End of Year Membership Meeting

November 21, 2025

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Agenda

I. Welcome and Introduction – Pam Grosze, Board Chair
II. Antitrust Statement – Eric Grindstaff, Secretary
III. Introduction of New Officers – Pam Grosze
IV. Trebuchet Joint Project – Pam Grosze
V. Update on Comments on the MD CRISP EHN Questionnaire – Tara Rose, Stanley Nachimson
VI. Interactive Discussion: State Level AI Healthcare Regulations – Sherry Wilson and Tina Greene
VII. Government Update – Stanley Nachimson
VIII. Committee Reports – 2025 Accomplishments and 2026 Plans
  a. Industry Affairs Committee – Stanley Nachimson and Tara Rose
  b. Education Committee – Pam Grosze
  c. Emerging Trends Committee - Beth Davis
  d. Cybersecurity and Privacy Committee – Sherry Wilson and Tina Greene
IX. Cooperative Exchange Recognition – Pam Grosze
X. Adjournment

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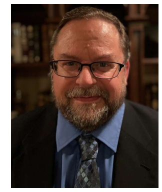

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Board Past Chair
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Waystar

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Cyndi Padilla
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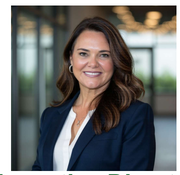

Executive Director
Lisa Beard
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It shall be the policy of the Cooperative Exchange to be in strict compliance with all Federal and State Antitrust laws, rules and regulations. Therefore:

1. These policies and procedures apply to all membership, board, committee and other meetings of the Cooperative Exchange, including those meetings taking place in person and those held via telephony or other electronic media.
2. Discussions of prices or price levels is prohibited. In addition, no discussion is permitted of any elements of a company's operations which might influence price such as:
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   b) Allowance for discounts;
   c) Terms of sale including credit arrangements; and,
   d) Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost or efficiency is merely incidental.
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6. It is the Cooperative Exchange's policy that a copy of these Antitrust Compliance Policies and Procedures be given to each officer, director, committee member, official representative of member companies and Cooperative Exchange employees annually and that the same be read, or understood at all meetings of the membership of the Cooperative Exchange.

Housekeeping Items

- **Please mute your Phone when you are not speaking.**
- **In order to talk, you must enter your Audio Pin for your line to be open**
- **Today's slides will be available for download the Cooperative Exchange Website under the Members Only area: www.cooperativeexchange.org**
  You must be logged in as a member to view this page.
- **If you are on the phone but not on the Zoom, please email lisa@m3solutionsllc.com so we can record your attendance.**

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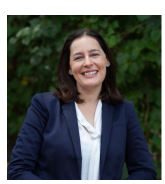

Director
Genevieve Morris
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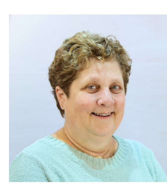

Director
Beth Wolskij
Office Ally

Executive Director
Lisa Beard
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Welcome Board Member for 2026

Secretary (re-elected to position)

Eric Grindstaff
Senior Business and Compliance Analyst
Veradigm

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Welcome Board Member for 2026

Director (re-elected to board)

Crystal Ewing
Vice President of Product Management
Waystar

WAYSTAR
REVENUE CYCLE TECHNOLOGY

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Welcome New Board Member for 2026

Director

Genevieve Morris
VP, Interoperability and Regulatory Strategy
Optum

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Welcome New Board Member for 2026

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Sean Kilpatrick
Vice President of Product Management
Availity

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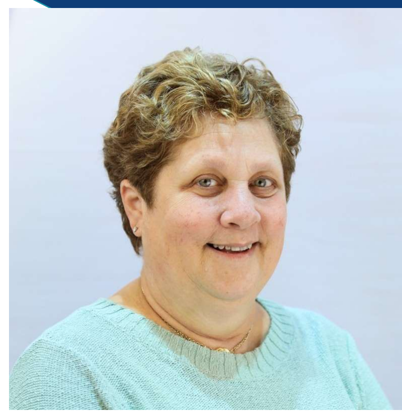
Welcome New Board Member for 2026

Director

Beth Wolskij
Vice President of Product, Clearinghouse
Office Ally

Office Ally



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Cooperative Exchange / Trebuchet Joint Project

Pam Grosze, Chair

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Project Description

Overview

The Cooperative Exchange is beginning a project with the DaVinci Trebuchet team to establish a cohort for testing clearinghouse participation in the workflow for various DaVinci implementation guides, specifically those needed for CMS 0057F.

Use Case

Enable CH-to-CH exchange of prior authorization requests, responses, and supporting documentation.
This may include the following HL-7 DaVinci implementation guides: CRD, DTR, PAS, Cdex
And may also include integration of X12 278 and 275 transactions as well.

What is DaVinci Trebuchet?

- Trebuchet's goal is to facilitate the piloting and production use of DaVinci implementation guides
- Trebuchet exists to help "launch" payer and provider collaboration into production, including collaboration on use-case definitions, problem-solving as a community, sharing knowledge, and organizing pilot work between parties
- Trebuchet can assist with finding testing partners. EHRs/provider partners are hard to recruit, but Trebuchet can find ways to mimic that actor in testing (like a demo EHR or smart on FHIR app).
- Webinar available in the members-only area of the CE website (dated 3/27/25)

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Goals and Objectives

- Demonstrate interoperability between providers, payers, and multiple clearinghouses using FHIR-based prior authorization workflows
- Validate hybrid workflows that incorporate both FHIR and X12 standards to support real-world implementation
- Develop a reference architecture for CH-CH routing, identity resolution, and endpoint discovery
- Validate standard CH approach to scalable security for FHIR-based prior authorization stakeholder registration, authentication, and authorization

Trebuchet Pilot Expectations

- Anyone can sign up for any number of cohorts and use cases
- Each use case includes clearly defined criteria for participation:
  - Pre-pilot testing requirements
  - Engagement expectations
  - Report-outs and information sharing
- Each participant will undergo testing with Trebuchet leads before beginning cohort pilot work
- Participant expectations:
  - Actively participate in pilot use-case testing with testing partners
  - Bring systems ready for testing
  - Participate in bi-weekly Trebuchet public calls to report status and lessons learned
  - Update documentation with lessons learned

  - Additional information available at: Da Vinci Trebuchet Pilot Information

Pre-requisites for participation

- Foundational structure built for CRD, DTR, PAS
- FHIR knowledge and understanding of minimal viable product pieces
- Product for building a message/API exchange transaction
- Resources (developers) to maintain technical readiness
- Project management resources

Next Steps

- Initial meeting has taken place with Trebuchet team
- Project management leads to represent the CE have been identified: Beth Davis, Crystal Ewing, Genevieve Morris
- CE team will develop a "charter" or scope of work to clearly document the goals and objectives of the project
- CE Members that wish to participate in the pilot project should contact Lisa Beard
- Team will regroup with the Trebuchet team in January and determine start date

Maryland Health Care Commission COMAR 10.25.07

Tara Rose - Optum

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Purpose and Impact COMAR 10.25.07

- **Finalized Regulations**
  - Amendments to COMAR 10.25.07 posted in the Maryland Register on 10/31/25
  - Became effective on 11/10/25
- **COMAR 10.25.07**
  - EHNs operating in Maryland will be required to share identified claims data for services delivered in Maryland with the state-designated HIE (CRISP) for 1) state health improvement programs, 2) mitigation of public health emergencies, 3)improvement of patient safety, or 4) The participation of the State in the CMS Innovations States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model
- **Regulatory Impact**
  - The data sharing requirement is linked with certification to operate in the state of Maryland and an EHN
- **CE submitted a comment letter on 9/8/25 on behalf of the membership**

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Background

- Maryland law requires payers operating in the state to use an Electronic Health Network (EHN)that is certified by the MHCC. If they use an uncertified EHN they face financial penalties.
- An Electronic Health Network is an entity involved in the exchange of electronic health care transactions between electronic health networks, payors, providers, vendors, or other entities. EHN services include verifying the accuracy of claims submitted, reporting on errors identified during the data cleaning process, and formatting transactions to align with national standards established under
- Electronic health care transactions means health care transactions that have been approved by a nationally recognized health care standards development organization (SDO) to support health care informatics, information exchange, systems integration, and other health care applications
- Maryland has layered additional requirements onto EHNs who they regulate directly. In order to maintain certification to operate in the state, EHNs must follow the additional requirements, including the new requirement to share all claims, eligibility, and enrollment transactions with the state-designated HIE who will share the data with the All- Payer Claims Database

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Section .02 Definitions

"Improvement of patient safety"

- The CE requested clarity on the definition and that MHCC consider "patient safety" include the activities covered in 42 CFR 3.20 of the HIPAA Privacy Rule

"State health improvement program"

- The CE appreciates the state's effort to support the Total Cost of Care model; however, there are concerns regarding the lack of specific use cases in the definition.
- The data requested is non-adjudicated claims data, including rejected or duplicate data which compromises the integrity of the data provided

The CE membership is still concerned that the proposed definitions are broad and potentially cover a range of use cases and the legality of releasing patient data restricted by HIPAA (i.e. ERISA and FEHBP data)

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Section .09(B)

Proposed Text:

An MHCC-certified EHN shall submit electronic health care transactions information for services delivered in Maryland to the State-designated HIE that consist of the following transactions: (1) Health care claim or equivalent encounter information

- *(837P and 837I); (2) Health plan eligibility inquiry and response (270); or (3) Benefit enrollment and maintenance (834).*
- *(1) Health care claim or equivalent encounter information (837P and 837I);*
- *(2) Health plan eligibility inquiry and response (270); or*
- *(3) Benefit enrollment and maintenance (834).*

CE Comments:

- Concerns about transactions for payors that operate outside of Maryland for members that seek care in Maryland.
- Secondary, tertiary claims are not taken into consideration
- CE members would be required to update BAAs which has significant logistical and financial implications, even if a partner agrees to update the BAA
- Called out concerns, again, about sharing patient data restricted by HIPAA
- Transaction list isn't complete: missing the 271 and 837D. The 834 isn't generally transmitted by CE members
- Called out concerns, again, about duplicate and inaccurate claim data
- The regulation doesn't take the "jumps" between clearinghouses into consideration

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Section .09(F) Submission Schedule

Proposed Text:

- *(1) No later than the last business day of each month, an MHCC-certified EHN shall submit electronic health care transactions information from the preceding month to the State-designated HIE.*
- *(2) An MHCC-certified EHN shall submit electronic health transaction information at least once per month, but may submit data more often*

CE Comments:

- Monthly reporting is not sustainable, and we recommended quarterly reporting
- CE requested that the regulation provide a timeframe for when the State needs to receive the data.
- We reminded the State that the work required to filter the transactions appropriately is significant and costly, especially since EHNs aren't allowed to recoup any costs associated with providing the data.
- The method of transmission of the data is a concern. The size of the data requested is large and may not be possible to transmit, even in a flat file.
- CE requested that a safe, secure, and efficient process be established.

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Section .09(H) Exemptions

Proposed Text:

(1) An MHCC-certified EHN may request a 1-year exemption from certain reporting requirements in this regulation.
(2) An exemption request shall:
(a) Be in writing;
(b) Identify each specific requirement of this regulation from which the EHN is requesting an exemption;
(c) Identify the time period of the exemption, if any;
(d) State the reason for each exemption request; and
(e) Include information that justifies the exemption request.
(3) Within 45 days after receipt of complete information from an EHN requesting an exemption, the Commission shall take one of the following actions:
(a) Grant the exemption by providing written notification; or
(b) Deny the exemption request by providing written notification that enumerates the reasons for the denial to the EHN.
(4) The Commission may not exempt an MHCC-certified EHN from any requirement within this regulation that is otherwise required by federal or other State law.
(5) The Commission may grant an exemption on the following grounds:
(a) The absence of functionality in the infrastructure of the EHN that prevents the EHN from complying with the requirement;
(b) The requirement would hinder the ability of the EHN to comply with other requirements of this chapter or federal or other State laws; or
(c) The requirement would cause an undue burden or hardship on the EHN, such that the EHN would no longer be able to provide EHN services in the State.
(6) For good cause shown, the Commission may renew a 1-year exemption for an additional 1-year period

CE Comments:

- CE recommended that MHCC incorporate outright exclusions into the regulation, rather than relying on an exemption process.
- At a minimum, compliance with federal and other state laws should be recognized as grounds for automatic exclusions (ERISA, FEHBP).
- Requested clarification on if an EHN is unable to obtain timely updated BAAs would qualify as a valid exemption.

Section .09(E) Electronic Health Care Transactions Technical Submission Guidance

The good news!

MHCC did update the regulation with details on how MHCC-certified EHNs will consult with the State designated HIE on the submission of data to the State. We were very pleased to see that MHCC heard and responded to the CE recommendation about expanding the submission guidance by adding a detailed process.

Chesapeake Regional Information System for our Patients (CRISP)

Tara Rose - Optum

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CRISP

- **Who is CRISP?**
  - Maryland's state-designed Health Information Exchange (HIE)
  - A non-profit created in 2009 under Maryland law and overseen by the Maryland Health Care Commission (MHCC)
- **Stakeholders Involved**
  - MHCC, Hospitals and Health Systems, Clinicians and Providers, Payers, Technology Vendors, Privacy Advocates and Patients, and Public Health Officials
- **CRISP Questionnaire**
  - During an IAC meeting in November, CE members convened to review and provide responses to the questionnaire.

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CRISP

CRISP Question	CE Response	CRISP Response
Data Submission Format		
CRISP will offer options for flat file and standard transaction submissions. Does your organization have a preference?	The CE members discussed both options and concluded that this question is premature in the process. The specifications are needed before we can comment on which option would be most appropriate. The EHN might find that a flat file works best for claims but not for eligibility, or vice versa. Additionally, is there a plan for acknowledging the files when received? There is concern that without acknowledgement, the EHNs could find themselves out of compliance with MHCC and not be aware.	As required in the regulations, CRISP will provide options for both submission types
Flat Files Questions		
CRISP prefers pipe delimited CSV as flat file format. If you opt to submit via flat file, does pipe delimited CSV pose a problem for your organization?	The pipe is not the traditional delimiter for a CSV file. The CSV generally uses a comma as a delimiter, but a pipe delimiter is not unheard of. A pipe delimiter does not cause an issue for the EHNs, however we do recommend that CRISP avoid using X12 delimiters (asterisk *, carat ^, colon :, and tilde ~) and FHIR delimiters.	CRIPS will not use common X12 delimiters as delimiters in flat file submission formats.

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CRISP

CRISP Question	CE Response	CRISP Response
Are there any variables that should not be included? If so, please briefly explain why exclusion of the variables should be considered.	The CE members have suggestions for variables that need to be excluded from the data we provide. 1. Intellectual property (IP) exists in the data that we receive, like financial data, that should be excluded. This data is unadjudicated data and the financial information in the transaction will not be accurate. 2. X12 version does not contain in or out of network data, but that changes in later versions. Some payers will provide this information in the 271 in a free form text element (aka unstructured text). This data needs to be excluded. We do want to call it to attention again, that the 271 transaction is not mentioned in COMAR 10.25.07. 3. Exclude all legally protected data like ERISA and FEHBP 4. This regulation prevents the EHNs from complying with the HIPAA minimum necessary requirement.	Some EHNs expressed concern on the difficulty to modify the content in the transaction and requested to include the entire transaction. Other EHNs indicated that certain data points should be removed. All variables should be included in the submission. ***CRISP did not respond to any of the exclusions that the CE recommended.*

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CRISP

CRISP Question	CE Response	CRISP Response
Does your organization prefer to map each value to X12 (loops/segments/data elements)? Please briefly explain.	The CE asserts that EHNs are not responsible for providing the mapping from X12/FHIR to a flat file nor provide the resources needed to create this mapping. CRISP should provide data mapping.	CRISP is drafting the mapping
Does your organization prefer separate or combined file layouts for 837 professional and institutional claims? Please briefly explain.	The CE members support both aggregated and separate file layouts depending on if we are providing the X12 transaction or a flat file. Please note that the All Payer Claims Database (APCD) has separate systems, and separate files would be needed.	CRISP is drafting flat file mapping with separate layouts
Standard Transactions Questions		
Does your organization prefer to submit in X12? If not, please briefly explain if there is another preferred option.	The CE members believe that both options should be permitted. However, filtering batch X12 transactions from submitters to include only those required for submission to CRISP is extremely challenging, costly, and time-consuming. There is no guarantee that messages will always be filtered correctly. To avoid potential violations of our BAAs and state and federal laws, we do not recommend using X12.	CRISP will provide options for both submission types, including X12

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CRISP

CRISP Question	CE Response	CRISP Response
Does your organization prefer to send the entire transaction? If not, please briefly explain.	The CE members support both aggregated and separate file layouts depending on if we are providing the X12 transaction or a flat file. Please note that the All Payer Claims Database (APCD) has separate systems, and separate files would be needed.	Some EHNs expressed concern on the difficulty to modify the content in the transaction and requested to include the entire transaction. Other EHNs indicated that certain data points should be removed. All variables should be included in the submission.
Data Exchange Format Question		
CRISP can handle multiple options ranging from SFTP to FHIR. What data exchange format does your organization prefer?	SFTP or VPN should be considered, as file size restrictions may significantly affect data transmission. Therefore, it is essential to maintain flexibility in the approach. Implementing FHIR would necessitate substantial development efforts without offering sufficient benefits compared to the efficiency of scheduled file transfers. Therefore, flat files present a more practical and effective solution. Whether using SFTP or VPN, planning should account for potential state-side outages and the data retention requirement of the EHNs.	CRISP will offer SFTP

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Outstanding Questions

- Defining "services delivered in Maryland;" should there be additional consideration for virtual services?
- Retention or data replay expectation
- CRISP acknowledge receipt for both X12 and flat files

Additional concern:

- In the CRISP discussion on 11/14, it was noted that implementation is expected soon after the final technology specification is released in February 2026, with a possible timeframe of under 18 months. We expect mandatory testing timelines.

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Interactive Discussion

AI State Healthcare Regulatory Patchwork

Impact on Clearinghouse Operations & Opportunities

Sherry Wilson and Tina Greene
November 21, 2025

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Recap AI State Healthcare Regulatory Patchwork

- **46 States** introduced over **250 AI bills** impacting healthcare in 2025.
- At least **29 States and D.C.** have enacted legislation addressing healthcare AI.

Four Key AI Governance Themes Driven by State Regulations

Built-In Transparency & Data Disclosure
Automated reporting on model functionality, data usage, and lineage
(pre deployment)

Human Oversight & Accountability
Audit trails, HITL (Human-in-the-Loop), structured review processes (pre deployment)

AI Compliance by Design
Risk classification tracking, bias detection (pre deployment)

Real-Time (AI) Compliance
Dynamic/adaptive regulatory and operational governance to implement evolving laws

Translating AI Regulations into Operations

Operationalizing State AI Regulations Across Clearinghouse Workflows

I
Regulator Compliance Landscape:
Adapting to the state-level patchwork

II
Risk & Liability:
Managing liability from internal AI tools (scrubbing/routing).

III
Operational Adaptability:
Engineering systems for real-time compliance and agile change management.

IV
Third-Party Accountability:
Serving as the audit channel for payer/provider compliance.

V
Transparency & Communication:
Meeting disclosure mandates and professional integrity rules.

Category I: Regulatory Landscape & Compliance

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Question 1: How is your organization tracking and adapting to the evolving patchwork of state-level AI regulations?

Challenges	Recommended Guidance	Opportunities
Limited visibility into emerging state AI regulations	• Establish a centralized regulatory tracking process across legal, compliance, operations. • Use automated monitoring tools or subscription services for AI regulatory alerts.	Clearinghouse **regulatory intelligence hub**, delivering consistent, actionable updates to payers and providers
Difficulty translating complex AI policies into operational workflows	• Convert state law text into workflow, routing, audit, and data requirements. • Include compliance + operations early in the impact analysis.	Clearinghouses can provide **pre-interpreted workflow templates**, reduce stakeholder burden and accelerate implementation.
Siloed interpretation across departments (legal, product, engineering)	• Create an ongoing cross-functional AI governance and compliance review committee.	Clearinghouses can offer **governance-as-a-service**, giving industry partners a trusted, neutral interpretation layer.
Fast-changing regulations require frequent system updates	• Develop rapid-update protocols and a formal regulatory change-management playbook.	Clearinghouses can differentiate with an **adaptive compliance infrastructure**, delivering quick turnarounds and modular updates.

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Question 2: What challenges do you face when trying to maintain compliance across multiple jurisdictions?

Challenges	Recommended Guidance	Opportunities
Conflicting state definitions and varying risk classifications	• Develop a state-by-state mapping that aligns definitions with operational impacts (AI, ADS, automated rules engines).	Clearinghouses can standardize interpretations across payers/providers — reducing confusion and compliance inconsistencies.
Difficulty converting regulations into workflow/system changes	• Translate requirements into routing logic, audit indicators, HITL checkpoints, and documentation workflows.	Clearinghouses can package "reg-ready workflows" that stakeholders can adopt with minimal engineering lift.
Resource strain across legal, compliance, product, engineering	• Establish regulatory change-management playbooks with shared responsibilities and timelines.	Clearinghouses can offer regulatory compliance support services — lifting the burden from individual payers/providers.
Payer-specific interpretations within the same state	• Create payer-specific compliance profiles or configuration sets.	Clearinghouses can provide configurable compliance layers — supporting variability without disrupting providers.

Question 3: Are you seeing increased demand from payors-providers for clearinghouses to support 'human in the loop' mandates?

Challenges	Recommended Guidance	Opportunities
Growing state-level HITL mandates for AI-assisted decisions	• Identify where clearinghouse workflows intersect with AI-supported Payer decisions (PA, claims, clinical edits, denials).	Clearinghouses can become the **verification layer** that validates HITL for payers.
Need to capture and transmit human-review indicators	• Establish data structures or audit fields that signal when a human reviewed, approved, or overrode AI logic.	Clearinghouses can provide **standardized HITL signaling** to ensure consistency across payers/providers.
Documentation & audit expectations expanding	• Support audit-trace requirements: timestamps, reviewer ID, decision path, exception handling.	Clearinghouses can operate as a **shared audit infrastructure**, reducing burden on stakeholders.
Provider uncertainty about automated vs. human-reviewed decisions	• Ensure transparency signals are transmitted downstream (e.g., AI-involved, human-reviewed, escalated).	Clearinghouses can strengthen provider trust by enabling **clear decision provenance.**

Category ll: Managing Internal AI Risk & Liability

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Question 1: How are you managing internal AI liability, especially for tools used in claims routing or error checking?

Challenge	Recommended Guidance	Opportunities
AI may influence routing, edits, or decisions without clear accountability.	• Implement AI liability framework • Track automation touches decisions • Maintain explainability for any automated logic	Clearinghouses become the **trusted oversight layer** — proving decisions are governed, validated, and monitored.
Hard to prove tools are accurate, unbiased, and compliant	• Bias/accuracy testing pre-deployment • Ongoing monitoring • Version control & model documentation	Clearinghouses offer **assurance as a service** — verified audit trails and transparent model behavior.
Few organizations have experienced an AI failure — but regulators expect readiness.	• Build AI incident response playbooks • Forensic tracking (timestamps, logic path, reviewer IDs) • Escalation protocols	Clearinghouses become **the forensic backbone**, enabling rapid root-cause analysis when things go wrong.

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Question 2: What governance or audit protocols have you implemented to ensure AI tools meet bias and accuracy standards?

Challenge	Recommended Guidance	Opportunities
Hard to prove AI tools or automated logic are accurate, unbiased, and compliant.	• Perform pre-deployment bias and accuracy testing • Maintain documentation of test results, model versions, and tuning • Use ongoing monitoring (alerts, drift checks)	Clearinghouses can provide **assurance and transparency** by documenting signal flow, routing logic, and model behavior across stakeholders.
Limited visibility into model logic or decision pathways.	• Require explainability or rationale documentation • Maintain internal "decision pathway" audit logs • Ensure transparency when automation influences outcomes	Clearinghouses become the **explainability layer**, helping stakeholders understand and defend AI-assisted decisions.
Insufficient audit-trail depth for regulatory expectations.	• Capture timestamps, rule versions, reviewer IDs, escalation events • Create audit trails at each handoff • Maintain retention policies aligned with state regs	Clearinghouses can act as the **shared audit backbone**, providing standardized logs that meet regulator expectations.

Question 3: Have you encountered any legal or operational risks due to flawed AI outputs? How would you address this scenario?

Challenge	Recommended Guidance	Opportunities
Organizations lack a structured AI incident response plan (because they haven't needed one yet).	• Develop an **AI incident response playbook.** • Define escalation steps, internal contacts, response timelines. • Establish criteria for when an incident triggers stakeholder notification.	Pilot NIST AI RMF – Adopt NIST AI RMF for Structured Audits Clearinghouses can support **industry-wide incident response readiness** — helping standardize what "good response" looks like.
Limited forensic visibility into how an automated or AI-supported decision was made.	• Capture granular audit trails: timestamps, rule versions, model input → output • Ensure explainability and traceability for all automation • Maintain detailed logs for post-event reconstruction	Clearinghouses can become the **trusted forensic layer**, enabling root-cause analysis and cross-stakeholder transparency.
Stakeholders often don't know who is accountable when automation fails.	• Document roles, responsibilities, and ownership across legal, compliance, product, and operations • Maintain formalized governance bodies with decision rights	Clearinghouses can serve as the **neutral accountability anchor**, ensuring clarity across vendors, payers, and providers.
Most organizations are not prepared for regulator questions after an AI-related incident.	• Prepare pre-written responses for regulators • Align audit logs with state expectations • Maintain evidence packages for rapid distribution	Clearinghouses can provide **regulator-ready evidence packets**, improving confidence and reducing risk across the ecosystem.

Category III: Operational Adaptability

Question 1: What systems or processes have you put in place to transmit audit flags or compliance data in real time?

Challenge	Recommended Guidance	Opportunities
Lack of real-time visibility into compliance indicators (AI use, HITL, decision paths).	• Implement **metadata tagging** for AI involvement, human-review checkpoints, and transparency fields. • Enable **real-time streaming or event-driven alerts** for compliance flags.	Clearinghouses can serve as the **compliance signaling backbone**, providing payers/providers with consistent, standardized real-time indicators.
Legacy batch processes are not aligned with real-time regulatory expectations.	• Move from batch to near-real-time or event-driven architectures. • Introduce **modular rule engines** that can be updated without downtime.	Clearinghouses can differentiate with **real-time compliance pipelines**, reducing payer/provider lift and ensuring readiness for new regulations.
Inconsistent data capture across payers, providers, and vendors.	• Standardize audit flag definitions, data fields, and transmission formats. • Map clearinghouse workflows to regulatory documentation requirements.	Clearinghouses can define **industry-aligned compliance taxonomies**, improving consistency across the ecosystem.
Lack of audit-trace capture for AI-supported workflows.	• Log: timestamps, rule versions, AI vs. human review, escalation events. • Implement **audit trails at every transaction touchpoint**.	Clearinghouses become the **shared audit infrastructure**, reducing risk for all stakeholders.

Question 2: How are you preparing your infrastructure to handle future regulatory changes quickly and efficiently?

Challenge	Recommended Guidance	Opportunities
Legacy infrastructure not designed for fast change cycles.	• Move toward **configuration-based rules engines** rather than hard-coded logic. • Adopt **modular architectures** that isolate regulatory logic from core systems.	Clearinghouses can lead with **agile regulatory update frameworks**, reducing turnaround time for compliance changes.
Regulations change faster than development backlogs can accommodate.	• Create **regulatory change-management playbooks** with defined roles, timelines, and triggers. • Implement **cross-functional rapid-response teams** (compliance, product, engineering).	Clearinghouses can serve as **pre-built compliance accelerators**, enabling clients to adopt new rules with minimal internal engineering lift.
Difficulty adjusting workflows that intersect with multiple stakeholders	• Implement **workflow abstraction layers** so changes can be deployed without requiring payer/provider redevelopment. • Support **routing and audit updates independent of trading partner formats**	Clearinghouses provide a **single control point** for multi-party regulatory compliance — ensuring consistency across the ecosystem.
Unpredictability of upcoming AI laws requires ongoing agility.	• Conduct **scenario planning** for likely regulatory patterns. • Maintain **future-proofing roadmaps** aligned to anticipated requirements (HITL, transparency, risk classification).	Clearinghouses can offer **regulatory resiliency planning**, helping organizations stay ahead rather than react.

Category IV: Third-Party Accountability

Question 1: How do you ensure alignment with payors' compliance requirements, especially regarding prior authorization and claims denials?

Challenge	Recommended Guidance	Opportunities
Payers interpret state AI regulations inconsistently.	• Create **payer compliance profiles** that map payer-specific interpretations. • Maintain **regulatory crosswalks** to ensure operational alignment.	Clearinghouses become the **standardization layer**, ensuring consistent application of AI requirements across payer network
Difficulty verifying payer compliance for prior auth, denials, and medical-necessity workflows.	• Establish structured fields or metadata to indicate: • AI involvement • Human review points • Escalations • Support payer documentation needs through data capture.	Clearinghouses can serve as **compliance-verification channels**, providing structured reporting back to payers.
Payers expect clearinghouses to help surface compliance evidence.	• Implement mechanisms to capture and transmit payer-requested compliance signals. • Support audit-readiness documentation through system-generated logs.	Clearinghouses become a **trusted compliance partner**, reducing the internal burden on payers.
Providers face in consistent payer expectations.	• Normalize payer-specific rules into **standardized operational workflows**. • Offer configuration and mapping services to support multi-payer alignment.	Clearinghouses can drive **ecosystem consistency**, shielding providers from payer-by-payer variability. Facilitate national AI HITL Standards/Coding. Coordinate with HHS, ONC and other industry standard organizations.

Question 2: What role do clearinghouses play in verifying human review in AI-assisted decisions?

Challenge	Recommended Guidance	Opportunities
Lack of standardized signaling to identify when HITL was performed.	• Define structured HITL indicators (flags, metadata, audit fields). • Ensure consistent capture of reviewer identity, timestamp, and decision outcome.	Clearinghouses can become the **standardized HITL signaling layer**, ensuring consistent data flow across all payers and providers. **Coordinate with HHS/ONC and other industry standard organizations. Opportunities NIST Pilot**
Difficulty proving that AI-supported decisions received appropriate human review.	• Capture and transmit data showing: • AI involvement • Human review sequence • Escalation path • Overrides or exceptions • Maintain centralized audit logs.	Clearinghouses become the **independent verification channel**, strengthening regulatory confidence.
Audit expectations from states require detailed documentation.	• Implement HITL audit-trails (reviewer ID, timestamps, rationale). • Integrate HITL verification into payer data flows.	Clearinghouses can act as the **shared audit infrastructure**, reducing documentation burden on payers.
Providers need clarity on which decisions were AI-assisted vs. human-reviewed.	• Standardize the downstream reporting to clearly indicate: AI-generated; AI-supported; Human-reviewed Escalated • Provide structured returns to providers.	Clearinghouses enhance **provider trust and transparency**, improving ecosystem credibility.

Category V: Transparency & Communication

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Question 1: How do you plan to comply with required AI use disclosure? How are you managing this operationally?

Challenge	Recommended Guidance	Opportunities
States require disclosure of AI involvement — but definitions and expectations vary.	• Map disclosure requirements by state and determine where they intersect with clearinghouse workflows. • Establish flags/indicators showing AI involvement in decision-support, messaging, or transactions.	Clearinghouses can serve as the **AI disclosure routing layer**, standardizing signals across payers and providers.
Payers differ in how they want to disclose AI use (language, placement, workflow).	• Create configurable disclosure templates aligned to payer preferences. • Standardize field structures to reduce inconsistencies.	Clearinghouses can offer **disclosure-as-a-service**, reducing the burden on payers and ensuring consistent downstream messaging.
Operational gaps in labeling AI-generated or AI-supported content.	Insert metadata tags in electronic transactions to indicate: • AI-generated • AI-assisted • Human-reviewed • Escalated-to-human • Maintain transparency logs for audit requests.	Clearinghouses become the **transparency transport mechanism**, providing end-to-end traceability.
Providers need clarity on whether a message or decision came from a human or was AI-generated.	• Deliver disclosure notices in clear, simple language. • Ensure provider-facing systems clearly identify AI involvement.	Clearinghouses enhance **provider trust, clarity, and compliance**, supporting smoother adoption of AI-enabled processes.

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Question 2: How do you ensure that AI systems used in your workflows do not misrepresent professional titles or roles?

Challenge	Recommended Guidance	Opportunities
Automated systems may unintentionally imply that a message or decision came from a clinician.	• Review all system-generated content to ensure titles, signatures, and roles are accurate. • Implement automated checks to prevent unauthorized use of clinician identifiers.	Clearinghouses can provide an **identity-verification layer**, ensuring that transmitted messages are properly attributed.
AI-generated content may blur the line between clinical advice and administrative messaging.	• Maintain strict separation between administrative automation and clinical decision-support. • Tag messages with clear indicators (administrative, AI-assisted, human-reviewed).	Clearinghouses can support **role-clarity signaling**, reducing miscommunication risk for providers.
Providers report confusion when automated decision notifications appear "clinical."	• Require plain-language indications of who made the decision (AI vs. clinician vs. admin). • Align message format with regulatory expectations.	Clearinghouses strengthen **provider trust** by normalizing message formats and clarity.
Regulators expect organizations to validate identity attribution in automated workflows.	• Maintain logs showing decision origin (AI, rule engine, human). • Conduct periodic audits of messaging templates and communication flows.	Clearinghouses can act as the **audit and attribution safeguard**, helping stakeholders prove regulatory compliance.

Summary – 5 Key Clearinghouse Action Take Aways

Action Items	Recommended Guidance
I. Establish a unified AI regulatory tracking program	• Centralize monitoring of state AI laws • Maintain crosswalks that map definitions, risk categories, and obligations • Become the *regulatory intelligence layer* for stakeholders
II. Operationalize multi-jurisdiction compliance	• Translate state rules into routing, audit, HITL, and workflow requirements • Use standardized compliance profiles for payers • Offer pre-interpreted workflows to reduce stakeholder lift
III. Build strong internal AI governance	• Implement bias/accuracy testing, explainability, and audit trails • Maintain model versioning, documentation, and monitoring • Prepare incident response and forensic readiness
IV. Strengthen third-party accountability alignment	• Support payer-specific AI compliance expectations • Standardize HITL signaling and verification fields • Serve as the trusted compliance & transparency channel
V. Advance transparency & communication	• Enable AI disclosure indicators across payers and providers • Ensure accurate attribution of human vs. AI-generated content • Provide clear, consistent downstream messaging for providers

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Federal Government Update

Stanley Nachimson, Liaison

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Overview

This report encompasses activities federal agencies that impact health IT such as eHealth; Office of National Coordinator (ONC); Centers for Medicare and Medicaid Services (CMS); Office of Civil Rights (OCR); National Standards Group (NSG) and The Standards and Interoperability (S&I) Framework.

Liaison: Stanley Nachimson, Nachimson, Advisors

Meeting	Location	Date / Time

Federal Government Shutdown Ends

- Medicare and Medicaid back to normal
- Telehealth extensions in place thru Jan 30
- All Federal staff back to work

CMS Listening Session on FHIR APIs for Prior Authorization HIPAA Standard

- CMS will hold a listening session (invite only) with entities named in the HIPAA law to consult on a proposal to name FHIR APIs in place of the X12 278 as the national EDI standard.
- Entities are WEDI, HL7, X12, NCPDP, ADA, NUCC
- They developed a list of questions for those organizations to answer
- CE will be developing answers to those questions and submit them to CMS.

CMS Final Physician Payment Rule 2026

- Two separate conversion factors: one for qualifying alternative payment model (APM) participants (QPs) and one for physicians and practitioners who are not QPs, with APM participants getting a larger increase
- Will use the Medicare Economic Index (MEI) productivity adjustment percentage. The MEI productivity adjustment is calculated by the CMS Office of the Actuary (OACT) each year, and we are finalizing a look-back period of five years, which would result in a final efficiency adjustment of -2.5% for CY 2026 for non-time based procedures; a shift from surgical procedures to primary care procedures
- Streamlining the process for adding services to the Medicare Telehealth Services List.

Year End
Committee Reports
2025 Accomplishments / 2026 Plans

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Industry Affairs Committee 2025
Year in Review

Tara Rose, Co-Chair
Stanley Nachimson, Co-Chair

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Industry Affairs Committee

Purpose

The Committee's principal responsibilities are to:

Monitor Federal, State, and Local legislative, regulatory and judicial activities regarding health care, health IT, and other subjects of interest to members.

Scope

- Identify topics of interest for CE Members
- Provide insight and recommend items for comment
- Draft comment letters for CE approval

How to Get Involved

- Suggest topics
- Attend monthly meetings
- Provide comments on draft products

2025 Accomplishments

- **Maryland EHN Requirements for Data Submission – developed several regulatory comment letters and responses for technical requirements.**
- **Developed information for Senate Finance Committee on provider enrollment issues and security**
- **Drafted a CE response to the HHS Secretary's published announcement in Federal Register limiting public comment.**
- **Drafted CE responses to RFI on Medicare deregulation and RFI on Health IT Ecosystem**

2026 Plans

- Work with MHCC and CRISP on technical requirements and implementation of the MD data submission requirements
- Monitor Federal and State proposed rules for CE comment opportunities
- Work with HBMA staff on government items of interest to both organizations
- Identify other opportunities for CE comment and participation.

Education Committee
2025 Year in Review

Pam Grosze, Chair

Education Committee

Overview

The Subcommittee's principal responsibilities are to:

- To assess the successes and failures of the previous year courses and incorporate new ideas into future program planning.
- To develop and present clearinghouse education to raise awareness of the role of clearinghouses to external stakeholders
- Develop policies and procedures for administering such courses, including guidelines for co-sponsorship and/or endorsement.
- Identify areas of interest that will be the subject of additional courses and appoint the procedure experts who will serve as the director of each course.
- Evaluate and promote the success of the program and recommend modifications as necessary.

How to Get Involved

Join the Education Committee!
Calls are held the first Thursday of each month, 10:00 CT / 11:00 ET.
Notify Pam Grosze or Lisa Beard if you are interested in becoming a member of the Education Committee.

2025 Accomplishments

- **Completed 9 educational sessions (80% improvement over 2024)**
- **Average attendance – 16.5, average views of recordings – 5**
- **Highest attended sessions:**
  - ***CMS Plans for 2025***
  - ***Healthcare and Public Health Sector Coordinating Council Joint Cybersecurity Working Group Update***
  - ***Digital Identity and Credentials for Healthcare Communication***

- **Held Clearinghouse Caucus at each X12 meeting (in-person)**
- **Held membership meetings monthly**

2026 Education Committee Plans

- **Hold Education Committee meeting each month**
  - Gather input on topics and speakers for education
- **Schedule a minimum of one webinar per month**
  - **Improve over 2025 results**
- **Work with other committees to identify topics and SMEs for educational sessions**
  - Focus on industry leaders as speakers
- **Plan monthly membership meetings, annual meetings, clearinghouse caucus agendas**

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Emerging Trends and Strategic Innovation Committee - 2025 Year in Review

Beth Davis, Chair

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Emerging Trends and Strategic Innovation Committee

Purpose

The Committee's principal responsibilities are to:
Increase awareness of industry initiatives that will impact clearinghouse business and develop strategic plans for a positive impact.

Scope

Meets on the 4th Wednesday of each month

How to Get Involved

Join the Emerging Trends & Strategic Innovations Committee! Notify Beth Davis or Lisa Beard if you are interested in becoming a member of this committee.

2025 Accomplishments

- **Assembled a consensus position to raise awareness on "How intermediaries can help advance interoperability through FHIR data exchange."**
- **Engaged industry experts to join the discussions and make progress toward the above goal.**
- **Committee attended a Da Vinci Trebuchet FHIR Pilot public meeting in April.**
- **Contributed to X12 Clearinghouse Caucus presentation on intermediaries and interoperability.**
- **In progress: initiative to promote adoption of the 838 EDI enrollment transaction to improve interoperability, efficiency and timeliness of mass provider/clearinghouse enrollments.**
- **Guest speaker Michelle Barry from WEDI Provider SWG on the 838.**
- **AI Resources and discussion points (and other emerging trends which often dovetails into the IA Committee)**

2026 Plans

- Continue to promote a consensus position to raise awareness on “How intermediaries can help advance interoperability through FHIR data exchange.”
- Formally engage with Trebuchet FHIR Pilot to advance the knowledge and participation of the CE members
- Continue initiatives to promote adoption of the 838 EDI enrollment transaction to improve interoperability, efficiency and timeliness of mass provider/clearinghouse enrollments.
- Highlight the progress of AI relevant to CE members
- Collaborate with IA committee as needed
- Continue to raise and discuss emerging trends as they arise

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Cybersecurity & Privacy Committee
2025 Year in Review

Sherry Wilson, Co-Chair
Tina Greene, Co-Chair

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Cybersecurity & Privacy Committee

Purpose

Serve as a cybersecurity and privacy resource for the organization and, through external liaison activities, ensure the clearinghouse industry has a voice in proposed regulation.

Scope

- Monitor, identify, and evaluate cybersecurity activity and potential threats to assess impact to clearinghouse industry.
- External liaison to industry security organizations and regulatory entities.
- Provide subject matter expertise to support RFIs and/or proposed regulations.
- Clearinghouse focused cybersecurity and privacy education.

How to Get Involved

Contact Lisa Beard (lisa@m3solutionsllc.com) if you and/or someone from your organization would like to join this committee

2025 Accomplishments

Committee Educational Outreach and Industry Engagements

- **HHS NPRM HIPAA Security Rule** to strengthen the cybersecurity of electronic protected health information
  - Submitted comments on RIN Number 0945-AA22 providing recommendations that include, but not limited to, extension of implementation timeline; phased approach for implementation; third-party oversight accountability criteria.
- **Draft NIST SP800-234 High Performance Computing (HPC) Security Overlay**

  https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-234.ipd.pdf
  - Submitted comments on this draft publication which introduces an **HPC security overlay** designed to address the unique characteristics and requirements of HPC systems

2025 Accomplishments

Committee Educational Outreach and Industry Engagements

- **NIST Privacy Framework 1.1**
  - Submitted comments on the benefits of utilizing the flexible privacy framework structure to assist stakeholders in managing the complexity of the privacy regulatory landscapes
    - Enhanced risk management; Streamlines privacy and security regulatory compliance; AI and data processing privacy risks; Revision of framework structure more user friendly
- **Ongoing Liaison with Health Sector Coordinating Council - Cybersecurity (HSCC)**
  - Development of Industry Sector Mapping and Risk Toolkit (SMART) Launch: Created in response to major cyberattacks, the SMART Toolkit provides 17 health care workflow maps to help organizations visualize key services, identify systemic cyber risks
  - Development of Healthcare AI Cybersecurity Guidance: focus is on developing comprehensive guidance for mitigating AI-driven cybersecurity risks
  - Collaboration with industry NPRMs, regulatory public comments/RFIs, as applicable

2025 Accomplishments

Committee Educational Outreach and Industry Engagements

- **Updates on Regulatory Environment/CE Cybersecurity Resource** (HHS, Whitehouse, ONC Cybersecurity Initiatives, Senate Finance Committee)

2026 Plans

- **AI Governance & Policy**
  - Proactively influence AI state and federal regulations as applicable to healthcare data exchange while leveraging the NIST AI RMF principles to manage risk, bias, and accountability in AI-driven clearinghouse workflows.
- **Navigate Compliance Regulatory Deadlines**
  - Support membership readiness for critical 2026 compliance targets, including Interoperability (FHIR), Prior Authorization Reform, and updated HIPAA/42 CFR Part 2
- **Strengthen Coordinated Defense**
  - Serve as the central point for translating and distributing official threat intelligence from HHS, CISA, HSCC and other industry resources. Develop consensus on industry best practices for agile threat response and remediation.

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2026 Plans

- **Advance Industry Credibility**
  - Elevate operational trust through continued focus on credentialing, audit standards, and best practices
- **Demonstrate Value through Secure Exchange**
  - Showcase the essential role clearinghouses play in leveraging efficient automation and secure, compliant data exchange, particularly using FHIR APIs, to decrease administrative burden while ensuring data security and privacy for all stakeholders.
- **Maintain Strategic Advocacy**
  - Sustain focused engagement with the **HSCC** and other state and federal entities to ensure our industry representation shapes key security and privacy policies including Supply Chain Risk Management (SCRM) best practices.

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Upcoming Meeting

December 18, 2025 2:00 EST

Agenda:

- Continue discussion from today's Clearinghouse AI Brief
  - Share best practices
  - Next Steps

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Cooperative Exchange Recognition

Pam Grosze, Board Chair

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Thanks to our CE Board of Directors

Jennifer Nereu, Vice Chair

Crystal Ewing, Past Board Chair

Tina Greene, Treasurer

Eric Grindstaff, Secretary

Cyndi Padilla, Director

Rhonda Sapereira, Director

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Thanks to our CE Committee Chairs

Tara Rose - Industry Affairs Committee

Stanley Nachimson - Industry Affairs Committee

Beth Davis - Emerging Trends and Strategic Innovation

Sherry Wilson - Cybersecurity and Privacy Committee

Tina Greene - Cybersecurity and Privacy Committee

Crystal Ewing - Membership Committee, Marketing and Communications Committee, Interim Policy & Procedures Committee

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Thanks to our CE Liaisons

CAQH CORE - Pat Wijtyk
HL7 - Sherry Wilson
WEDI – Cyndi Padilla
IAIABC - Tina Greene
Federal Government - Stanley Nachimson
NCPDP - Kristol Chism
NUBC/NUCC – Crystal Ewing

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Member Involvement Recognition

Nick Radov, Stedi
Genevieve Morris, Optum360
Michelle Barry, Availity
Rajan Odayar, Waystar
Don Quackenbush, Cognizant
David Weber, CLAIM.MD

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Special Recognition

Pam Grosze

2022-2025 CE Board Chair
Education Committee Chair
Cooperative Exchange Liaison to X12

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Join Us in 2026!

- ✓ **Monthly Membership Meetings**
- ✓ **Clearinghouse Caucus Presentations at X12 Standing Meetings**
- ✓ **Special Education Webinars**
- ✓ **Committee Meetings**

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2026 Membership Meeting Calls

January 16, 2026

February 20, 2026

March 20, 2026

April 17, 2026

May 15, 2026

June 19, 2026

July 17, 2026

August 21, 2026

September 18, 2026

October 16, 2026

November 20, 2026

December – no meeting

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Adjournment

Thank you for your membership in the Cooperative Exchange. We wish you a wonderful holiday season.

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