



# CAQH CORE Price Transparency Series:

## Industry Perspectives on GFE Requirements

October 5, 2022

# Agenda

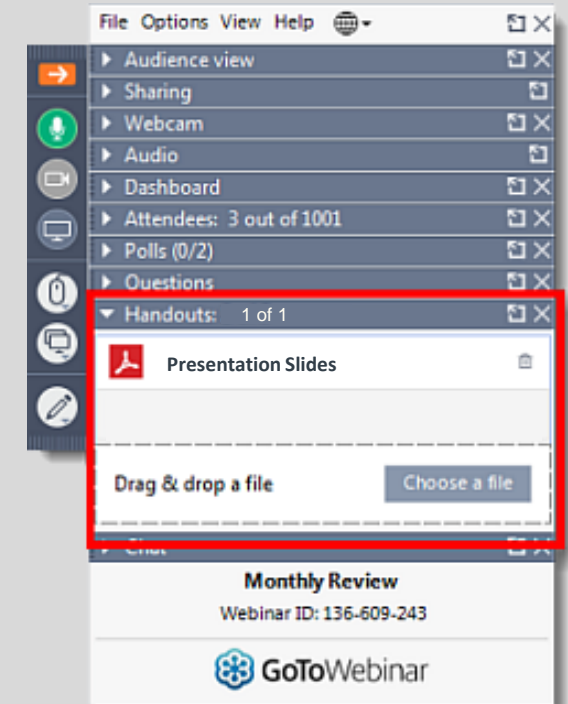
1. CAQH CORE Overview and Vision
2. Industry Perspectives on GFE Requirements
3. Panel Discussion
4. Q&A

# Logistics

## Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials:
  - You can download the presentation slides now from the “Handouts” section of the GoToWebinar menu.
  - You can download the presentation slides and recording at [www.caqh.org/core/events](http://www.caqh.org/core/events) after the webinar.
  - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.
- Questions can be submitted **at any time** using the **Questions panel on the GoToWebinar dashboard**.

### Download the Slides Now



# Thank You To Our Speakers

## **Rany El Diwany**

Director Product Management, Front Desk: Patient Pay  
athenahealth

## **Kevin Mulcahy, FACMPE**

Senior Director Provider and Payer Service,  
Massachusetts General Physician Organization - Professional Billing Office

## **Taha Anjarwalla**

Associate Director, CAQH CORE

## **Kaitlin Powers**

Senior Associate, CAQH CORE

CAQH  
CORE

# CAQH CORE Overview and Vision

**Taha Anjarwalla**  
Associate Director, CAQH CORE

# CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population**.

## MISSION

Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

## VISION

An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

## DESIGNATION

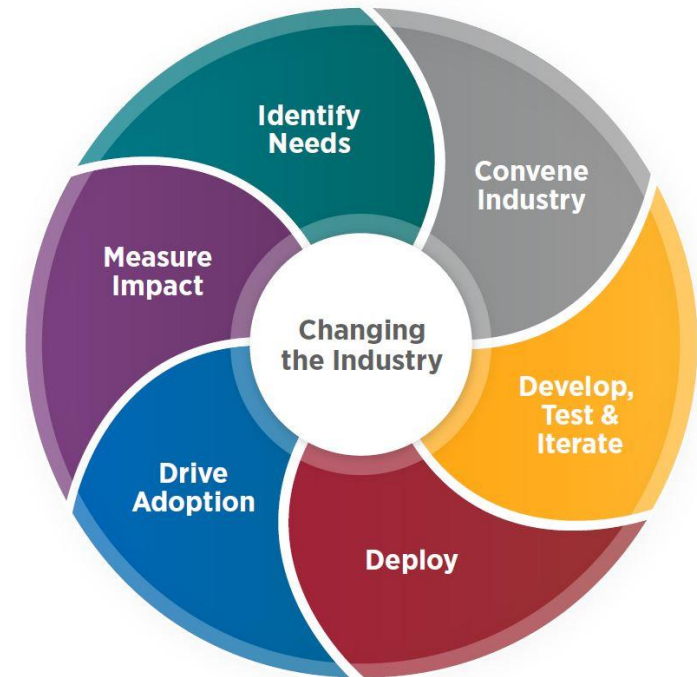
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

## INDUSTRY ROLE

**Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

## CAQH CORE BOARD

**Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.





# More than 100 CAQH CORE Participating Organizations

## 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
- Coventry Health Care
- Elevance Health
- Government Employees Health Association, Inc. (GEHA)
- Health Care Service Corp
- Highmark, Inc (Highmark Health)
- Health Net Inc. (Centene Corporation)
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)
- UnitedHealthGroup
- UnitedHealthcare

## 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

## Integrated Plan/Provider

- Highmark Health
- Kaiser Permanente
- Marshfield Clinic

## Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- St. Joseph's Health
- Virginia Mason Medical Center

## Vendors & Clearinghouses

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

## Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- HL7
- Mettle Solutions
- NACHA The Electronic Payments Association
- NASW Risk Retention Group, Inc.
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Ohio Hospital Association
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission
- WEDI

Commercial, Governmental, and Integrated Health Plans account for 75% of total American covered lives.

# What are Operating Rules?

**Operating Rules** are the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.



CAQH CORE is the HHS-designated Operating Rule Author for all HIPAA-covered transactions.



Developed to facilitate administrative interoperability by building upon recognized standards and ensuring benefit for each critical stakeholder.



Complement and support healthcare industry and other standards – *they do not repeat or conflict with standards.*

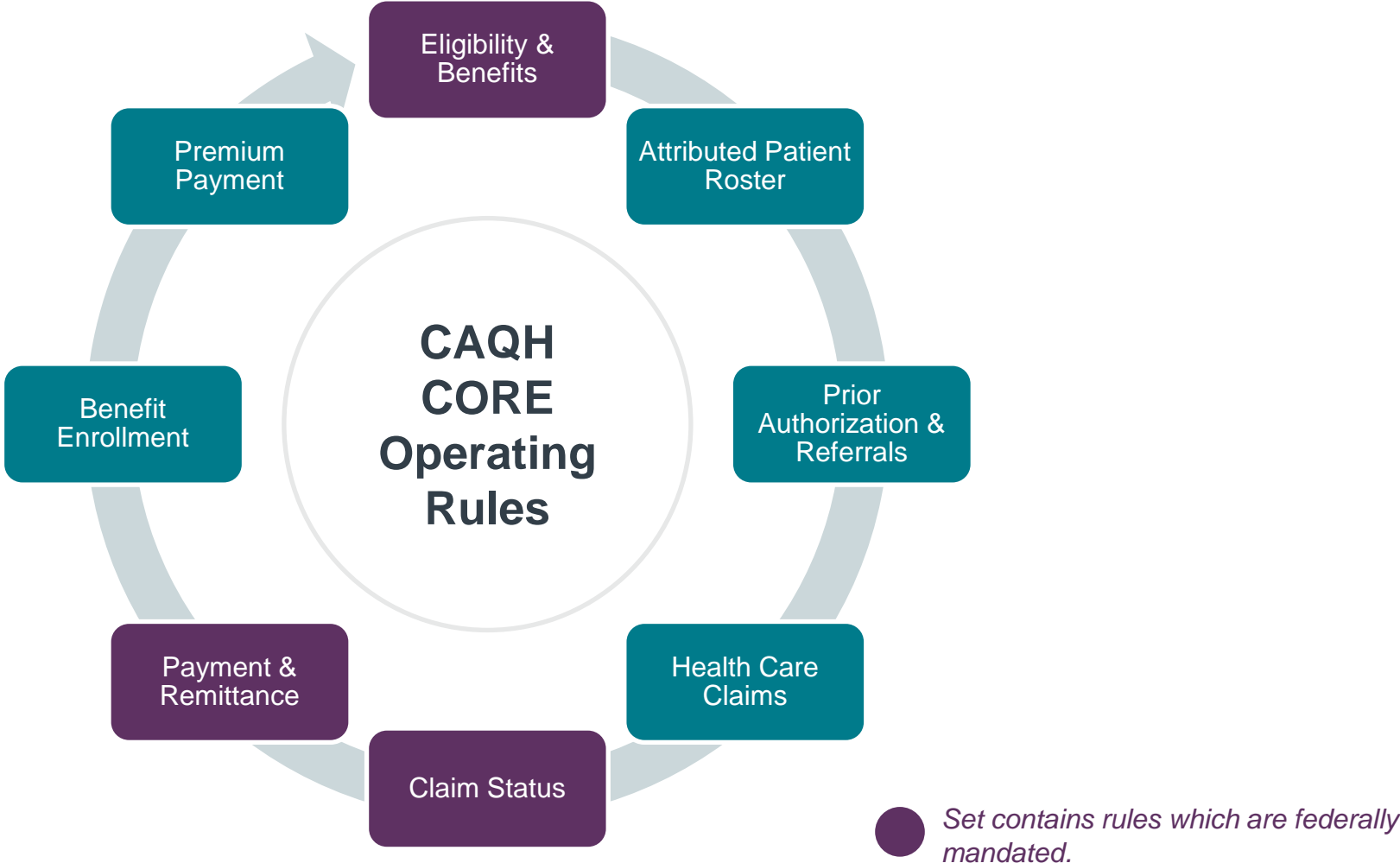


Operating rules are also created and implemented in other industries such as finance.



# CAQH CORE Operating Rules Support Key Revenue Cycle Functions

*Three Rule Sets Adopted Under HIPAA*



# Industry Perspectives on GFE Requirements

**Kaitlin Powers**  
Senior Associate, CAQH CORE

# Background

## *No Surprises Act, Advanced EOB, & Good Faith Estimate*



- The **No Surprises Act**, signed into law as part of the Consolidated Appropriations Act of 2021, addresses surprise medical billing at the federal level.



- Section 111 of the Act requires health plans to provide an **Advanced Explanation of Benefits (EOB)** for scheduled services one to three business days in advance, dependent on date of intended service/item, to give patients transparency into which providers are expected to provide treatment, the expected cost, and the network status of providers.



- Section 112 requires health care providers and facilities to verify what type of coverage the patient is enrolled in and provide notification of a **good faith estimate (GFE)** of charges to the payer/patient at least three days in advance of service/item and no later than one day after scheduling the service.



- A mandated compliance date was set for industry implementation of the No Surprises Act via an [Interim Final Rule](#). Although, the rule does not directly address Advanced EOBs, stakeholders were expected to implement the requirements using a good faith, reasonable interpretation of the statute by January 1, 2022. However, in August 2021, CMS published [FAQ guidance](#) indicating that the Department of Health and Human Services (HHS) will delay the issuance of regulations and defer enforcement activity for Advanced EOBs, Good Faith Estimates for those enrolled in a health plan, and other requirements of the No Surprises Act.

# No Surprises Act

## Advanced EOB & Good Faith Estimate Requirements

- **The Advanced EOB must be shared with the member/patient by mail or electronically, depending on the individual's preference, and include the following information:**
  - If a provider/facility is in- or out-of-network with respect to the item/service.
    - If the provider/facility is in-network, the contracted rate based on billing and diagnostic costs sent by the provider.
    - If the provider/facility is out-of-network, a description on how the individual can find contracted providers/facilities, if any.
  - A Good Faith Estimate of expected charges based on billing and diagnostic codes.
  - A Good Faith Estimate of the plan's payment responsibility and member's cost sharing responsibilities for the item/service.
  - A Good Faith Estimate of the amount the member has incurred toward meeting their financial responsibility limit (including deductibles and out-of-pocket maximums) under the plan.
  - Disclaimers that the coverage is subject to medical management requirements and that the estimates are subject to change.
  - Any other information health plans deem appropriate to include consistent with other requirements.



# Industry Activities at the Federal Level



## Implementation Requirements

- The [third final rule implementing the NSA](#) was issued on August 19, 2022.
  - Provides requirements related to the information that health plans must share about the qualifying payment amount (QPA) and specifies provisions for payment determinations around the independent dispute resolution process (IDR).
  - Effective on October 25, 2022.
- The rule was released alongside **new [FAQs](#)** to aid with implementation.

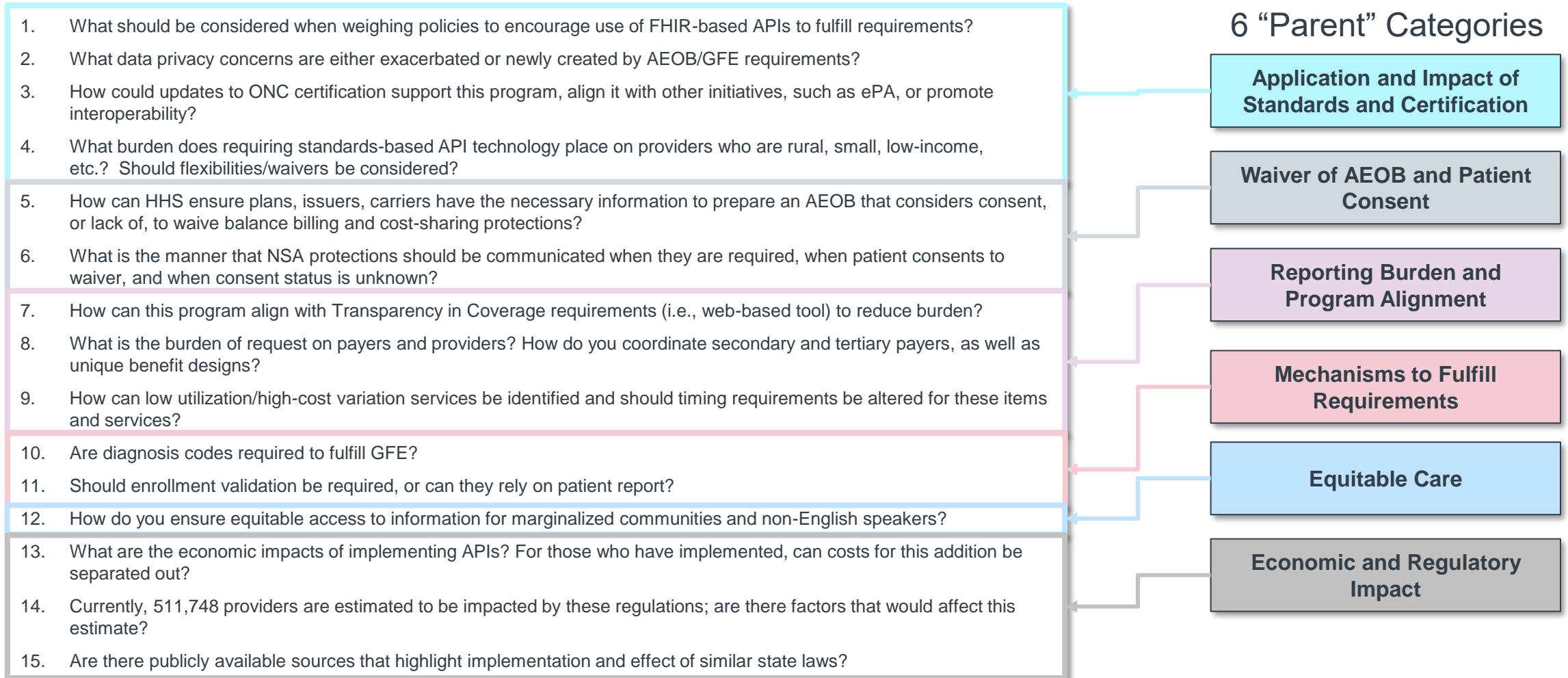


## Request for Information (RFI)

- **Broad-reaching RFI on AEOB & GFE** component of the No Surprises Act was posted to the Federal Register on September 16, 2022.
- Questions cover a wide-array of **implementation considerations**, including but not limited to:
  - The use of HL7 FHIR APIs.
  - Alignment with ONC certification programs.
  - Effect on rural providers and equitable care.
  - Mechanisms of reporting and diagnosis information.
- Responses are due to HHS by **November 15, 2022**.

# Categories of Questions Included in the RFI

*Most Categories Include Multiple Questions*



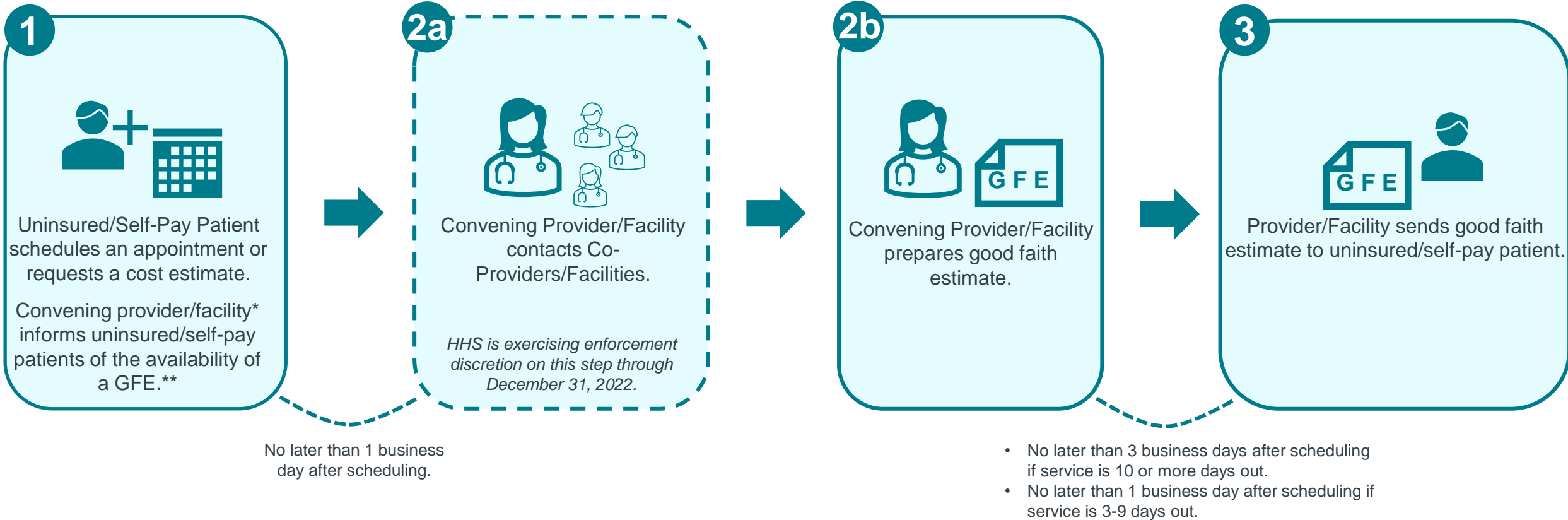


# Industry Perspectives on GFE Requirements

**Taha Anjarwalla**  
Associate Director, CAQH CORE

# Good Faith Estimate Sample Workflow

## For Uninsured/Self-Pay Patients



\*The “convening provider/facility” is the provider/facility responsible for scheduling the primary items/services.

\*\*Notice must also be prominently displayed on website, in office, and on-site where scheduling or questions occur.

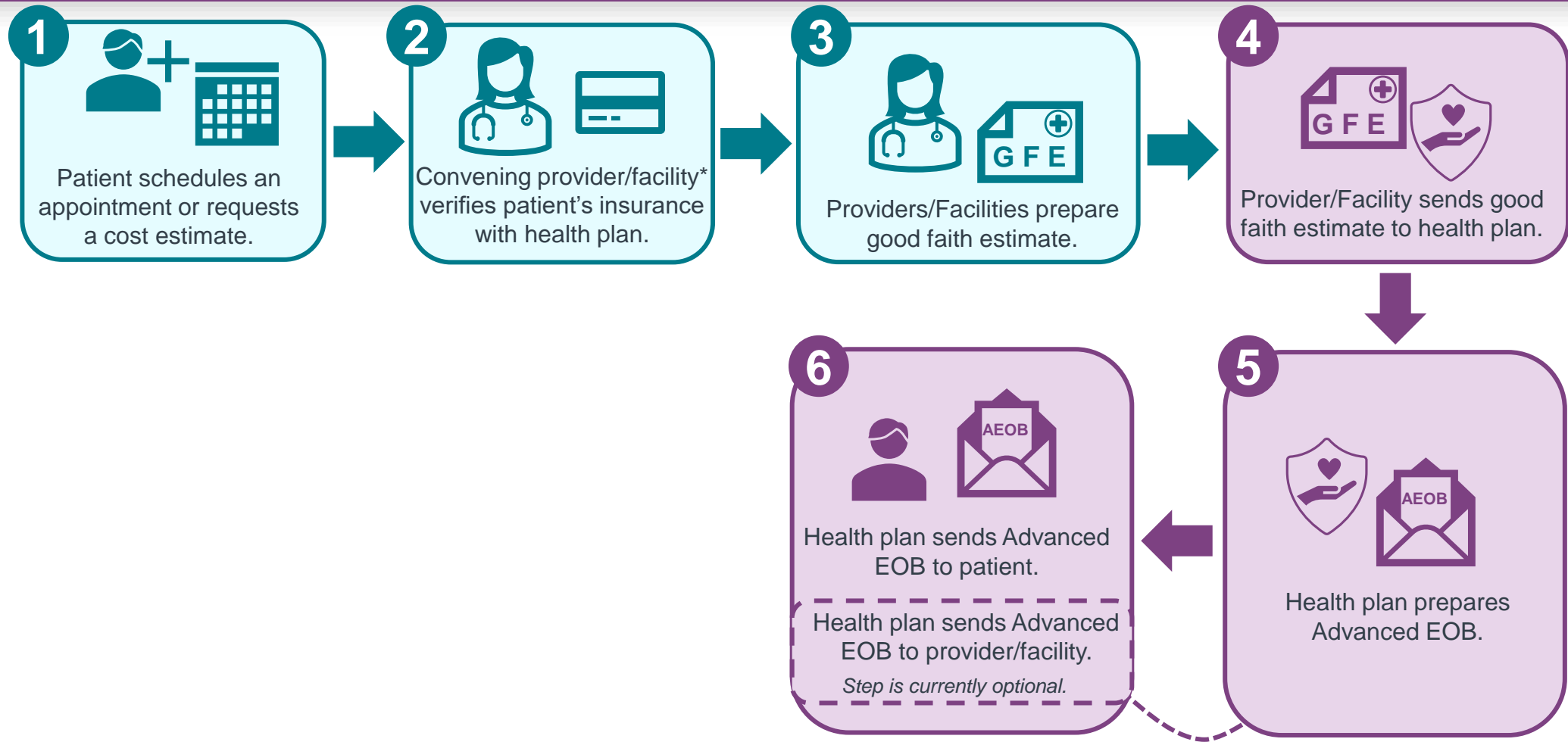
# Polling Question #1

**Based on current regulatory guidance, what is your organization's anticipated timeline for implementing and supporting the exchange of Good Faith Estimates for a single convening provider for the uninsured/self-pay scenario?**

- 0 – 3 Months.
- 3 – 6 Months.
- 6 – 12 Months.
- Awaiting Further Regulatory Guidance.
- Other (please specify in the chat).

# Advanced EOB Sample Workflow

## For Insured Patients



- No later than 3 business days after scheduling if service is 10 or more days out.
- No later than 1 business day after scheduling if service is 3-9 days out.

\*The "convening provider/facility" is the provider/facility responsible for scheduling the primary items/services.

## Polling Question #2

**Based on current regulatory guidance, what is your organization's anticipated timeline for implementing and supporting the delivery of Good Faith Estimates and/or Advanced EOBs for the insured scenario?**

- 0 – 6 Months.
- 6 – 12 Months.
- 12 - 24 Months.
- Awaiting Further Regulatory Guidance.
- Other (please specify in the chat).

# Provider/Payer Good Faith Estimate Exchange Methods

There are **multiple approaches** that the healthcare industry could implement to support how **Good Faith Estimate** are formatted, structured, and exchanged between providers and health plans. These include:

- X12 837 P/I Pre-Determination.
- HL7 Da Vinci Patient Cost Transparency (PCT) Implementation Guide.
- Good Faith Estimate Templates to Send via Web Portal / Fax / Secure Email.
- Proprietary Format.



## Polling Question #3

**As your organization works to support the exchange and processing of Good Faith Estimates, please identify which exchange formats are being considered for implementation (select all that apply).**

- X12 837 P/I Pre-Determination.
- HL7 Da Vinci Patient Cost Transparency (PCT) Implementation Guide.
- Good Faith Estimate Templates to Send via Web Portal / Fax / Secure Email.
- Proprietary Format.
- Unsure (outsourcing to vendor).

CAQH CORE will continue to assess challenges, identify opportunity areas, and brainstorm solutions related to the No Surprises Act requirements.

- CAQH CORE is engaging with the CORE Board and its stakeholders to draft a response to the RFI.
- **Upcoming Webinar: Conversations on RFI Responses from Industry in Q4.**
  - Stay tuned for more information and registration in the coming weeks.
- **Industry Initiatives:**
  - **HL7 Price Cost Transparency (PCT) Work Group** is developing a FHIR-based Implementation Guide to support components of the No Surprises Act.
  - **WEDI No Surprises Act Task Group** is educating the industry and identifying areas to develop guidance as well as collaborating with existing WEDI committees, subworkgroups, and external groups on developing products.
  - **X12** is working to reduce the potential administrative burden of implementing requirements by adjusting X12 transactions.

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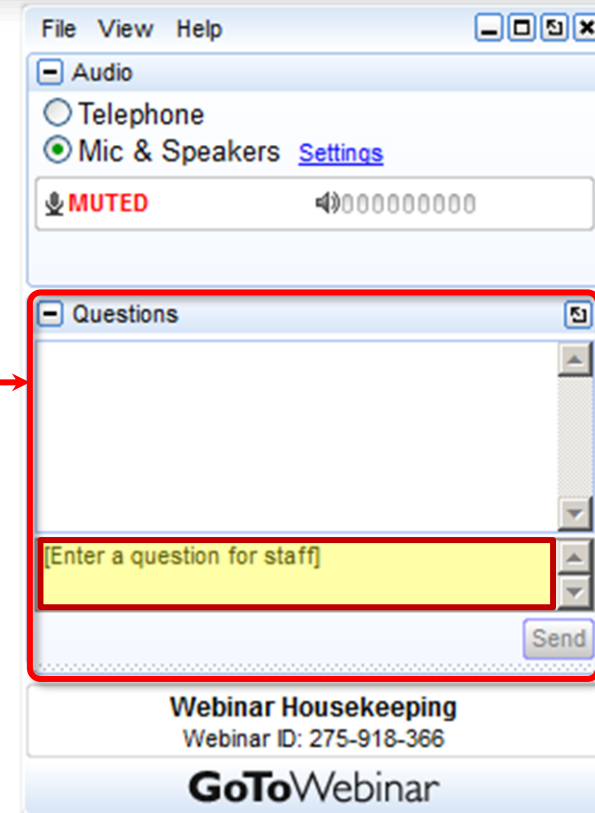
Senior Associate, CAQH CORE

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**



**Download a copy of today’s presentation slides at [caqh.org/core/events](https://caqh.org/core/events)**

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# Upcoming CAQH CORE Education Sessions and Events

## Industry Perspectives: A Conversation with Revenue Cycle Expert and CAQH CORE Board Member Margaret Schuler, MBA

November 3, 2022 | 2:00-3:00 pm ET



## CAQH CORE Participant Forum

November 16, 2022 | 12:00-1:00 pm ET



## WEDI Virtual Spotlight: Operating Rules Spotlight

October 6, 2022 | 1:00-2:00 pm ET

# Thank you for joining us!



Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CAQH CORE Mission**

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.