

CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Attachments Advisory Group (AAG) Call #2
Tuesday, October 15, 2019, 2:00-3:30 pm ET Conference Call
Doc #3: AAG Feedback Form #1 Results

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1 Feedback Form Background

This document provides the results of the *Attachments Advisory Group Feedback Form #1*. The Advisory Group Feedback Form was sent to Advisory Group Participants on Wednesday, 09/25/19 with a completion deadline of Wednesday, 10/02/19.

This feedback form was divided into two sections.

- Section one asked Advisory Group Participants to indicate their support for a set of draft Attachments-Specific Evaluation Criteria. Respondents were also given the option to comment on their position.
- Section two asked Advisory Group Participants to provide feedback on a set of 5 potential opportunity areas categories.
- Results were received from 17 (81%) Advisory Group Participating Organizations.

The results of this feedback form, including responses on the draft evaluation criteria and the five opportunity area categories, will be discussed during the 10/15/19 Advisory Group call.

2 Summary of Results – Draft AAG-Specific Evaluation Criteria

The Attachments Advisory Group Feedback Form asked Advisory Group Participants to indicate their support for Draft Attachment-Specific Evaluation Criteria that will be used when prioritizing and selecting opportunity areas for future requirements development by a CAQH CORE Subgroup. While the CAQH CORE Guiding Principles apply across all CAQH CORE rule development efforts, each Advisory Group develops a unique set of evaluation criteria specific to the topic area to ensure consistency in how opportunities are evaluated by members.

Table 1 below contains applicable Advisory Group comments on the proposed evaluation criteria as well as recommended actions from CAQH CORE staff. All deidentified comments will be posted in a separate document on the CORE Calendar.

Table 1: Advisory Group Feedback on Draft AAG-Specific Evaluation Criteria

ID	AAG – Specific Criteria	Definition	Advisory Group Comments	CAQH CORE Staff Recommendation
1	Significant Impact	Opportunity must offer potential to significantly reduce administrative burden, minimize manual processes and/or enhance the quality of communications between providers and payers.	<ul style="list-style-type: none"> • One provider commented on the need for this criterion to include elements of timeliness and automation. 	<ul style="list-style-type: none"> • Modify Criterion. Opportunity must offer potential to significantly reduce administrative burden, minimize manual processes and encourage automation, and enhance the quality and timeframe of communications between providers and payers.

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ID	AAG – Specific Criteria	Definition	Advisory Group Comments	CAQH CORE Staff Recommendation
2	Beneficial Irrespective of Stakeholder Type	Opportunity should offer business benefits/ROI across stakeholder groups and not add burden.	<ul style="list-style-type: none"> • One provider commented on the need for this criterion to include elements of automation. • One vendor commented that for some stakeholder groups attachment opportunities may not add a burden but may be value neutral. 	<ul style="list-style-type: none"> • Do not adjust. Recommend adding “encourage automation” in Criteria 1: Significant Impact above.
3	Compliant with State and Federal Regulations	Opportunity should support existing or emerging federal or state regulations.	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
4	Advances Interoperability	Supports interoperability between clinical and administrative systems.	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
5	Timing Considerations	Opportunity can be developed in a reasonable timeframe to meet market needs.	<ul style="list-style-type: none"> • One health plan commented that considerations should be made to ensure there is time to produce quality work and not rush development of any opportunity. • One vendor commented that a reasonable timeframe should be defined and that opportunities should be prioritized. 	<ul style="list-style-type: none"> • Modify Criterion. Opportunity can be developed in a reasonable timeframe to meet market needs through a staged approach.
6	Adoptability	Ease of implementation enables widespread participation/adoption.	<ul style="list-style-type: none"> • One provider outlined concerns that rule efforts will focus heavily on this criterion. 	<ul style="list-style-type: none"> • Do not adjust. Advisory Group and Subgroup Participants should ensure that all CAQH CORE Criteria are applied throughout rule requirement development.
7	Feasibility	Opportunity area could be supported by a broad range of stakeholders and specifically both providers and payers.	<ul style="list-style-type: none"> • One health plan commented that the opportunity area could be supported by a broad range of stakeholders including intermediaries such as vendors. • One provider commented that the opportunity area could be supported by a broad spectrum of stakeholders from a specific stakeholder group such as a health system versus a small provider group. • One provider commented that it is unclear as to where cost, value, and return on investment fits into this criterion and if not a part these elements should be added. 	<ul style="list-style-type: none"> • Modify criterion. Opportunity area could be supported by a broad range and spectrum of stakeholders and specifically providers, payers, and intermediaries and take into consideration cost, value and ROI.

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ID	AAG – Specific Criteria	Definition	Advisory Group Comments	CAQH CORE Staff Recommendation
			<ul style="list-style-type: none"> One health plan commented that quorum decision should be made based on grouping of stakeholder type vs majority. One provider outlined concerns that rule efforts will focus heavily on this criterion. 	<ul style="list-style-type: none"> Do not adjust. Quorums are set by CAQH CORE Board and outlined via CORE Governance Procedures. Do not adjust.
8	Additional Criteria	N/A	<ul style="list-style-type: none"> One vendor suggested the addition of another evaluation criterion that addresses challenges should be considered. 	<ul style="list-style-type: none"> Do not adjust. Challenges may vary for each evaluation criteria. Specific challenges will be addressed at the opportunity area level, advisory group discussions, and via feedback forms/straw polls.

3 Summary of Results – Opportunity Area Categories

The Attachments Advisory Group Feedback Form also asked respondents to consider an initial list of opportunity area categories identified in the [CAQH CORE Report on Attachments](#). Advisory Group Participants were asked to review the list to indicate support and provide additional feedback. Table 3 below contains a summary of Advisory Group comments for the opportunity area categories as well as CAQH CORE staff responses. All deidentified comments will be posted in a separate document on the CORE Calendar.

Table 2: Summary of Support for the Opportunity Area Categories.

Summary of Support for the Inclusion of These OAC			
17 Total Responses (81% of AAG Entities)			
	Yes	No	Abstain
Workflows	16 (100%)	0(0%)	1
Data Variability	16 (100%)	0(0%)	1
Exchange Mechanism	14 (100%)	0(0%)	3
Infrastructure	13 (87%)	2 (13%)	2
Resources	12 (92%)	1 (8%)	4

Table 3: Advisory Group Feedback on Opportunity Areas Categories

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ID	Opportunity Area Category	Advisory Group Comments	CAQH CORE Responses
1.	<p>Workflows</p> <p><i>Workflows map out chronological processes to accomplish complex tasks, often detailing sequential steps by parties in different organizations or locations</i></p>	<p>12 organizations provided comments in support of the inclusion of the opportunity area category.</p> <p>Technical Questions/Clarifications:</p> <ul style="list-style-type: none"> One Health plan commented that internal processes vary widely and might be difficult to document unless this opportunity is referring to general workflows of the solicited and unsolicited attachment processes, in which they would then support. <p>Real World Evidence/Examples:</p> <ul style="list-style-type: none"> A provider cited the lack of clear direction from payers, specifically structured vs. unstructured and solicited vs. unsolicited. While another provider asked to clearly define workflows. For example, when should the 277 RFAI, 275 + CDA be used. As well as when the 278 plays a role in the workflow. Providers would like to see an enhanced unsolicited process via electronic methods by embedding predefined documentation requirements for use cases into workflows. Providers also mentioned considering developing operating rules for solicited process via electronic methods to enable real-time exchange of information between payers and providers. One health plan explained the importance of the role of vendors/intermediaries which are often key to workflows. The health plan explained the need to ensure practice/information management system vendors, electronic health record vendors actions are included in any future opportunity areas. In a workflow, the provider user may define what data to include in an attachment, but the vendor application must format/bundle in the appropriate format. One vendor commented that standard triggering, requests, release/review workflows vary greatly, while another vendor stated there is a need for guidance for secondary insurance claim attachment handling. A third vendor explained a current gap is due to delays in claims cycling between initial submission and re-submission with requested Attachments. A fourth vendor cited Business Requirement Documentation (BRD) as an opportunity area. An example they gave on the payer side was an attachment expiration date (from claim sent to attachment received prior to reject). Secondly a payer’s ability to support multiple attachments (as some can only support one LX segment, while others can accept multiple). 	<ul style="list-style-type: none"> N/A <ul style="list-style-type: none"> Do Not Adjust. In the context of potential CAQH CORE operating rules workflows are viewed as maps of chronological processes to accomplish complex tasks, often detailing sequential steps by parties in different organizations or locations. Conceptually a workflow would begin with the primary data source system at an organization where data from that data source would then be exchanged with a receiving system at another organization and any associated responses.

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ID	Opportunity Area Category	Advisory Group Comments	CAQH CORE Responses
2.	<p>Data Variability</p> <p><i>Data variability is the format to which data shared between parties diverges from the expected structure</i></p>	<p>12 organizations provided comments in support of the inclusion of the opportunity area category.</p> <p>Technical Questions/Clarifications:</p> <ul style="list-style-type: none"> One provider commented that the opportunity area category should be titled Data Format Variability. Additionally, the provider stated that a greater understanding by the Advisory Group is needed of the various formatting options to alleviate misconceptions as the data presented raises some concerns (e.g. comparison of the usage of a pdf document format with usage of a technology standard such as the 275 or HL7 FHIR). <p>Real World Evidence/Examples:</p> <ul style="list-style-type: none"> A current gap a provider cited was versioning, as different versions would require change request and programming with a vendor. An opportunity area another provider identified was predetermined data sets for attachments. The provider explained that they currently engage in data mining to determine what data may be needed. Two health plans cited the variation within case submissions as a current gap. One health plan provided an example specifically to X12 transactions and provider identification segments, is their limitation which have in turn caused variability. The health plan further explained the current provider segment can be used for either an individual NPI or organizational NPI which varies between payers, as well as an absence of a TAX ID field causing organizations to add these in various places within the transaction. A vendor mentioned an issue with reassociation that often happens today is the inability to match claim attachments sent via fax to the original EDI submission. 	<ul style="list-style-type: none"> N/A <ul style="list-style-type: none"> Do Not Adjust. This opportunity area category addresses both data and data structure variabilities. CAQH CORE will provide further guidance and definitions on various data formats and data structures as part of the CAQH CORE Attachments Opportunity Area List. Advisory Group participants will have the opportunity to provide feedback on various data format and data structure types on Feedback Form #2.

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ID	Opportunity Area Category	Advisory Group Comments	CAQH CORE Responses
3.	Exchange Mechanism <i>Exchange mechanisms refer to the means of data exchange for a transaction between a health plan and provide.</i>	12 organizations provided comments in support of the inclusion of the opportunity area category.	<ul style="list-style-type: none"> N/A
		Technical Questions/Clarifications: <ul style="list-style-type: none"> One health plan indicated uncertainty of what is being asked for this opportunity area category. The health plan asked for clarification if exchange mechanisms refer to standards (X12, HL7 FHIR, etc.) or SFTP, REST, etc. Further, a provider stated that a greater understanding by the Advisory Group is needed of the various exchange mechanism options to alleviate misconceptions. 	<ul style="list-style-type: none"> Adjust language from Exchange Mechanism to Exchange Format. The opportunity area category intended to refer to exchange method format standards such as X12 275 or HL7 FHIR.
		<ul style="list-style-type: none"> One provider stated that attachment operating rules should be split depending on the use case. The provider further indicated concern about standardizing the use of a 275 with PDF/CDA or FHIR with CDA (C-CDA) for all attachments might infringe on use-case specific advancements. 	<ul style="list-style-type: none"> Do Not Adjust. Advisory Group participants will have the opportunity to provide feedback on various exchange formats and use case specifics dynamics through Feedback Form #2.
		Real World Evidence/Examples: <ul style="list-style-type: none"> The absence of a federally mandated standard was cited by a several organizations as the primary reason for variability in exchange format. 	

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ID	Opportunity Area Category	Advisory Group Comments	CAQH CORE Responses
4.	Infrastructure <i>The fundamental instructions every data exchange system needs to work: how to connect with other machines, negotiate security protocols and basic expectations for each transaction.</i>	9 organizations provided comments in support of the inclusion of the opportunity area category.	<ul style="list-style-type: none"> N/A
		Technical Questions/Clarifications: <ul style="list-style-type: none"> One health plan asked for clarification on CAQH CORE’s definition of infrastructure. Further, a provider commented uncertainty on the intention of this section and asked for more details (e.g. do claim attachment acknowledgements response time mean how long payers have to respond with an acknowledgment, how long a payer has to indicate the need for more information, or time it takes to adjudicate). 	<ul style="list-style-type: none"> Adjust language from Infrastructure to Infrastructure & Connectivity. Connectivity addresses the ability for systems to connect, security protocols, authentication, and transport/message exchange specifications. While infrastructure address information system capabilities and performances for data exchange such as response times, ability to acknowledge communication transmissions, and system availability. Advisory Group participants will have the opportunity to provide feedback on response time requirements they would deem helpful at various stages (i.e. transmission – successfully received or of payload for pending responses and adjudication) on Feedback Form #2.
		<ul style="list-style-type: none"> One vendor stated that existing infrastructure norms should be leveraged for attachment transmissions as issues have already been resolved for claims EDI. 	<ul style="list-style-type: none"> Do Not Adjust. Advisory Group participants will have the opportunity to provide feedback on potential infrastructure opportunity areas for attachment use cases (claims, prior authorization, value-based payments, quality measure reporting, appeals, etc.) on Feedback Form #2
		Real World Evidence/Examples: <ul style="list-style-type: none"> Several organizations stated key infrastructure areas of acknowledgements, response times, and system availability should be addressed through attachment operating rules. 	

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ID	Opportunity Area Category	Advisory Group Comments	CAQH CORE Responses
5.	Resources <i>Resources are “single-source-of-truth” utilities maintained for the use of industry by a trusted party capable of facilitating collaboration and driving consensus among parties.</i>	7 organizations provided comments in support of the inclusion of the opportunity area category.	<ul style="list-style-type: none"> • N/A
		Technical Questions/Clarifications: <ul style="list-style-type: none"> • One vendor asked for further definition on this opportunity area. 	<ul style="list-style-type: none"> • Do Not Adjust. Resources refer to documents, materials or utilities that broadly act as a single source of truth for information or data. A single source of truth enables an industry to collaboratively share information in a uniform and consistent way across many organizations. Companion Guides and billing manuals are examples of these types of resources.
		Real World Evidence/Examples: <ul style="list-style-type: none"> • Two organizations cited uncertainty of payer requirements as a gap and identified opportunities to address standardization on return codes for requests or denials. • Two organizations mentioned the variability within use cases such as transition in care, value-based payment, referrals, etc. will need to be addressed. A provider explained that while attachments may be similar in a technical setting, the business needs will dynamically differ depending on the particular use case. 	

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4 Appendix

Table 1: Summary of Support for the Opportunity Area Categories by Stakeholder

Number of AAG Participating Entities	21
Total Number of Individual Responses	17 (81% of AAG Entities)
Provider	4 (24%)
Health Plan	7 (41%)
Vendor	6 (35%)

**Note: to keep the anonymity of an organization's vote all government votes were categorized as health plans.*

Opportunity Area Category		"Y" (Support)	"N" (Non-Support)	Abstain #
OAC 1	Workflows	16 (100%)	0 (0%)	1
	Provider	4 (100%)	0 (0%)	0
	Health Plan	6 (100%)	0 (0%)	1
	Vendor	6 (100%)	0 (0%)	0
OAC 2	Data Variability	16 (100%)	0 (0%)	1
	Provider	3 (100%)	0 (0%)	1
	Health Plan	7 (100%)	0 (0%)	0
	Vendor	6 (100%)	0 (0%)	0
OAC 3	Exchange Mechanism	14 (100%)	0 (0%)	3
	Provider	3 (100%)	0 (0%)	1
	Health Plan	6 (100%)	0 (0%)	1
	Vendor	5 (100%)	0 (0%)	1
OAC 4	Infrastructure	13 (87%)	2 (14%)	2
	Provider	3 (100%)	0 (0%)	1
	Health Plan	5 (83%)	1 (17%)	1
	Vendor	5 (83%)	1 (17%)	0
OAC 5	Resources	12 (92%)	1 (10%)	4
	Provider	4 (100%)	0 (0%)	0
	Health Plan	4 (80%)	1 (20%)	2
	Vendor	4 (100%)	0 (0%)	2