

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Eligibility & Benefits Task Group Call #1
Call Summary: Thursday, May 16, 2023, 2:00-3:00 pm ET**

This document contains:

- Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call Attendance.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
1. Welcome, Antitrust Guidelines, and Roll Call (Doc #1 Slides 1-3)	<ul style="list-style-type: none"> • Nikki Kerkhoff (Trizetto Provider Solutions) opened the call and reviewed the Antitrust Guidelines, noting that they were included in yesterday's call reminder email along with the call documents. • Ms. Kerkhoff reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Level Set. ○ Review NCPDP's and CORE's Collaboration. ○ Review Feedback Form Results. ○ Discuss Next Steps. • Ms. Kerkhoff reminded participants that the CORE Participant Dashboard will act as a central repository for all documents and resources shared during the Task Group meetings. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<i>Discussion</i>
2. Task Group Level Set (Doc #1 Slides 4-11)	<ul style="list-style-type: none"> • Margaret Schuler (Aspen Dental) provided a level set of the task group. <ul style="list-style-type: none"> ○ The three co-chairs introduced themselves: Nikki Kerkhoff, Trizetto Provider Solutions; Margaret Schuler, Aspen Dental; and Donna Campbell, Health Care Service Corporation. ○ Ms. Schuler provided an overview of CORE, the Task Group's charter and schedule, and reviewed the existing rule requirements. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<i>Discussion</i>
3. NCPDP and CORE Collaboration (Doc #1 Slides 12-19)	<ul style="list-style-type: none"> • Megan Marchal (CoverMyMeds) and Laura Topor (Granada Health) presented insights into why returning benefit and coverage information for medications covered under the medical benefit is important and how NCPDP is collaborating with CORE as part of this joint rule development effort. • Taja Anjarwalla (CAQH) presented the key findings of CORE's environmental scan on this issue. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by EBTG participants. 	<i>Discussion</i>
4. Feedback Form Results (Doc #1 Slides 20-26)	<ul style="list-style-type: none"> • Donna Campbell (HCSC) provided an analysis of the feedback form responses for questions pertaining to the medication covered under the medical benefit use case. • Summary of EBTG Discussion: <ul style="list-style-type: none"> ○ Mr. Anjarwalla asked the Task Group what essential pieces of information could be required to determine coverage and benefit information. <ul style="list-style-type: none"> – Matt Bramson (CoverMyMeds) commented that there are many instances where diagnosis 	

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	<p>codes are not specific enough to determine the appropriate benefit and coverage information. For example, there is a diagnosis code for lung cancer, but coverage can depend on the specific mutation.</p> <ul style="list-style-type: none"> – Ms. Campbell added that you don't always need a diagnosis code or condition to determine if a benefit covers a specific drug. It depends on how strongly the system is codified on a diagnosis or condition. She asked if the Task Group wants to support procedure codes from a benefit quote standpoint or from a benefit quote based on a condition or diagnosis and tie it in with the provider's specialty that is inquiring about the benefit and coverage. – Ms. Topor commented that the site of care should also be considered. For example, an oncologist could prescribe a medication for use at the office, home infusion, or infusion center. – Nancy Senato (Aetna) mentioned that she is concerned that if the Task Group does not get down to the granular level of information, providers may think that a medication is covered, but the claim will be denied. – Racheal Washburn (HCSC) agreed with Nancy's concerns and noted that the Task Group's handling of this will be critical. She further noted that providing the needed information is going to be a heavy lift for payers, but the industry needs a way to support communicating granular information electronically. – Mr. Anjarwalla reminded the Task Group that their role would be to balance between requiring comprehensive data to inform coverage while accounting for the administrative burden it could create. <ul style="list-style-type: none"> ○ Christopher Gracon (Independent Health) asked if the Task Group is looking at this as a 270 inquiry that would come as a result of an office visit that would include this specific information. <ul style="list-style-type: none"> – Mr. Anjarwalla said yes and added that it could be a prescriber at the site of care wanting to understand a patient's eligibility and benefit information for a particular medication. – Ms. Campbell agreed and noted it could occur in a professional practice setting where the provider would run a 270 at the time of scheduling and then run another one at the time of writing a prescription to inform the patient of their coverage. ○ Heather McComas (AMA) asked if the Task Group is considering requirements to communicate if a drug is covered under the pharmacy versus medical benefit. <ul style="list-style-type: none"> – Mr. Anjarwalla said this is in scope for the Task Group's consideration. ○ John Fox (Independent Health) asked how the Task Group can help prescribers understand and communicate coverage information like pharmacists already do. <ul style="list-style-type: none"> – Ms. Campbell noted that NCPDP subject matter experts can help the Task Group understand that workflow to help the Task Group incorporate it into their rule development efforts. – Ms. Topor commented that NCPDP is building a solution to help in this effort and noted that there are proprietary solutions in the marketplace today that do real-time benefit checks from the prescriber to the BPM. She clarified that it may be helpful to have two inquiries—one to the PBM and one to the medical payer to see which entity covers the medication. 	
<p>5. Next Steps (Doc #1 Slides 27-28)</p>	<ul style="list-style-type: none"> • Ms. Kerkhoff reviewed the next steps. <ul style="list-style-type: none"> ○ Straw Poll #1 on medication covered under the medical benefit will be distributed on Monday, June 3rd. 	<p>Action required: Agreed to Next Steps.</p>

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	<ul style="list-style-type: none"> ○ The next Task Group call will be held at 2:00 PM EST on Thursday, May 23rd, focusing on the dental use case. ● CORE EBTG Co-Chairs & Staff: <ul style="list-style-type: none"> ○ Distribute Straw Poll #1 to participants by Monday, June 3rd, 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 #3 on Thursday, July 11th. ● EBTG Participating Organizations: <ul style="list-style-type: none"> ○ Complete Straw Poll #1 by Friday, June 21st, end of day. ○ Participate in Call #2 on Thursday, May 23rd. 	

Call Documentation
Doc 1: EBTG Call 1 Deck – Medication 5.16.24.pdf

<p>Bob Bowman Principal, CORE rbowman@cagh.org</p>	<p>CORE Contact Information Taha Anjarwalla Associate Director, CORE tanjarwalla@cagh.org</p>	<p>Kaitlin Powers Senior Associate, CORE kpowers@cagh.org</p>
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Name	Organization	Attendance
Rebecca Fiehn	ADA	
Rambur Jen	Aetna CVS Health	
Jen Rambur	Aetna CVS Health	X
Nancy Senato	Aetna CVS Health	X
Terrence Cunningham	AHA	X
Andrea Preisler	AHA	X
Emma Andelson	AMA	X
Heather McComas	AMA	X
Rob Otten	AMA	
Tyler Scheid	AMA	
Kristina Steece	Ameritas	X
Margaret Schuler	Aspen Dental	X
Wendy Couturier	BCBS Michigan	
Gerald Eggert	BCBS Michigan	X

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Teri Findley	BCBS Michigan	X
Amy King	BCBS Michigan	X
Susan Long	BCBS Michigan	X
Cindy Monarch	BCBS Michigan	X
Joan Smith	BCBS Michigan	X
Tracey Wenturine	BCBS Michigan	X
Sudheer Tummala	BCBS North Carolina	X
Susan Langford	BCBS Tennessee	
Gail Kocher	Blue Cross Blue Shield Association	X
Tara Rose	Change Healthcare	X
Jamie Osborne	Children's Healthcare of Atlanta	
Jeffrey Narog	Cigna	
Victoria DeLuca	Cleveland Clinic	
Ellie Jachna	Cleveland Clinic	
Lorraine Doo	CMS	
Nikki Kerkhoff	Cognizant	X
Matt Bramson	Cover My Meds*	X
Adam Harbert	Cover My Meds*	X
Megan Marchal	Cover My Meds*	X
Michael Pattwell	Edifecs	X
Kena Gwinn	Elevance Health	X
Mary Perez	Elixir*	X
Scott Diamond	Epic Systems	X
Brendan Dowling	Epic Systems	
Joe McGuire	Epic Systems	X
Paul Sobanski	Epic Systems	X
Megan Soccorso	Gainwell Technologies	X
Andrew Flood	GDIT	
Laura Topor	Granada Health, Inc.*	
Donna Campbell	Health Care Service Corporation	
Shannon Loupe	Health Care Service Corporation	X
Mandy Nowacki	Health Care Service Corporation	X
Racheal Washburn	Health Care Service Corporation	
Maggie Brown	HealthEdge	
Tonya Lane	HealthEdge	X

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Jon Fox	Healthenet	X
Christopher Gracon	Healthenet	X
Robert Sweigart	Highmark	
Gheisha-Ly Rosario Diaz	Labcorp	X
Sima Gandhi	Lassie	
Charles Hawley	National Association of Health Data Organizations	X
Sandra Garnand	NCPDP	X
Teresa Strickland	NCPDP	
Margaret Weiker	NCPDP	
Randy Gabel	OhioHealth	
Evert Ford	Optum	X
Marie Becan	PeaceHealth	X
Pooja Babbrah	Point-of-Care Partners	X
Jocelyn Keegan	Point-of-Care Partners	
Lorna Bradley	Sekhmet Advisors	X
Jackson Menezes	Sekhmet Advisors	X
Diana Fuller	State of Michigan Medicaid	X
Andrew Mellin	Surescripts	X
Brian Morris	Surescripts	
Dave Pagel	Surescripts	X
Emma Sorteberg	Surescripts	X
Tammy Barde Vicari	TCS	
Josephine Farace	TCS	X
Althea Robinson	TCS	X
Shannon Calza	Trizetto Provider Solutions	X
Maria Lagoutis	UnitedHealthcare	X
Jason Large	UnitedHealthcare	X
Sonya May	UnitedHealthcare	X
Robert Tennant	WEDI	X
Michelle Barry	X12	X
Cathy Sheppard	X12	X