

## Member Position Advisory: CAQH CORE and X12 Proposals to NCVHS

Date: November 9, 2022

Time: 12 – 4 pm ET

AGENDA (Subject to Change)

| Time            | Agenda Item   | Specifics  | Speaker(s)/<br>Moderator(s)  |
|-----------------|---|--|--|
| 12 –<br>12:15   | Welcome and Outline of the MPA Process                      | Introduce speakers/moderators, briefly discuss NCVHS process and January hearing, discuss new MPA process, WEDI survey, discuss format for the day including opportunity for non-members to provide input  | Charles Stellar (WEDI), Robert Bowman (CAQH), Jay Eisenstock (JE Consulting), Nancy Spector (American Medical Association) |
| 12:15 –<br>1:15 | Discussion of the Updated and New CAQH CORE Operating Rules | <ol style="list-style-type: none"> <li>1. Updated: CAQH CORE Connectivity Rule vC4.0.0</li> <li>2. Federally Mandated CAQH CORE Infrastructure Rules:               <ol style="list-style-type: none"> <li>a. CAQH CORE Eligibility &amp; Benefits (270/271) Infrastructure Rule vEB.2.0</li> <li>b. CAQH CORE Claim Status (276/277) Infrastructure Rule vCS.2.0</li> <li>c. CAQH CORE Payment &amp; Remittance (835) Infrastructure Rule vPR.2.0</li> </ol> </li> <li>3. Updated: CAQH CORE Eligibility &amp; Benefits (270/271) Data Content Rule vEB.2.0</li> <li>4. New: CAQH CORE Attachments Operating Rules               <ol style="list-style-type: none"> <li>a. CAQH CORE Attachments Prior Authorization Infrastructure Rule vPA.1.0</li> <li>b. CAQH CORE Attachments Prior Authorization Data Content Rule vPA.1.0</li> <li>c. CAQH CORE Attachments Health Care Claims Infrastructure Rule vHC.1.0</li> <li>d. CAQH CORE Attachments Health Care Claims Data Content Rule vHC.1.0</li> </ol> </li> </ol> | Facilitators   |

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|-------------|--|--|---|
|             |  | 5. New: CAQH CORE Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0  |   |
| 1:15 – 1:30 | Public Input Opportunity               | Members can raise hands during the discussion sessions and be recognized to speak. Non-members are asked to wait until the designated public input opportunity time to raise their hands to speak. All participants are welcome to contribute questions and perspectives via the chat function.  | Nancy Spector (American Medical Association)                        |
| 1:30 – 2:30 | Discussion of the X12 008020 Proposals | X12 initial recommendations for the claim submission and remittance advice transaction set implementation guides: <ul style="list-style-type: none"> <li>• 008020X323 Health Care Claim: Professional (837)</li> <li>• 008020X324 Health Care Claim: Institutional (837)</li> <li>• 008020X325 Health Care Claim: Dental (837)</li> <li>• 008020X322 Health Care Claim Payment/Advice (835)</li> </ul> | Facilitators  |
| 2:30 – 2:45 | Public Input Opportunity               |  | Nancy Spector (American Medical Association)                        |
| 2:45 – 3:30 | Discussion of Implementation Issues    | Industry challenges identified during transitions to 4010, 5010, ICD-10. Industry testing, vendor readiness issues, full suite of transactions vs. incremental, options of supporting multiple standards and/or multiple versions of standards, staggering compliance dates by stakeholder type, etc.  | Facilitators  |
| 3:30 – 3:45 | Public Input Opportunity               |  | Nancy Spector (American Medical Association)                        |
| 3:45 - 4    | <u>Wrap Up and Next Steps</u>          |  | Nancy Spector (American Medical Association) Charles Stellar (WEDI) |

**Thank You to our Facilitators:**

Beth Davis (AllScripts Payerpath)  
Charles Veverka (Kunz, Leigh & Associates)  
Donna Campbell (HCSC)  
Gail Kocher (BCBSA)  
Heather McComas (American Medical Association)

Pam Grosze (PNC Bank)  
Pat Wijtyk (Cognizant)  
Stanley Nachimson (Nachimson Advisors)  
Terry Cunningham (American Hospital Association)  
Robert Tennant (WEDI)