

Review Work Group

Call #4

December 14, 2023

Agenda

1. Welcome, [Antitrust Guidelines](#), and Roll Call
2. Summary of 11/16/23 Call
3. Level Set
 - Scope, Goals, and Timeline
4. Draft Updated EFT & ERA Enrollment Data Rules
 - Straw Poll #3 Results
5. Next Steps
 - Ballot open from December 19th – January 10th

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:** A sidebar on the left contains "All Work Groups" (with a dropdown arrow), "Review Work Group" (with sub-links for Overview, Calendar, Announcements, Documents, Group Members, and Global Calendar), and "Log out".
- Overview:** The main content area has tabs for "Overview" (selected), "Calendar", "Announcements", "Documents", "Group Members", "History", and "Edit".
- Upcoming Events:** A section titled "Upcoming Events" with a "Calendar View" toggle. It displays a calendar event for "14 SEP" at "2:00 pm - 3:30 pm" titled "CAQH CORE Review Work Group Call #1".
- Announcement:** A section titled "Announcement" with a megaphone icon, stating "No Announcements found."
- Documents (0):** A section titled "Documents (0)" with a document icon and a "View More" link, stating "No Documents Found."
- Group Members:** A section titled "Group Members" with a group icon, listing "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 #3

November 16th, 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 1-4)	<ul style="list-style-type: none"> Kaitlin Powers (CORE) opened the call, welcomed everyone to the group, and conducted roll call. Ms. Powers reviewed the antitrust guidelines, administrative items, and agenda items. <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. Summary of 10/19/23 Work Group Call (Doc #2)	<ul style="list-style-type: none"> Ms. Powers (CORE) provided a summary of RWG Call #2: <ul style="list-style-type: none"> RWG Call #2 reviewed the results of Straw Poll #1 along with the relevant operating rules for discussion, including the Health Care Claim (837) Data Content Rule and Health Care Claim Acknowledgement (277CA) Data Content Rule. Ms. Powers (CORE) asked the group for a motion to approve the call summary. 	Action required: <ul style="list-style-type: none"> Approved 10/19/2023 call summary. Motion to approve by Margaret Weiker (NCPDP) and seconded by Robert Tennant (WEDI).
3. Level Set (Doc #1 Slides 5-7)	<ul style="list-style-type: none"> Donna Campbell (HCSC) reviewed the scope, goals, and timeline of the Review Work Group (RWG), including the updated and newly drafted operating rules for the group to review. Ms. Campbell (HCSC) noted that the RWG is focused on three sets of operating rules related to value-based payments, health care claims, and EFT/ERA enrollment. Ms. Campbell (HCSC) also noted that the results of Straw Poll #2, which focused on the draft Health Care Claims Data Content rules for the X12 837 and X12 277CA transactions, will be reviewed in today's meeting. Ms. Campbell also reiterated the timeline, noting the RWG was on track to have considered each ruleset by late November/early December 2023, with final approval in late December, 2023. 	<i>Discussion</i>
4. Draft Health Care Claims Operating Rules Straw Poll #2 Results (Doc #1 Slides 8-20)	<ul style="list-style-type: none"> Pete Benziqer and Mike Phillips (CORE) reviewed the results of Straw Poll #2 and the comments received. Summary of RWG Discussion: <ul style="list-style-type: none"> Comments received regarding CORE Benefit Enrollment and Maintenance Data Content Rule: <ul style="list-style-type: none"> While Mr. Benziqer reviewed the points of clarification received regarding the Health Care Claims Data Content Rule, Susan Langford (BCBS-TN) asked for clarification regarding point of clarification #3, Section 3.2.1 of the rule. Ms. Langford asked if health plans should reject claims that do not have the Place of Service (POS) codes 02 or 10. 	<i>Discussion</i>

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

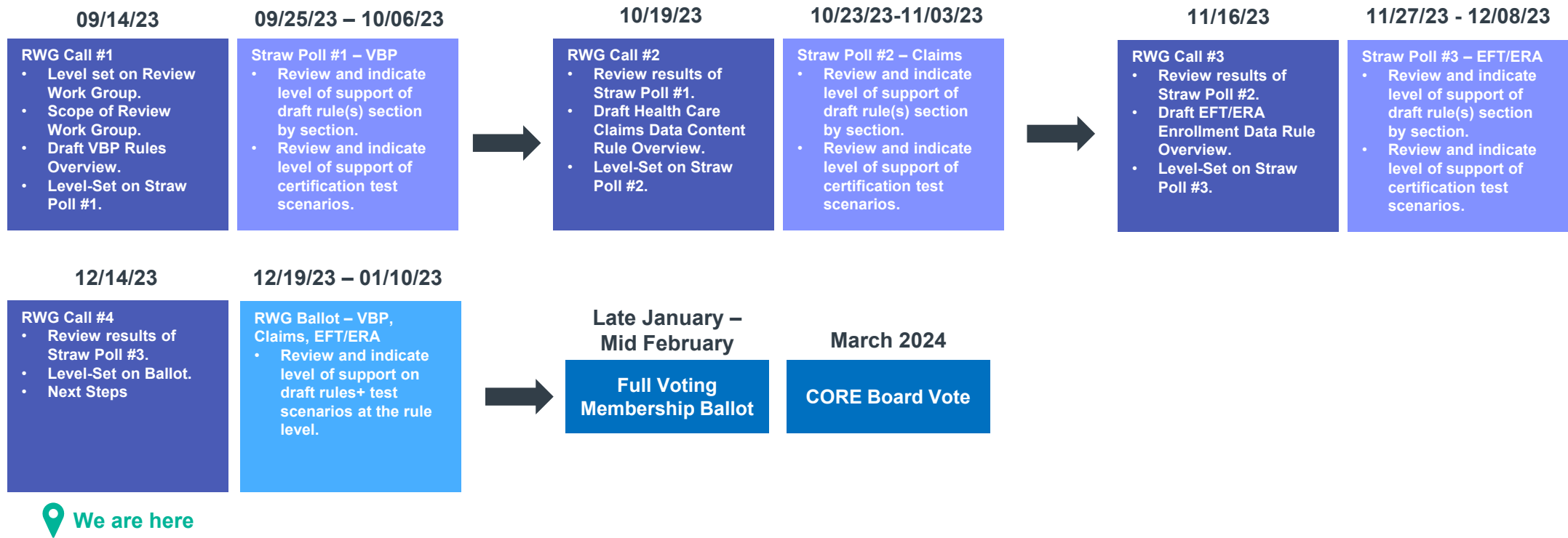
**X12 005010X318 834

Review Work Group

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:



Formal CORE Voting Process

CORE Body*	CORE Requirements for Operating Rules Approval
Level 1: Subgroups & Task Groups	Formal vote is not required, but consensus is assessed via straw poll and must be achieved prior to moving to the next level of voting.
Level 2: Work Groups	Work Groups require for a quorum that 60% of all organizational participants are voting. Simple majority vote (greater than 50%) by this quorum is needed to approve a rule.
Level 3: Full Voting Membership	Full CORE Voting Membership vote requires for a quorum that 60% of all Full CORE Voting Member organizations (i.e., CORE Participants that create, transmit, or use transactions) vote on the proposed rule at this stage. With a quorum, a 66.67% approval vote is needed to approve a rule.
Level 4: CORE Board	The CORE Board's normal voting procedures would apply. If the Board does not approve any proposed Operating Rule, the Board will issue a memorandum setting forth the reasons it did not approve the proposed Operating Rule and will ask the CORE Subgroups and Work Groups to revisit the proposed Operating Rule.

***NOTES:** Neither the CAQH Board nor CAQH has veto or voting power over the CORE Operating Rules. Any entity that is a CORE Participant has a right to vote on the rules, understanding that at Level 3 only entities that will implement the rules vote on the rules.

Draft Updated EFT & ERA Enrollment Data Rules

Straw Poll #3 Results

Rule Update Focus Areas

The CAQH CORE EFT & ERA Enrollment Data Rules streamline the enrollment process for healthcare providers switching to electronic payments, ensuring a consistent and efficient experience across different health plans. This unification of data and processes reduces administrative burdens and facilitates the adoption of electronic payment transactions.

Data Collection

Standardization



- **Goal:** Define consistent data enrollment methods, ensuring uniformity across stakeholders.
- **Solution:** Expanded scope to allow data to be repeated to **support bulk enrollment**

Data Requirements



- **Goal:** Outline precise data necessities (e.g., banking info, provider ID) for EFT and ERA enrollment, ensuring comprehensive information exchange
- **Solution:** Updated data element groups and data elements to meet **current and emerging business needs**.

Process

Safe Harbor



- **Goal:** Encourage electronic enrollment methods, fostering automation and minimizing manual interventions in the process.
- **Solution:** Added new process-oriented measures to enhance **fraud detection**.

Notifications



- **Goal:** Establish timelines and processes for enrollment information exchange, reducing the need for follow-ups and ensuring alignment of expectations across stakeholders.
- **Solution:** Established timeframes for health plans to **confirm receipt and successful processing** of enrollment.

Adoption



- **Goal:** Enhance visibility and clarity in information exchange, fostering trust and confidence among stakeholders, crucial for promoting widespread adoption
- **Solution:** Required **disclosure of applicable EFT fees** and **easy opt-in/out instructions** for alternative payments"

Response Rate by Stakeholder Type

30 out of 42 (71%) organizations responded to Straw Poll #3

Participant Type	Response Percentage
Provider/Provider Association	33%
Health Plan/Health Plan Association	27%
Vendor or Clearinghouse	17%
Government	6%
Other (includes SDOs)	17%

EFT Enrollment Data Rule

Overall support for the UPDATED DRAFT CORE EFT Enrollment Data Rule

#	Section / Subsection	Support
1	Section 1: Background Summary <i>N=24</i>	96%
2	Section 2: Business Requirement Justification <i>N=24</i>	92%
3	Section 3: Scope <i>N=24</i>	88%
4	Section 4: Rule Requirements <i>N=24</i>	83%
5	Section 5: Conformance <i>N=23</i>	100%

Average
support
across all
sections
~92%

ERA Enrollment Data Rule

Overall support for the UPDATED DRAFT CORE ERA Enrollment Data Rule

#	Section / Subsection	Support
1	Section 1: Background Summary <i>N=24</i>	96%
2	Section 2: Business Requirement Justification <i>N=24</i>	96%
3	Section 3: Scope <i>N=24</i>	88%
4	Section 4: Rule Requirements <i>N=24</i>	83%
5	Section 5: Conformance <i>N=22</i>	96%

Average support across all sections ~92%

General Comments

CORE EFT & ERA Enrollment Data Rules

CORE EFT & ERA Enrollment Data Rules		
#	Points of Clarification	Co-Chair and Staff Response
General Comments		
1	One organization commented that the CORE-required Maximum EFT and ERA Enrollment Data Sets should represent a minimum set of data health plans can chose to use on EFT and/or ERA enrollment forms.	<p>The CORE-required Maximum EFT and ERA Enrollment Data Elements were identified after substantial industry research and analysis to compare EFT and ERA enrollment forms from across the industry. CORE Participants agreed that these data elements represented the maximum set of data elements required for successful EFT and ERA enrollment, effectively addressing and mitigating variances that previously created significant challenges. The EFT and ERA Enrollment Data Rules were federally mandated in 2014 with the maximum set of data elements and industry has adapted to these requirements.</p> <p><i>Note: Health plans and their agents have the option to collect additional data outside of EFT and/or ERA enrollment forms as needed for their own purposes.</i></p>
2	One organization asked if the background summary and business requirement justifications articulated in the rules are still valid, given that the rules have been mandated and implemented by the industry for 10 years. The commenter suggested updating appropriate sections of the rule to reflect the current state and ensure its continued relevance.	<p>Adjust. Apply non-substantive adjustments to modernize rule language across Sections 1 & 2 of the rule. Further, add a paragraph in Section 2 summarizing the 2023 rule updates and highlight that adoption of fully electronic EFT and ERA transactions have increased since the rule was first developed, noting that these rules have helped industry in overcoming the noted challenges.</p>

Points of Clarification

CORE EFT & ERA Enrollment Data Rules

CORE EFT & ERA Enrollment Data Rules		
#	Points of Clarification	Co-Chair and Staff Response
Section 3. Scope		
3	<p>Section 3.2.1. Data Element Group: Elements that May Need to be Requested Several Times & Section 3.2.2. Repeatable Data Elements: One organization asked for clarification regarding the difference of these two sections and asked if they should be combined into one.</p>	<p>Sections 3.2.1. and 3.2.2. serve different purposes and will remain independent of each other.</p> <ul style="list-style-type: none"> Section 3.2.1 allows for the reuse of discrete data elements across multiple DEGs for collecting identical data in different contexts (e.g., Address Information for DEG1: Provider Information and Address Information for DEG4: Provider Agent Information). Section 3.2.2 permits the repetition of data elements to accommodate diverse enrollment scenarios, such as bulk enrollment (e.g., collection of multiple NPI identifiers in DEG 2: Provider Identifier Information). <p>Additional guidance will be provided via FAQs to support industry understanding and to promote clarity.</p>
4	<p>Section 3.4. CORE Process for Maintaining CORE-required Maximum EFT & ERA Enrollment Data Set: One organization asked if the twelve-month timeframe to update electronic enrollment systems/forms and paper-based enrollment forms to comply with the updated version of the EFT/ERA Enrollment Data Set is applicable given that any future regulation would specify a timeframe for updates.</p>	<p>As part of the rule update, the EFT & ERA Enrollment Data Sets have been externalized as companion documents and will follow a maintenance process like the CORE-required Code Combinations for CORE-defined Business Scenarios (CORE Code Combinations) companion document to the CORE Payment & Remittance Uniform Use of CARCs and RARCs (835) Rule.</p> <p>While the EFT & ERA Enrollment Data Rules are adopted by federal regulation, CMS recognizes that the Enrollment Data Sets will be updated through a dedicated maintenance process. As such, any updates to the data sets will be recognized under HIPAA and do not require a new federal regulation. Any substantive changes to the EFT & ERA Enrollment Data Rules beyond the data sets require recognition via the federal rulemaking process.</p>

Points of Clarification (continued)

CORE EFT & ERA Enrollment Data Rules

CORE EFT & ERA Enrollment Data Rule

#	Points of Clarification	Co-Chair and Staff Response
Section 4. Rule Requirements		
5	<p>Section 4.4. CORE Electronic Safe Harbor for EFT Enrollment to Occur Electronically: One organization asked for clarification regarding what changes need to be made for a document to be “secure.”</p>	<p>The rule recognizes that secure data collection methods can vary and evolve over time depending on individual business processes and needs; therefore, the rule offers flexibility in implementing a “secured” electronic enrollments instead of prescribing specific solutions. The footnote for “secured” provides examples of effective methods like multi-factor authentication and security questions to help guide secure data collection practices.</p>
6	<p>Section 4.6. Notifications for Electronic Enrollment Submissions: One organization noted that their current enrollment process involves submitting data to a clearinghouse, which then transmits it to the health plan. They expressed concern that the requirement for providers to receive completed enrollment, disenrollment, or change notifications directly conflicts with their existing workflow.</p>	<p>Adjust. Update “provider” to “provider or their agent” to align with other rule requirements.</p>

Substantive Comments

CORE EFT Enrollment Data Rule

CORE EFT Enrollment Data Rule

#	Substantive Comments	Co-Chair and Staff Response
Section 4: Rule Requirements		
7	<p>Section 4.8. Alternative Payments Opt-in and Opt-out: Two organizations suggested edits to strengthen the draft Alternative Electronic Payments Opt-in and Opt-out section of the CORE EFT Enrollment Data Rule. They recommended requiring an opt-in model for initial enrollment, where providers must consent to the payment method after receiving full information about fees and guidance on how to opt-out at any time.</p>	<p>For Discussion. Adjust rule requirement to add clarity on the accessibility and types of guidance a health plan should include as part of addressing opt-in or opt-out processes for non-EFT electronic payment methods. Recommended adjustments are highlighted.</p> <p>A health plan or its agent must provide readily accessible guidance on how a provider can either opt in or opt out of non-EFT electronic payment methods (e.g., virtual credit card) or additional value-added services, if offered. This guidance, which is to be determined by the health plan or its agent should include:</p> <ul style="list-style-type: none"> • Instructions on how to opt-in or opt-out at any time • Disclosure of associated fees, if known • Provider consent process during opt-i. <p>The list is not intended to be either exhaustive or prohibitive as the specific details of trading partner relationships and payment agreements are outside the scope of this operating rule.</p>

CORE-required Maximum EFT & ERA Enrollment Data Set Companion Document

Overall support for the CORE-required Maximum EFT Enrollment Data Set Companion Document

Support	Do Not Support
64%	36%

N=22

Overall support for the CORE-required Maximum ERA Enrollment Data Set Companion Document

Support	Do Not Support
73%	27%

N=22

Substantive Comments

CORE–required Maximum EFT & ERA Enrollment Data Sets

CORE-required Maximum EFT & ERA Enrollment Data Sets		
#	Substantive Comments	Co-Chair and Staff Response
	DEG 1: Provider Contact Information	
8	Title: Several organizations requested for Title to remain optional.	Adjust. Change the “Title” data element from required to optional in response to multiple requests and as indicated by mixed levels of support to make it required throughout the EFT & ERA Enrollment Data Task Group.

Points of Clarification

CORE–required Maximum EFT Enrollment Data Set

CORE-required Maximum EFT Enrollment Data Set		
#	Point of Clarification	Co-Chair and Staff Response
General Comments		
9	Two organizations requested the addition of a new data element group or new data elements for opting in/out of alternative payment methods.	The CORE-required Maximum EFT and ERA Enrollment Data Sets are scoped to the collection of data necessary to facilitate provider enrollment in the X12 835 and CCD+ transactions. Opting in and/or out of alternative payment methods is out of scope of the data sets and will be considered as part of future rule development initiatives.
DEG 7: Financial Institution Information		
10	Type of Account at Financial Institution: One organization asked for clarification on optional data fields, such as “Type of Account at Financial Institution” and if these could be required by their health plan.	The “required” or “optional” designation identified is specific to whether a health plan, or its agent must include the DEG or Individual Date Element/Sub-element on its EFT & ERA enrollment form/method. The CORE EFT & ERA Enrollment Data Rules do not address requirements for provider completion of the elements included on the enrollment form/method. As such, if a health plan chooses to include an “optional” Individual Data Element or Sub-element on its EFT enrollment method, it is permitted by the CORE rules to make completion of this “optional” data element mandatory for enrolling providers. Health plans are required to include instructions on how to complete the enrollment form.
11	Previous Bank Account Information: One organization asked for greater clarity in the description to indicate that the information should be the account number the health plan currently uses to deposit their EFT payments, which is the account number the health plan should discontinue using.	Adjust for clarity. Revise data element description to say: Provider's account number the health plan is currently using to deposit their EFT payments, which is the account number the health plan should discontinue using.

Points of Clarification

CORE–required Maximum EFT & ERA Enrollment Data Sets

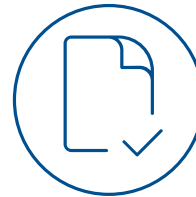
CORE-required Maximum EFT & ERA Enrollment Data Sets		
#	Point of Clarification	Co-Chair and Staff Response
	EFT DEG 8 & ERA DEG 10: Submission Information	
12	Reason for Submission & Authorized Signature: One organization noted their confusion over requiring “Reason for Submission” and “Authorized Signature” with the sub-elements being optional.	The data sets indicate that the parent field (e.g., Reason for Submission) is required for collection. As such, a provider or its agent must select from one of the optional elements as indicated (e.g., New Enrollment, Change Enrollment, or Cancel Enrollment). Health plans are required to include instructions on how to complete the enrollment form. Additional guidance will be provided via FAQs to support industry understanding and to promote clarity.

EFT & ERA Enrollment Data Certification Test Scenarios

Support for Certification Test Scenarios

Support	Do Not Support
80%	20%

N=20



No Substantive Comments or Points of Clarification were received for the Certification Test Scenarios

Next Steps

Review Work Group Ballot

Objectives, Guidelines, and Format

The RWG Ballot allows each RWG Participating Organization to **indicate their support for each new draft operating rule and updated requirement**. Contents of the ballot and minimum requirements – consistent with the [CORE Voting Process](#) – are listed below.

Each balloted rule set includes an opportunity for organizations to **provide early assessments of implementation and impact** of the new and updated requirements.

RWG Ballot Requirements		RWG Straw Poll Averages
Quorum	At least 60%	75%
Approval	At least 50%	86%

Draft Value-based Payment Operating Rule Package

Operating rule sets inclusive of data content, infrastructure, and certification test scenarios

- 1.1. CORE Benefit Enrollment and Maintenance (834 X220) Rule Set
- 1.2. CORE Attributed Patient Roster (834 X318) Rule Set
- 1.3. CORE Framework for Semantic Interoperability in Value-based Payments
- 1.4. Value-based Payment Rule Impact Assessment

Draft Health Care Claims Rule Package

Operating rules inclusive of data content, companion documents, and certification test scenarios

- 2.1. CORE Health Care Claim Submission (837) Rule Set
- 2.2. CORE Health Care Claim Acknowledgment (277CA) Rule Set
- 2.3. Health Care Claim Impact Assessment

Draft EFT/ERA Enrollment Operating Rule Package

Operating rules inclusive of data content, companion documents, and certification test scenarios

- 3.1. EFT/ERA Enrollment Rule Sets
- 3.2. EFT/ERA Rule Impact Assessment

Review Work Group Ballot

Impact Assessment

Goal: Assess the expected impact of new/updated rules on business processes, resources, and operations for healthcare stakeholders.

Benefit: Provides valuable data for stakeholders and regulators to make informed decisions from understanding the business case and value of rule adoption.

Impact Assessment Categories:

- **Resource Assessment :** Evaluating resource allocation (people, IT, operations, maintenance) relative prior operating rule implementation projects.
- **Implementation Timeframe:** Estimating time required for full rule implementation, excluding federal mandate waiting periods.
- **Impact Analysis:** Assessing the impact on operating costs, customer satisfaction, administrative burden, workflow automation, and provider/health plan communication.
- **Post-Implementation Impact Timeframe:** Projecting the time to seeing impacts post-implementation.

Sample Resource Assessment Question

	Much Fewer Resources	Fewer Resources	Average Resources	More Resources	Many More Resources
People (total FTEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New IT Infrastructure (new software or hardware investment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Operations Support (updated education, live training, workflow updates, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintenance Costs (resources needed to sustain changes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (required to indicate in comments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Review Work Group Participants

- Complete RWG Ballot: Submission period open from **December 19th, 2023 – January 10th, 2024.**
- The RWG Ballot responses are due via the **online submission form.**
- The form is to be completed by RWG Participants only; please coordinate to **submit one response for your organization.**
- Questions should be directed to **Mike Phillips, CORE Associate Director,** [mphillips@caqh.org.](mailto:mphillips@caqh.org)
- In accordance with CORE policy, **all responses will be kept strictly confidential** and will be reported in aggregate at the stakeholder level.



Save the Date

- Full Voting Membership Ballot **launching late January/early February 2024.**

Appendix

Today's Call Documents

Document Name
Doc #1 RWG Call 4 Deck 12.14.23
Doc #2 RWG Call 3 Summary 11.16.23
Doc #3 RWG Non-Substantive Comments Received on Straw Poll 3

CORE Staff	Email Address
Erin Weber, Vice President	eweber@caqh.org
Bob Bowman, Principal, Interoperability and Standards	rbowman@cahq.org
Taha Anjarwalla, Associate Director	tanjarwalla@caqh.org
Pete Benziger, Sr. Manager	pbenziger@caqh.org
Mike Phillips, Associate Director	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 27 th – December 8 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
Tuesday, December 19 th – Wednesday, January 10 th	Ballot: VBP, Health Care Claims Data Content, EFT/ERA Enrollment Data Rule Packages

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