

**CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Attachments Advisory Group (AAG)
Call #2 Summary: Tuesday, October 15, 2019, 2:00-3:00 pm ET Conference Call**

Call Summary for Attachments Advisory Group (AAG) Call #2 – 10/15/19

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"> • Taha Anjarwalla (CAQH CORE Senior Manager) opened the call and introduced Bob Bowman (CAQH CORE Director) and Marianna Singh (CAQH Core Associate) as speakers on the call. • Taha Anjarwalla (CAQH CORE Senior Manager) reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. 	<i>Discussion</i>
2. Roll Call and Administrative Items	<ul style="list-style-type: none"> • Marianna Singh (CAQH CORE Associate) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. • Taha Anjarwalla (CAQH CORE Senior Manager) reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Review the AAG Feedback Form #1 Results. ○ Review the initial list of Opportunity Areas ○ Discuss Next Steps. • Summary of AAG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. 	<i>Discussion</i>
3. Summary of 09/25/19 AAG Call (Doc #2)	<ul style="list-style-type: none"> • On the 09/25/19 the Advisory Group: <ul style="list-style-type: none"> ○ Reviewed the CAQH CORE Rule Development process. ○ Reviewed the CAQH CORE Attachments initiative. ○ Reviewed the opportunities for administrative simplification for the exchange of attachments. ○ Reviewed the evaluation criteria. ○ Discussed next steps. 	Actions / Responsibilities: <ul style="list-style-type: none"> • Approved 09/25/19 Call Summary (Doc #2) <ul style="list-style-type: none"> ○ Motioned to approve: <ul style="list-style-type: none"> – Sherry Wilson (Jopari) ○ Seconded: <ul style="list-style-type: none"> Derek Anderson (athenahealth)
4. Review of Feedback Form #1 Results (Doc #3)	<ul style="list-style-type: none"> • Bob Bowman (CAQH CORE Director) reviewed results of the feedback form. • Summary of AAG Discussion regarding Evaluation Criteria: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. • Summary of AAG Discussion regarding Workflows: <ul style="list-style-type: none"> ○ Heather McComas (AMA) asked if for the workflows being thought about, she asked if they are going to be broken into prior authorization vs claims. ○ Bob Bowman (CAQH CORE Director) responded that CAQH CORE was considering workflows related to specific use case. He explained CAQH CORE has identified claims vs 	<i>Discussion</i>

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	<p>prior authorization vs grievances/appeals. There could also be a VBP component, those are just the initial use cases initially identified.</p> <ul style="list-style-type: none"> ○ Taha Anjarwalla (CAQH CORE Senior Manager) responded yes, as the group gets into the second portion of the call, we will walk through different opportunity areas for workflows. ○ Diana Fuller (Michigan Medicaid) stated she was curious with #1. She explained everyone in the industry is different from government to profit to nonprofit, when talking about getting attachments from health plan to provider or to hospital, etc. She asked if we are talking about the process of getting a response from health plan back to provider, right? Not to follow exact steps. ○ Bob Bowman (CAQH CORE Director) responded correct, the internal process to get a response from the health plan. CAQH CORE would not require a specific workflow, but would educate industry on best practices. <ul style="list-style-type: none"> ● Summary of AAG Discussion regarding Data Variability: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. ● Summary of AAG Discussion regarding Exchange Formats: <ul style="list-style-type: none"> ○ Chuck Veverka (Michigan Medicaid) stated while the topic of exchange mechanism is being reviewed, in other conversations had, such as prior authorization. Use of web portals and web portal field names has been established, as a group should we consider web portal as an attachment upload. A provider can upload, and we can store in our system and have immediately available. ○ Bob Bowman (CAQH CORE Director) responded that was great feedback, web portal is a tried and true submission, so that will be included for advisory group to consider ○ Rose Hodges (Aetna) stated her support with Chuck's comments as her organization also has a web portal solution. ● Summary of AAG Discussion regarding Infrastructure: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. ● Summary of AAG Discussion regarding Resources: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. 	
<p>5. Review Attachment Opportunity Area List (Doc #1 Slides 4-14)</p>	<ul style="list-style-type: none"> ● Taha Anjarwalla (CAQH CORE Senior Manager) reviewed the initial list of opportunities areas the advisory group would be providing feedback on the next form. ● Summary of AAG Discussion regarding Opportunity Areas 1-2: <ul style="list-style-type: none"> ○ Rose Hodges (Aetna) asked why COB is a part of this? ○ Taha Anjarwalla (CAQH CORE Senior Manager) responded that CAQH CORE had received feedback that attachments may be needed to coordinate benefits, so it was added as a use case. ○ Rose Hodges (Aetna) then stated she was not sure if others on phone have thoughts, but maybe the group would want to approach that issue with an 837 claims process 	<p><i>Discussion</i></p>

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	<p>group instead of as an attachments process.</p> <ul style="list-style-type: none"> ○ Bob Bowman (CAQH CORE Director) responded that CAQH CORE doesn't necessarily have a response. They've gotten feedback from providers and health plans that COB requires attachments, and some AAG members may say that they no longer need attachments by using 837, while others still need attachments, so CAQH CORE wanted to bring it for discussion. ○ Merri Lee Stine (Aetna) asked why wouldn't we just use education? ○ Heather McComas (AMA) commented on administrative /clinical system workflow not sure what that means, would that not apply to everything, not seeing a prior authorization use case. Certainly, is an issue, that applies to all could you explain more. ○ Taha Anjarwalla (CAQH CORE Senior Manager) the idea behind the integration between clinical and administrative system is the understanding of how electronic health records and practice management systems need to talk to each other supporting end to end integration of aligning medical documentation with corresponding administrative transaction. ○ Chuck Veverka (Michigan Medicaid) commented that for COB, did some of the participants express this as an opportunity area, or is this an item that would be a benefit from a standardized attachment workflow. ○ Rosemarie Hodges (Aetna) communicated that the concern for COB is that data should be sent on the 837. ○ Bob Bowman (CAQH CORE Director) stated that advisory group participants will have the opportunity to provide comments on the next feedback form to determine which use cases should move forward. <ul style="list-style-type: none"> ● Summary of AAG Discussion regarding Opportunity Areas 3-5: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. ● Summary of AAG Discussion regarding Opportunity Areas 6-8: <ul style="list-style-type: none"> ○ One advisory group participant asked if for web portals (opportunity area #6) can the second bullet about requiring data fields be placed into the standard formats be more open to the trading partner relationships. ○ Taha Anjarwalla (CAQH CORE Senior Manager) stated participants will have the opportunity to provide such comments on the next feedback form. These opportunity areas are not set in stone just a starting point, CAQH CORE welcomes feedback. ● Summary of AAG Discussion regarding Opportunity Areas 9-11: <ul style="list-style-type: none"> ○ One advisory group participant asked when looking at acknowledgements (opportunity area #11), when you talk about 824 Is that a recommendation or a possibility? ○ Taha Anjarwalla (CAQH CORE Senior Manager) stated that it is a possibility, as CAQH CORE is looking for feedback from advisory group participants whether or not the 824 should be included as an opportunity. 	

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	<ul style="list-style-type: none"> ○ One advisory group participant stated that the 824 would be great to include in further discussions . ● Summary of AAG Discussion regarding Opportunity Areas 12-13: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. ● Summary of AAG Discussion regarding Opportunity Areas 14-15: <ul style="list-style-type: none"> ○ One advisory group participant asked which version of the HL7 CDA/C-CDA is being used or recommended for adoption such as R2 or R2.1 ○ Taha Anjarwalla (CAQH CORE Senior Manager) responded he doesn't have an immediate answer and asked if participants on the call had knowledge. ○ One advisory group participant responded HL7 has recommended the C-CDA 2.1 be used, alongside LOINC. ● Summary of AAG Discussion regarding Opportunity Areas 16-18: <ul style="list-style-type: none"> ○ No questions or comments were raised by the AAG. ● Summary of AAG Discussion regarding Opportunity Areas 19-20: <ul style="list-style-type: none"> ○ Diana Fuller (Michigan Medicaid) asked for build transparency and ease look-up to health plan attachment policies (opportunity area #20) do you mean like companion guide? ○ Bob Bowman (CAQH CORE Director) responded this potential requirement is not to define a unique single location for all policies, but it would be a companion guide for delivery of CDA/C-CDA. ○ Taha Anjarwalla (CAQH CORE Senior Manager) added the opportunity area is just establishing a reference area for attachment policies. ○ Chuck Veverka (Michigan Medicaid) asked is what is being implied the establishment of single utility where will all the data be housed. ○ Taha Anjarwalla (CAQH CORE Senior Manager) responded, not a single utility, but more on the payer side a companion guide template, where you create a reference to where providers can look at to go here to see policies. He then explained advisory group participants will have the opportunity to agree or disagree with the inclusion of this and edits to the wording on the next feedback form. 	
6. Next Steps for AAG (Doc #1 Slides 15-17)	<ul style="list-style-type: none"> ● Bob Bowman (CAQH CORE Director) reviewed the Next Steps for the Advisory Group: <p>Attachments Advisory Group Participants</p> <ul style="list-style-type: none"> • Complete and provide feedback on an initial list of opportunity areas on Feedback Form #2 by Wednesday, 10/30/19 by end of day. • Plan to attend upcoming calls. <p>CAQH CORE Staff</p> <ul style="list-style-type: none"> • Draft summary of today's call. 	<i>Discussion</i>

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	<ul style="list-style-type: none"> • Summary of AAG Discussion: <ul style="list-style-type: none"> ○ Rosemarie Hodges (Aetna) asked if the Attachment Advisory Group was responsible for a survey sent earlier this week. ○ Bob Bowman (CAQH CORE Director) responded that was a survey with ONC and Advisory Group members would have opportunity to participate in the survey and review its results. 	

<i>Call Documentation</i>
Doc 1: AAG Call 2 Deck 10.15.19.pdf
Doc 2: AAG Call 1 Summary 09.25.19.pdf
Doc 3: AAG Feedback Form Results 10.15.19.pdf

CAQH CORE Contact Information

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Attachments Advisory Group Call #1 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attended
Aetna	Hodges	Rosemarie	X
Aetna	Bakos	Janice	
Aetna	Rabuffo	Mark	X
Aetna	Stine	Merri-Lee	X
AIM Specialty Health	McDermott	Kevin	X
American Medical Association (AMA)	Cunningham	Terrence	
American Medical Association (AMA)	McComas	Heather	X
Anthem Inc.	Bushman	Mary Lynn	X
Anthem Inc.	Shaffer	Kevin	X
Anthem Inc.	Ledford-Crissey	Lisa	
athenahealth	Anderson	Derek	X
Availity, LLC	Zumstein	Kyle	X
Availity, LLC	Perryclear	Linda	
Blue Cross Blue Shield of Alabama	Benson	Tony	X
Change Healthcare	Jones	Gregory	X
Change Healthcare	Mukker	Alka	X
Edifecs	Kelly	John	
Epic	Yancy	Joshua	
Harvard Pilgrim Health Care	Starkey	Rhonda	X
Health Care Service Corp	Day	Durwin	
Humana Corp	Zutterman	Michelle	
Humana Corp	Peterson	Amy	X
Jopari Solutions, Inc	Wilson	Sherry	X
Laboratory Corporation of America	Woodrome	Laurie	X
Mayo Clinic	Brannan	Andrea	
Mayo Clinic	Fortek	Rebecca	X
MGMA	Tennant	Robert	
Michigan Department of Community Health	Banks	Deontey	
Michigan Department of Community Health	Fuller	Diana	X
Michigan Department of Community Health	Veverka	Chuck	X
UnitedHealthGroup	Bleibaum	Angie	
UnitedHealthGroup	May	Sonya	X
Vyne	Dyer	Matt	X

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CAQH CORE Participating Organization	Last Name	First Name	Attended
Vyne	Smith	Nicole	
Xifin	Kularni	Jyoti	X
Xifin	Andrews	Kouri	X
Xifin	Bona	Dahlia	X