

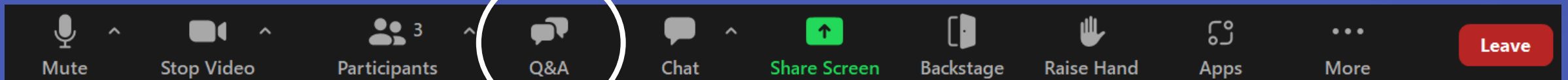
# CORE Participant Forum

Preparing for the CORE Participant Vote on the Updated  
Eligibility & Benefits Rule

November 21, 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:



**November 21<sup>st</sup>**

### **CORE Overview**

- Industry Impact
- CORE Rule Development Background
- Voting Process

### **Bob Bowman**

Principal, Interoperability & Standards

### **Draft Eligibility & Benefits Operating Rule Updates**

- Industry Collaboration
- Rule Update Overview
- Rule Update Industry Impact

### **Pete Benziger**

Senior Manager, CORE

### **Next Steps**

### **Bob Bowman**

Principal, Interoperability & Standards

# CORE Overview

# CORE accelerates automation and interoperability

**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.

**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**

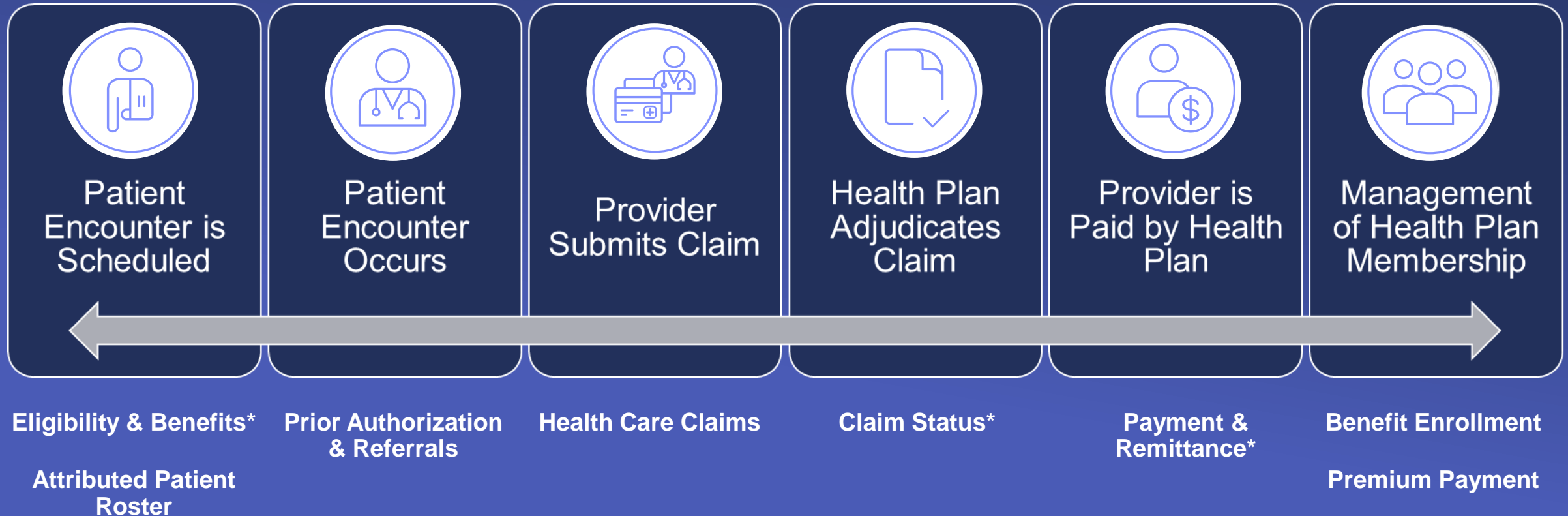
Industry Cost Savings  
Opportunity Through Fully  
Automated Transactions

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

Committee on Operating Rules for Information Exchange

# CORE Operating Rules Support Key Revenue Cycle Functions

**ACA Operating Rule Definition:** The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



# CORE Participating Organizations

## Vendors & Clearinghouses

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

## Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- DaVita Kidney Care
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

## Other

- Accenture
- American Dental Association (ADA)
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Healthcare Access Management (NAHAM)
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- National Dental EDI Council (NDEDIC)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Sekhmet Advisors
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

**Account for 75% of total American covered lives.**

## 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

## 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
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

## Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

# The CORE Board is multistakeholder and diverse

## PROVIDERS

**St. Joseph's Health**  
*(Proposed by AHA)*

**Drexel University College of Medicine**  
*(Proposed by AMA)*

**Forthcoming**  
*(Proposed by MGMA)*

**Aspen Dental Management, Inc.**

**Montefiore Medical Center**

## HEALTH PLANS

**BCBSNC**

**Centene**

**UnitedHealth Group**

**Kaiser Permanente**

**Aetna**

## OTHER

**Athenahealth**

**J.P. Morgan**

**Epic**

## NON-VOTING ADVISORS

**X12**

**HL7**

**Nacha**

**NCPDP**

**WEDI**

## NON-VOTING MEMBERS

**CMS**

**CAQH**



# The Road to Rule Finalization



# Draft Eligibility & Benefits Operating Rule Updates

# Industry Collaboration and Impact

**51 organizations** actively engaged with CORE to drive the development of critical operating rules for enhancing the efficiency of eligibility and benefits inquiries and responses across healthcare.

## Member Impact

13 leading health plans representing **62% of covered lives**, including national plans, regional Blues, state Medicaid, and federal healthcare programs

## Provider Engagement

13 Provider organizations, including **associations representing over 270,000 providers, 160,000 dentists, 43,000 practice administrators** and **5,000 hospitals**

## Vendor Support

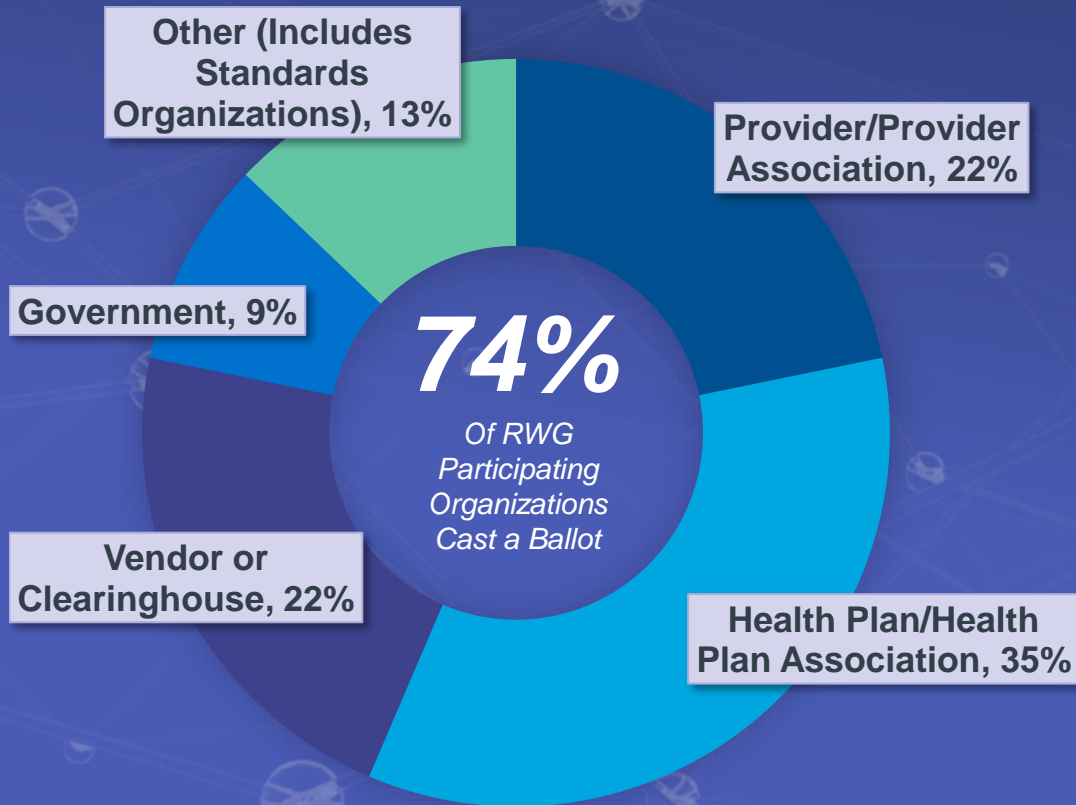
**17 technology vendors** from electronic health records, clearinghouses, integration platforms, and revenue cycle solutions that accelerate rule adoption

## SDO Coordination

**8 standards development organizations and advisory bodies** provided critical guidance to align rule development with industry standards to maximize chance of adoption

# Drilldown: Review Work Group (RWG) Results

*RWG Ballot Submissions,  
by Stakeholder Type*



*RWG Ballot Polling Results*



# Eligibility & Benefits Rule Update Overview

The updated rule enhances care coordination, empowers patient and provider decision making, and improves the flow of medication eligibility, dental benefit, and other, important information:



## Medication Eligibility

Empowers informed decision-making for medications covered under the medical benefit to match patients with the most effective treatment options, resulting in better health outcomes and reduced care delays



## Dental Benefits

Enhances dental care coordination through provision of benefit details, ensuring appropriate and timely services



## Other Use Cases

Ensures appropriate and timely services through provision of benefit details for internal medicine, primary care, maternal health, and renal care

# Industry Impact of Updated Rule Requirements

## Five Substantive Updates to the Eligibility & Benefits Data Content Operating Rule:

1. Expansion of service type codes (STCs) for maximum and remaining coverage information.
2. Expansion of procedure code types to support explicit inquiries.
3. Expansion of the categories of service (COS) for procedure code-level inquiries.
4. New requirements supporting dental-specific inquiries.
5. New requirement for electronic access of information.

### Impact to Provider

**Improved Access to Information:**  
Providers will receive more eligibility and benefits information that is specific to upcoming services, reducing the need for follow-up inquiries or manual verification.

**Reduced Administrative Burden:**  
The enhanced data content will help providers better understand patient financial responsibilities upfront, improving patient communication.

### Impact To Health Plans

**Benefit Detail:**  
Health plans support returning coverage information for a broader range of service type codes and categories of service, including for some medications covered under the medical benefit and dental services.

**Greater Financial Transparency:**  
Health plans will provide patient financial responsibility and benefit limitations for more, specific service types.

### Impact to Patients

**Transparency of Benefits:**  
Patients will benefit from more relevant information about their coverage, including specific benefits and financial responsibilities.

**Greater Understanding:**  
With more complete information provided electronically, patients are less likely to encounter issues related to coverage misunderstandings or billing errors.

# At-a-Glance Updated Rule Requirements

Requirement Area	Current Rule vEB.2.0	Proposed Draft Rule vEB.2.1
<b>CORE-required Service Type Codes (STCs)</b>	<p>Response across 178 STCs must include:</p> <ul style="list-style-type: none"> <li>- Status of Coverage</li> <li>- Patient Financial Responsibility:                             <ul style="list-style-type: none"> <li>- Deductible</li> <li>- Co-payment</li> <li>- Co-insurance</li> <li>- Base Deductible Date</li> </ul> </li> <li>- Health Plan Name</li> <li>- Eligibility Dates</li> <li>- Telemedicine Benefits</li> <li>- Prior Authorization and Referral Determination</li> <li>- Maximum &amp; Remaining Coverage Benefits (for 10 STCs such as Physical Therapy, Occupational Therapy)</li> </ul>	<p>Expands Maximum &amp; Remaining Coverage Benefits requirements to 33 STCs, adding pharmacy, experimental drug therapy, orthodontics, various dental services, emergency services, anesthesia, etc.</p>
<b>Procedure Code Types</b>	<p>Must support the following procedure code types if they align with listed COS:</p> <ul style="list-style-type: none"> <li>- HCPCS</li> <li>- CPT</li> </ul>	<p>Expands procedure code types to also include:</p> <ul style="list-style-type: none"> <li>- HCPCS (including J-Codes)</li> <li>- National Drug Codes (NDCs)</li> <li>- Current Dental Terminology (CDT)</li> <li>- ICD-10-PCS</li> </ul>
<b>Categories of Service (COS)</b>	<p>Procedure code-level responses across 4 COS (Physical Therapy, Occupational Therapy, Imaging, and Surgery) must include:</p> <ul style="list-style-type: none"> <li>- Health Plan Name</li> <li>- Eligibility Dates</li> <li>- Status of Coverage</li> <li>- Prior Authorization and Referral Determination</li> <li>- Patient Financial Responsibility:                             <ul style="list-style-type: none"> <li>- Deductible</li> <li>- Co-payment</li> <li>- Co-insurance</li> <li>- Base Deductible Date</li> </ul> </li> </ul>	<p>Expands procedure code-level response requirements to 33 COS, including support of medication eligibility and dental benefit coverage determination, such as:</p> <ul style="list-style-type: none"> <li>- Oncology</li> <li>- Pain Management</li> <li>- Radiology</li> <li>- Preventative Care</li> <li>- Specialty Procedures</li> <li>- Internal Medicine</li> <li>- Maternal Health, and more.</li> </ul>
<b>Tiered Benefits</b>	<p>Provides granular data for members of tiered benefit plans and provider tier network status.</p>	<p>No change to tiered benefits requirement.</p>
<b>Dental Specific Limitations</b>	<p>Not specified in vEB.2.0</p>	<p>For dental-related COS, responses must include the following as applicable:</p> <ul style="list-style-type: none"> <li>- Frequency Limitations</li> <li>- Waiting Periods</li> <li>- Age Limitations</li> <li>- Maximum &amp; Remaining Coverage Benefits</li> </ul>
<b>Plan-Specific Requirements</b>	<p>Not specified in vEB.2.0</p>	<p>Health plans must post any plan-specific requirements for the Eligibility &amp; Benefits transaction online in an easily accessible location.</p>

# Next Steps



# Next Steps



If your organization is a **Full CORE Voting Participation Organization** (i.e., entities that create, transmit or use healthcare administrative data), coordinate within your organization to consider its support for the ballot items reviewed on today's call.



Submit your organization's vote by **Friday, December 20<sup>th</sup>, end of day.**



If the draft rules pass the Full CORE Vote, the **CORE Board will review and vote** on the draft rules in 2025 for publication.

- The Board will also consider whether to submit a set of operating rules to the National Committee on Vital and Health Statistics (NCVHS) for consideration for federal mandate.



**If approved by the CORE Board, the new and updated operating rules will be published** this spring and testing platform development will begin to support CORE Certifications on the rules.

# 2025 focus areas



# Code Set Updates At-a-Glance

## New Requirements from EBTG

### Expansion of the Procedure Codes, COS, and STCs to Support Explicit Eligibility Inquiries Includes:

<b>Procedure Code Sets:</b>	<b>Categories of Service:</b>		<b>Service Type Codes:</b>	
1. HCPCS (including J-Codes)	1. Chemotherapy	15. Implant Services	1. 88 – Pharmacy	14. 37 – Dental Accident
2. National Drug Codes (NDC)	2. Injectables	16. Diagnostic	2. AR – Experimental Drug Therapy	15. 35 – Dental Care
3. Current Dental Terminology (CDT)	3. Infusions	17. Endodontics	3. 4 – Diagnostic X-Ray	16. 39 – Prosthodontics
4. ICD-10-PCS	4. Oncology	18. Fixed Prosthetics	4. 38 – Orthodontics	17. 86 – Emergency Services
	5. Pain Management	19. Orthodontics	5. 24 – Periodontics	18. 28 – Adjunctive Dental Services
	6. Biologics	20. Periodontics	6. 41 – Routine Preventive Dental	19. 7 – Anesthesia
	7. Compound drugs	21. Radiology	7. 26 – Endodontics	20. 51 – Hospital – Emergency Accident
	8. Inhalations	22. Preventative	8. 36 – Dental Crowns	21. 62 – MRI/CAT Scan
	9. Nephrology	23. Prosthodontics	9. 40 – Oral Surgery	22. 89 – Free Standing Prescription Drug
	10. Immunosuppressives	24. Restorative	10. 23 – Diagnostic Dental	23. 91 – Brand Name Prescription Drug
	11. Antibiotics	25. Specialty Procedures	11. 25 – Restorative	
	12. Hormone Therapy	26. Internal Medicine	12. 27 – Maxillofacial Prosthetics	
	13. Antiemetics	27. Primary Care		
	14. Oral and Maxillofacial Surgery	28. Maternal Health		
		29. Renal Care	13. 8 – Surgical Assistance	