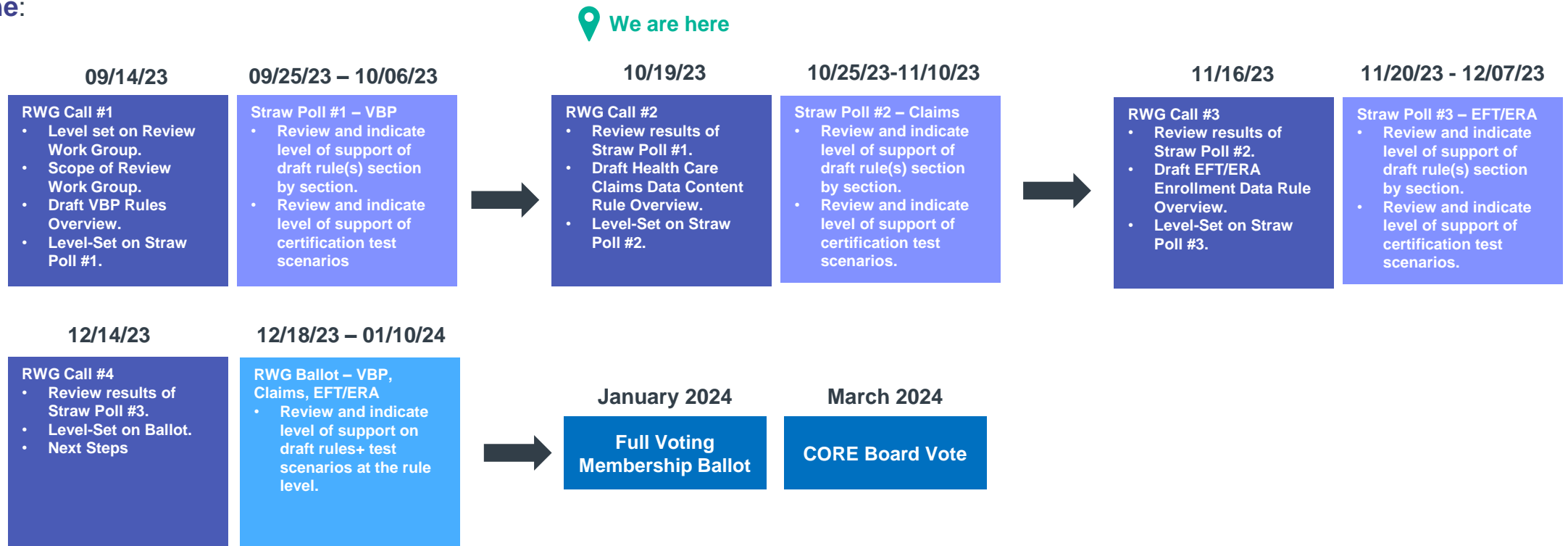
**X12 005010X318 834

Scope, Goals, and Timeline

Goal: Update, review, and refine existing and newly drafted Operating Rules currently under development per the formal CORE Voting Process.

Scope: Value-based Payments, Health Care Claims Data Content, and EFT/ERA Enrollment Data Operating Rules

Timeline:



**Timeline is subject to adjustments based on rule development needs.*

Draft Value-based Payment Operating Rules

Straw Poll #1 Results

Response Rate by Stakeholder Type

32 out of 42 (76%) organizations responded to Straw Poll #1.

| Participant Type | Response Percentage |
|-------------------------------------|---------------------|
| Provider/Provider Association | 25% |
| Health Plan/Health Plan Association | 25% |
| Vendor or Clearinghouse | 22% |
| Government/Other | 28% |

CORE Benefit Enrollment and Maintenance Data Content Rule

Overall support for the NEW DRAFT CORE Benefit Enrollment and Maintenance Data Content Rule

| Section / Subsection | | Support |
|----------------------|--|---------|
| 1 | Section 1: Introduction <i>N=21</i> | 100% |
| 2 | Section 2: Business Case <i>N=23</i> | 83% |
| 3 | Section 3: Scope <i>N=24</i> | 83% |
| 4 | Section 4: Rule Requirements | 80% |
| 5 | <i>4.1: Receivers of X12 834</i> <i>N=22</i> | 86% |
| 6 | <i>4.2: Disclosure Requirements</i> <i>N=23</i> | 78% |
| 7 | <i>4.3: Race and Ethnicity</i> <i>N=24</i> | 79% |
| 8 | <i>4.4: Member Language</i> <i>N=23</i> | 83% |
| 9 | <i>4.5: Gender Identity</i> <i>N=24</i> | 75% |
| 10 | Section 5: Conformance <i>N=20</i> | 100% |

Average support across all sections ~85%

Substantive Comments Received for CORE Benefit Enrollment and Maintenance Data Content Rule

| Substantive Comment | Response |
|---|---|
| <p>1 General Comments: A commenter asked whether requirements apply at maintenance.</p> | <p>AGREE: CORE Staff will edit the draft operating rule requirements to indicate collection and exchange for maintenance.</p> |
| <p>2 General Comments: Two respondents emphasized the necessity of requiring ‘opt-in” consent versus only providing members the opportunity to “opt-out.”</p> | <p>FOR DISCUSSION: Current draft rule requirements reference existing, optional HIPAA provisions that allow covered entities to implement a consent process in a manner of their choosing. The choice for consent to be opt-in or opt-out should be determined consistent with internal counsel. CORE Staff will update this language in the draft rule for the RWG Ballot. CORE Staff will also update Section 2 summarizing feedback CORE Participants provided regarding the importance of privacy and security of socio-demographic information.</p> |
| <p>3 General Comments: Several respondents asked for clarification around when rule requirements apply, specifically regarding when information is not collected, the frequency at which it should be collected, instances where their organization does not support the transaction, and overlap between existing or emerging federal and state requirements.</p> | <p>FOR DISCUSSION: Rule requirements apply in instances when implementers are facilitating the collection of socio-demographic information through enrollment via the X12 834 and are seeking CORE Certification. These rules provide a basis for streamlined and consistent collection of socio-demographic information. Additionally, rule requirements represent a “floor” and entities can go above and beyond requirements as needed.</p> |
| <p>4 General Comments: Two organizations supported the discretionary exchange and extraction of <u>all or some</u> socio-demographic information marked as required in the draft rule, citing privacy concerns and the fact that their organizations currently do not support this exchange.</p> | <p>FOR DISCUSSION: All requirements presented received high support from the CORE VBP Subgroup and were moved forward accordingly. As noted above, if an organization does not currently collect this data, the rule requirements do not apply. For organizations that choose to collect this information through enrollment via the X12 834, the rule creates a basis for standard implementation.</p> |
| <p>5 General Comments: Two commenters encouraged clarification and/or removal of ‘end user’ language from rule requirements.</p> | <p>AGREE: For clarity, CORE Staff will add examples of end users to the draft operating rule in preparation for the RWG Ballot.</p> |
| <p>6 Member Language (Section 4.4): A respondent expressed concern that if a member answers "English" as the language for reading that would prevent any subsequent language data collection. This comment is related to a CMS National Standards Group Report stating one of the most common 2022 X12 834 violations arose from reporting member language as ‘English.’</p> | <p>AGREE: The respondent is correct that per requirements in X12 Standard, English cannot be reported as member language. Consistent with their example, if English is collected for READING, it should not be reported; however, if a language other than English is collected for another use of language, such as SPEAKING, it should be reported consistent with the X12 Standard and CORE Operating Rule Requirements.</p> |
| <p>7 Gender Identity (Section 4.5): A commenter expressed a need for effective dates to be included for the exchange of self-reported member gender identity, recognizing that it may change over time.</p> | <p>AGREE: Effective dates are important given concepts can change during maintenance. Effective dates are accommodated under X12 Standard requirements in the DTP Segment of Loop 2000, which is required when a sponsor is informed of a change.</p> |

Points of Clarification Received for CORE Benefit Enrollment and Maintenance Data Content Rule

| Points of Clarification | | Response |
|-------------------------|---|--|
| 1 | General Comments: Several commenters shared responses that expressed confusion about the meaning of 'agent' in this context and how it affects when the rule applies. | The term 'agent' is broadly applied in this case as one acting on behalf of the health plan to enroll members. It is an assumption of the rule that the health plan has a business associate or other such agreement that extends HIPAA provisions to the agent. |
| 2 | Race and Ethnicity (Section 4.3): A respondent requested clarification on what race and ethnicity code set is being referenced, stating that v5010 of the X12 Standard uses the CDC PHINVADS Race and Ethnicity Code Sets (Code Source: 859). | The draft operating rule language references Code Source 859 in the X12 Standard. CORE staff will confirm with the CDC whether code sets referenced in the X12 Standard are automatically updated with new values currently under consideration by CDC. Note, this would be consistent with past updates in the PHINVADS. |
| 3 | Race and Ethnicity (Section 4.3): A commenter highlighted that 'Not Provided' can have multiple meanings and using it only for 'Did Not Disclose' may undersell its various uses. | 'Did Not Disclose' is one valid use of 'Not Provided' in the X12 TR3 and is the meaning facilitated by this operating rule. The operating rule does not limit other interpretations of the X12 TR3 but rather provides the data to exchange when a member chooses not to disclose when asked for their race and/or ethnicity. |
| 4 | Race and Ethnicity (Section 4.3): A commenter stated that race and ethnicity should only be self-reported. | The CORE VBP Subgroup agreed that self-reported is the "gold standard," an operating rule cannot reasonably limit to self-reported if other methods are commonly used in current implementations. This field is to indicate how the information was collected so users of it can evaluate its quality and utility for care coordination. |
| 5 | Member Language (Section 4.4): A commenter asked for clarification if a sponsor sends International Organization for Standardization (ISO) 639-2 Codes for the Representation of Named Languages, should these not be processed? | Language must be exchanged consistent with the ISO 639-3 and other codes should not be processed. |
| 6 | Gender Identity (Section 4.5): Four organizations commented that the X12 TR3 currently supports the exchange of the four gender identity concepts proposed in this draft rule, questioning whether these requirements are duplicative or otherwise not suitable for inclusion. For instance, one example provided is that the reporting of non-binary is covered under 'U' in v5010 of the X12 834. | The supplementary and discretionary requirements presented in the draft rule requirements do not-replace or duplicate the X12 TR3 requirements of reporting Gender Code using M, F, or U. Rather, the discretionary requirements provide an extended description that can benefit care coordination, program design, and alignment with other standards. |
| 7 | Gender Identity (Section 4.5): An organization highlighted that all the codes currently under discussion by the HL7 Gender Harmony Project are not included in the operating rule requirements. These codes under discussion are also not reflected in the SNOMED-CT codes referenced in USCDI version 3. Relatedly, another organization asked why SNOMED-CT is necessary when M, F, NB, or U would be appropriate. | The concepts for <i>collection</i> are gleaned from the minimum requirements supported by the HL7 Gender Harmony Project. It is acknowledged that additional gender concepts are under discussion, but these four concepts are suitable as an initial "floor" for collection as a greater or more robust collection set is finalized. USCDI version 3 indicates exchange using SNOMED-CT, in which three values are represented. Unknown is shared using accepted HL7 v3 null flavor concept set. CORE staff is monitoring regulatory timing of USCDI version 3 for potential Operating Rule impacts. |
| 8 | Gender Identity (Section 4.5): A commenter pointed out that 'Unknown' may have multiple meanings in the exchange of gender identity information, not just choosing not to disclose. | The commenter is correct, 'Unknown' should be used in any instance when a member's gender identity is not represented in the available options. Given that a requirement of this draft operating rule is to allow member's NOT to report their gender identity, 'Unknown' must be used to express that information. This usage aligns with current direction for the field based on research and engagement with industry stakeholders. |

CORE Benefit Enrollment and Maintenance Infrastructure Rule

Overall support for the UPDATED DRAFT CORE Benefit Enrollment and Maintenance Infrastructure Rule, inclusive of **Section 4.9: Benefit Enrollment and Maintenance Companion Guide Requirements**

| Support | Do Not Support |
|---------|----------------|
| 90% | 10% |

N=21

CORE Benefit Enrollment and Maintenance Infrastructure Rule Comments

| | Points of Clarification | CORE Response |
|---|---|---|
| 1 | A commenter asked if disclosure language is required per Section 4.9.2 given the requirements in the benefit enrollment and maintenance data content rule do not apply when socio-demographic information is not collected. | Entities that facilitate collection and exchange of this information and are pursuing CORE Certification must meet the requirements presented in the draft operating rules. |
| 2 | An organization responded that disclosure language is not included in their companion guide. Rather, it is provided as part of the contract to the Plan Sponsor and directly to the member via the website. | The Draft CORE Operating Rule Requirements represent a “floor” and organizations can go above and beyond these requirements. The companion guide requirement is meant to ensure documentation and common industry expectations. |

CORE Attributed Patient Roster Data Content Rule

Overall support for the UPDATED DRAFT CORE Attributed Patient Roster Data Content Rule, inclusive of **Section 3.5: Applicable Loops & Data Elements**

| Support | Do Not Support |
|---------|----------------|
| 86% | 14% |

N=22

CORE Attributed Patient Roster Data Content Rule Comments

| | Substantive Comment | CORE Response |
|---|--|--|
| 1 | <p>One commenter highlighted the important difference between “sex” and “gender.” The commenter stated that though the terms are used interchangeably in the TR3, they are not synonymous. The commenter recommended looking for a way to report both. Additionally, the commenter shared that members could be agitated by requiring this information to be shared.</p> | <p>AGREE: The distinction between sex and gender is important. The VBP Subgroup considered the addition of ‘Sex’ fields to strengthen reporting, but due to evolving industry usage and understanding, consensus was not reached, and this data element was dropped from consideration.</p> <p>Additionally, in its discussions, the VBP Subgroup emphasized the importance of ensuring privacy and security of sensitive information and ultimately elected to make requirements related to gender identify discretionary.</p> |

| | Points of Clarification | CORE Response |
|---|---|--|
| 2 | <p>Several commenters identified typographical corrections and requested that the table in Section 3.5 include data element names to clarify what data must be populated based on the newly added rows. Others recommended clarifying language around when select loops (e.g., 2750) are required given the presence of a data segment (e.g., LX)</p> | <p>Based on this feedback, non-substantive adjustments will be made to the draft rule prior to the RWG ballot for clarification. CORE Staff will revisit the inclusion/exclusion of specific loops, segments, and data elements in the draft data content rules and review for necessity and completeness.</p> |

CORE Attributed Patient Roster Infrastructure Rule

Overall support for the UPATED DRAFT CORE Attributed Patient Roster Infrastructure Rule, **inclusive of Sections 4.3 – 4.5; 4.7.**

| Section / Subsection | | Support |
|----------------------|--|------------|
| 1 | Section 4: Rule Requirements | 87% |
| 2 | <i>4.3: Real Time Processing Mode Requirements</i> N=20 | 85% |
| 3 | <i>4.4: Real Time Processing Mode Acknowledgment</i> N=21 | 90% |
| 4 | <i>4.5: Batch Processing Model Response Time</i> N=21 | 90% |
| 5 | <i>4.7: Companion Guide</i> N=21 | 81% |

Average
support
across all
sections
~87%

CORE Attributed Patient Roster Infrastructure Rule Comments

| | Substantive Comment | CORE Response |
|---|--|---|
| 1 | One commenter highlighted that the rule must be amended to indicate that X12 999 response time requirements for Real-Time Processing Mode applies to receivers of the Attributed Patient Roster. | AGREE: CORE Staff will update the draft rule language for presentation in the RWG Ballot. Note, Real Time Processing Mode must be mutually agreed upon between trading partners. |

| | Points of Clarification | CORE Response |
|---|--|--|
| 2 | One commenter shared that their experience is such that EDI cannot meet Real Time Processing Mode requirements such as those in Section 4.3. Turnarounds like this, that may involve keeping a connection open while sending possibly large files, require a RESTful API. | Real-time Processing Mode requirements apply only when both trading partners agree to exchange in real-time. Note that the presented requirement is consistent CORE Infrastructure Rules. Regarding REST, the CORE Connectivity Rule vC4.0.0 supports exchange via SOAP and RESTful API. |
| 3 | One commenter encouraged CORE to revisit the basing batch response time requirements in Section 4.4 on health plan schedule, instead favoring the use of provider schedules. Additionally, the commenter wondered how the 90% requirement can be enforced by a health plan short of “nagging” the responder. | Batch response times are consistent across the CORE Infrastructure rules, thus ensuring that the vendors and systems that support data exchange interoperability have consistent requirements and expectations among trading partners. The receiver of a batch transaction is required to respond timely to the receipt of a batch transaction so that any remediation can be automated to support business needs. |
| 4 | A commenter noted that including disclosure language in the X318 companion guide in Section 4.7.2 may not have benefit or its inclusion may be inaccurate if the information is not collected, or collection has been facilitated outside of operating rule requirements. | If implementers collect this socio-demographic information, they must do so aligned with the operating rule requirements. If this information is then shared downstream with providers using the CORE Attributed Patient Roster rule, the disclosure language would not be inconsistent. |
| 5 | A commenter reaffirmed that sharing of demographic information, in any form, should only be implemented if it was collected using “opt-in” consent. | Consistent with the approach used in the Benefit Enrollment and Maintenance Data Content Rule, exchange should be accommodated consistent with advice from legal counsel. |

CORE Framework for Semantic Interoperability in VBP

Support for the NEW DRAFT CORE Framework for Semantic Interoperability in VBP

| Support | Do Not Support |
|---------|----------------|
| 100% | 0% |

N=19

Support for referencing The Framework in the polled Operating Rules

| Support | Do Not Support |
|---------|----------------|
| 90% | 10% |

N=20

| | Points of Clarification | CORE Response |
|---|--|--|
| 1 | <p>Several commenters asked how, as a living document, The Framework would be updated while still maintaining a consensus-based approach.</p> <p>Further, commenters highlight that an update process outside of operating rule development may change the meaning of an operating rule without it being considered by a Subgroup.</p> | <p>The intent of The Framework is that any member of industry can recommend an addition. Evaluation, refinement, and addition remains a multi-stakeholder process and will be inclusive of potential impacts to operating rule requirements.</p> <p>The Framework will be updated for the RWG Ballot to explicitly outline the consensus-based process used for updates.</p> |
| 2 | <p>A commenter supported the definitions being used in the CORE rules. The commenter noted the intent of The Framework to support standardized terminology throughout the industry, but stated that even if the rules are mandated, The Framework definitions would not be required for adoption.</p> | <p>The Framework is intended to be a living reference document of consensus-based definitions. The commenter is correct to state that current rule requirements do not mandate any of the definitions. Any consideration of a rule requirement would be appropriately vetted in accordance with the CORE Rule Development Process..</p> |

CORE Certification Test Scenarios

Support for Certification Test Scenarios

| Support | Do Not Support |
|---------|----------------|
| 89% | 11% |

N=18

| | Point of Clarification | CORE Response |
|---|--|---|
| 1 | A commenter cited some of the pending data sets referenced in the rule requirements, stating that the certification test scenarios would have to be changed if datasets are updated or change in regulation. | Where possible, datasets have been referenced with discreet values that can be used as a basis for reporting, collection and exchange. For example, the Self-reported Gender Identity Values from the HL7 Gender Harmony Project represent a floor that can be exchanged using SNOMED-CT and complements requirements in USCDI version 3 currently proposed for adoption. Additionally, as documented, race and ethnicity and member language data sets can be updated by their respective stewards without impacting references within the standard or operating rule. |
| 2 | A commenter asked for the removal of Test #8 because there should be no other option aside from self-reported race and ethnicity. | The CORE VBP Subgroup agreed that self-reported is the “gold standard,” but an operating rule cannot reasonably limit to self-reported if other methods are commonly used in current implementations. This field is to indicate how the information was collected so users of it can evaluate its quality and utility for care coordination. |
| 3 | Does CORE publish the Certification Test Scenarios? | These are published here: https://www.caqh.org/core/certification-process |

Summary and Next Steps

| DRAFT Rule | Avg. Support | Next Steps |
|--|--------------|--|
| CORE Benefit Enrollment and Maintenance Data Content Rule | 85% | Move forward with all major requirements in place. Modify language to ensure clarity of data set references. Add language to apply rule requirements to maintenance. |
| CORE Benefit Enrollment and Maintenance Infrastructure Rule | 90% | Move forward with all presented revisions. |
| CORE Attributed Patient Roster Data Content Rule | 86% | Move forward with all presented revisions. Clarify what information must be populated in the identified loops, segments, and elements. |
| CORE Attributed Patient Roster Infrastructure Rule | 87% | Move forward with all presented revisions. Typographically edit confusing sections. |
| CORE Framework for Semantic Interoperability in Value-based Payments (The Framework) | 95% | Update section to be clearer about the consensus-based process used to maintain The Framework. |
| CORE Certification Test Scenarios | 89% | Ensure consistency of test scenarios with any updates presented above. |

Draft Health Care Claim Operating Rules

Health Care Claim (837) Data Content Rule

Health Care Claim Acknowledgement (277CA) Data Content Rule

Opportunities Addressed in Support of Health Care Claim Transmission

Opportunities for Health Care Claims

Based on a detailed environmental scan, in early 2023 CORE published “[*Opportunities to Enhance the Utility of Electronic Health Care Claims*](#),” an issue brief outlining solutions that:

- Increase standardization of data
- Reduce manual intervention, and
- Leverage the pre-existing technical framework for electronic claims transmission and adjudication.

Solutions from CORE Subgroup Discussion

The Health Care Claims Subgroup, launched in April 2023, specified three opportunities to use operating rules to improve claims processing:

- Place of service and modifier placement for remote care delivery.
- Coordination of benefits data submission.
- X12 v5010 277CA data alignment.
- Submission of additional claims for a single encounter.*

*Collaborative development with the CORE VBP Subgroup for the purpose of diagnosis submissions that support risk adjustment, quality measurement, and the documentation of social determinants of health (SDOH).

Health Care Claims Rule Opportunities

Telehealth POS +
Modifier Placement



*Health Care Claims (837)
Data Content Rule*

Coordination of Benefits
Claim Submission



*Health Care Claims (837)
Data Content Rule*

Value-Based Payment
and SDOH



*Health Care Claims (837)
Data Content Rule*

277CA Data Alignment



*Claim Acknowledgment
(277CA) Data Content Rule*

Draft Health Care Claims (837) Data Content Rule Overview

Target

Improve first pass claim rates with enhanced and more uniform data content in the X12 v5010 837.

Rationale

While nearly all claims are submitted electronically using the X12 v5010 837 according to the CAQH Index, providers are still burdened by lengthy adjudication timeframes, manual follow-up with health plans, and the need to employ staff to manage these functions.

Impact

Streamline claims submission process by outlining data for non-standard claim submission scenarios, developing industry references, and requiring easy access to claim submission requirements.

Draft X12 v5010 837 Data Content Requirements

1.

Aligned POS and modifier reporting requirements across health plans for telehealth.
✓ Allows stakeholders to streamline telehealth claim submission and easily address errors or rejections.

2.

Requirements for submitting a claim to a secondary health plan to support coordination of benefits.
✓ Increases clean claim submission and reduces COB-related denials.

3.

Requirements for consistently submitting an additional claim for a single encounter.
✓ Standardizes data elements between health plans and their agents that accept the submission of additional claims that match the original or “initial” claim.

Draft Claim Acknowledgment (277CA) Data Content Rule Overview

Target

Increase uniformity of pre-adjudication error reporting delivered via the X12 v5010 277CA.

Rationale

Error management for claim submission often requires manual intervention. Standardizing the use of the X12 v5010 277CA supports development of updated workflows for clean claims submission and even robotic process automation (RPA).






Impact

Providers receive clear and unambiguous reporting if a claim is rejected, which allows for speedy correction and claim resubmission, and accelerates overall adjudication timeframes.

Draft X12 v5010 277CA Data Content Requirements

1. Specification of a minimum set of information to include on an X12 v5010 277CA response.
 - ✓ Supports matching the transaction to its corresponding health care claim (X12 v5010 837).
 - ✓ Supports matching an error code to its corresponding line item (service) on a health care claim (X12 v5010 837).
2. Requirements outlining uniform use of X12 Claim Status Category Code (CSCC) + Claim Status Code (CSC) combinations in the X12 v5010 277CA.
 - ✓ Aligns industry on interpretation of errors in a submitted X12 v5010 837 transaction.

Summary of Operating Rules

| Reviewed in RWG Call #1 | | Reviewed in RWG Call #2 | | To Review In RWG #3 |
|---|---|---|---|---|
| Benefit Enrollment and Maintenance | Attributed Patient Roster | Health Care Claim | Claim Acknowledgement | Payment & Remittance |
| New Rule: X12 834 (220) Data Content | Updated: X12 834 (318) Data Content | New Rule: X12 837 (222, 223, 224) Data Content | New Rule: X12 277CA (214) Data Content | Updated: EFT Enrollment Data |
| Updated: X12 834 (220) Infrastructure | Updated: X12 834 (318) Infrastructure | | | Updated: ERA Enrollment Data |
| <i>Ready for Ballot</i> | <i>Ready for Ballot</i> | <i>RWG to review in Straw Poll #2</i> | <i>RWG to review in Straw Poll #2</i> | <i>RWG to review in Straw Poll #3</i> |
|  |  |  |  |  |

Next Steps

Next Steps

Compete Straw Poll #2 October 25th – November 10th

Objective:

- Collect each Participating Organization's feedback and level of support for each new section of the Draft Health Care Claim Operating Rules and Certification Test Scenarios.

Format:

- Support for NEW Health Care Claim Operating Rules – *Section by Section*
 - Draft CORE Health Care Claim (837) Data Content Rule
 - Draft CORE Health Care Claim Acknowledgement (277CA) Data Content Rule
 - Draft CORE-required Code Combinations for CORE-defined Claim Rejection Business Scenarios
- Support for New Health Care Claim Test Scenarios
 - UPDATED CORE Health Care Claim (837) Test Scenarios for Data Content Requirements
 - NEW CORE Health Care Claim Acknowledgement (277CA) Test Scenarios for Data Content Requirements
- Note: The form is to be completed by RWG Participants only; **please coordinate to submit one response for your organization.**

Attend RWG Call #3 November 16th from 2:00-3:30 pm ET

- RWG participants will review the results of Straw Poll #2 and level-set on Draft Updated EFT & ERA Enrollment Data Rules.

Appendix

Today's Call Documents

| Document Name |
|------------------------------------|
| Doc #1 RWG Call 2 Deck 10.19.23 |
| Doc #2 RWG Call 1 Summary 09.14.23 |

| CORE Staff | Email Address |
|---|--|
| Erin Weber, Vice President | eweber@caqh.org |
| Bob Bowman, Principal, Interoperability and Standards | rbowman@caqh.org |
| Taha Anjarwalla, Associate Director | tanjarwalla@caqh.org |
| Pete Benziger, Sr. Manager | pbenziger@caqh.org |
| Mike Phillips, Sr. Manager | mphillips@caqh.org |
| Kaitlin Powers, Sr. Associate | kpowers@caqh.org |

CORE Review Work Group Roster

| Name | Organization |
|---------------------|-----------------------------------|
| Kellene Parthemore | Aetna |
| Heather Morgan | Aetna |
| Mark Rabuffo | Aetna |
| Rose Hodges | Aetna |
| Mark Warren | Aetna |
| Marianne Davidson | Aetna |
| Andrea Preisler | AHA |
| Terrence Cunningham | AHA |
| Errallyn Rodriguez | AHCCCS |
| Heather McComas | AMA |
| Nancy Spector | AMA |
| Erica Martin | AMA |
| Noah Mastel | Ameritas Life Insurance Corp. |
| Margaret Schuler | Aspen Dental |
| Emidio Depina | athenahealth |
| Tonya Moffitt | Availity |
| Cindy Monarch | BCBS Michigan |
| Heather Sammons | BCBS NC |
| Susan Langford | BlueCross BlueShield of Tennessee |
| Meredith Ray | Cigna |
| Nihal Titan | Claim.MD |
| Daniel Kalwa | CMS |
| Dawn Duchek | Cognizant/ Trizetto |
| Patricia Wijtyck | Cognizant/ Trizetto |
| Daniel Saunders | Cognosante |
| Cristina Boincean | Edifecs |
| Meg Kutz | Elevance Health |
| Christol Health | Elevance Health |
| James Habermann | Epic |
| Megan Soccorso | Gainwell Technologies |
| Donna Campbell | Health Care Service Corporation |

| Name | Organization |
|-------------------------|----------------------------------|
| Brian Pickens | Health Care Service Corporation |
| Andrea Huffstetler | Health Care Service Corporation |
| Christopher Gracon | HealtheNET |
| Katie Gilfillan | HFMA |
| Shawn Stack | HFMA |
| Athalage Bandula | Horizon BCBS |
| Gheisha-Ly Rosario Diaz | Labcorp |
| Chuck Veverka | Michigan Medicaid |
| Diana Fuller | Michigan Medicaid |
| Brad Smith | NACHA |
| Charles Hawley | NAHDO |
| Margaret Weiker | NCPDP |
| Nancy Team | NextGen Healthcare |
| Mary Alexander | Ohio Health |
| Lynn Chapple | Optum |
| Tara Rose | Optum |
| Kristin Thonsgaard | Optum |
| Nathaniel Boer | Optum |
| Everet Ford | Optum |
| Rene Utley | OSF Healthcare |
| Marie Becan | PeaceHealth |
| Monal Patel | Point32 |
| Nina Boldosser | SS&C Health |
| Mary Susman | Tata Consulting Services (TCS) |
| Holly Gilligan | UnitedHealthcare |
| Stephanie Farley | US Department of Veteran Affairs |
| Robert Tenant | WEDI |
| Michelle Barry | X12 |

CORE Review Work Group Schedule

| Dates | Activity |
|---|---|
| Thursday, September 14th | RWG Call #1: <ul style="list-style-type: none"> • Group level set on Review Work Group • Draft VBP Rule(s) Overview • Level-Set on Straw Poll #1 |
| Monday, September 25 th – Friday, October 6 th | Straw Poll #1: VBP Rule(s), Industry Resource & Test Scenarios |
| Thursday, October 19 th | RWG Call #2: <ul style="list-style-type: none"> • Review results of Straw Poll #1 • Draft Health Care Claims Rule(s) Overview • Level-Set on Straw Poll #2 |
| Wednesday, October 25 th – Friday, November 10 th | Straw Poll #2: Health Care Claims Data Content Rule(s) & Test Scenarios |
| Thursday, November 16 th | RWG Call #3: <ul style="list-style-type: none"> • Review results of Straw Poll #2 • Draft EFT/ERA Enrollment Rule(s) Update Overview • Level-Set on Straw Poll #3 |
| November 20 th – December 7 th | Straw Poll #3: EFT/ERA Enrollment Data Rule(s) & Test Scenarios |
| Thursday, December 14 th | RWG Call #4: <ul style="list-style-type: none"> • Review results of Straw Poll #3 • Level-Set on Ballot • Next Steps |
| Monday, December 18 th – Wednesday, January 10 th | Ballot: VBP, Health Care Claims Data Content, EFT/ERA Enrollment Data Rules & Test Scenarios |

**Timeline is subject to adjustments based on work group needs.*