

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Health Care Claims Focus Group Call #2
Key Takeaways: Wednesday, November 2nd, 2022, 2 pm -3:30 pm ET Call**

Agenda Item	Key Discussion Points
Welcome, Antitrust Guidelines and Roll Call	<ul style="list-style-type: none"> Reviewed Antitrust Guidelines.
Focus Group Direction and Goals	<ul style="list-style-type: none"> Provided an overview of key insights and takeaways from Focus Group Call #1. Discussed opportunity areas that are not a definitive fit for operating rule development, but could benefit from industry education. Reviewed opportunity areas to conditionally pursue operating rule development which included: claim rejection reporting and notification and value-based payments. Recommending not to pursue operating rule development for patient data sharing and X12 and FHIR alignment. Shared additional insights on topics of telehealth and appeals. Agreed to the goal of focus group calls moving forward is to facilitate discussion to support formation of a Health Care Claims Subgroup.
Health Care Claims Areas of Opportunity	<p><u>Patient Data Sharing</u></p> <ul style="list-style-type: none"> Reviewed recommendations to not to pursue operating rule development. <p><u>X12-to-HL7 FHIR Translation</u></p> <ul style="list-style-type: none"> Reviewed recommendations to not to pursue operating rule development. Discussed that CAQH CORE will continue to monitor emerging standards <p><u>Claim Rejection and Notification Reporting</u></p> <ul style="list-style-type: none"> Reviewed recommendations that 96% polling respondents indicated support of data content rule for the X12 277CA. <ul style="list-style-type: none"> 96% of respondents indicated support. Participants discussed that some organizations have developed customized proprietary claim response reporting due to limitations and variability of code definitions on the X12 277CA. <ul style="list-style-type: none"> CAQH CORE suggested that organizations share their proprietary claim response reports with CORE staff for analysis on where the gaps in rejection details exist. Providers indicated X12 277CA error reporting is variable across the spectrum. <ul style="list-style-type: none"> Discussed that for some health plans they can use standard error code reporting, while for other health plans they have to decipher detailed proprietary report. Participants discussed the importance of including the Claim ID on the X12 277CA as helpful for providers and health plans to support reassociation. Further, it was discussed when the X12 277CA is used, the ability to provide detailed code pairings could support workflows to automate the direction of claim error correction to the right team. <p><u>Value-based Payments (VBP)</u></p> <ul style="list-style-type: none"> Reviewed recommendations that 100% polling respondents indicated support of data a data content operating rule, with 46% polling respondents indicating a need for data element uniformity for VBP methodologies. Discussed from a clearinghouse perspective that many changes do not need to be made to adjust workflows or systems to manage VBP claims instead of FFS claims. Reviewed that attribution data could be a potential use case for data content added to the X12 837.

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	<ul style="list-style-type: none"> • Reviewed that SDOH implementation is currently vague due to a lack of standardization in appropriate screening and tracking tools, leading to inconsistent data and measurement. <ul style="list-style-type: none"> ○ Discussed that claims may be the default reporting tool for SDOH. ○ Discussed that there is no indication of a patient’s current social determinants of health at the time visit. Patient’s eligibility status and benefit information could be leveraged to provide this. ○ Explored that SDOH could very well be its own topic as it has revenue cycle and clinical implications. <p><u>Telehealth</u></p> <ul style="list-style-type: none"> • Reviewed recommendations that CAQH CORE has identified areas that could be solved by operating rules, industry guidance, increased education, or leverage of existing rules. • Participants indicated a strong interest in addressing variances in Place of Service indicators and modifiers. • Providers indicated they would like better understanding of modifier value descriptions, as they are often unaware which modifiers to use for designated scenarios. <p><u>Additional Areas of Opportunity</u></p> <ul style="list-style-type: none"> • <u>Appeals</u> <ul style="list-style-type: none"> ○ Reviewed that for <i>Additional Areas for Opportunity</i> for CAQH CORE to consider appeals received the highest level of interest from participants. ○ Discussed CMS data that the highest rated reason for denial claims is “other” and indicated that understanding the criteria for “other” denial reasons and an important topic for Focus Group consideration. ○ Explored opportunities to evaluate the use of the X12 837 transaction to submit appeals. • <u>No Surprises Act</u> <ul style="list-style-type: none"> ○ Reviewed that CAQH CORE is monitoring this topic area. • <u>Coordination of Benefits</u> <ul style="list-style-type: none"> ○ Discussed that there is significant variability in the X12 837 with in the loop that includes additional payer information and primary coverage. Indicated that this could potentially be an area for additional standardization.
Next Steps	<ul style="list-style-type: none"> • Reviewed next steps to complete Straw Poll #1 to confirm Focus Group input and next steps for rule development. • CAQH CORE staff discussed plans to launch a Health Care Claims Subgroup in early 2023, with details and invitations forthcoming.

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CAQH CORE Contact Information	
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Health Care Claims Focus Group Call #2 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attendance
Aetna	Hodges	Rose	X
Aetna	Rabuffo	Mark	X
Aetna	Davidson	Marianne	X
Aetna	Wampler	Ronald	
Aetna	Nanda	Swati	
Aetna	Thomas	Shannon	
Aetna	Midyette	Carol	
Aetna	Lambe	Rebecca	
Aetna	Carr	Teresa	
Aetna	Trickel	Suzanne	
Aetna	Miller	Jeffery	
Aetna	Rittenbach	Tori	
Aetna	Sikorski	Christopher	
Aetna	Foos	Lisa	
Aetna	Horley	Lauren	
American Medical Association (AMA)	McComas	Heather	X
American Medical Association (AMA)	Spector	Nancy	X
American Medical Association (AMA)	Scheid	Tyler	X
Availity	Jordan	Joshua	
Availity	Barber	Leah	X
Availity	Ruhl	Katie	X
Availity	Sites	Kathy	X
Availity	Barry	Michelle	X
Blue Cross Blue Shield of Michigan	Knapp	Ron	
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
California Medicaid	Jennings	Jeff	X
Change Healthcare	Trewyn	Elsa Star	
Claim.MD	Titan	Nihal	
Centers for Medicare and Medicaid Services (CMS)	Kessler	Thomas	
Centers for Medicare and Medicaid Services (CMS)	Mendenhall	Gigi	X
Centers for Medicare and Medicaid Services (CMS)	Rooke	Fred	
Centers for Medicare and Medicaid Services (CMS)	Kerr	Jason	X
Cognizant	Duchek	Dawn	X
Cognizant	Quackenbush	Don	X
Cognizant	Schulz	Andy	X
CRSA	Caldwell	Laura	X

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Edifecs	Nair	Tushar	X
ElevanceHealth	Martin	Victor	
HealthNet	Gracon	Christopher	
Kaiser Permanente	Crosby	Yolanda	
Kaiser Permanente	Rezai	Pauny	X
LabCorp	Rosario Diaz	Gheisha	X
Mayo Clinic	Brannan	Andrea	
Mayo Clinic	Fortek	Rebecca	X
Meddle Solutions	Combs-Dyer	Melanie	
Michigan Department of Community Health	Fuller	Diana	X
Minnesota Department of Human Services	Yang	Chao	X
Minnesota Department of Human Services	Wandersee	Ann	
National Association of Health Data Organizations (NAHDO)	Hawley	Charles	X
National Association of Health Data Organizations (NAHDO)	Thurston	Norm	
NextGen Healthcare	Miller	Yolanda	
NextGen Healthcare	Team	Nancy	
OhioHealth	Alexander	Mary	X
Olive AI	Townsend	Kristina	
Optum	Duncan	India	X
Point32Health	Buckley	Nancy	
Virginia Mason Medical Center	Wallace	Jenny	X
Virginia Mason Medical Center	Chambers	Kevin	X
Virginia Mason Medical Center	Ness	Lisa	