

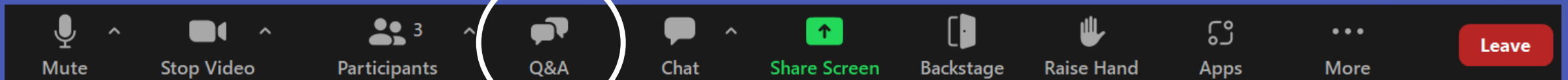


# Getting the Most Out of the 270/271 Transaction with CAQH CORE and X12: Part 4

November 5, 2024

# Webinar Logistics

- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.
- Your microphones will be muted during the webinar.
- Throughout the session, you may communicate a question via the panel at the bottom of your screen:



# Today's Speakers

**Michelle Barry**

Director, Provider Data Management

*Availity*

**Bob Bowman**

Principal, Interoperability and Standards

*CAQH CORE*

**Donna Campbell**

IT Product Manager-Provider Connectivity

*HCSC*

November 5th

**CORE Overview**

**Bob Bowman**

Principal, Interoperability & Standards  
CAQH

**X12 Overview**

**Michelle Barry**

Director, Provider Data Management  
Availity

**Discussion**

- Service Type Codes vs. Procedure Code Inquiries
- 270 Spotlight
- Change Request Process

**Donna Campbell**

IT Product Manager-Provider  
Connectivity  
HCSC

**Bob Bowman**

Principal, Interoperability & Standards  
CAQH

**Current Initiative:**

- Updates to CORE Eligibility & Benefits Operating Rules

**Bob Bowman**

Principal, Interoperability & Standards  
CAQH

**Audience Q & A**

**Call to Action**

# ELIGIBILITY AND BENEFITS WHAT'S HAPPENING AT X12?



# DISCLAIMER

- This presentation is for informational purposes only
- This presentation is not intended to represent legal advice
- The content is point-in-time information and is subject to revision
- If you have questions regarding specific information, please send them to [info@x12.org](mailto:info@x12.org)
- Visit [www.x12.org](http://www.x12.org) for additional details about X12



## X12 MISSION

X12 is an ANSI-accredited, consensus-based, non-profit organization focusing on the development, implementation, and ongoing use of interoperable electronic data interchange standards

X12



## X12 GOALS

- Be a developer of stable and trusted products that support effective data exchange
- Be open-minded with vision and insight related to exchanging transactions in both current and developing technologies
- Be an enthusiastic collaborator with industry groups, government entities, and businesses
- Maintain a financial model that distributes costs and ensures the fiscal health of the organization

X12





# CORE Accelerates Automation and Interoperability

## Committee on Operating Rules for Information Exchange

**10**

CORE Operating  
Rules Mandated  
Under HIPAA

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

**\$18.3B**

Industry Cost Savings  
Opportunity Through Fully  
Automated Transactions

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fully transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

**100+**

Multi-stakeholder  
Participating  
Organizations

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.

## Discussion

# *Service Type Codes vs. Procedure Code Inquiries*

# Discussion

## *270 Spotlight*

• Discussion

*Change Request Process*

• Discussion

*Change Request Process*

- **Current Initiative:**

*Updates to CORE Eligibility  
& Benefits Operating Rules*

# Eligibility & Benefits Task Group

**Focus:** extending currently required rule specifications to categories of service aligned with dental benefits, medication, and services supporting management of value-based population (primary care, IP/OP renal, etc.).

- New requirements for the eligibility & benefits transaction, including:
  - Electronic access to policy requirements.
  - Triggering alternative workflows for dental and medical benefits when not covered.
  - Triggering alternative workflows for pharmacy and medical benefits when not covered.
- **Medication eligibility requirements** outlining formulary accessibility and alternative information exchange.
- **Dental benefit-specific requirements** adding frequency of limitations, age limitations, and waiting periods for responses to specific dental services.
- Requirements to support management of **bundled payment and contractual “carve-out”** alternative payment models.



*EBTG launched in collaboration with the American Dental Association, the National Dental EDI Council (NDEDIC), and the National Council for Prescription Drug Programs (NCPDP)*

# Eligibility & Benefits Task Group

<b>Overview</b>	In 2023, CORE and NCPDP engaged in a collaborative industry environmental scan to evaluate opportunities for improving access and exchange of <b>medication coverage details under the medical benefit</b> .
<b>Scope</b>	Research focused on how to facilitate exchange of information on the X12 v5010 270/271 transaction.
<b>Current State</b>	Providers face limited visibility into coverage information, <b>seeing generic information only at the Service Type Code (STC) level</b> . This prevents them from knowing the exact coverage status of specific medications (identified by J-Codes or NDC codes), impeding their ability to make informed, real-time prescribing decisions for optimal patient care.

## Challenges

Research revealed four key challenges contributing to a highly manual environment:

- X12 270/271 Transaction Limitations
- Complex Care Navigation
- Data Islands due to PBM Reliance
- Coding Complexities

## Opportunities

Findings revealed four opportunity areas to promote interoperability and automation through operating rules:

- Expansion of X12 270/271 Transaction Usage
- Real-Time Verification
- Scoping Data Exchange Requirements
- Aligning Varying Requirements Across Health Plans



# Eligibility & Benefits Task Group

Five opportunities to leverage the eligibility & benefits transaction and support communication of dental benefits include:

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.

# Eligibility & Benefits Task Group

Opportunities to update the CORE Eligibility and Benefits Data Content rule to:

1. Expand categories of service
2. Specify granular code sets and relevant ranges
3. Support identification of alternative payment methodologies

## Existing CORE Eligibility and Benefits Operating Rule Requirements

1	Tiered benefit structure
2	Specification of maximum benefits
3	Patient financial responsibility
4	Prior authorization requirements
5	Telehealth requirements
6	Name normalization requirements
7	Standardized error-reporting
8	Discretionary and mandatory service-type codes
9	Support explicit inquiry of procedure codes (CPT, HCPCS) for CORE-defined Categories of Service <ol style="list-style-type: none"> <li>1. Surgery</li> <li>2. Physical Therapy</li> <li>3. Occupational Therapy</li> <li>4. Imaging</li> </ol>

## PROPOSED – Expansion of Categories of Service and Code Sets

1	Addition of new categories of service, including: <ol style="list-style-type: none"> <li>1. Primary Care</li> <li>2. Medical (non-surgery/procedure)</li> <li>3. Oncology</li> <li>4. Maternal Health</li> <li>5. Inpatient/Outpatient Renal</li> <li>6. Dental</li> </ol>
2	Explicit support for ICD-10-CM, PCS & CDT codes
3	Specified code ‘ranges’ for each named code set

## PROPOSED – Identification of Alternative Payment Arrangements

1	Bundled Payment Contract Indicator
2	Contractual “Carve-out” Indicator

# Audience Questions

# Call to Action

## WHAT CAN YOU DO

- Become an X12 Member
- Participate in X12 Standing Meetings
- Submit requests for functionality your organization needs



# X12 IS LISTENING

- X12 is being more intentional about collecting input and feedback
- Frequent surveys are issued to members, members and non-members, non-members, implementers, or other combinations of stakeholders
- Utilize a permanent online feedback form, making it easy for anyone to provide X12 with ideas or comments:  
[X12.org/feedback](https://x12.org/feedback)

X12



# Get Involved with CORE!



## Become a CORE Participant

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



## Get CORE Certified

Does your organization use standard transactions on a day-to-day basis?  
Demonstrate conformance and commitment to streamlining administrative data exchange.



## Participate in Pilot Initiatives

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.



## Be an Advocate

Stay up to date on new policy initiatives and send in comment letters to provide support and feedback.

*E-mail [core@caqh.org](mailto:core@caqh.org)*

Thank you for joining us,  
reach out to learn more!



**[CORE@CAQH.ORG](mailto:CORE@CAQH.ORG)**



**[SUPPORT@X12.ORG](mailto:SUPPORT@X12.ORG)**