



*CAQH CORE  
Price Transparency  
Webinar Series:*

**No Surprises  
Act Regulatory  
Landscape  
and  
Industry  
Readiness for  
Advanced EOB**

**June 23, 2022**

# Agenda

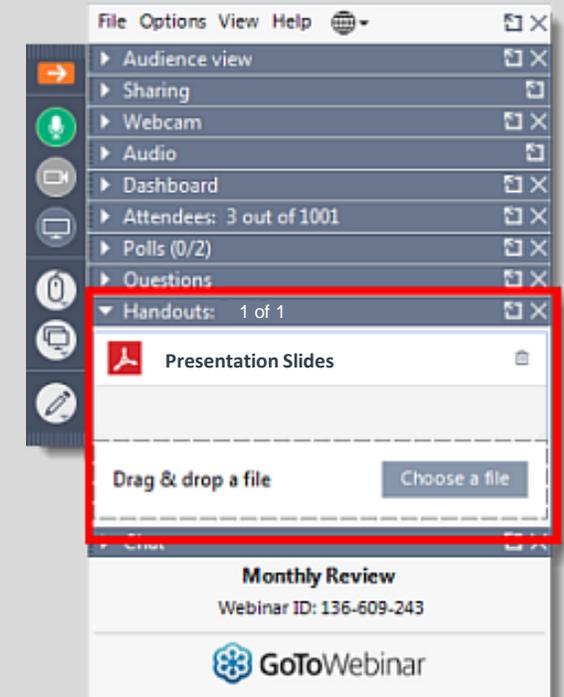
- CAQH CORE Overview
- WEDI Overview and Policy Briefing
- CAQH CORE Focus Group Update
- Expert Discussion
- Q&A

# Logistics

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

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# Thank You to our Speakers

## **Beth Davis**

Senior Manager, Payerpath Operations  
Allscripts

*WEDI No Surprises Act Task Group Co-Chair*

## **Stanley Nachimson**

Consultant,  
Cooperative Exchange

*WEDI No Surprises Act Task Group Co-Chair*

## **Robert Tennant**

Vice President, Federal Affairs  
WEDI

## **Erin Weber**

Vice President, CORE  
CAQH

CAQH  
CORE

# CAQH CORE Overview and Vision

**Erin Weber**  
Vice President, 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

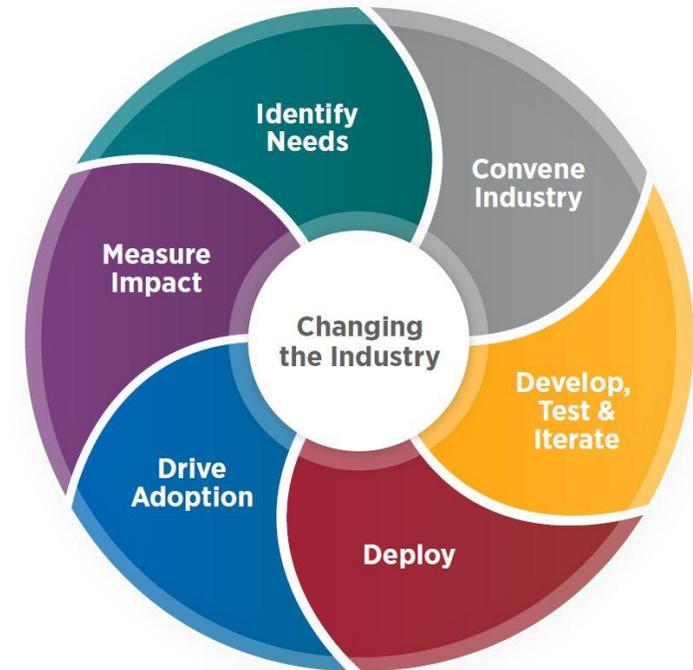
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.** The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

## 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 Participating Organizations Representing 75% of Insured Lives

## Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- Anthem Inc.
- 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
- Government Employees Health Association, Inc. (GEHA)
- Harvard Pilgrim Health Care
- 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.
- 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

## Providers

- American College of Physicians
- 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)
- 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 NaviNet
- NextGen Healthcare Information Systems, Inc.
- Olive AI
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- The SSI Group, Inc.
- TIBCO Software, Inc.
- TrialCard
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Virence Health (athenahealth)
- Wells Fargo

## Integrated Plan/Provider

- Highmark Health
- Kaiser Permanente
- Marshfield Clinic

## 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

The background of the slide is a collage of medical-related elements. On the left, there is a dark blue diagonal shape. The main background is a light blue gradient with a grid of white hexagons. Inside these hexagons are various white icons: a hand holding a magnifying glass, a nurse's cap with a cross, a syringe, a person with a stethoscope, a DNA double helix, and a medical monitor. The text "No Surprises Act" and "WEDI Update" is centered on the right side of the slide in a dark blue, sans-serif font.

# No Surprises Act

## WEDI Update

Speaker

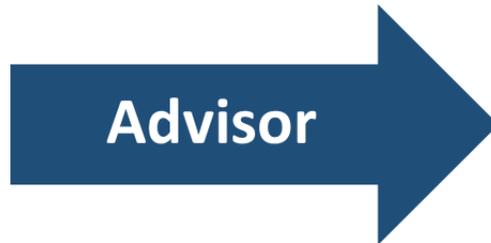
Robert Tennant, VP, Federal Affairs, WEDI

# ABOUT WEDI ([www.wedi.org](http://www.wedi.org))

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WEDI was formed in 1991 by then-Secretary of the U.S. Department of Health and Human Service (HHS) Dr. Louis Sullivan. Named in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation as an advisor to the Secretary of HHS, we have worked closely with every Administration. In addition, we have productive working relationships with the Centers for Medicare & Medicaid Services (CMS), Office for Civil Rights (OCR), and Office of the National Coordinator for Health Information Technology (ONC).



# WEDI VOLUNTEER GROUPS

WEDI workgroups, sub-workgroups and task groups provide thoughtful leadership and common-sense approaches that enhance the exchange of clinical and administrative healthcare information. They collect input, exchange ideas, and make recommendations that inspire impactful and far-reaching change in our industry. Visit our [Workgroup Community Homepage](#) to learn more and sign up!

## WEDI WORKGROUPS, SUBWORKGROUPS AND TASKGROUPS

 <b>Payment Models</b>	 <b>Privacy &amp; Security</b>	 <b>Data Exchange</b>	 <b>Remittance Advice &amp; Payment</b>	 <b>Claims</b>	 <b>Attachments</b>
 <b>Property &amp; Casualty</b>	 <b>Acknowledgements</b>	 <b>Eligibility &amp; Benefits</b>	 <b>Prior Authorization</b>	 <b>Dental</b>	 <b>Claims Status</b>
 <b>Provider Information</b>	 <b>Telehealth</b>	 <b>Genomics</b>	 <b>Emerging Technology</b>	 <b>No Surprises Act TG</b>	 <b>Administrative Automation TG</b>

# No Surprises Act Legislation

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- “Surprise” medical bills can arise when patients unknowingly seek treatment from an out-of-network provider and are forced to pay the difference between their in-network rates and out. Often this is a result of an emergency situation-placing patients at an even greater risk of receiving financially crippling surprise medical bills
- As well, patients can be treated at an in-network facility by an out of network provider leading to extremely high, and unexpected medical bills
- Under considerable pressure to address these issues, Congress introduced the No Surprises Act, which then was included in [HR 133](#) (Consolidated Appropriations Act, 2021)
- This bi-partisan legislation was signed into law in December 2020

# No Surprises Act Legislation

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- **Two major parts**

1. No patient balance billing for emergency services and most in-network hospital services by physicians
2. Advance estimates of charges from any provider for uninsured/self-pay, and for commercially insured patients
  - Created the convening provider concept

- **Other related requirements**

- Provider directory update requirements
- Health plan price comparison tools
- Continuity of care for network changes

# Implementation & Guidance

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- **July 2021 Interim Final Rule**
  - Restricts surprise billing (patient balance billing) for emergency care, in-patient facility care, and air ambulance services
  - Health plans to determine out of network reimbursement based on in-network contracts or state law
  - Patient share based on regular copay/deductible
- **Sept 2021 Interim Final Rule**
  - Good faith estimates of items or services for uninsured (or self-paying individuals)
  - Dispute resolution processes for provider-health plan and patient-provider billing disputes
- Standard forms for patient notices and good faith estimates
- CMS has also issued [FAQs](#) on several NSA topics

# What Has Been Delayed

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- Recognition that industry infrastructure for estimates is not in place
  - No electronic standards
  - No easy communication among providers regarding charges
- Enforcement discretion/postponement of requirements for
  - Convening provider requirements for uninsured/self pay until Jan 1 2023
  - No regulation on estimates from provider to health plan and health plan to patients until industry has some infrastructure in place

# What The Industry Is Doing

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- **Efforts for standardization of transactions for data exchange (AEOB)**
  - [DaVinci Project](#) Patient Cost Transparency efforts for provider to submit GFE and health plan to send Advance EOB
  - [X12](#) efforts to update pre-determination standards for NSA
  - Cooperative Exchange [white paper](#)
- **No work currently being done on the convening provider/facility data exchange component**
- **Implementation issues/challenges**
  - Provider Business processes for gathering information
  - Health plan processes for calculating AEOB and sending to patient
  - Convening provider and co-provider/co-facility – how is the communication to take place?
  - Should health plans combine the estimates?
  - Do we need this for every service?
  - What do patients really need and do the GFE requirements address it?
  - Provider and payer administrative burden and how to mitigate?
  - Questions around GFEs for provider shopping, scheduled service, changes in circumstances

# What WEDI Is Doing

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WEDI NSA TG and Claims SWG are working to gather information to inform CMS and the industry on the GFE/AEOB implementation and business processes.

- NSA Task Group
  - Co-chairs: Terrence Cunningham (AHA), Beth Davis (Allscripts Payerpath), Stanley Nachimson (Nachimson Advisors), Tom Wilder (UHC)
    - Reviews and analyzes regulations and guidance
    - Develops industry surveys
    - Develops industry guidance
    - Develops government recommendations
- Claim SWG
  - Co-chairs: Stanley Nachimson, Beth Davis, Chuck Veverka (Kunz, Leigh & Associates)
  - Provides input to NSA Task Group
    - Question list derived from work on the GFE Business process documentation
    - Convening provider survey inputs
    - Business processes and use cases to help inform the industry

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# CAQH CORE Focus Group Update

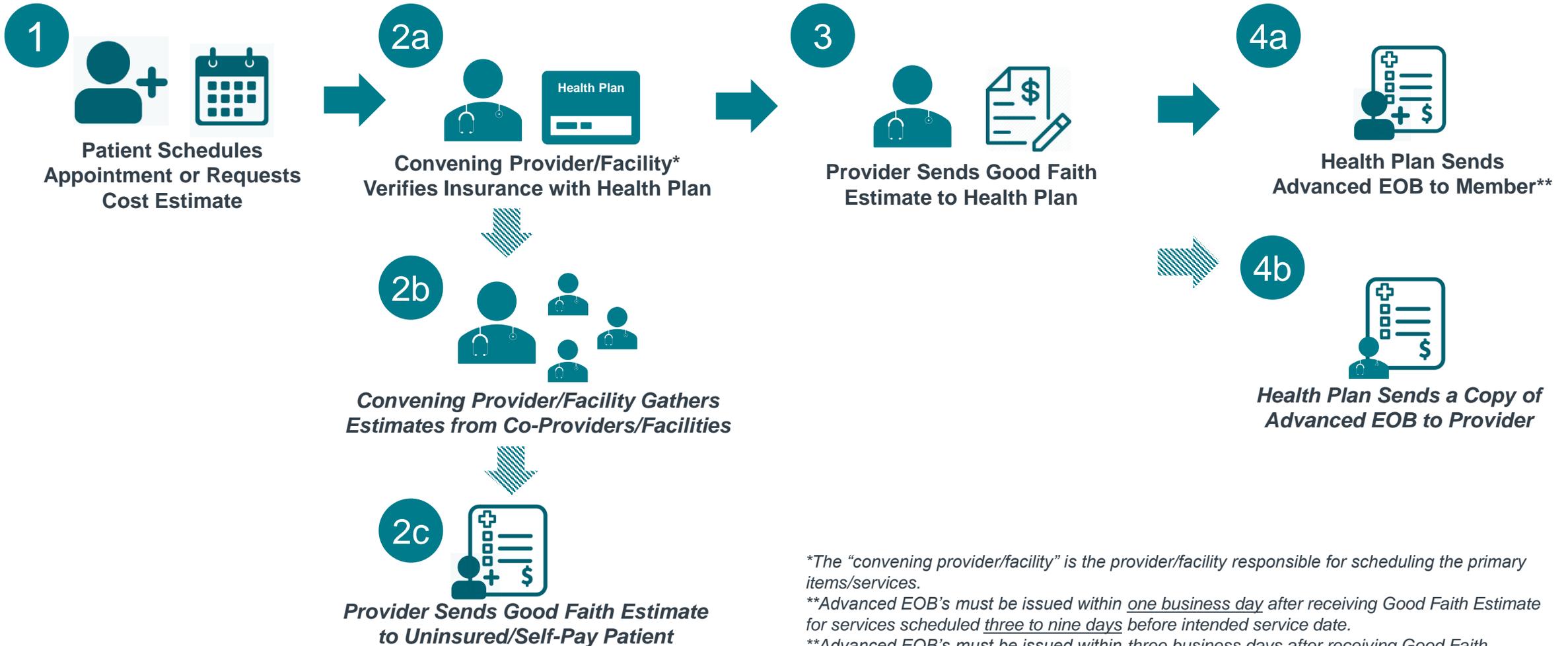
**Erin Weber**  
Vice President, CAQH CORE

# Polling Question #1

**What is your status of implementing Good Faith Estimate or Advanced EOB components as required by the No Surprises Act?**

- I am an active implementer.
- I am planning for implementation.
- I am awaiting further regulatory guidance prior to beginning implementation.
- I am not planning to implement.
- I am unsure.

# Good Faith Estimate and Advanced EOB Sample Workflow



\*The “convening provider/facility” is the provider/facility responsible for scheduling the primary items/services.  
\*\*Advanced EOB’s must be issued within one business day after receiving Good Faith Estimate for services scheduled three to nine days before intended service date.  
\*\*Advanced EOB’s must be issued within three business days after receiving Good Faith Estimate for services scheduled more than 10 days from intended service date.

# CAQH CORE Advanced EOB Advisory Group

CAQH CORE engages the healthcare industry in developing consistent business processes for patients, providers, and health plans to **deliver administrative efficiency and value to the industry.**



Establishing the Building Blocks for Price Transparency:  
Industry Guidance on Provider to Payer Approaches for  
Good Faith Estimate Exchanges



- Convened CAQH CORE Advanced EOB Advisory Group in August 2021 to research opportunities related to the No Surprises Act requirements to provide industry guidance.
- Published Guidance Document in November 2021: [Establishing the Building Blocks for Price Transparency: Industry Guidance on Provider to Payer Approaches for Good Faith Estimate Exchanges](#)
  - Provides recommendations for how industry should implement **connectivity protocols, messaging standards, and related data content** to support provider to payer exchanges of Good Faith Estimates.

CAQH CORE is continuing to identify opportunities and develop guidance in 2022.

# Advanced EOB Focus Group on Regulatory Landscape & Industry Progress

*Inaugural Focus Group Convened on May 19<sup>th</sup>*

**Focus Group Series Vision:** Engage in industry discussions, assess use cases, evaluate opportunity areas, and consider pilot projects to drive the industry forward to support price transparency.

**Inaugural Focus Group Objective:** Understand industry status on approaches for implementing various components of the GFE and Advanced EOB requirements and identify opportunities where CAQH CORE can support implementation.

**Inaugural Focus Group Participation:** 56 Attendees (31 Organizations)

Stakeholder Type	Number of Organizations (% of total)
Government	1 (3%)
Provider/Provider Association	7 (23%)
Health Plan/Health Plan Association	9 (29%)
Vendors/Clearinghouse	9 (29%)
Other (includes SDOs)	5 (16%)

# Inaugural Focus Group Discussion Areas

Discussions focused on policy updates, industry progress, messaging standards organizations are considering implementing, and gaps and opportunities CAQH CORE could address and promote.

## Policy Updates

Review the latest regulatory guidance related to implementation of Advanced EOB requirements.

## Industry Progress

Understand provider perspectives on the types of use cases being prioritized for implementing Good Faith Estimates and learn health plan strategies for implementing health plan-to-member and health plan-to-provider delivery of Advanced EOBs.

## Messaging Standards

Evaluate the types of standards (i.e., X12 837 Pre-Determination, HL7 FHIR, etc.) organizations are considering implementing to facilitate the exchange of Good Faith Estimates (GFE).

## Current Gaps

Identify gaps not currently addressed by existing standards or standards development efforts.

## CAQH CORE Opportunities

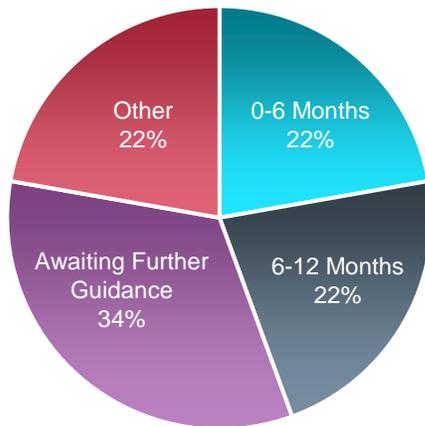
Provide direction on future focus areas that CAQH CORE should address and be promoting as part of next steps.

# Regulatory Landscape and Industry Progress Focus Group

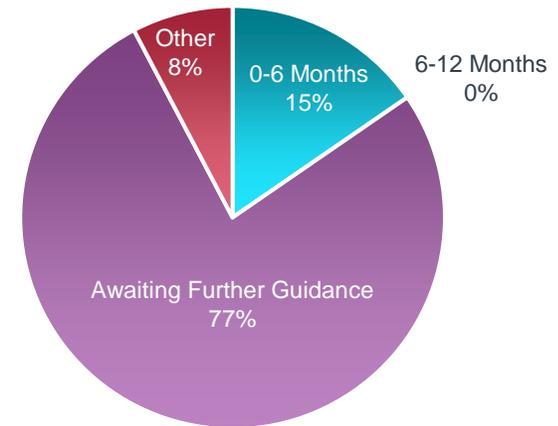
## Implementation Timelines

**Providers are further along in implementations of Good Faith Estimate (GFE)/Advanced EOB requirements** compared to health plans who are awaiting further regulatory guidance prior to starting implementation.

Anticipated timeline for implementing and supporting the delivery of GFEs for uninsured or self-pay patients under a single convening provider scenario (*Providers/Vendors*)



Anticipated timeline for implementing and supporting the delivery of Advanced EOBs to members (*Health Plans/Vendors*)



**44% of providers** surveyed indicated they would be ready to support the delivery of GFE within one year for uninsured or self-pay patients under a single convening provider scenario.

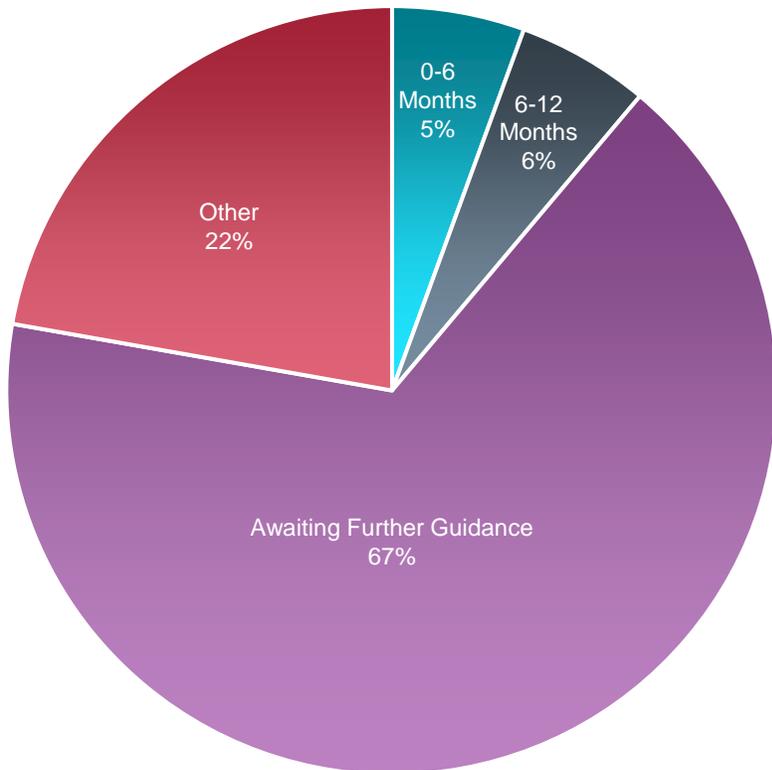


**77% of health plans** surveyed indicated they are awaiting further regulatory guidance prior to implementing and supporting delivery of Advanced EOBs to members.

# Advanced EOB Delivery to Providers Implementation Timelines

## Limited Commitment to This Optional Step in the Advanced EOB Process

### Anticipated timeline for implementing and supporting the delivery of Advanced EOBs to providers (Health Plans/Vendors)



**67% of health plans** are awaiting further guidance on delivering Advanced EOBs to providers prior to implementation.



**22% of health plans** chose 'Other' when asked about anticipated timeline, indicating that some may not be planning on implementing this step at all.

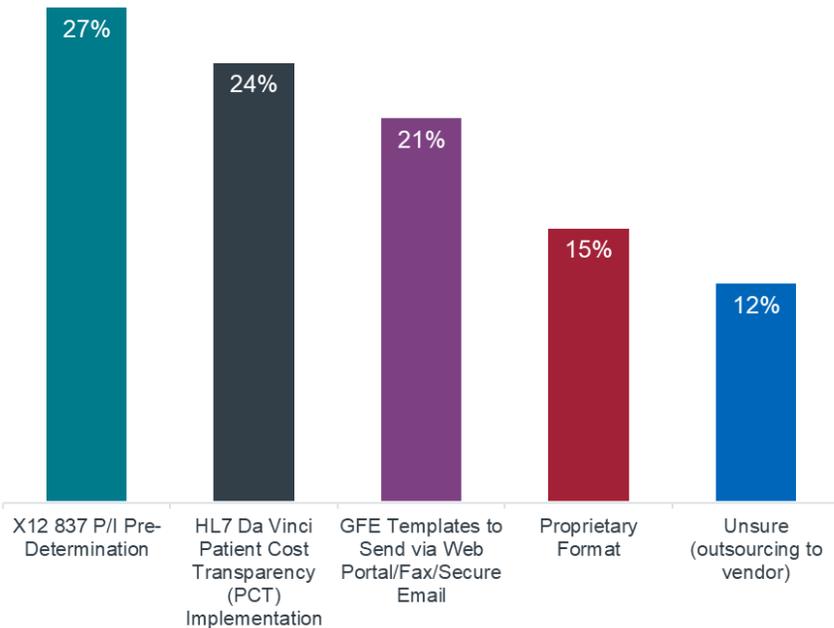
The No Surprises Act does not currently require delivery of Advanced EOBs to providers/facilities, although providers have indicated it will be essential to a successful process.

# Regulatory Landscape and Industry Progress Focus Group

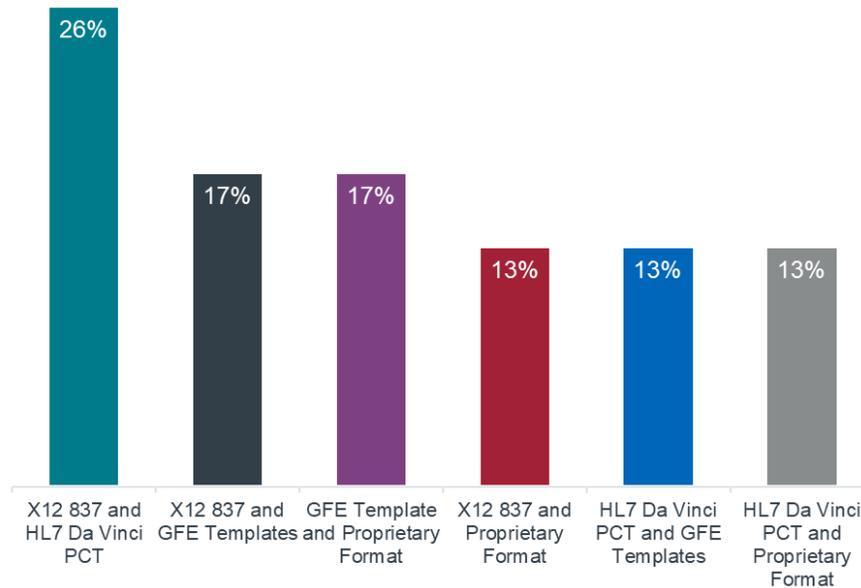
## Exchange Formats

### Total for Individual Options

(Respondents could select more than one format)



### Most Common Combinations



- Industry is largely considering use of the X12 837 P/I Pre-Determination and draft HL7 Da Vinci Patient Cost Transparency (PCT) Implementation Guide as the primary exchange formats to support the exchange and processing of GFE.
- Most organizations are considering implementing both methods concurrently.
- However, there is still a significant portion of the industry evaluating the use of non-standardized formats such as GFE Templates sent via Web Portal and other proprietary methods.



**51% of participants** surveyed indicated that their organization was considering use of standard-based approaches to facilitate GFE exchanges.



**36% of participants** indicated their organization was considering use of non-standard-based methods.

# Next Focus Group to Convene on Provider-to-Provider Exchanges

## *Background and Objectives for Upcoming Session*

**Next Topic:** Good Faith Estimate Readiness: Provider to Provider Exchanges for Coordinating GFEs.

**Objective:** Assess challenges, identify opportunity areas, and brainstorm solutions related to provider-to-provider workflows and requirements for coordinating Good Faith Estimates.

### Convening Provider or Facility:

- The provider or facility who schedules an item or service or who receives the initial request for a good faith estimate from an uninsured or self pay individual. A convening provider must provide a good faith estimate to the individual, including any item or service that is reasonably expected to be provided in conjunction with a scheduled or requested item or service by another provider or facility

### Co-Provider/Co-Facility

- A co-provider or co-facility is a provider or facility other than a convening provider or a convening facility that furnishes items or services that are customarily provided in conjunction with a primary item or service.

### Coordination of Good Faith Estimate

- The good faith estimate will provide an itemized list of items and services, grouped by each provider or facility

***Email [core@caqh.org](mailto:core@caqh.org) to get involved.***

- WEDI conducted this survey from May 9, 2022 through May 31, 2022.
- WEDI received a total of 274 responses.
- Small providers/clinics made up 39.6% of respondents, 11.5% of respondents were from large provider clinics, 10.4% were from health systems, 8.5% from medium sized clinics, 2.2% from hospitals, the remainder are from other provider types or other entities.
- Access the full survey results [here](#).

- WEDI asked “***How difficult will it be for providers and facilities to determine who should be the “convening provider/facility”***”? Results: **65.8%** responded very difficult or difficult, **10.6%** responded that they were neutral, **11.7%** indicated that it would be easy or very easy, with **1.8%** stating the question was not applicable.
- WEDI asked “***How difficult will it be for the convening provider/facility to identify all appropriate co-providers and/or facilities for the specific medical service***”? Results: **89.3%** responded very difficult or difficult, **4.8%** responded that they were neutral, **4.8%** indicated that it would be easy or very easy, with **1.1%** stating the question was not applicable.
- WEDI asked “***How difficult will it be for the convening provider/facility to collect GFEs from***” ***co-providers and/or facilities for the specific medical service***”? Results: **91.5%** responded very difficult or difficult, **5.5%** responded that they were neutral, **1.1%** indicated that it would be easy or very easy, with **1.8%** stating the question was not applicable.

# WEDI NSA Survey: Results

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WEDI asked: **The NSA requires that GFEs must be sent by the co-provider/cofacility to the convening provider/facility within 1 business day of being requested by the convening provider/facility. How difficult will it be for the co-provider/co-facility to compile and transmit GFEs for a specific medical service to the convening provider/facility within this required timeframe?** Results: **91.9%** responded very difficult or difficult, **4%** responded that they were neutral, **1.5%** indicated that it would be easy or very easy, with **2.6%** stating the question was not applicable

WEDI asked “**The NSA requires that completed GFEs must be provided to the patient within 3 business days of being requested or the service being scheduled. How difficult will it be for the convening provider/facility to complete the GFE process for a specific medical service and provide this information to the patient or health plan within this required timeframe**”? Results: **89%** responded very difficult or difficult, **6.6%** responded that they were neutral, **2.6%** indicated that it would be easy or very easy, with **1.8%** stating the question was not applicable

# WEDI NSA Survey: Results

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- WEDI asked: **Rate your level of support for the following statement: “It should be the responsibility of the convening provider to determine the lowest cost option for the patient for each of the downstream co-providers/facilities.”** Results: **63.4%** were opposed or strongly opposed, **10.4%** were neutral, **22.6%** were somewhat or strongly supportive, **3.7%** stated not applicable.
- WEDI asked: **Rate your level of support for the following statement: “Health plans should be required to consolidate GFEs from any provider/facility for their insured patients.”** Results: **11.5%** were opposed or strongly opposed, **5.9%** were neutral, **80.7%** were somewhat or strongly supportive, **1.8%** stated not applicable.

- WEDI asked “*Rate your level of support for the government delaying the requirement for the convening provider/facility to obtain a GFE from any co-provider/facility until there is standardized data exchange process in place to communicate information between convening providers and co-providers/co-facilities*”? Results: **83.1%** indicated that they were somewhat or strongly in support, **4.4%** responded that they were neutral, **7%** were somewhat or strongly opposed, with **2.6%** stating the question was not applicable.
- WEDI is developing a letter to HHS on the convening provider issue.
- All letters and surveys available at: WEDI NSA Resource Center <https://www.wedi.org/knowledge-center/no-surprises-act-resources/>

## Polling Question #2

**Which of the following Price Transparency Topics are you interested in learning more about in future CAQH CORE education sessions?**

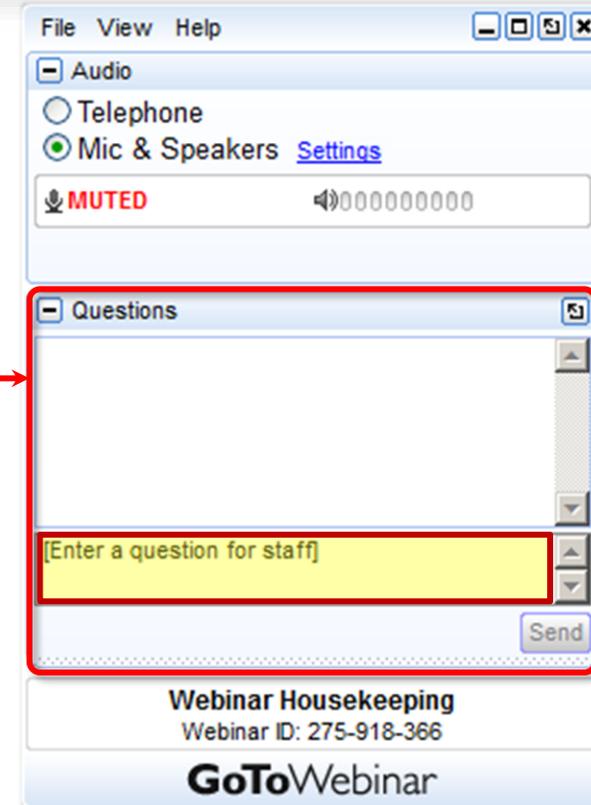
- Review of industry standards that support the exchange of Good Faith Estimates.
- Best practices and lessons learned from early adopters/implementers.
- Delivery of Advanced EOBs to Members.
- Delivery of Advanced EOBs to Providers.
- Convening Provider and Co-Provider coordination for creating Good Faith Estimates.

# 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)**



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- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
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# Upcoming CAQH CORE Education Sessions and Events



## CAQH CORE and X12 Webinar Series

July 11, 2022



## WEDI Virtual Spotlight: Value Based Care, Sponsored by Intersystems

July 12, 2022

## WEDI 2022 Summer Forum

August 2-3, 2022

# 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.