

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
Attachments Subgroup (Prior Authorization Use Case) (ASG-PA)  
Call #3 Summary: Thursday, November 5, 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>
<b>1. Antitrust Guidelines</b>	<ul style="list-style-type: none"> <li>• Emily TenEyck (CAQH CORE Manager) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials.</li> <li>• Emily TenEyck (CAQH CORE Manager) introduced CAQH CORE staff supporting the Subgroup and Co-chairs Mahesh Siddanati (Centene), Santo Carino (Epic), and Bob Gross (Cleveland Clinic).</li> </ul>	<i>Discussion</i>
<b>2. Roll Call and Administrative Items</b>	<ul style="list-style-type: none"> <li>• Emily TenEyck (CAQH CORE Manager) reviewed the call document:               <ul style="list-style-type: none"> <li>○ Doc #1: ASG-PA Call 3 Deck 11.05.20</li> <li>○ Doc #2: ASG-PA Call 2 Summary 10.01.20</li> </ul> </li> <li>• Emily TenEyck (CAQH CORE Manager) reviewed the focus of the call, which was to:               <ul style="list-style-type: none"> <li>○ Level Set on ASG-PA Timeline.</li> <li>○ Review CAQH CORE Attachments Opportunity Areas and Rule Options.</li> <li>○ Review Draft CAQH CORE Attachments Infrastructure and Data Content Requirements.</li> <li>○ Discuss Next Steps.</li> </ul> </li> <li>• 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].</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> </ul>	<i>Discussion</i>
<b>3. Summary of 10/01/20 ASG-PA Call #2 (Doc #2)</b>	<p><b>Summary of 10/01/20 ASG-PA Call #2 (Doc #2).</b></p> <ul style="list-style-type: none"> <li>○ Reviewed results of ASG-PA Feedback Form #1</li> <li>○ Discussed Next Steps.</li> </ul> <ul style="list-style-type: none"> <li>• Marianna Singh (CAQH CORE Associate) ask the group for motion to approve call summary.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> </ul>	<p><b><u>Action required:</u></b></p> <ul style="list-style-type: none"> <li>• Approve 10/01/20 Call Summary (Doc #2)           <ul style="list-style-type: none"> <li>○ Motion to approve by Barry Hillman (BCBS North Carolina)</li> <li>○ Seconded by Molly Malavey (AMA)</li> </ul> </li> </ul>

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<p><b>4. Level Set</b> (Doc #1)</p>	<ul style="list-style-type: none"> <li>• Bob Gross (Cleveland Clinic) provided a level set.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ Molly Malavey (AMA) stated she was supportive the subgroup did not reach consensus on web portals, but asked for clarification on implications to attachments exchanged via non-X12 methods. <ul style="list-style-type: none"> <li>– Bob Gross (Cleveland Clinic) stated CAQH CORE would continue with initial focus on attachments exchanged via X12 and then non X12. Adding web portals could have an opportunity to come back in claims.</li> <li>– Molly Malavey (AMA) responded AMA would continue to not support web portals.</li> <li>– John Kelly (Edifecs) commented on the link between portals and X12 and CAQH CORE's consideration of HL7 FHIR. He stated if CAQH CORE looks at alternatives to X12 they should consider data entries in the portals. He explained if a goal is to harmonize the data sets so that the same data that was defined within the X12 standard to support automation within metadata, CAQH CORE could try to push those minimum data sets on to the portal. By doing so he explained when you think about other things such as APIs, PDex, CDex, etc. you would be able to harmonize machine to machine learning.</li> <li>– Bob Bowman (CAQH CORE Director) responded CAQH CORE needs to pursue additional research. He explained some of the feedback CAQH CORE has received is that most of the implementers of the X12 275 have not implemented HL7 FHIR or API enabled Prior Authorization request process, but may have done that for claims. He further explained CAQH CORE needs to research and move this conversation to the claims subgroup where it may be more fruitful for potential for use of HL7 FHIR.</li> <li>– John Kelly (Edifecs) agreed there is a certain level of maturity in the thought process under the X12 pathway and explained and that there is enough metadata to serve all the use cases. He further explained when it comes to HL7 FHIR and the clinical payload there is a big advantage as to what is in the payload in terms of structuring EMR data. He added there does not need to be a total solution with clinical payload but there does need to be enough metadata to automate in an end-to-end way.</li> <li>– Bob Bowman (CAQH CORE Director) explained CAQH CORE requirements typically set the floor, not the ceiling so requirements would not preclude other data elements from being used but instead set a minimum for what should be used. He then stated it would be up to the subgroup to agree to the minimum through use cases and implementations.</li> </ul> </li> </ul> </li> </ul>	<p><i>Discussion</i></p>
<p><b>5. Review CAQH CORE Attachments (PA Use Case) Draft Rule Options</b> (Doc #1)</p>	<ul style="list-style-type: none"> <li>• Bob Gross (Cleveland Clinic) reviewed the rule options to pursue.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ John Kelly (Edifecs) asked if in regard to issues with X12 275 and HL7 C-CDA – would it make sense for this group to have a conversation with X12. He explained to get into EMRs it will involve some sort of HL7 FHIR process. CAQH CORE could map from HL7 FHIR to HL7 C-CDA to use in an X12 transaction.</li> </ul> </li> </ul>	<p><i>Discussion</i></p>

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	<ul style="list-style-type: none"> <li>- Mary Lynn Bushman (Anthem) responded she is not sure the X12 275 transaction limits that. She explained the MIME type is listed in the HL7 attachment implementation guide – that is owned by HL7 and X12 does not have any limitations on file type. She stated she does not see why HL7 FHIR could not be used in that binary segment explaining there are no requirements to any kind of MIME file types that would be in that binary segment.</li> <li>- John Kelly (Edifecs) stated if there is nothing to stop anyone from putting HL7 FHIR payload artifact into a X12 275 envelopes then that is good.</li> <li>- Bob Bowman (CAQH CORE Director) explained different versions of the X12 275 have different limitations. The versions have been augmented enough to allow for FHIR to be included in the X12 275. He explained he thinks the discrepancy is because of the versions which have been resolved in version 6020.</li> <li>o John Kelly (Edifecs) asked if going forward with HL7 C-CDA, would CAQH CORE embrace both HL7 CCDAs and a HL7 FHIR artifact?           <ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) responded for a non-X12 use case it would include both C-CDA and potentially FHIR as well. He explained CAQH CORE we will keep doing research to make sure the mapping can happen. He added if the standard already defines it, CAQH CORE would include that for review.</li> <li>- Bob Gross (Cleveland Clinic) stated as a subgroup we are discussing the payload portion of the X12 standard, not discussing the transmission mechanism of the X12 275. He explained the payload itself could either follow HL7 C-CDA or anything that could fall into that payload if both parties agree to that payload.</li> <li>- Bob Bowman (CAQH CORE Director) stated his agreement and explained how that brings up the nuance of CORE Connectivity being payload agnostic. He added each of the use cases either with or without the X12 275, CAQH CORE would specify the potential requirements.</li> </ul> </li> </ul>	
<b>6. Review CAQH CORE Attachments Infrastructure Requirements (Doc #1)</b>	<ul style="list-style-type: none"> <li>• Santo Carino (Epic) reviewed <b>System Availability</b> requirements.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>o No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> <li>• Santo Carino (Epic) reviewed <b>Processing Mode Time</b> requirements.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>o No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> <li>• Mahesh Siddanati (Centene) reviewed <b>File Size</b> requirements.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>o Molly Malavey (AMA) asked for clarification whether the minimum file size applies per segment or to the overall content of the X12 275.</li> </ul> </li> </ul>	<i>Discussion</i>

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	<ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) responded it applies to the overall content of the X12 275. He further explained feedback CAQH CORE received was that issues occurred for the entire transaction (whether it is 1 or many attachments within). He reiterated this establishes a floor and not a ceiling so a trading partner agreement could establish different requirements.</li> <li>- Molly Malavey (AMA) expressed her concerns if 64MB is large enough. She explained ideally providers want to make sure the minimum accepted would not create a barrier for providers. She added maybe there is more information to be gathered and CAQH CORE should consider file types also play a role.</li> <li>- Rob Tennant (MGMA) asked if CAQH CORE has looked at different types of documents (photos, images, etc.) he explained he does not want this requirement to only consider pdfs or word documents. He explained a lot of prior authorizations require images and photos to be sent.</li> <li>- Bob Bowman (CAQH CORE Director) responded at the Advisory Group level CAQH CORE received feedback and found that 64MB is a good consensus for a minimum. He added he hopes to receive more feedback on the upcoming straw poll, but this was generally the size CAQH CORE heard could be supported. He explained some of this goes back to the requirements for the TR3 that states minimally accepting 64MB is a guideline. He urged the subgroup when they receive the upcoming straw poll to notify CAQH CORE if there are actual use cases where they would have to submit a different type of file such as a video (which has been heard during these pandemic times).</li> <li>o Mahesh Siddanati (Centene) asked if this was per attachment or can participants submit multiple.             <ul style="list-style-type: none"> <li>- Molly Malavey (AMA) responded that was her question initially, she reiterated is the 64MB per attachment or for the entire transaction.</li> <li>- Mahesh Siddanati (Centene) explained each attachment is 64MB and then there are rules around how to associate those to X12 278.</li> <li>- Bob Bowman (CAQH CORE Director) responded that is how CAQH CORE initially drafted the requirement, but the entire X12 275 can be larger than 64MB. He explained a front-end server that is accepting the file, at minimum has to accept a 64MB file whether it is in one attachment within the X12 275 or many attachments in the X12 275. He added the server receiving the transaction must be able to process 64MB.</li> </ul> </li> <li>o An ASG-PA participant asked for further clarification regarding breaking files into multiple X12 275s.             <ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) explained if a health plan can only accept 64MB then they would probably have requirements on how to break that file into multiple X12 275s to ensure the attachments can be received.</li> <li>- Terry Cunningham (AHA) responded it would be helpful if there was more information about how CAQH CORE arrived at 64MB parameters. He explained people seem to want this floor, but need information about how we arrived there.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) explained CAQH CORE surveyed the Advisory Group, then this Subgroup to come to a baseline. He explained there were some submissions for 5MB 10 MB, and some as high as 100MB. CAQH CORE coalesced around 64MB, but if there are other use cases CAQH CORE should consider subgroup participants should outline those in this next straw poll.</li> <li>- Terry Cunningham (AHA) asked if other specialties were considered and if a survey of the workgroup would be sufficient.</li> <li>- Bob Bowman (CAQH CORE Director) responded CAQH CORE wants to make sure any base requirement meets a plurality and a larger base within the industry so it can be supported. He wants to make sure the group is progressive in our requirements, but does not leave anyone behind like the vendors.</li> <li>o Bob Gross (Cleveland Clinic) stated the 64MB standard should be sufficient for the payloads. He explained even if you were to load a patient’s entire medical record, it would be hard pressed to come close to reaching 64MB. He added imaging and media may need more, but most insurance portals put 5MB to 10MB limit on attachments right now. So, if the subgroup wants to come back and say 264MB so providers can upload all this stuff it may be difficult for insurance portals to agree.           <ul style="list-style-type: none"> <li>- Mary Lynn Bushman (Anthem) stated “we called the 64MB out of the hat – the size should not exceed this and it is a recommendation.”</li> <li>- Shilesh Nair (CSRA) explained a ceiling back then is now the floor. He explained it is not a bad place to start. As an industry we have seen, most of the things we exchange can fit within that limit, but there are files that can exceed that, but this would not limit that.</li> <li>- Mahesh Siddanati (Centene) agreed and stated the subgroup look at straw poll results.</li> <li>- John Kelly (Edifecs) stated this work was pre-COVID-19 and it may be worthwhile to have a small focus group with payers who might want to weigh in on this. He explained if we are really going to leverage this process at scale, we need to know if health plans are going to be asking for things that might exceed the 64MB limit.</li> <li>- Bob Bowman (CAQH CORE Director) explained this is the focus group. Adding, CAQH CORE is asking participants to weigh in.</li> <li>- John Kelly (Edifecs) asked the subgroup if everyone on this call was comfortable with the idea that this would be the minimum that payers are required to support.</li> <li>- Terry Cunningham (AHA) responded he does not want to be the one to come up with the recommendation and asked if the people on this call are the right people were to be guiding the industry.</li> <li>- Bob Bowman (CAQH CORE Director) explained we have dozens of representatives from health plans on this subgroup and they actively provide the feedback we are looking for. He added he understands that some people do not have the computing background, but some do. He explained once we get the feedback on this straw poll the subgroup can understand what they want to do next.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Mahesh Siddanati (Centene) reviewed <b>Policy Access</b> requirements</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> <li>• Mahesh Siddanati (Centene) reviewed <b>Companion Guide</b> requirements</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> </ul>	
<b>7. Review CAQH CORE Attachments Data Content Requirements (Doc #1)</b>	<ul style="list-style-type: none"> <li>• Bob Bowman (CAQH CORE Director) reviewed <b>Data Error Handling</b> requirements.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> <li>• Bob Bowman (CAQH CORE Director) reviewed <b>Reassociation</b> requirements.</li> <li>• <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ Molly Malavey (AMA) commented on the use of the word 'must'. She asked what the justification for the word must was when it could be a 'may' or a 'should'. She added it may become an issue for providers to put up more information.               <ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) responded CAQH CORE staff can double check the language on the 'must' before sending out the straw poll. He explained there may be reason to have 'may' depending on the scenario.</li> </ul> </li> <li>○ Mike Denison (Change Healthcare) asked why there is a need to have a requirement when the TR3 is already specific on the use.               <ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) responded that CAQH CORE needed to add clarification for potential scenarios, especially the non X12. He asked how are providers and health plans are communicating when an attachment has been sent.</li> <li>- Mike Denison (Change Healthcare) responded the non x12 use is fine, but referencing Loops that would be addressed in the TR3 would be duplicative.</li> <li>- Bob Bowman (CAQH CORE Director) explained providers submitting a prior authorization can include an AA in the scenario because they have the data. The mechanism for non X12 scenarios to message using the initial X12 278 inquiry or pended response from the health plan can still be used. He added that extends to the use of EL if provider and health plans only want to exchange via the X12 275; as the use of AA would not limit or interfere with those scenarios.</li> <li>- Mike Denison (Change Healthcare) explained maybe visual workflow diagrams would help.</li> <li>- Bob Bowman (CAQH CORE Director) responded that's great feedback and CAQH CORE could include some in the straw poll.</li> </ul> </li> </ul> </li> </ul>	<i>Discussion</i>

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	<ul style="list-style-type: none"> <li>○ Mike Denison (Change Healthcare) commented on the use of the use of the X12 824. He explained there is not much use of it today and if we were going to go forward with recommending use of the X12 824, it may be worthwhile to look into version 7030.               <ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) responded that was good point. He explained we know that the X12 Acknowledgements Group has been working diligently on that version and we can bring some of that work forward and agree that later version of the X12 824 maybe more useful, but as it is not published CAQH CORE will continue to work with version 6020.</li> </ul> </li> <li>○ Diana Fuller (Michigan Medicaid) asked for clarification, she asked if CAQH CORE is saying on the X12 278 prior authorization request, providers are going to be able to put in the AA code to say available on request at the provider site, to use when they send attachments that belong to the X12 278 request but are not sent electronically.               <ul style="list-style-type: none"> <li>- Bob Bowman (CAQH CORE Director) responded there is a note in the TR3 that it may not be sent at the same time because it is available upon request at the provider site, but the AA may be used to notify the health plan that the attachments are being sent not via a X12 275 but potentially through CORE Connectivity with a HL7 C-CDA embedded or with PDF instead of using the X12 275 for the envelope. He added it is still electronically, but not with the X12 275.</li> </ul> </li> </ul>	
<b>9. Review Spotlight on HL7 C-CDA</b> (Doc #1)	<ul style="list-style-type: none"> <li>● Bob Bowman (CAQH CORE Director) reviewed HL7 C-CDA Spotlight</li> <li>● <b>Summary of ASG-PA Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> </ul>	<i>Discussion</i>
<b>10. Next Steps for ASG-PA</b> (Doc #1)	<ul style="list-style-type: none"> <li>● Emily TenEyck (CAQH CORE Manager) reviewed the Next Steps for the CAQH CORE Attachments (Prior Authorization Use Case) (ASG-PA) Subgroup:             <ul style="list-style-type: none"> <li>○ <i>CAQH CORE Attachments Subgroup – Prior Authorization (ASG-PA) Co-Chairs &amp; Staff:</i> <ul style="list-style-type: none"> <li>- Distribute Subgroup Straw Poll#1 to participants <b>by Friday, 11/13/20, end of day.</b></li> <li>- Draft a call summary for today's Subgroup call.</li> <li>- Analyze results of Subgroup Straw Poll I#1 in preparation for ASG-PA Call #4 on Thursday, 12/17/20.</li> </ul> </li> <li>○ <i>ASG-PA Participating Organizations:</i> <ul style="list-style-type: none"> <li>- Complete Subgroup Straw Poll#1 <b>by Friday, 12/04/20, end of day.</b></li> <li>- Participate in the next CAQH CORE ASG-PA call on <b>Thursday, 12/17/20 from 2:30 - 4:00 PM ET.</b></li> </ul> </li> </ul> </li> <li>● <b>Summary of ASG-PA Discussion:</b> No questions or comments were raised by the ASG-PA participants.             <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the ASG-PA participants.</li> </ul> </li> </ul>	<b>Action required:</b> <i>Agreed to Next Steps.</i>

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<i>Call Documentation</i>
<b>Doc 1:</b> ASG-PA Call 3 Deck 11.05.20.pdf
<b>Doc 2:</b> ASG-PA Call 2 Summary 10.01.20.pdf

**CAQH CORE Contact Information**

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**Attachments Subgroup (Prior Authorization Use Case) Call #3 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	
Aetna	Bakos	Janice	X
Allscripts	Vaughan	Shay	
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	



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Anthem Inc.	Green	Christol	
Anthem Inc.	Henry	Holly	
athenahealth	Prichard	Emily	X
athenahealth	Holtschlag	Joe	
athenahealth	Maguire	Kayla	X
Availity, LLC	Barry	Michelle	X
Blue Cross and Blue Shield Association (BCBSA)	Cullen	Rich	
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	
Blue Cross Blue Shield of Michigan	O'Malley	Molly	
Blue Cross Blue Shield of Michigan	Szydowski	Taryn	
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	
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

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CAQH CORE Participating Organization	Last Name	First Name	Attended
Centers for Medicare and Medicaid Services (CMS)	Jones	Melanie	X
Centers for Medicare and Medicaid Services (CMS)	Connor	Beth	X
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	
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	
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	
DST Health Solutions	Gandolfi	Gary	X
DST Health Solutions	Giase	Valerie	X
Edifecs	Boincean	Cristina	X
Edifecs	Kelly	John	X

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Epic	Pasumarthi	Vasu	
Epic	Carino	Santo	X
Government Employees Health Association, Inc. (GEHA)	Enslinger	Darrell	
Harvard Pilgrim Health Care	Starkey	Rhonda	X
Harvard Pilgrim Health Care	Querusio	David	X
Health Care Service Corp	Schimanski	Daphney	
Health Care Service Corp	Matzke	Beth	
Health Care Service Corp	Collins	Amanda	
Health Care Service Corp	Campbell	Donna	
Healthedge Software Inc	Brown	Margaret	
Healthedge Software Inc	Sbihli	Scott	
HEALTHeNET	Gracon	Christopher	X
Highmark, Inc	Hetherington	LuAnn	
Highmark, Inc	Sweigart	Robert	
Humana	Shick	Brad	
Humana	Jamison	Sandra	X
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	X
Mayo Clinic	Fortek	Rebecca	X
Mayo Clinic	Brannan	Andrea	

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
 Attachments Subgroup (Prior Authorization Use Case) (ASG-PA)  
 Call #3 Summary: Thursday, November 5, 2020, 2:30-4:00 pm ET Conference Call**

CAQH CORE Participating Organization	Last Name	First Name	Attended
Mayo Clinic	Kocer	Grant	
Mayo Clinic	Kelly	Benjamin	
Mayo Clinic	Gundavda	Nisha	
Medical Group Management Association (MGMA)	Tennant	Robert	X
Medical Mutual of Ohio, Inc.	Conklin	Deb	X
Michigan Department of Community Health	Veverka	C	
Michigan Department of Community Health	Fuller	Diana	X
Michigan Department of Community Health	Banks	Deontey	X
Michigan Department of Community Health	Hinkle	Lori	
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	
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	X
New Mexico Cancer Center	Bateman-Wold	Tonia	X
New Mexico Cancer Center	McAneny	Barbara L.	
NextGen Healthcare Information Systems, Inc.	Lopez	Jacqueline	X
NextGen Healthcare Information Systems, Inc.	Harris	Gloria	X
NextGen Healthcare Information Systems, Inc.	Schlichtig	Sue	
NextGen Healthcare Information Systems, Inc.	Team	Nancy	X
OhioHealth	Tummalapalli	Krishna	
OhioHealth	Gabel	Randy	X
OneHealthPort	Rubin	Richard	
OneHealthPort	Campbell	Bill	
PriorAuthNow	Sandhaus	Jay	
PriorAuthNow	Blackwell	Mike	
PriorAuthNow	Blasinski	Jeffrey	X
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Rock	Laurie	X

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CAQH CORE Participating Organization	Last Name	First Name	Attended
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Kurtz	Heather	
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Foemmel	Sara	
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	
The SSI Group, Inc.	Butt	David	
The SSI Group, Inc.	Tillman	Tracey	
United States Department of Veterans Affairs	Knapp	Katherine	
UnitedHealthGroup	Shamsideen	Janell	
UnitedHealthGroup	Nordstrom	Alexandria	X
Verata Health	Backhaus	Brent	X
Verata Health	Yu	YiDing	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