

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Attachments Subgroup (Prior Authorization Use Case) (ASG-PA)
Call #2 Summary: Thursday, October 1, 2020, 2:30-4:00 pm ET Conference Call**

This document contains:

- Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call attendance.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
1. Antitrust Guidelines	<ul style="list-style-type: none"> • Bob Gross (Cleveland Clinic) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. • Bob Gross (Cleveland Clinic) introduced CAQH CORE staff supporting the Subgroup and fellow Co-chair Mahesh Siddanati (Centene). Note: Santo Carino (Epic) was unable to attend the call but was cited as the third Co-chair and will be on the subsequent call. 	<i>Discussion</i>
2. Roll Call and Administrative Items	<ul style="list-style-type: none"> • Bob Gross (Cleveland Clinic) reviewed the call document: <ul style="list-style-type: none"> ○ Doc #1: ASG-PA Call 2 Agenda 10.01.20 ○ Doc #2: ASG-PA Call 1 Summary 07.23.20 ○ Doc #3: ASG-PA Feedback Form 1 Results 10.01.20 • Emily TenEyck (CAQH CORE Manager) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. • Bob Gross (Cleveland Clinic) reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Review results of ASG-PA Feedback Form #1 (Doc #3). ○ Discuss Next Steps. • Summary of ASG-PA Discussion: No questions or comments were raised by the ASG-PA participants. 	<i>Discussion</i>
3. Summary of 07/23/20 ASG-PA Call #1 (Doc #2)	<p>Summary of 7/23/20 ASG-PA Call #1 (Doc #2).</p> <ul style="list-style-type: none"> • Reviewed CAQH CORE's Rule Development Process, Attachments Operating Rule Roadmap and Subgroup Participant Expectations • Reviewed CAQH CORE Attachments Initiative and CAQH CORE Attachments Subgroup (Prior Authorization Use Case) Scope, Opportunity Areas, and Draft Rule Options • Discussed next steps including ASG-PA Feedback Form #1 	<p><u>Action required:</u></p> <ul style="list-style-type: none"> • Approve 07/23/30 Call Summary (Doc #2) <ul style="list-style-type: none"> ○ Motion to approve by Cindy Monarch (BCBS Michigan). ○ Seconded by Bob Gross (Cleveland Clinic).
4. ASG-PA Feedback Form #1 Overview (Doc #3)	<ul style="list-style-type: none"> • Bob Gross (Cleveland Clinic) reviewed the feedback form format and summary of feedback form respondents. • Summary of ASG-PA Discussion: No questions or comments were raised by the ASG-PA participants. 	<i>Discussion</i>

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<p>4. Review ASG-PA Feedback Form #1 Results (Doc #3)</p>	<ul style="list-style-type: none"> • Mahesh Siddanati (Centene) provided an overview of the feedback form results and percent support for each opportunity area. • Summary of ASG-PA Discussion: No questions or comments were raised by the ASG-PA participants. • Emily Ten Eyck (CAQH CORE Manager) reviewed general comments received on the feedback form. • Summary of ASG-PA Discussion: <ul style="list-style-type: none"> ○ John Kelly (Edifecs) asked about timeline for the development of this group and when 7030 would be expected to be the published version. <ul style="list-style-type: none"> - Emily Ten Eyck (CAQH CORE Manager) responded for this specific use case of prior authorization; CAQH CORE is looking to work through the end of January 2021 immediately followed by the claims use case. Following the subgroup will continue to review the rules together, claims and prior authorization use cases in a review work group. That work would likely take us through 2021. - Bob Bowman (CAQH CORE Director) added CAQH CORE is coordinating with X12 as they are developing v7030 for potential adoption and have an MOU with X12 to coordinate efforts in a more official capacity. CAQH CORE will also coordinate with participants to develop operating rules that align with different published versions when available either 7030 or 8010. • Emily Ten Eyck (CAQH CORE Manager) reviewed general comments received on feedback form and comments received on Opportunity Area #1: System Availability. • Summary of ASG-PA Discussion: <ul style="list-style-type: none"> ○ Heather McComas (American Medical Association) asked if the development of increasing system availability would be in a future infrastructure rule and asked for clarification if it would be pulled out to be one infrastructure rule or if it would be done per transaction. She commented that it would be cumbersome to do it for each individual transaction. <ul style="list-style-type: none"> - Emily Ten Eyck (CAQH CORE Manager) responded CAQH CORE is still planning for that update in the future and hasn't made a decision yet. - Bob Bowman (CAQH CORE Director) added that CAQH CORE, to Heather's point has found in research that perhaps the system availability is too low, but participants need to keep in mind front end systems that often do much of the reporting or system matrices options per transaction would be different. • Marianna Singh (CAQH CORE Associate) reviewed comments received on Opportunity Areas #2 Payload Acknowledgement. • Summary of ASG-PA Discussion: <ul style="list-style-type: none"> ○ Deb McCachern (Change Healthcare) asked for clarification around the use of the 999. She explained when an operating rule is developed and proposed for adoption and there are requirements to use the 999, there have been times when certain aspects have been non-applicable 	<p><i>Discussion</i></p>

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	<p>when the rule is adopted. She explained it is confusing to understand which parts apply and which parts do not.</p> <ul style="list-style-type: none"> - Bob Bowman (CAQH CORE Director) responded that CAQH CORE has had those types of requirements in previous rules such as specific uses for 999 in batch vs real time. CAQH CORE respondents will have a chance to weigh in on this language on future straw polls. o Susan Langford (BCBS Tennessee) suggested increasing the maximum response time to 2 hours. She explained, her organization understands the turnaround time for 999 being shorter is feasible but because of attachments files being so big they think the 2 hour-time frame would be more feasible. She added her organization can turnaround 999s instantaneously, but questions if this would this fall into the 86% timeframe [needing 86% of the time being able to turn around a 999 in the described timeframe] or if it would be considered non-compliant if they can't get them within an hour. <ul style="list-style-type: none"> - Bob Bowman (CAQH CORE Director) responded consistency is good, but the size of these transactions may mean participants can't be consistent with this transaction. One thing this subgroup can consider moving forward is consistency vs. flexibility. CAQH CORE will draft language and look for feedback from the subgroup on the next straw poll. Every other rule CAQH CORE has there is 90% compliance for not complying to the batch transactions timeframe, and it is safe to assume a similar approach would be taken for this type of requirement. Bob explained he understands that systems fail so there is that gap window of 10%. But there is potential consideration to not be consistent in this transaction because of the size of the file. • Marianna Singh (CAQH CORE Associate) reviewed comments received on Opportunity Areas #3: Data Error Handling. • Summary of ASG-PA Discussion: <ul style="list-style-type: none"> o Deb McCachern commented someone from Change Healthcare is currently researching the v7030 X12 824 and found that even the v6020 824 is not really sufficient in terms of the information it carries right now to be an appropriate response. The subgroup should consider maybe taking a look at v7030 824 when it's ready because v6020 has so many limitations right now. <ul style="list-style-type: none"> - Bob Bowman (CAQH CORE Director) responded CAQH CORE has also been doing quite a bit of research on the 824 versioning, and had this subgroup weigh in on that. CAQH CORE plans to continue to conduct research and reach out to SMEs for more detail on the next transaction version. However, using the transaction did have a lot of support. He explained he understands the best version is yet to come and CAQH CORE can provide additional information and recommendations to the subgroups as information becomes available. 	

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	<ul style="list-style-type: none"> - Mary Lynn Bushman (NGS/Anthem) added she agreed with what Deb McCachern (Change Healthcare) was saying, but added some clarification, the 824 transaction also allows plans to acknowledge the HL7 piece of the 275. The 999 cannot really do that very well. - John Kelly (Edifecs) commented for this application, v6020, is perfectly adequate for the job. - Bob Bowman (CAQH CORE Director) concluded CAQH CORE really only looks at what is published and live, so the only version that can really be included is the 6020 version right now. He then stated CAQH CORE will continue to do the research and analysis present to the subgroup to evaluate. <ul style="list-style-type: none"> • Bob Bowman (CAQH CORE Director) reviewed comments received on Opportunity Areas #4 File Size. • Summary of ASG-PA Discussion: <ul style="list-style-type: none"> ○ Marylynn Bushman (NGS/Anthem) explained in the X12 TR3 the base 64 encoded data limitations are not requirements, but just recommendations ultimately up to the trading partners at this point. <ul style="list-style-type: none"> - Bob Bowman (CAQH CORE Director) responded he agreed. He further asked the group to consider when does a recommendation become a requirement. He explained it's important for this group to establish a floor and not a ceiling and CAQH CORE will draft language and give everyone a chance to weigh in. ○ Deb McCachern (Change Healthcare) commented on the document management system. She explained for Change Healthcare that seems more like an internal process system compared to EDI which she cautioned may not be appropriate for an operating rule. <ul style="list-style-type: none"> - Bob Bowman (CAQH CORE Director) explained CAQH CORE had debated this quite a bit with their advisory group and included it on this past feedback form for the subgroup to get additional feedback. He explained he understands there is a huge difference between the front door and what that internal document management system looks like and can accept, but can have the subgroup weigh in on this as CAQH CORE drafts language around this. He also noted this is an infrastructure-based requirement, which is an important distinction the subgroup can keep in mind. • Bob Bowman (CAQH CORE Director) reviewed comments received on Opportunity Areas #5 – 7: Reassociation, Policy Access and Required Information, and Companion Guide. • Summary of ASG-PA Discussion: No questions or comments were raised by the ASG-PA participants. • Bob Bowman (CAQH CORE Director) reviewed comments received on the “Additional” portion of the feedback form. • Summary of ASG-PA Discussion: 	

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	<ul style="list-style-type: none"> ○ John Kelly (Edifecs) commented on the LOINC conversation, going back a while, WEDI put out a paper on attachments with recommendations and addressed the issues that were raised in the industry about having too many LOINC codes and reduced down the number of HIPAA mandated LOINC codes. He asked if CAQH CORE was looking into incorporating that into this work? <ul style="list-style-type: none"> - Bob Bowman (CAQH CORE Director) responded much of the research CAQH CORE conducted was around this point. There is a lot of interest in looking at recommending the use of LOINC HIPAA tab. The CAQH CORE Operating Rules would definitely allow for additional recommendations on limiting the type of information that can come in and help to build things in phases. This will be a hot topic for this subgroup to consider and CAQH CORE will draft corresponding language. 	
5. Next Steps for ASG-PA (Slides 17-19)	<ul style="list-style-type: none"> ● Mahesh Siddanati (Centene) reviewed the Next Steps for the CAQH CORE Attachments (Prior Authorization Use Case) (ASG-PA) Subgroup: <ul style="list-style-type: none"> ○ <i>Subgroup Participants:</i> <ul style="list-style-type: none"> - Participate in the next CAQH CORE ASG-PA call on Thursday, 11/05/20 from 2:30 – 4:00 pm ET. - Stay engaged by attending industry related events: WEDI National Conference (10/16 – 10/22/20); WEDI Attachments 101 Sessions (10/2/20); X12 Fall Standing Meeting (10/4 – 10/14/20). ○ <i>CAQH CORE Subgroup Co-chairs & Staff:</i> <ul style="list-style-type: none"> - Draft a call summary for ASG-PA Call #2. - Develop draft rule requirements for the rule options that received high levels of support, for review on the next call (ASG-PA Call #3). - Develop Straw Poll to distribute to Subgroup following the next call. - Conduct additional research to inform the development of the draft rule requirements, as needed. ● Summary of ASG-PA Discussion: No questions or comments were raised by the ASG-PA participants. 	Action required: <i>Agreed to Next Steps.</i>

Call Documentation
Doc 1: ASG-PA Call 2 Agenda 10.01.20.pdf
Doc 2: ASG-PA Call 1 Summary 07.23.20.pdf
Doc 3: ASG-PA Feedback Form 1 Results 10.01.20.pdf

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CAQH CORE Contact Information

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Marianna Singh
 Associate, CORE
msingh@caqh.org

Attachments Subgroup (Prior Authorization Use Case) Call #2 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attended
AccuReg Inc.	Uhles	Shelly	
AccuReg Inc.	Howell	Ryan	
Aetna	Morgan	Heather	
Aetna	Hodges	Rose	X
Aetna	Neves	Amy	X
Aetna	Bellefeuille	Bruce	X
Aetna	Bakos	Janice	
Allscripts	Vaughan	Shay	X
American Hospital Association (AHA)	Cunningham	Terrence	X
American Medical Association (AMA)	Malavey	Molly	X
American Medical Association (AMA)	Otten	Rob	
American Medical Association (AMA)	McComas	Heather	X
American Medical Association (AMA)	Lefebvre	Celine	X
Anthem Inc.	Bushman	Mary Lynn	X
Anthem Inc.	Cioffi	Chris	
Anthem Inc.	Green	Christol	
Anthem Inc.	Henry	Holly	
athenahealth	Prichard	Emily	X
athenahealth	Holtschlag	Joe	
athenahealth	Maguire	Kayla	

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CAQH CORE Participating Organization	Last Name	First Name	Attended
Availity, LLC	Barry	Michelle	X
Blue Cross and Blue Shield Association (BCBSA)	Cullen	Rich	X
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	X
Blue Cross Blue Shield of Michigan	Edwards	Jeniene	
Blue Cross Blue Shield of Michigan	Knapp	Ron	X
Blue Cross Blue Shield of Michigan	O'Malley	Molly	
Blue Cross Blue Shield of Michigan	Szydowski	Taryn	X
Blue Cross Blue Shield of Michigan	Maldoddi	Laxmikanth	
Blue Cross Blue Shield of Michigan	Monarch	Cindy	X
Blue Cross Blue Shield of Michigan	Siebers	Carl	X
Blue Cross Blue Shield of Michigan	Turney	Amy	X
Blue Cross Blue Shield of North Carolina	Smith	Troy	
Blue Cross Blue Shield of North Carolina	Hillman	Barry	X
Blue Cross Blue Shield of North Carolina	Swain	Deborah	X
Blue Cross Blue Shield of North Carolina	Tummala	Sudheer	X
Blue Cross Blue Shield of Tennessee	Sims	Jeff	X
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Blue Cross Blue Shield of Tennessee	Poteet	Brian	X
Blue Cross Blue Shield of Tennessee	Mead	Mitch	
Centene Corporation	Weigand	Jennifer	
Centene Corporation	Smart	Dustin	X
Centene Corporation	Siddanati	Mahesh	X
Centers for Medicare and Medicaid Services (CMS)	Jones	Melanie	X
Centers for Medicare and Medicaid Services (CMS)	Connor	Beth	
Centers for Medicare and Medicaid Services (CMS)	Jenifer	Shelly	X
Centers for Medicare and Medicaid Services (CMS)	Leonard	Connie	
Centers for Medicare and Medicaid Services (CMS)	Herring	Geanelle	

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Centers for Medicare and Medicaid Services (CMS)	Cabral	Michael	
Centers for Medicare and Medicaid Services (CMS)	Kalwa	Daniel	
Centers for Medicare and Medicaid Services (CMS)	Wheeler	Gladys	
Change Healthcare	Denison	Mike	X
Change Healthcare	Mukker	Alka	
Change Healthcare	Jones	Gregory	
Change Healthcare	Fleming	Mark	X
Change Healthcare	Johnson	Andrew	
Change Healthcare	McCachern	Deb	X
CIGNA	Soccorso	Megan	X
Cleveland Clinic	Medve	Dan	X
Cleveland Clinic	Gross	Bob	X
Cognizant	Thalluri	Sandeep	
Cognosante	Saunders	Daniel	X
Cognosante	McDaniel	Mary Kay	X
CSRA	Nair	Shilesh	X
CSRA	Cruisce	Jim	
DST Health Solutions	Rogers	Tim	X
DST Health Solutions	Gandolfi	Gary	X
DST Health Solutions	Giase	Valerie	X
Edifecs	Boincean	Cristina	
Edifecs	Kelly	John	X
Epic	Pasumarthi	Vasu	
Epic	Carino	Santo	
Government Employees Health Association, Inc. (GEHA)	Enslinger	Darrell	
Harvard Pilgrim Health Care	Starkey	Rhonda	X
Harvard Pilgrim Health Care	Querusio	David	X

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Health Care Service Corp	Schimanski	Daphney	X
Health Care Service Corp	Matzke	Beth	
Health Care Service Corp	Collins	Amanda	
Health Care Service Corp	Campbell	Donna	X
Healthedge Software Inc	Brown	Margaret	
Healthedge Software Inc	Sbihli	Scott	
HEALTHeNET	Gracon	Christopher	X
Highmark, Inc	Hetherington	LuAnn	
Highmark, Inc	Sweigart	Robert	X
Humana	Shick	Brad	
Humana	Jamison	Sandra	
Humana	Peterson	Amy	
Jopari Solutions, Inc	Wilson	Sherry	
Kaiser Permanente	Southam	Arthur	
Kaiser Permanente	Kessler	Christy	
Laboratory Corporation of America	Woodrome	Laurie	X
Laboratory Corporation of America	Rohrer	Vicki	
Marshfield Clinic	Hoffmann	Glynis	
Marshfield Clinic	Stangret	Pam	
Mayo Clinic	Venhuizen	William	
Mayo Clinic	Fortek	Rebecca	X
Mayo Clinic	Brannan	Andrea	
Mayo Clinic	Kocer	Grant	
Mayo Clinic	Kelly	Benjamin	X
Mayo Clinic	Gundavda	Nisha	X
Medical Group Management Association (MGMA)	Tennant	Robert	X
Medical Mutual of Ohio, Inc.	Conklin	Deb	

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CAQH CORE Participating Organization	Last Name	First Name	Attended
Michigan Department of Community Health	Veverka	C	X
Michigan Department of Community Health	Fuller	Diana	
Michigan Department of Community Health	Banks	Deontey	X
Michigan Department of Community Health	Hinkle	Lori	X
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	X
National Council for Prescription Drug Programs (NCPDP)	Strickland	Teresa	
New England HealthCare Exchange Network (NEHEN)	Brennan	Denny	
New England HealthCare Exchange Network (NEHEN)	Delano	David	
New Mexico Cancer Center	Bateman-Wold	Tonia	
New Mexico Cancer Center	McAneny	Barbara L.	
NextGen Healthcare Information Systems, Inc.	Lopez	Jacqueline	X
NextGen Healthcare Information Systems, Inc.	Harris	Gloria	
NextGen Healthcare Information Systems, Inc.	Schlichtig	Sue	X
NextGen Healthcare Information Systems, Inc.	Team	Nancy	X
OhioHealth	Tummalapalli	Krishna	X
OhioHealth	Gabel	Randy	X
OneHealthPort	Rubin	Richard	
OneHealthPort	Campbell	Bill	X
PriorAuthNow	Sandhaus	Jay	
PriorAuthNow	Blackwell	Mike	
PriorAuthNow	Blasinski	Jeffrey	X
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Rock	Laurie	X
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Kurtz	Heather	
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Foemmel	Sara	X
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Preston	Todd	
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Koch	Steven	X
The SSI Group, Inc.	Blossom	Mark	

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The SSI Group, Inc.	Butt	David	
The SSI Group, Inc.	Tillman	Tracey	X
United States Department of Veterans Affairs	Knapp	Katherine	X
UnitedHealthGroup	Shamsideen	Janell	
UnitedHealthGroup	Nordstrom	Alexandria	
Verata Health	Backhaus	Brent	X
Virginia Mason Medical Center	Chambers	Kevin	
Virginia Mason Medical Center	Richart	Bri	
Virginia Mason Medical Center	Reeff	Amber	
Wells Fargo	St John	June	X
Wells Fargo	Birgenheier	Jason	X