Eligibility & Benefits Task Group

Call #1

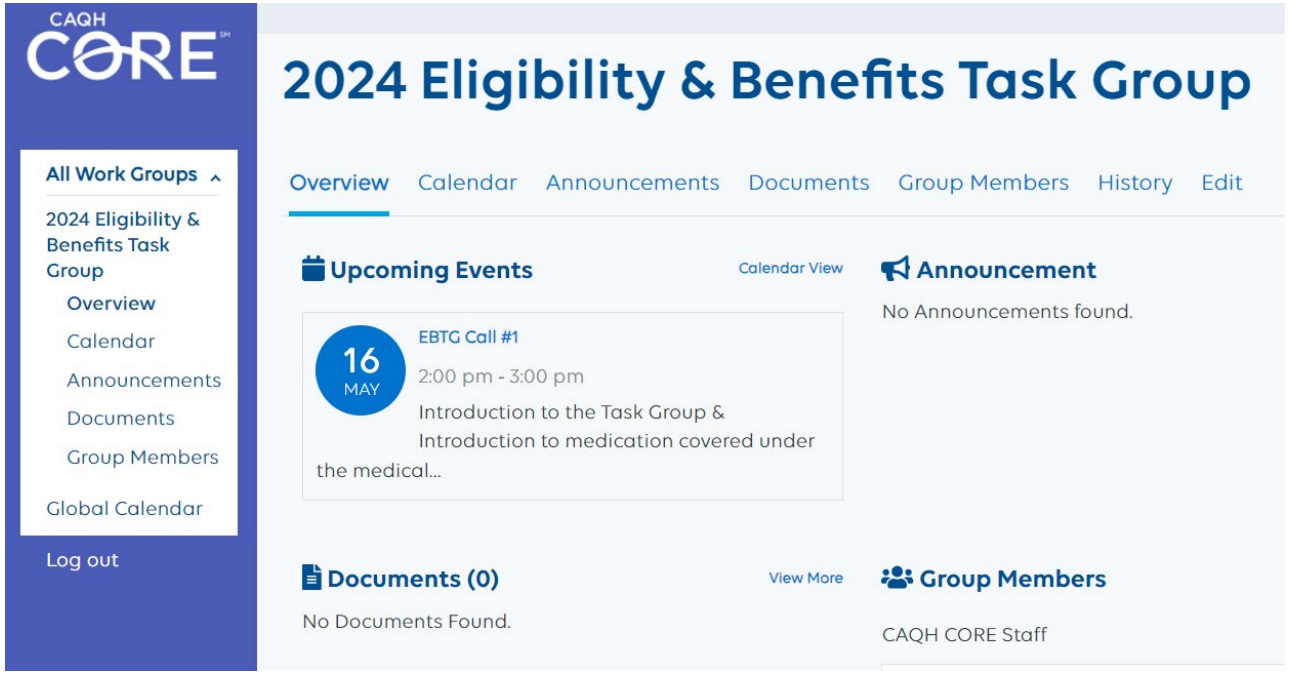
May 16, 2024

Agenda

- Eligibility & Benefits Task Group Level-Set
  - CORE Overview
  - Task Group Charter and Milestones
  - Review of Data Content Rule
- CORE and NCPDP Collaboration
  - NCPDP Perspectives
  - CORE Environmental Scan
- Feedback Form Results: Medication Use Case
- Next Steps

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 dashboard is accessible only to CORE Participants.
- Participants can view the work 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.

Eligibility & Benefits Task Group

Level Set

Task Group Co-chairs and SMEs

Task Group Co-Chairs		
Donna Campbell *IT Product Manager-Provider Connectivity* Healthcare Service Corporation	**Margaret Schuler** *Sr. VP, Practice Operations and RCM* Aspen Dental	**Nikki Kerkhoff** *Principal Product Manager, Patient Engagement* Trizetto Provider Solutions

NCPDP - Pharmacy/Medication SMEs	
Megan Marchal *Sr. Director, Product Management* CoverMyMeds	**Laura Topor** *President* Granada Health

Committee on Operating Rules for Information Exchange

LEADING INDUSTRY

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

Savings

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fulling transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

ENSURING REPRESENTATION

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

100+ Organizations Participate in CORE to Develop Operating Rule Requirements

Account for 75% of total American covered lives.

Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- Lassie
- MCG Health
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

Other

- Accenture
- American Dental Association (ADA)
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Healthcare Access Management (NAHAM)
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- National Dental EDI Council (NDEDIC)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Sekhmet Advisors
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

CORE Operating Rules Support Key Revenue Cycle Functions

ACA Operating Rule Definition: The "necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications."

Eligibility & Benefits*

Attributed Patient Roster

Prior Authorization & Referrals

Health Care Claims

Claim Status*

Payment & Remittance*

Benefit Enrollment

Premium Payment

**Rule Set Contains Federally Mandated Operating Rules*

Task Group Charter

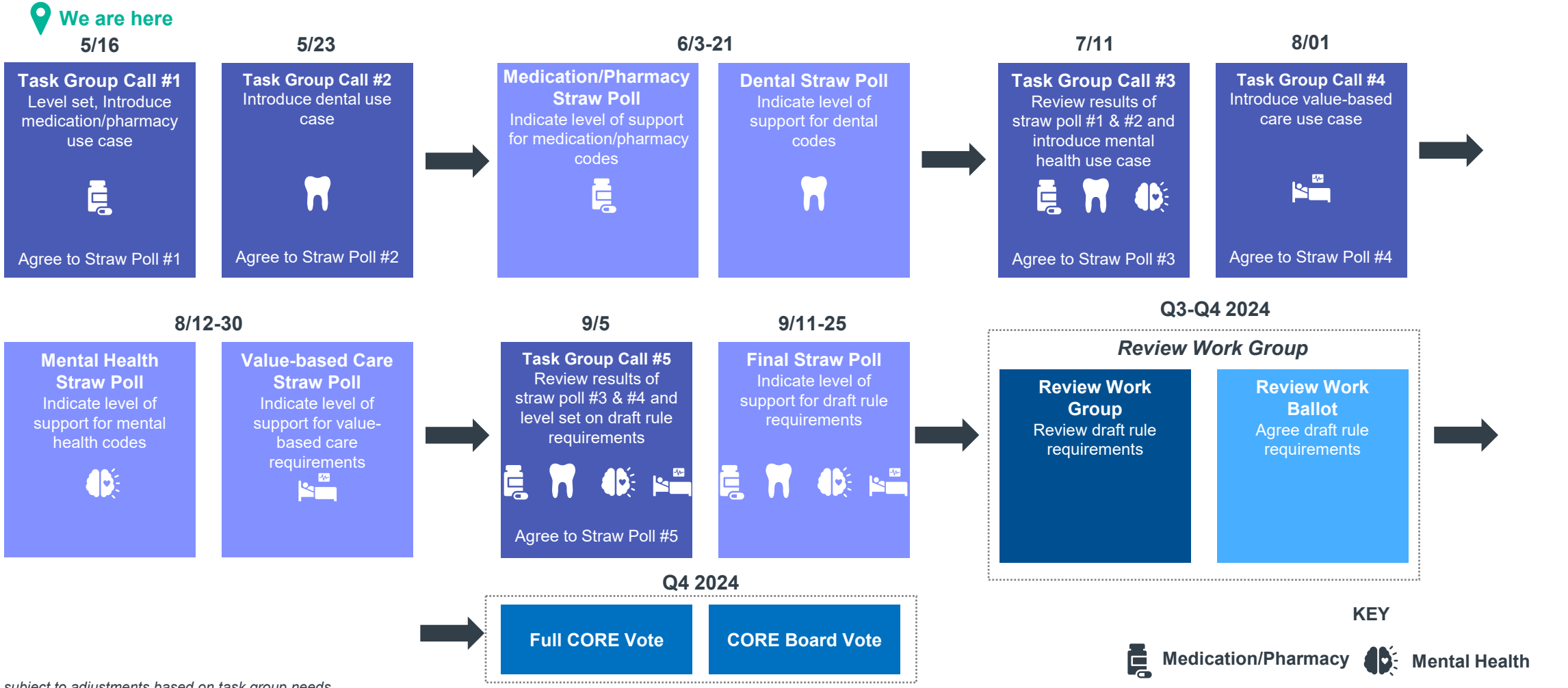
- **Purpose:** The EBTG will consider enhancements to the existing CORE Eligibility & Benefits Operating Rules to support the exchange of patient insurance coverage and benefits information between health plans and providers for specialty and carve out use cases. These potential enhancements aim to streamline processes and improve efficiency within the healthcare system.

- **Scope:** Following a use case driven approach, assess the feasibility and impact of expanding the rule to return coverage and benefit information at a granular level (i.e., use of procedure codes rather than STC).
  - **Medication covered under the medical benefit**: Algin on potential medication categories of service, associated limitations, and formulary considerations.
  - **Dental benefits:** Determine dental procedure categories, associated limitations, and potential integration points with existing medical benefits.
  - **Mental health benefits:** Identify mental health procedure categories, associated limitations, and network adequacy.
  - **Value-based care models:** Define how operating rules can support uniform reporting of value-based episodes of care and contracted services.

- **Industry Alignment:** Collaborate with National Council for Prescription Drug Programs (NCPDP), American Dental Association (ADA), National Dental EDI Council (NDEDIC), X12, and other key stakeholders to ensure operating rules align with evolving industry needs and standards.

- **Goals**
  - **Clarity and Consistency:** Develop operating rules that offer increased clarity, consistency, and efficiency with eligibility and benefits determinations.
  - **Support for Additional Service Areas:** Enable transparent communication of benefits for a wider range of healthcare services, promoting better patient care coordination.
  - **Industry Support:** Create operating rules that reflect consensus-based support and alignment.

Task Group Timeline



*Timeline is subject to adjustments based on task group needs.
**CORE rule approval requires consensus from a task group, simple majority vote by a quorum of Review Work Group organizations, two-thirds approval vote by a quorum of full voting organizations, and final approval by the CORE Board

CAQH CORE Eligibility & Benefits Data Content Rule

Review of Existing Rule Requirements

The **CORE Eligibility & Benefits Data Content Rule** requires the submission and return of certain uniform data elements in real time for electronic eligibility, coverage, and benefit transactions.

- Support requests for benefit information **at least 12 months into the past and up to the end of the current month**.
- Inclusion of the following in response to inquires:
  - Patient financials for **co–insurance**, **co–payment, and base and remaining deductibles**.
  - Return any **in-network** and **out-of-network** variances in financial responsibility; both amounts are returned.
  - **Name of the health plan** covering the individual.
  - Determination if **Prior Authorization/Certification** is required.
  - Services or benefits available for **telemedicine**.
  - Return of maximum benefit limitations and remaining benefits.
  - Communication of **member tiered benefits** and **provider tiered network status**.
- Return of CORE-required eligibility & benefits data for **178 specific Service Type Codes** and across **4 categories of services at the procedure level** (e.g., CPT, HCPCS).
- Vendors must be able to **detect and extract all data elements** to which the data content rule applies as returned by the health plan in the X12 271 response.

NCPDP and CORE Collaboration

NCPDP WG45 Benefit Coverage Identification Task Group

Megan Marchal | Sr. Director, Product Management, CoverMyMeds
Laura Topor | President, Granada Health, Inc.
Margaret Weiker | Vice President, Standards Development, NCPDP
Sandra Garnand | Standards Specialist, Standards Development, NCPDP

May 16, 2024

NCPDP®

NCPDP

- NCPDP and their role in the industry
- Why returning benefit and coverage information for medications covered under the medical benefit is important
- Challenges and opportunities NCPDP has identified for industry's consideration

NCPDP®

NCPDP

- American National Standards Institute (ANSI) accredited standards developer (ASD) that was established in 1977

- 1,500+ members in three categories
  - Producer/provider
  - Payer/processor
  - Vendor/general interest

- Develop standards and guidance used across the pharmacy segment of the healthcare industry

NCPDP®

Importance of Sharing Medication Benefit Information

- Speed to therapy
- Maximum benefit for the patient
- Reduced administrative burden for the prescriber

NCPDP®

Challenges and Opportunities

- Inconsistency in Coverage and Practice
- Reality of Benefit Identification inquiry across Stakeholders (e.g., duplication)
- Standards and Transaction Limitations

NCPDP®

CORE and NCPDP Environmental Scan
Key Findings

Overview	In 2023, CORE and NCPDP engaged in a collaborative industry environmental scan to evaluate opportunities for improving access and exchange of **medication coverage details under the medical benefit.**
Scope	Research focused on how to facilitate exchange of information on the X12 v5010 270/271 transaction.
Current State	Providers face limited visibility into coverage information, **seeing generic information only at the Service Type Code (STC) level**. This prevents them from knowing the exact coverage status of specific medications – identified by J-Codes or NDC codes, impeding their ability to make informed, real-time prescribing decisions for optimal patient care.

Challenges

Research revealed four key challenges contributing to a highly manual environment:

- Limited implantation of the X12 270/271 Transaction
- Complex Care Navigation
- Data Islands due to PBM Reliance
- Coding Complexities

Opportunities

Findings revealed four opportunity areas to promote interoperability and automation through operating rules:

- Uniform X12 270/271 Transaction Usage
- Real-Time Verification
- Scoping Data Exchange Requirements
- Coverage Transparency

CORE and NCPDP Environmental Scan

Recommendations: Opportunities for Rule Development and Industry Education

1

Leverage X12 270/271 Transactions:

Broaden the use of X12 v5010 270/271 transactions by including J codes and targeted NDC codes. Integrate these transactions into existing workflows with clear guidance.

2

Real-Time:

Focus on real-time verification in the X12 v5010 270/271 transaction process to provide immediate insights into coverage, costs, and authorization requirements.

3

Standardize Workflows:

Develop and implement standardized workflows and shared data definitions across health plans, alongside adopting interoperable technology for efficient data exchange.

4

Coverage Transparency:

Ensure transparency in policy requirements and regular updates from health plans to facilitate consistency and ease of access for healthcare providers.

5

Operational Challenges:

Address the complexity of coding systems, and database alignment to ensure data standardization and interoperability. Measure the impact of these initiatives to support broader adoption.

Feedback Form Results

Medication Covered Under the Medical Benefit

Feedback Form Responses
Use Case: Medication Covered Under the Medical Benefit

CORE received 32 responses from 23 organizations on medication covered under the medical benefit use case.

Number of Task Group Participating Organizations	41
Total Number of Organizational Responses	**23 (56%)**
Health Plan/Health Plan Association Responses	5 (16%)
Provider/Provider Association Responses	6 (19%)
Vendor/Clearinghouse Responses	7 (22%)
Government Response	1 (3%)
Other Stakeholder Type Responses (includes SDOs)	13 (40%)

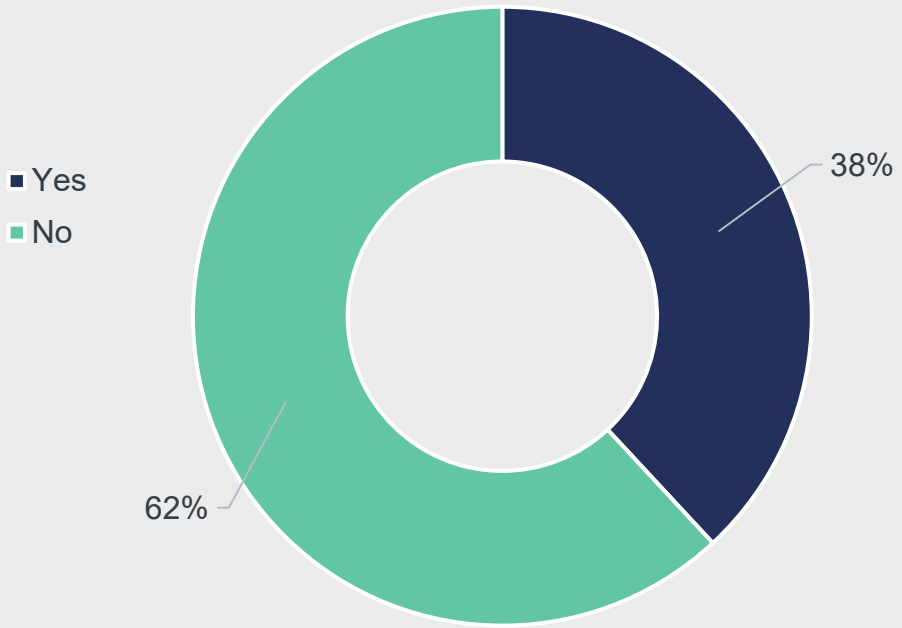
Feedback Form Responses
Common Categories of Procedure Codes

1. Please list common categories of procedure codes (CPT, HCPCS, J-Codes, etc.) used for medications covered under the medical benefit. For example: Chemotherapy, Immunosuppressives, Injectables, Infusions, Inhalations, etc.

- Antibiotics
- Antiemetics
- Biologics
- Compound drugs
- Growth hormones
- Hormone replacement therapy
- Nephrology
- Neurology
- Oncology
- Pain management
- Vitamins and nutritional supplements
- Respondents also noted they use CPT, HCPCS, J-Codes, DRG, NDC, APR, and MS code sets.

Feedback Form Responses
Use of Service Type Codes (STC)

2. Does your organization support the exchange of information for medication covered under the medical benefit via the X12 270/271 Eligibility & Benefits transaction using STC Codes?



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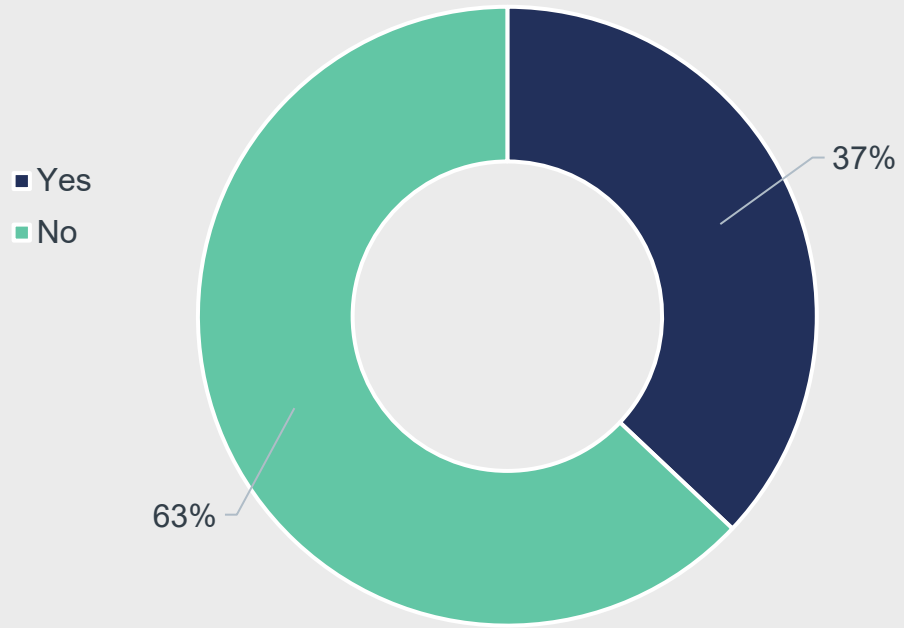
2a. Which STC code(s) is submitted by the provider to receive benefit information on these medications covered under the medical benefit?

- 30 – Health Benefit Plan Coverage
- 43 – Home Health Prescriptions
- 78 – Chemotherapy
- 88 – Retail/Independent Pharmacy
- 91 – Brand Name Prescription Drug
- 92 – Generic Prescription Drug
- AR – Experimental Drug Therapy
- DS – Diabetic Supplies
- One vendor noted that health plans can configure the STC codes they want to use for specific benefits.
- One organization noted that payers typically limit the required STC codes and do not specify the level of medication.
- One health plan noted that the X12 v5010 270/271 TR3 does not support an STC for medical coverage for medications, but it does support STCs for certain vaccinations (e.g., CO – Flu, 19 – Pneumonia vaccine) or retail pharmacy and that an MSG segment or use of specific HCPCS would need to be used.

Feedback Form Responses
Use of Procedure Codes

3. Does your organization support the exchange of information for medication covered under the medical benefit via the X12 270/271 Eligibility & Benefits transaction using procedure codes (CPT, HCPCS, J-codes, etc.)?



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3a. Which Procedure code(s) is submitted by the provider to receive benefit information on these medications covered under the medical benefit?

- J-Codes:
  - J0585 – Injection, onabotulinumtoxina, 1 unit
  - J3301 – Injection, triamcinolone acetonide, not otherwise specified, 10 mg
  - J1071 – Injection, testosterone cypionate, 1 mg
  - J1885 – Injection, ketorolac tromethamine, per 15 mg
  - J-Codes for chemotherapy
- One organization noted that they have not worked with a payer that supports this level of detail.

Feedback Form Responses
Challenges

4. Thinking of other methods used to share benefit information about medications covered under the medical policy (e.g., manual methods like telephone and web portals), what are some of the challenges in codifying this level of detail and sharing it via the X12 270/271 Eligibility & Benefits Transaction?

- **Providing benefit information** at NDC level of detail.
- **Updating the X12 270/271 transaction** to match provider information needs.
- Addressing variability in benefit **accumulation periods**.
- Codifying **deductibles, drug tiers, generics, and formulary tiers**.
- Improving descriptive **capability of J-Codes** compared to NDC codes.
- Ensuring **EMR and payer systems** support eligibility information for specific services.
- Accounting for **site of care policies and billing unit differences**.
- Managing **complexity of drugs** like injectables and biologics.
- Handling **ICD-10** diagnosis dependencies in communication.
- Addressing **timing issues** within workflow for medication code systems.
- Coordinating **multiple J-Codes** on one policy for varied treatments.
- Considering providing information at the **CPT level**.
- Keeping up with **rapidly changing pharmacy landscape**.
- Developing **specific service type codes** for medical policy medications.
- Adapting to the challenge of **coding narrative submissions** from providers.
- Aligning to **other relevant standards**, such as FHIR Resources, USCDI v3 elements, NCPDP data dictionary elements.
- Using **multiple different code sets** (ICD-10 versus Snomed).

Feedback Form Responses
Potential Best Practices

5. What are some potential industry best practices when communicating medication covered under the medical benefit?

- Simplify initial support for medical medication coverage, focusing on certain medications and responding to requested information via the X12 270 with **HCPCS and diagnosis/ICD-10 Codes**.
- Use **J-Codes or HCPCS codes** for effective communication.
- Ensure **specificity** of medication and **limit requests** to a single medication.
- Specify **drug formularies** through provider portals.
- Communicate **site of care preferences and coverage details** clearly to both members and providers.
- Specify drug administration and its **relation to onset of condition**.
- Include **cost-share and utilization management** requirements in communication.
- Provide **electronic updates** to providers and members, along with **clear communication protocols for prior authorization**.
- Display details about **pharmacy benefit coverage** for informed decision-making by providers.
- Establish **trading partner agreements on standardized data mapping** and results output for eligibility and coverage information.
- Avoid creating rules specific to individual drugs or service categories to **prevent confusion for providers**.

Next Steps

Next Steps

Compete Straw Poll #1 – Medication
June 3rd – 21st
	Objective: Collect each Participating Organization's feedback and level of support for draft operating rule opportunities and requirements for medication eligibility under the medical benefit.
	• Format: Review draft rule opportunities and requirements across the following areas:
	  • Categories of service for medication procedure codes (J-codes, NDC, etc.).
	  • Status of health plan coverage.
	  • Patient financial responsibility (deductibles, co-pay, co-insurance, etc.).
	  • Maximum and remaining benefit limitations.
	  • Formulary accessibility and alternatives.
	  • Tiered coverages.
	  • Communication of prior authorization determination.
	  • Accessible policy requirements.

Attend EBTG Call #2 - Dental May 23rd from 2:00-3:00 pm ET	• Task Group participants will level-set on the **dental use case**, review corresponding Feedback Form results, and discuss opportunities for rule development.

Task Group Schedule

Event	Topic	Date
Call #1	Introduce task group & **pharmacy/medication** use case.	May 16th, 2:00 – 3:00 pm ET
Call #2	Introduce **dental** use case.	May 23rd, 2:00 – 3:00 pm ET
Straw Poll #1 & #2	Medication/Pharmacy Straw Poll: Indicate level of support for **pharmacy/ medication** codes. Dental Straw Poll: Indicate level of support for **dental** codes.	June 3rd – 21st
Call #3	Discuss results of Straw Poll #1 & 2 and introduce **mental health** use case.	July 11th, 2:00 – 3:00 pm ET
Call #4	Introduce **value-based care** use case.	August 1st, 2:00 – 3:00 pm ET
Straw Poll #3 & #4	Mental Health Straw Poll: Indicate level of support for **mental health** codes. Value-based Care Straw Poll: Indicate level of support for **value-based care** requirements.	August 12th – 30th
Call #5	Discuss results of Straw Poll #3 & 4 and level set on draft rule requirements.	September 5th, 2:00 – 3:00 pm ET
Straw Poll #5	Indicate level of support for draft rule requirements.	September 11th – 25th

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

You may continue to provide inputs on the dental, mental health, and value-based care use cases via the Feedback Form.

Task Group Roster

Name	Organization
Rebecca Fiehn	ADA
Rambur Jen	Aetna CVS Health
Nancy Senato	Aetna CVS Health
Terrence Cunningham	AHA
Andrea Preisler	AHA
Emma Andelson	AMA
Heather McComas	AMA
Rob Otten	AMA
Tyler Scheid	AMA
Kristina Steece	Ameritas
Margaret Schuler	Aspen Dental
Gerald Eggert	BCBS Michigan
Teri Findley	BCBS Michigan
Amy King	BCBS Michigan
Susan Long	BCBS Michigan
Cindy Monarch	BCBS Michigan
Joan Smith	BCBS Michigan
Tracey Wenturine	BCBS Michigan
Sudheer Tummala	BCBS North Carolina
Susan Langford	BCBS Tennessee
Gail Kocher	Blue Cross Blue Shield Association
Tara Rose	Change Healthcare
Jamie Osborne	Children's Healthcare of Atlanta
Jeffrey Narog	Cigna
Victoria DeLuca	Cleveland Clinic
Ellie Jachna	Cleveland Clinic
Lorraine Doo	CMS
Nikki Kerkhoff	Cognizant
Matt Bramson	CoverMyMeds*
Adam Harbert	CoverMyMeds*
Megan Marchal	CoverMyMeds*
Michael Pattwell	Edifecs
Kena Gwinn	Elevance Health
Mary Perez	Elixir*
Scott Diamond	Epic Systems
Brendan Dowling	Epic Systems
Joe McGuire	Epic Systems
Paul Sobanski	Epic Systems
Megan Soccorso	Gainwell Technologies
Andrew Flood	GDIT
Laura Topor	Granada Health, Inc.*
Donna Campbell	Health Care Service Corporation
Shannon Loupe	Health Care Service Corporation
Mandy Nowacki	Health Care Service Corporation
Maggie Brown	HealthEdge
Tonya Lane	HealthEdge
Jon Fox	Healthenet
Christopher Gracon	Healthenet
Robert Sweigart	Highmark
Gheisha-Ly Rosario Diaz	Labcorp
Sima Gandhi	Lassie
Charles Hawley	National Association of Health Data Organizations
Sandra Garnand	NCPDP
Teresa Strickland	NCPDP
Margaret Weiker	NCPDP
Randy Gabel	OhioHealth
Evert Ford	Optum
Marie Becan	PeaceHealth
Pooja Babbrah	Point-of-Care Partners
Jocelyn Keegan	Point-of-Care Partners
Lorna Bradley	Sekhmet Advisors
Jackson Menezes	Sekhmet Advisors
Diana Fuller	State of Michigan Medicaid
Andrew Mellin	Surescripts
Brian Morris	Surescripts
Dave Pagel	Surescripts
Emma Sorteberg	Surescripts
Tammy Barde Vicari	TCS
Josephine Farace	TCS
Althea Robinson	TCS
Maria Lagoutis	UnitedHealthcare
Jason Large	UnitedHealthcare
Sonya May	UnitedHealthcare
Robert Tennant	WEDI
Michelle Barry	X12
Cathy Sheppard	X12

**NCPDP participating organization*