Eligibility & Benefits Task Group

Call #2

May 23, 2024

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Agenda

- Eligibility & Benefits Task Group Overview
  - CORE Overview
  - Introductions
  - Task Group Charter and Milestones
- Industry Perspectives
  - ADA
  - NDEDIC
  - Opportunity Areas
- Feedback Form Results: Dental Use Case
- Next Steps

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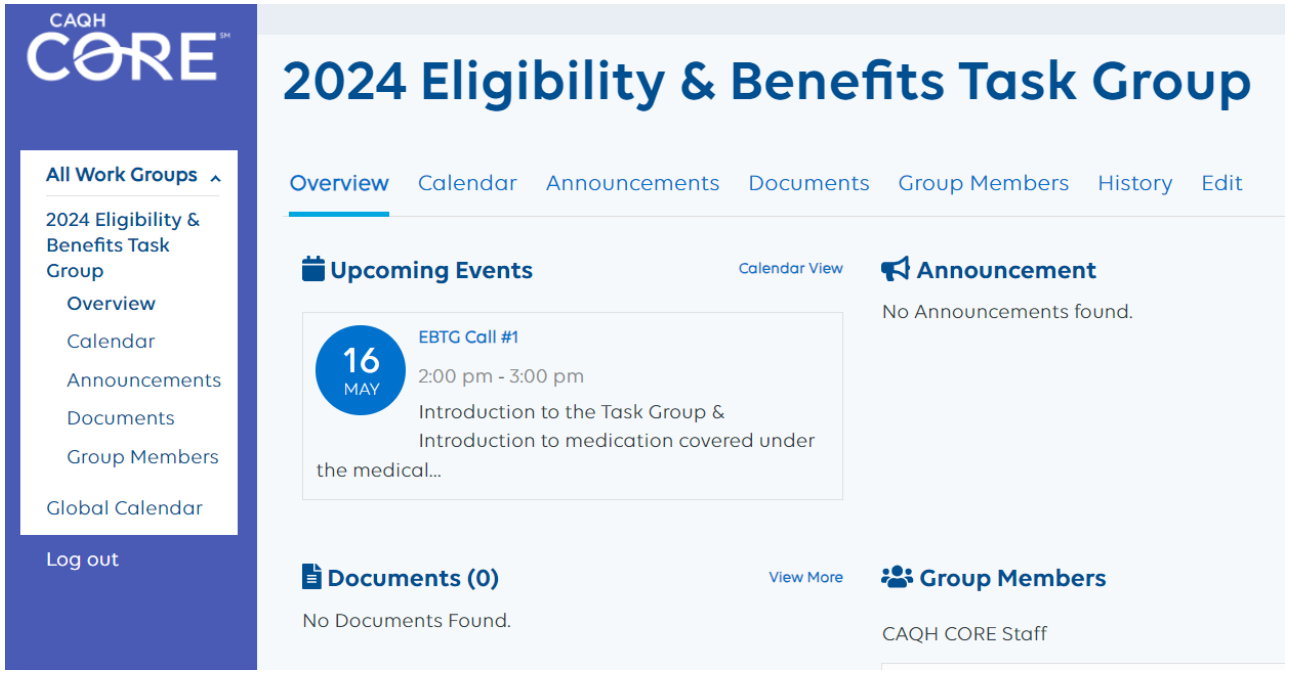
CORE Participant Dashboard

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.

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Eligibility & Benefits Task Group

Overview

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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

Dental SMEs	
Rebekah Fiehn *Director, Dental Benefits, Coding and Data Exchange* American Dental Association	**Chris Clelland** *Business Technology Advocate* Pacific Dental Services

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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.

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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)
- WellsFargo
- 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)

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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*

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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.

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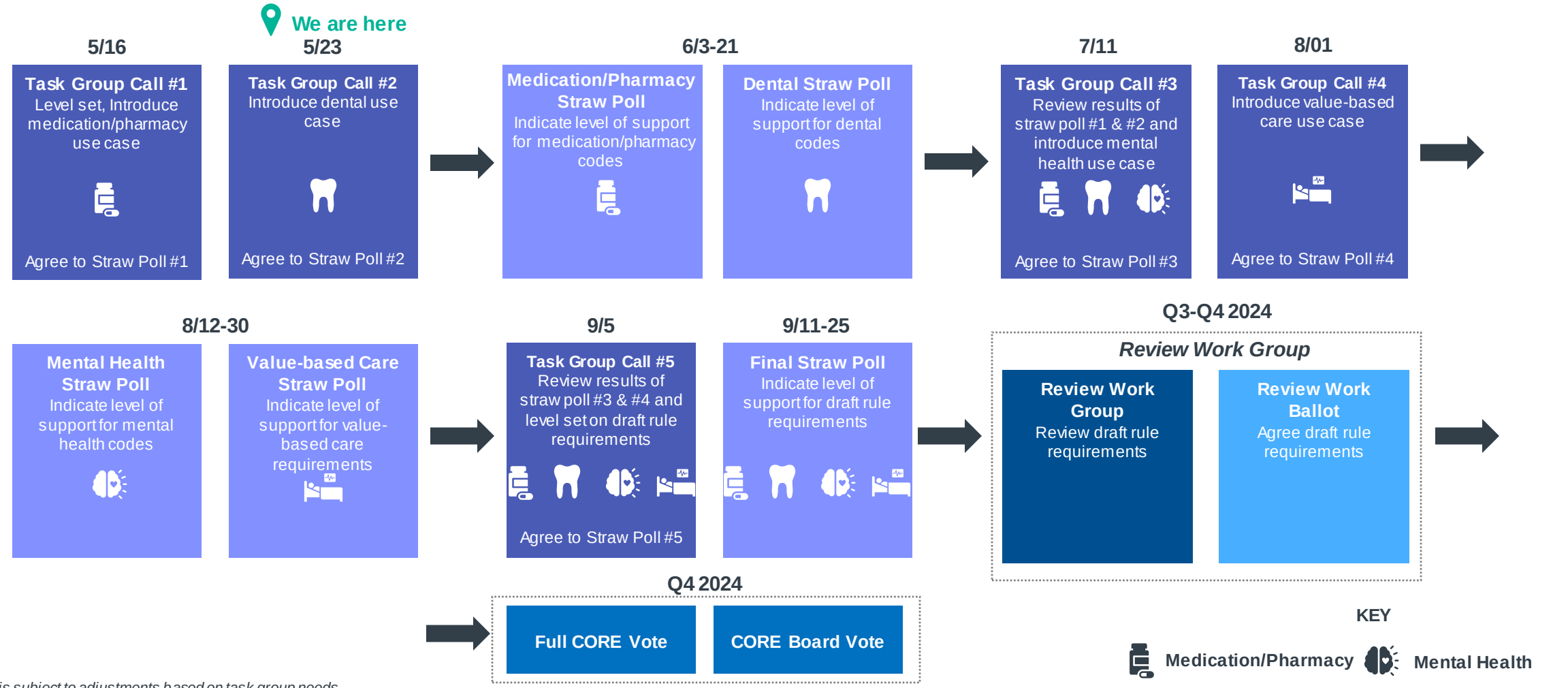
Task Group Timeline



*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

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Rule Update Recommendations

Opportunities for Rule Development & Industry Education

1

Leverage X12 270/271 Transactions:

Broaden the use of X12 v5010 270/271 transactions by including CDT and targeted CPT/HCPCS codes.

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

Benefit Limitations:

Align on requirements to return maximum and remaining benefit limitations across a specified set of service types or procedures.

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:

Enhance the coordination of medical and dental benefits, such as oral surgery, by standardizing data across various systems

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Industry Collaboration

American Dental Association (ADA)

National Dental EDI Council (NDEDIC)

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American Dental Association Improving Dental Benefits Verification

Rebekah Fiehn, Director, Dental Benefits, Coding, and Data Exchange

May 23, 2024

Together with our 159,000+ members, the ADA has been driving dentistry forward for more than 160 years.

+

Puerto Rico & Virgin Islands

ADA Vision

Empowering the dental profession to achieve optimal health for all.

Mission

Help dentists succeed and support the advancement of the health of the public.

We make people healthy.

About the ADA Standards Program

- Operates under the accredited procedures by the American National Standards Institute (ANSI) to develop national dental standards.
- ~500 Volunteers across 13 consensus bodies
- Consensus Body 3: Dental Terminology and SNODENT
- Consensus Body 11: Dental Data Structure and Exchange

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Code Maintenance Committee (CMC)

- Established by CDBP in 2012
  - CMC has delegated authority to accept, amend or decline action requests
  - May offer recommendations to CDBP on categories of service for new codes
- CMC composition reflects stakeholders
  - ADA (5) — all from CDBP; one serves as chair
  - Payers (5)
  - Recognized Dental Specialty Organizations (11)
  - Other Dental Professional Organizations (2)

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Consistent and Detailed Eligibility Responses

Dentists need consistency in the quality and breadth of eligibility verification responses from dental payer(s). Lack of this consistency results in dentists calling the payer(s) to obtain eligibility information for their patients.

Common issues with eligibility responses:

- Many payers provide eligibility info that is vague in indicating actual percentages for individual procedures, creating inaccurate estimation of patient's payment responsibility.
- Some dental payers only provide eligibility and benefit information at the group plan level and not at the individual patient level.
- The information/detail variance within each payer portal requires dental offices to contact the payer's "call center" to speak with a representative to obtain the needed information.

Commonly missed items across payer eligibility responses

- Frequency/Age Limitations
- Exceptions to Co-insurance
- Waiting periods
- Last Visit Date

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Service Type Codes vs. Procedure Coding

	Covered	Does deductible	Remaining	Remaining	Preferred-in-	In-network Co-	Out-of-network	Preferred-in-	In-network Co-	Out-of-network	Benefit Period	Lifetime	Last treatment	Age limitation	Frequency limit	Frequency limit	Next Available	Waiting Period	Prior	Message
D0120 - Periodic oral evaluation - established patient																				
D0140 - Limited oral evaluation - problem focused																				
D0145 - Oral evaluation for a patient under three years of age and counseling with primary caregiver																				
D0150 - Comprehensive oral evaluation - new or established patient																				
D0180 - Comprehensive periodontal evaluation - new or established patient																				
D3220 - Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament																				
D3310 - Endodontic therapy, anterior tooth (excluding final restoration)																				
D3320 - Endodontic therapy, bicuspid tooth (excluding final restoration)																				
D3330 - Endodontic therapy, molar (excluding final restoration)																				
D4341 - Periodontal scaling and root planning - four or more teeth per quadrant																				
D4381 - Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth																				
D4910 - Periodontal maintenance																				

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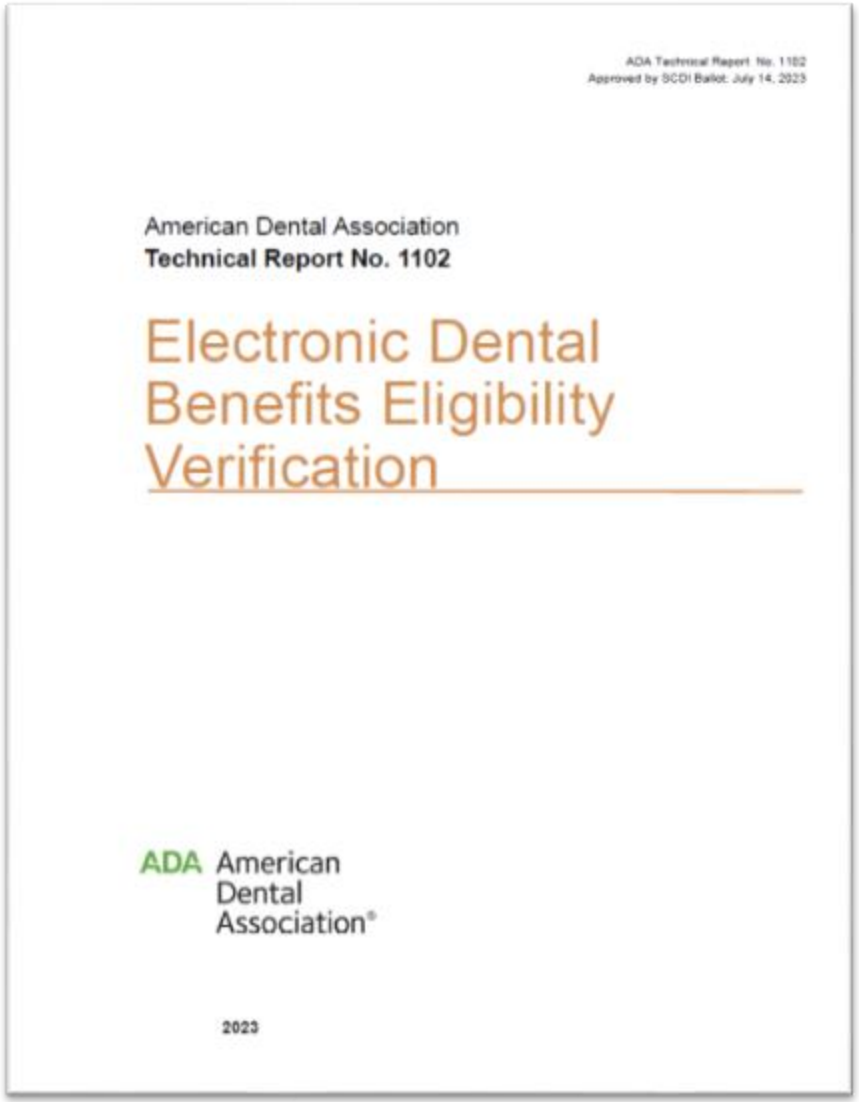
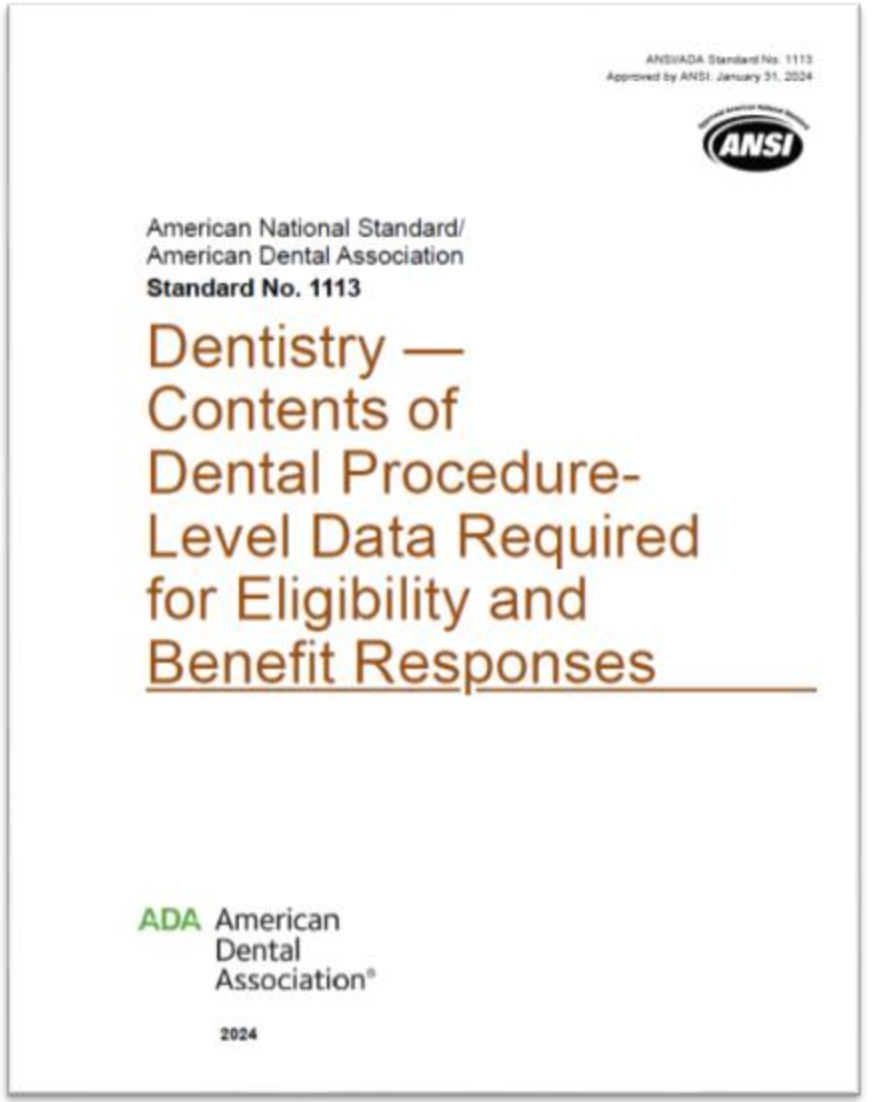
ADA Products on Benefits Eligibility





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NDEDIC

DIVERSE VOICES-SHARED COMMITMENT

- What is National Dental EDI Council (NDEDIC)
- Overview of Work Group 1: Eligibility & Benefits
- Usability Program

Feedback Form Results

Dental Benefits

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Feedback Form Responses
Use Case: Dental Benefits

CORE received 19 responses from 17 organizations on the dental use case.

Number of Task Group Participating Organizations	41
Total Number of Organizational Responses	**17 (41%)**
Health Plan/Health Plan Association Responses	2 (11%)
Provider/Provider Association Responses	4 (24%)
Vendor/Clearinghouse Responses	4 (24%)
Government Response	1 (6%)
Other Stakeholder Type Responses (includes SDOs)	6 (35%)

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Feedback Form Responses
Common Categories of Procedure Codes

1. Please list common categories of dental procedure codes (CDT, CPT, etc.) used to exchange information for dental benefits. For example: Diagnostic, Preventative, Restorative, Endodontics, Periodontics, Prosthodontics, Oral and Maxillofacial Surgery, Orthodontics, etc.

- Adjunctive Dental Services
- Diagnostic
- Endodontics
- Fixed Prosthodontics
- Implant Services
- Oral and Maxillofacial Surgery
- Orthodontics
- Pathology
- Periodontics
- Preventative
- Prosthodontics
- Radiology
- Restorative
- Temporary Prosthodontics
- Specialty Procedures
- Surgery (for medically complex patients)

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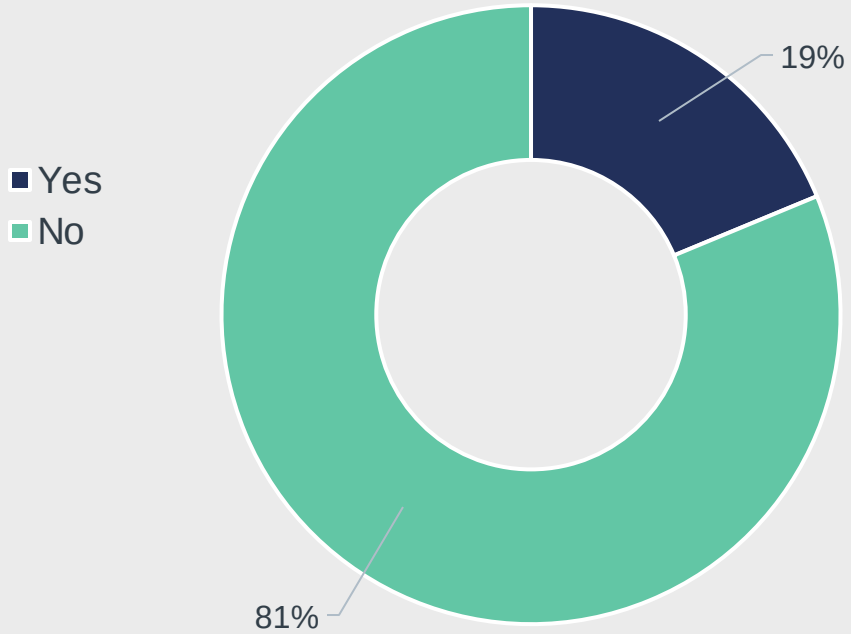
Feedback Form Responses
Use of ADA Codes

2. Does your organization support the exchange of benefit information on dental services via the X12 270/271 Eligibility & Benefits Transaction by using ADA codes rather than STC codes?



N=16

2a. What are the top 10 most common ADA codes that your organization uses to exchange information for dental benefits?

- **D0120**: Periodic oral evaluation - established patient
- **D0272**: Bitewings - two radiographic images
- **D0274**: Bitewings - four radiographic images
- **D1110**: Prophylaxis - adult
- **D2391**: Resin-based composite - one surface, posterior
- **D2392**: Resin-based composite - two surfaces, posterior
- **D2750**: Crown - porcelain fused to high noble metal
- **D2950**: Core buildup, including any pins when required
- **D4341**: Periodontal scaling and root planing - four or more teeth per quadrant
- **D4910**: Periodontal maintenance

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Feedback Form Responses
Challenges

3. Thinking of other methods used to share dental benefit information (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?

- **Additional messaging needed** to explain details of procedure code.
- Dental benefit eligibility is **hosted by a different vendor**.
- Self service options for types of services are **not robust enough**.
- **X12 270/271 is not capable** of providing the level of detail required.
- Providers need to **call or go through portals** to get the level of information required.
- Portals do not transfer information via an API or FTP, making it difficult for a third-party to **access the data in a clean and consistent manner**.

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Feedback Form Responses
Use of Portals and Telephone

4. Are there examples where providers are required to use a provider portal or telephone to obtain specific information on dental benefits?

- One organization noted they are required to use a phone call for **authorization**.
- Two organizations noted that providers must log into portals and or call to get **more information** (e.g., insufficient notes, abbreviations without context on claims, etc.)
- One organization noted that **IVR and portal options** are available but not required.

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Feedback Form Responses
Additional Comments

5. Please provide any additional comments, insights, or recommendations your organization has related to exchanging information on dental benefits specific to the X12 270/271 Eligibility & Benefits Transaction.

- Being dependent on X12 270/271 transactions can handicap a provider when there are clearinghouse and practice management software issues. It also creates a burden when attempting to determine **coordination of benefits** and **history of services**.
- There should be a focus on the mechanisms for **transmission, parity between the X12 270/271 codes and what is available in the portal, and completeness of notes**.
- Rule development should consider **the location/provider, payer-required elements, proper routing of the X12 270, payer channel consistency, inadequate or insufficient guidelines, and finding a patient/member**.

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Next Steps

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Next Steps

Compete Straw Poll #2 - Dental
June 3rd – 21st
	Objective: Collect each Participating Organization's feedback and level of support for draft operating rule opportunities and requirements for dental benefits.
	• Format: Review draft rule opportunities and requirements across the following areas:
	  • Categories of service for dental procedure codes (CDT, CPT, HCPCS, etc.).
	  • Status of health plan coverage.
	  • Patient financial responsibility (deductibles, co-pay, co-insurance, etc.).
	  • Maximum and remaining benefit limitations.
	  • Tiered coverages.
	  • Communication of prior authorization determination.
	  • Accessible policy requirements.

Attend EBTG Call #3 July 11th from 2:00-3:00 pm ET	• Task Group participants will level-set on the **mental health use case**, **review Straw Poll #1 (medication covered under the medical benefit) and #2 (dental benefits) results** and discuss opportunities for rule development.

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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	Straw Poll #1: Indicate level of support for **pharmacy/medication** codes. Straw Poll #2: 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	Straw Poll #3: Indicate level of support for **mental health** codes. Straw Poll #4: 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 mental health and value-based care use cases via the Feedback Form.

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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	Cover My Meds*
Adam Harbert	Cover My Meds*
Megan Marchal	Cover My Meds*
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*

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Discussion Questions

- How can this task group streamline the process of obtaining coverage and benefit information for dental benefits at the procedure level? Specifically, what are the major pain points experienced by health plans, providers, and patients?

- What are the essential pieces of information (e.g., procedure codes, diagnosis codes, additional clinical data) required to accurately determine coverage and benefit details for covered dental procedures?

- How can this task group strike a balance between the need for comprehensive data to inform coverage decisions and the potential administrative burden this places on providers and health pans?

- What solutions (e.g., return of benefit limitations, accessible policy requirements, etc.) could significantly enhance transparency and efficiency within the coverage determination process?

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For Discussion

How can this task group streamline the process of obtaining coverage and benefit information for dental benefits at the procedure level? Specifically, what are the major pain points experienced by health plans, providers, and patients?

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For Discussion

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What solutions (e.g., return of benefit limitations, accessible policy requirements, etc.) could significantly enhance transparency and efficiency within the coverage determination process?

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