Contents

1. Overview

1.1 Background

The CAQH CORE Attachments Subgroup – Prior Authorization Use Case (ASG-PA), launched July 2020 with an initial focus on the exchange of electronic additional documentation for prior authorization. The Attachments Subgroup, focusing on prior authorization as the first use case, will build on CAQH CORE Prior Authorization Operating Rules and will evaluate opportunity areas identified and prioritized by the CAQH CORE Attachments Advisory Group (AAG) with the ultimate goal of developing draft operating rule requirements.

As discussed on its Thursday,07/23/20 call, the ASG-PA will start by providing feedback on the potential opportunity areas and requirement options and submitting additional comments for consideration on its Thursday,10/01/20 call. The information your organization submits on this form will provide further insight into the feasibility and impact of the potential opportunity areas and requirement options that the Subgroup considers as it works to develop draft requirements.

1.2 Format of Feedback Form

ASG-PA Feedback Form #1 consisted of eight sections, listed below in the order they appeared:

1. **Potential Rule Options for Opportunity Area #1:** System Availability
2. **Potential Rule Options for Opportunity Area #2:** Payload Acknowledgement & Response Time
3. **Potential Rule Options for Opportunity Area #3:** Data Error Handling
4. **Potential Rule Options for Opportunity Area #4:** File Size
5. **Potential Rule Options for Opportunity Area #5:** Reassociation
6. **Potential Rule Options for Opportunity Area #6:** Identification of Required Information to Support Prior Authorization
7. **Potential Rule Options for Opportunity Area #7:** Companion Guide
8. **Feedback on Additional Opportunity Areas to Consider**

In each section, respondents were asked to select “Support” or “Do Not Support” to indicate whether their organization supports pursuing each opportunity area listed. Follow up questions asked respondents for additional feedback on organization’s current practices. Respondents were also able to provide clarifying comments relating to their responses.

2. Summary of Feedback Form Respondents

Responses were received from **40** respondents representing **80%** of Attachments Subgroup participating organizations.

Total Number of Individual Responses	40 (80% of the ASG-PA)
Number of Provider / Provider Association / Provider-Facing Vendor Responses	8 (20% of respondents)
Number of Health Plan / Health Plan Association / Health-Plan Facing Vendor Responses	12 (30% of respondents)
Number of Dual-Facing Vendor / Clearinghouse Responses	14 (35% of respondents)
Number of Government / Other (e.g. SDOs, Industry Advisory Groups, etc.)	6 (15% of respondents)

3. Percent Support for Potential Opportunity Areas

When the feedback form closed on Friday, 09/11/20, all seven opportunity areas containing potential rule options/requirements had least **64% support** with all but one area having at least **70%** support, as shown in Table 1.

Table 1. Percent Support for Each Opportunity Area

#	*ASG-PA Feedback Form #1*	Support (%)	Do Not Support (%)	Abstain #
Opportunity Area 1: System Availability				
1	System availability must be no less than 86% per calendar week; health plans must publish downtimes.	32 (86%)	5 (14%)	3
Opportunity Area 2: Acknowledgements				
2	Use the X12 999 to acknowledge receipt of X12 v6020 275. – Real-Time/Synchronous Response within **20** seconds. – Batch/Asynchronous Response within **1** hour.	33 (87%)	5 (13%)	2
3	Standardizing Web Portal Acknowledgement Messaging (e.g., accepted, rejected, or accepted but errors noted) for uniformity and consistency.	23 (64%)	13 (36%)	4

CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Attachments Subgroup – Prior Authorization Use Case (ASG-PA)
ASG-PA Feedback Form #1 Results

#	*ASG-PA Feedback Form #1*	Support (%)	Do Not Support (%)	Abstain #
Opportunity Area 3: Data Error Handling				
4	Use of the ASC X12 v6020 824 to send error messages when receiving a Real-Time/ Synchronous X12 v6020 275. – *29% of feedback form respondents currently **use** proprietary reports to send messages to providers regarding receipt errors and/or data level errors related to attachments, etc.* – *71% of feedback form respondents currently **do not use** proprietary reports to send messages to providers regarding receipt errors and/or data level errors related to attachments, etc.* – *19 feedback form respondents abstained from this question.*	28 (88%)	4 (22%)	8
5	Use of the X12 v6020 824 to send error messages when receiving Batch/Asynchronous X12 v6020 275. – *29% of feedback form respondents currently **use** proprietary reports to send messages to providers regarding receipt errors and/or data level errors related to attachments, etc.* – *71% of feedback form respondents currently **do not use** proprietary reports to send messages to providers regarding receipt errors and/or data level errors related to attachments, etc.* – *19 feedback form respondents abstained from answering this question.*	29 (91%)	3 (9%)	8
Opportunity Area 4: File Size				
6	Front end servers must be able to minimally accept 64MB of Base64 encoded data.	27 (79%)	7 (21%)	6
7	Internal document management systems must be able to minimally accept 64MB file size documents.	27 (79%)	7 (21%)	6
Opportunity Area 5: Reassociation				
8	Use of Code EL-Electronically Only in Segment PWK02 Data Element in Loop 2000E of the X12 005010X217 278 Health Care Services Review Request to notify payers of the availability of additional documentation (most often sent in an unsolicited manner).	29 (91%)	3 (8%)	8

CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Attachments Subgroup – Prior Authorization Use Case (ASG-PA)
ASG-PA Feedback Form #1 Results

#	*ASG-PA Feedback Form #1*	Support (%)	Do Not Support (%)	Abstain #
9	Use of Code AA-Available on Request at Provider Site in Segment PWK02 Data Element in Loop 2000E of the X12 005010X217 278 Health Care Services Review Request to notify payers of the availability of additional documentation (most often sent in an unsolicited manner). Please note code AA is not limited to dental and can be used to accommodate payloads not sent using X12.	21 (70%)	9 (30%)	10
Opportunity Area 6: Access to / Identification of Required Information				
10	Define reference requirements (location, method, format) to where lists/descriptions of required documentation and/or information to support prior authorization should be published electronically to support provider needs (e.g., billing manual, list of diagnosis codes requiring prior authorizations and additional documentation, etc.).	31 (89%)	4 (11%)	5
Opportunity Area 7: Companion Guide				
11	Require use of CORE Master Companion Guide Template for X12 v6020 275 and X12 v6020 824 transactions with a Section 10 TRANSACTION SPECIFIC INFORMATION addressing the common format and flow of information for attachment transactions. See CAQH CORE Master Companion Guide Template for X12 v5010 Transactions for reference here. Does your organization support the inclusion of this potential rule option?	34 (94%)	2 (6%)	4
12	Require a companion guide be available electronically addressing the specifics for exchanging attachment documents and/or information in a non X12 transaction format (only applicable to Technical Scenario #2. Not using the X12 v6020 275).	28 (82%)	6 (8%)	6

4. Summary of ASG-PA Feedback Form Comments Received

Respondents were given the opportunity to provide comments on each of the questions asked on the feedback form. Three categories of comments were received:

1. **Points of Clarification** – Pertains to areas where more explanation from the Subgroup is required; *may* require adjustments to the potential opportunity areas, which do not change rule requirements.
2. **Substantive Comments** – May impact potential rule requirements; some comments require Subgroup discussion on suggested adjustments to the potential opportunity areas and requirements.
3. **Non-substantive Comments** – Pertains to typographical/grammatical errors, wordsmithing, clarifying language, addition of references; do not impact rule requirements. **NOTE:** Non-substantive comments do not require Subgroup discussion, CAQH CORE staff will make these adjustments to the requirements, as necessary. We will not be reviewing these comments on today's call, but they are available here for offline review.

The tables below summarize comments submitted by the ASG-PA on Feedback Form #1. For the substantive comments, the table includes CAQH CORE Co-Chair and staff recommendations, but discussion among the Subgroup on these comments is encouraged.

5. Comments Received on ASG-PA Feedback Form #1

Table 1 below summarizes comments received from ASG-PA feedback form respondents that applied to all opportunity areas, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no substantive comments submitted by ASG-PA respondents that were applicable to all opportunity areas.

Table 1. Comments Received Applicable to All Opportunity Areas

#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
	Points of Clarification	
1	One entity asked for clarification as to how compliance around the proposed requirements would be enforced.	Should a CAQH CORE Attachments (Prior Authorization Use Case) Rule Set be approved by CAQH CORE Participating Organizations and the CAQH CORE Board, the published rule would be available to the industry for voluntary adoption. If an organization decided to pursue voluntary CORE Certification on the Draft CAQH CORE Attachments (Prior Authorization Use Case) Rule, they would have a maximum timeframe of 180 days to complete certification testing on the rule requirement **after** submission of a pledge to adopt the rule. CORE-certified entities are then required to recertify every three years. Non-conformance could impact an entity's CORE Certification status.
2	Four entities asked for clarification on the versions of X12 transactions that will be included in the scope of the draft CAQH CORE Attachments Rule. • One of these entities stated they do not support X12 v6020 824 transaction and recommended waiting for v7030. • Another questioned whether the potential rule options and opportunity areas would duplicate any X12 TR3s. • Another entity suggested utilizing the specific published versions of the X12 v6020 824 and X12 v6020 275 TR3s. • Another explained that X12 allows for the applicable use of the specific data elements needed within the PWK02, Loop 2000E X12 v5010 278 and asked why the use would be limited to v5010. They recommended that the Draft Operating Rule be version agnostic.	The ASG-PA Co-chairs and staff recommend supporting the latest version of the 275 and the 824 transactions – X12 v6020X316 275 and X12 v6020 824. Since v5010X217 278 is currently specified in the CAQH CORE Prior Authorization Rules and is the HIPAA-mandated version, we recommend continuing to support X12 v5010 278 for consistency across existing CAQH CORE Operating Rules. However, according to the CAQH CORE maintenance process, as newer versions of standards are published, CAQH CORE completes an evaluation process for any adjustments that may need to be made on rule requirements. CAQH CORE can only build requirements on published versions of a standard. Additionally, CAQH CORE is responsible for engaging the healthcare industry in developing consistent business processes for patients, providers, and health plans to streamline the business of healthcare via a collaborative and consensus driven process. The CAQH CORE process centers on an integrated model consisting of rule development, education, testing and certification, and measuring/tracking. Utilizing its designation as the HHS Operating Rule Author, CAQH CORE plans to honor its commitment by producing guidance materials, educational content, and implementable operating rules to move the needle of industry adoption of electronic attachments. CAQH CORE does not duplicate standard requirements such as X12 but instead builds operating rules around standard recommendations.

5.1 Comments Received on Opportunity Area #1: System Availability

Table 2 below summarizes comments received from ASG-PA feedback form respondents pertaining to Opportunity Area #1: System Availability, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no points of clarification submitted by ASG-PA respondents pertaining to system availability.

Table 2. Comments Received on Opportunity Area #1: System Availability

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Substantive Comments			
Rule Option 1.1: *System availability must be no less than 86% per calendar week; health plans must publish downtimes*	**1**	Seven entities commented that system availability should be higher than 86%: • One of these entities further explained that at 86% system availability per calendar week a plan's system could be down 24 hours per calendar week for regularly scheduled downtime and this would result in patient care delays. • They recommended 95% system availability and noted many stakeholders agree this would be achievable. **NOTE**: Nine entities expressed their support for the rule option of 86%: • Eight of these stated that system availability should be consistent across all transactions for uniform system support, reporting, etc. • One agreed that scheduled downtimes should be published.	**For ASG-PA Discussion:** Given that 86% of ASG-PA feedback form respondents voted in support of the draft system availability requirement, CAQH CORE ASG-PA Co-chairs and staff recommend continuing to support the system availability requirement as drafted to remain consistent with other CAQH CORE Operating Rules. Additional research on industry readiness for an increase in system availability will be conducted and pursued in a future CAQH CORE Infrastructure Update.
Non-Substantive Comments			
Rule Option 1.1*: System availability must be no less than 86% per calendar week; health plans must publish downtimes*	**2**	• One entity clarified that they do not currently receive attachments and therefore cannot comment on system availability needs from an IT support perspective at this point.	

5.2 Comments Received on Opportunity Area #2: Payload Acknowledgement & Response Time

Table 3 below summarizes comments received from ASG-PA feedback form respondents pertaining to Opportunity Area #2: Payload Acknowledgement & Response Time, along with CAQH CORE ASG-PA Co-chair and staff responses.

Table 3. Comments Received on Opportunity Area #2: Payload Acknowledgement & Response Time

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Substantive Comments			
Rule Option 2.2: *Standardizing Web Portal Acknowledgement messaging (e.g., accepted, rejected, or accepted but errors noted) for uniformity and consistency*	**1**	Four entities explained that web portal should not be considered in scope for the ASG-PA citing the lack of mandate and that a standard should be used instead of web portals.	**For ASG – PA Discussion.** Given that less than two-thirds of the ASG-PA supported this rule option (only 64% of ASG-PA feedback form respondents supported), CAQH CORE Co-chairs and staff recommend removing Rule Option 2.2 from the scope of the Subgroup. CAQH CORE will continue to conduct industry outreach and research on this potential rule option for other use cases including claims, where it may be more applicable.
Points of Clarification			
Rule Option 2.1: *Use the X12 v5010 999 to acknowledge receipt of X12 v6020 275* - *Real-Time/Synchronous Response within 20 seconds* - *Batch/Asynchronous Response within one-hour*	**2**	One entity explained that the X12 v5010 999 is not a HIPAA-adopted transaction and therefore should not be included in a potential operating rule proposed for adoption. They suggested that the use of the X12 v5010 999 should be described within a companion white paper instead.	**Do not adjust.** CAQH CORE Operating Rules have consistently addressed acknowledgements for differing transactions via the X12 v5010 999. The CAQH CORE Operating Rules currently adopted under the Affordable Care Act include requirements to use the X12 v5010 999 IA. Further, given that the X12 v5010 999 IA is an inherent component of the overall X12 EDI management process, it does not require adoption under HIPAA for CAQH CORE to consider its use.
	3	Two entities asked for clarification as to the feasibility of sending 999s in real-time.	The purpose of the X12 v5010 999 is to report the compliance of a received transaction set regardless of the method of exchange (real time or batch) or whether the received transaction has a corresponding response transaction. Additionally, it is designed to report conformance against an implementation guideline (TR3) only – the X12 v5010 999 transaction reports standard syntax errors and Implementation Guide (IG) errors.

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
	4	One entity suggested a two-hour response time for batch instead of one hour.	**Do not adjust.** Given 87% of ASG-PA feedback form respondents supported a one-hour response time, consistent with prior CAQH CORE Operating Rules, CAQH CORE ASG-PA Co-chairs and staff recommend continuing to support one-hour response time for batch/asynchronous responses. Consistency with previous rule requirements allows for systems and application to be uniform and reporting and support functions to be equal across transactions and business processes.
Non-Substantive Comments			
Rule Option 2.1: *Use the X12 999 to acknowledge receipt of X12 v6020 275* - *Real-Time/ Synchronous Response within 20 seconds* - *Batch/Asynchronous Response within one-hour*	**5**	Four entities stated their support for the potential rule option, as written. • Four entities expressed agreement with the consistency of response times with other transactions addressed in prior CAQH CORE Operating Rules. • Another explained that using an acknowledgment is critical to avoid miscommunication between the sender and receiver and to provide certainty of the transmission delivery.	

5.3 Comments Received on Opportunity Area #3: Data Error Handling

Table 4 below summarizes comments received from ASG-PA feedback form respondents pertaining to Opportunity Area #3: Data Error Handling, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no substantive comments submitted by ASG-PA respondents pertaining to data error handling.

Table 4. Comments Received on Opportunity Area #3: Data Error Handling

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Points of Clarification			
Rule Option 3.1: *Use of the ASC X12 v6020 824 to send error messages when receiving a Real-Time/Synchronous X12 v6020 275* & ***Rule Option 3.2***: *Use of the ASC X12 v6020 824 to send error messages when receiving a Batch/Asynchronous X12 v6020 275*	**1**	Five entities asked for clarification pertaining to the use of the X12 6020 824. • Three of these asked about the difference(s) between the X12 v5010 999 and X12 v6020 824. • One questioned how the X12 v6020 824 would be used to communicate errors at the application level. • Another explained that their organization feels X12 v5010 999s are more generally accepted within the industry.	Given 88% of ASG-PA feedback form respondents voted in support of using the X12 824 v6020 to send error messages when receiving a real-time X12 v6020 275 and 91% voted in support of using the X12 v6020 824 when receiving batch X12 v6020 275, CAQH CORE ASG -PA Co-chairs and staff recommend continuing to pursue these rule options. CAQH CORE staff will continue investigating potential rule requirements for the use of the X12 824 transaction. ASG – PA participants will have the opportunity on its next straw poll to provide feedback on specific draft rule requirements related to the use of the X12 824. Additionally, while the X12 v5010 999 returns an acknowledgement at the application layer (payload processing) of the OSI Model, the X12 v6020 824 provides error messages one layer deeper, at the data content level (See Figure 1 in the Appendix of this document). Furthermore, the X12 v5010 999 transaction is more widely used to return common errors and acceptance acknowledgements, while the X12 v6020 824 has the ability to provide more information on errors that delay adjudication (e.g., front end edits that can be used to inform the submitter that the transaction will fail adjudication at the next level of processing; for example, invalid patient ID).
Non-Substantive Comments			
Rule Options 3.1 & 3.2	**2**	Two entities provided further explanation for their support of the rule options. • One entity explained at the batch level this would be a valid use for the 824. • One entity stated errors need to be explained and we need the capability for multiple file types.	

5.4 Comments Received on Opportunity Area #4: File Size

Table 5 below summarizes comments received from ASG-PA feedback form respondents pertaining to Opportunity Area #4: File Size, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no non-substantive comments submitted by ASG-PA respondents pertaining to file size.

Table 5. Comments Received on Opportunity Area #4: File Size

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Substantive Comments			
Rule Option 4.1: *Front end servers must be able to minimally accept 64MB of Base64 encoded data* *&* ***Rule Option 4.2****: Internal document management systems must be able to minimally accept 64MB file size documents*	**1**	One entity stated that this opportunity area should be classified as an infrastructure rule option rather than a data content rule option.	**Agree.** CAQH CORE Co-chairs and staff recommend moving the discussion for developing the potential file size rule options within the Draft Prior Authorization Infrastructure Attachments Rule.
Points of Clarification			
Rule Option 4.1: *Front end servers must be able to minimally accept 64MB of Base64 encoded data* *&* ***Rule Option 4.2****: Internal document management systems must be able to minimally accept 64MB file size documents*	**2**	Three entities expressed their support for establishing a file size minimum but recommended CAQH CORE conduct additional research on the specific file size including cross checking with medical specialties to ensure the file size is sufficient.	**Agree.** CAQH CORE ASG-PA conducted extensive research on the topic prior to the launch of the ASG-PA and will continue to conduct research on the file size as the Subgroup progresses, as needed. On the next straw poll, ASG-PA participants will have the opportunity to indicate their level of support for and provide additional feedback on a draft rule requirement related to file size minimums.

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
	3	Six entities questioned whether the potential rule option would establish a maximum file size. • Two of these entities noted that the v5010 X12 TR3 established a maximum file size requirement of 64MB and expressed that the potential rule option would be in conflict. • One of these entities further noted that if the minimum is 64MB (per the Draft CAQH CORE Attachments Rule) and the maximum is 64 MB (per the TR3) that could cause confusion with implementers. • Another explained that entities often submit an entire medical record which is often larger than 64MBs. • Another identified a potential need for a maximum file size requirement as part of the rule options. • Another entity recommended addressing the maximum number of attachments that can be sent for one request given the X12 v5010 278 transaction has a maximum of 10 PWK segments per patient event.	Like prior CAQH CORE Operating Rule requirements, this potential rule option represents a floor and not a ceiling in terms of the file size an organization can implement. Entities may choose to accept file sizes above 64MB, but they must at least accept 64MB. As previously stated, ASG-PA participants will have the opportunity on the upcoming feedback form to provide their feedback and level of support on specific file size minimums that would set the floor for the requirement. Additionally, the X12 v6020 275 TR3 only **recommends** that the content of the BDS segment cannot exceed 64MB; it does not restrict. The BDS02-784 data element is specified in the base X12 standard as "A string of octets which can assume any binary pattern from hexadecimal 00 to FF. Note: The maximum length is dependent upon the maximum data value that can be entered in DE 784, which value is 999,999,999,999,999.". Finally, while the X12 v5010 278 transaction has a maximum of 10 PWK segments per patient event, the overall size of binary data that is placed in the BDS segment is not limited. For example, several documents can be zipped and sent within the BDS segment.
***Rule Option 4.2**: Internal document management systems must be able to minimally accept 64MB file size documents*	**4**	One entity asked if file size minimums could only be placed on front end systems explaining some web upload systems do not like files as large as 64MB.	The aim of the potential rule option is to bring consistency to both front end and internal backend systems. Additionally, given **79%** of ASG-PA feedback form respondents voted in favor of this rule option, CAQH CORE ASG-PA Co-chairs and staff recommend pursuing this rule option. On the next straw poll, ASG-PA participants will have the opportunity to indicate their level of support for and provide additional feedback on a draft rule requirement related to file size minimums.

5.5 Comments Received on Opportunity Area #5: Reassociation

Table 6 below summarizes comments received from ASG-PA feedback form respondents pertaining to Opportunity Area #5: Reassociation, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no substantive comments submitted by ASG-PA respondents pertaining to reassociations.

Table 6. Comments Received on Opportunity Area #5: Reassociation

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Points of Clarification			
Rule Options 5.3: *Use of Code EL-Electronically Only in Segment PWK02* *&* ***Rule Option 5.4:*** *Use of Code AA-Available on Request at Provider Site in Segment PWK02*	1	Five entities questioned the use and value of including either **EL–Electronically Only** or **AA–Available on Request at Provider Site** in the PWK02. • Two of these entities further clarified that the X12 TR3 segment within the code sets in the X12 v5010 278 Implementation Guide already requires use of EL–Electronically Only or Code AA–Available on Request at Provider Site in Segment PWK02. • One of these entities explained that their organization only includes Code EL when sending unsolicited attachments. • Another said there may be issues when sending multiple attachments using Code EL. • One entity asked for clarification as to why an operating rule is needed for AA. • Another stated that Code AA suggests a payer needs to access a provider site to obtain the corresponding attachment.	Given **91%** of ASG-PA feedback form respondents supported the use of Code EL–Electronically Only and **70%** supported use of Code AA–Available on Request at Provider Site in Segment PW02, CAQH CORE ASG-PA co-chairs and staff recommend continuing to pursue the rule options as part of the Draft CAQH CORE Attachments Rule. CAQH CORE's Environmental Scan, stakeholder interviews, and Attachments Advisory Group efforts revealed that, overall, providers prefer to send unsolicited attachments. As such, health plans are often unaware an attachment is sent, and adjudication of the corresponding prior authorization is delayed. By returning an EL or AA code in the PWK segment, the adjudication process could be expedited with increased health plan awareness of an available, unsolicited attachment. Additionally, the X12 TR3 situationally requires the use of 4-5 different codes including EL and AA and is not limited to the unsolicited attachment workflow. Therefore, a potential CAQH CORE Attachments Operating Rule would ***require*** the use of the code when sending an attachment via the X12 v6020 275. ASG-PA participants will have the opportunity on future straw polls to review draft language pertaining to this rule requirement and provide additional comments and feedback.

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
***Rule Option 5.4**: Use of Code AA-Available on Request at Provider Site*	**2**	Two entities noted that the use of AA–Available on Request at Provider Site is specific to dental.	CAQH CORE staff, in coordination with X12, and through extensive research and analysis of RFIs determined that the use of AA–Available on Request at Provider Site is not restricted to dental use only and its use for non-dental use cases is permissible. See RFI Responses #2097 (*The PWK02 Qualifier, "EL" is required when attachments are sent electronically in another X12 functional group such as a 275 transaction. The Qualifier note does not allow for another electronic method to be used unsolicited. However, the Qualifier, "AA" may be used to indicate that the additional information is not being sent with the claim and is instead available by request. **The means by which the additional information is made available is not dictated by X12 and can be mutually agreed upon by the parties***.) and #2098 (*The PWK02 Qualifier of "AA" is "Required when using the PWK segment to provide missing teeth information." However, **this requirement does not restrict the use of the "AA" qualifier for other instances** where the paperwork is not being sent with request at this time. The second note for this qualifier reads, "This means that the paperwork is not being sent with the request at this time. Instead, it is available to the UMO (or appropriate entity) on request." Therefore, for any other instance where the paperwork is not sent at the time of the request and the additional information is available on request by the UMO.*).
Non-Substantive Comments			
***Rule Option 5.3:** Use of Code EL-Electronically Only in Segment PWK02*	**3**	Two entities expressed their support of the use of EL–Electronically Only and explained their systems are currently capable of utilizing the code.	
***Rule Option 5.4:** Use of Code AA-Available on Request at Provider Site in Segment PWK02*	**4**	One organization stated their support for the use of AA–Available on Request at Provider Site and explained their systems are currently capable of utilizing the code.	

5.6 Comments Received on Opportunity Area #6: Identification of Required Information to Support Prior Authorization

Table 7 below summarizes comments received from ASG-PA participants pertaining to Opportunity Area #6: Identification of Required Information to Support Prior Authorization, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no substantive comments submitted by ASG-PA respondents pertaining to identification of required information to support prior authorization.

Table 7. Comments Received on Opportunity Area #6: Identification of Required Information to Support Prior Authorization

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Points of Clarification			
Rule Option 6.1: *Define reference requirements (location, method, format) to where lists/descriptions of required documentation and/or information to support prior authorization should be published electronically*	**1**	Three entities asked for clarification pertaining to the definition of reference requirements: • Two of these entities suggested that the information and definitions should be covered in a Companion Guide. • Another asked for further explanation about how a reference requirement would fit with FHIR and Da Vinci Use Cases.	The industry typically defines a Companion Guide as a template used only for X12 transactions. Given this Draft CAQH CORE Attachments Rule will address attachments sent using both X12 and non-X12 methods, and **89%** of ASG – PA feedback form respondents support pursuing a rule option to establish another means for providers to access these reference requirements, CAQH CORE ASG-PA Co-chairs and staff recommend continuing to pursue this rule option outside the companion guide. Additionally, the rule option does not aim to define which documents should be listed, but to include a recommended list of what information should be available. As always, ASG-PA participants will have the opportunity to weigh in on the specific recommendations on the next straw poll, which will include draft rule requirements for review. Finally, CAQH CORE collaborates with countless industry initiatives including HL7 FHIR and Da Vinci Work Groups to ensure CAQH CORE Operating Rules do not conflict or duplicate industry efforts.
Non-Substantive Comments			
Rule Option 6.1*: Define reference requirements (location, method, format) to where lists of required documentation to support PA should be published electronically*	**2**	Five entities stated their agreement with the importance of developing this rule requirement.	
	3	Two entities noted that it will be difficult to gather the needed information given the complexity of prior authorizations.	

Comments Received on Opportunity Area #7: Companion Guide

Table 8 below summarizes comments received from ASG-PA participants pertaining to Opportunity Area #7: Companion Guide, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE:** There were no substantive comments submitted by ASG-PA respondents pertaining to companion guides.

Table 8. Comments Received on Opportunity Area #7: Companion Guide

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Points of Clarification			
Rule Option 7.1: *Require use of CORE Master Companion Guide Template for X12 v6020 275 and X12 v6020 824 transactions* *&* ***Rule Option 7.2:*** *Require a companion guide be available electronically*	**1**	Five entities provided suggestions pertaining to the information that should be included in the companion guide: • Three of these entities commented that the template should have information pertaining to all methods of submission, including non-X12 methods of sending attachments. • The other two entities commented that there is no benefit to producing a companion guide for non-X12 275 transactions, including portals and DDE workflows and that payer should publish this information on their website.	As previously stated, the industry typically defines a Companion Guide as a template used only for X12 transactions and as such, CAQH CORE Companion Guide Templates will be limited to Attachments sent via the X12 275. For Attachments sent via non-X12 methods, CAQH CORE ASG-PA Co-chairs and staff recommend continuing to pursue operating rules around the reference requirements (see opportunity area #6).
	2	One entity noted that the rule option referenced v5010 275 while the rest of the ruleset applies to v6020 275.	The current CAQH CORE Master Companion Guide Template references v5010 for X12 transactions. The Companion Guide will be updated to reference v6020 for the 275 transaction.
	3	One entity commented that their organization publishes videos and additional communication methods for providers to submit attachments and do not want to be constricted to a companion guide format.	Given **94%** of ASG – PA feedback form respondents supported the use of the CORE Master Companion Guide Template and **82%** supported requiring the companion guide to be available online, CAQH CORE ASG-PA Co-chairs and staff recommend pursuing this rule option. However, entities would not be limited to publishing only a companion guide for X12 v6020 275 and X12 v6020 824 transactions. Entities may choose to publish resources in a variety of media in addition to a companion guide. The rule option would only require that a companion guide be made electronically available in the flow and format required by the template if a companion guide is published, at a minimum.

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Non-Substantive Comments			
Rule Option 7.1: *Require use of CORE Master Companion Guide Template for X12 v6020 275 and X12 v6020 824 transactions* *&* ***Rule Option 7.2:*** *Require a companion guide be available electronically*	**4**	Six entities further expressed their support for the potential rule requirements explaining that all trading partners need a common method to share updates. • One of these noted that it is important to consider companion guides as HL7 continues to grow. • Another noted that this is consistent with other CAQH CORE rules. • Another noted that a companion guide that defines what type of electronic attachments are supported is important. • Another commented that they support the rule options as long as they do not conflict with any business policies that require trading partner agreements prior to supplying these guides.	
	5	One entity commented that this is a health plan/payer/UMO requirement and once completed, there will be a general companion guide.	
	6	One entity stated that the rule option is vague and the Subgroup should further define what would be included in the document.	
	7	One entity recommended using an RFI for consistency across TR3s.	

5.7 Comments Received Pertaining to Feedback on Additional Opportunity Areas to Consider

Table 9 below summarizes comments received from ASG-PA participants pertaining to feedback on additional opportunity areas to consider, along with CAQH CORE ASG-PA Co-chair and staff responses. **NOTE**: There were no substantive comments submitted by ASG-PA Feedback Form respondents pertaining to Feedback on Additional Opportunity Areas to Consider.

Table 9. Comments Received Pertaining to Feedback on Additional Opportunity Areas to Consider

Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
Points of Clarification			
Question 8.1: *Are there other opportunity areas and/or potential rule options CAQH CORE should consider*	**1**	One entity asked how CAQH CORE collaborates with the industry to understand non-X12 based initiatives that may come into play when drafting these rule options.	CAQH CORE actively engages in countless non-X12 efforts including HL7 FHIR Work Groups, Da Vinci Work Groups, etc. As an industry collaborator, CAQH CORE works closely with these groups to ensure that there is no duplication of efforts or conflicting requirements. Additionally, the *Draft CAQH CORE Connectivity Rule vC4.0.0* currently under development includes requirements to support REST and other API technology that will build a bridge between administrative and clinical data exchange by utilizing both X12 and non-X12 payload types.
	2	One entity suggested that in the absence of reference identifiers such as PWK06 when a PWK is used to request additional information, the reassociation key (when using LOINC in the X12 v5010 278 Response) may include the Review Identification Number (Loop 2000E – HCR02) to be returned in the Solicited X12 275 TRN's segment.	**Do not adjust.** Similar to the approach taken in previous CAQH CORE Operating Rules, the Draft CAQH CORE Attachments Rule Set will identify the specific loops and segments included in the rule. This suggestion will be included in future rule requirements for ASG-PA evaluation. Additionally, ASG-PA participants will have the opportunity to review the draft rule requirement (s) pertaining to this topic in the next straw poll and provide feedback and indicate level of support.
	3	One entity asked for clarification as to whether the rule would provide guidance on LOINC if the Federal Rule does not include guidance on the topic.	CAQH CORE ASG-PA Co-chairs and staff will continue to conduct further research on this topic in preparation for the next Subgroup call. On the next straw poll, ASG-PA participants will be able to review a draft requirement pertaining to this topic and provide additional feedback.

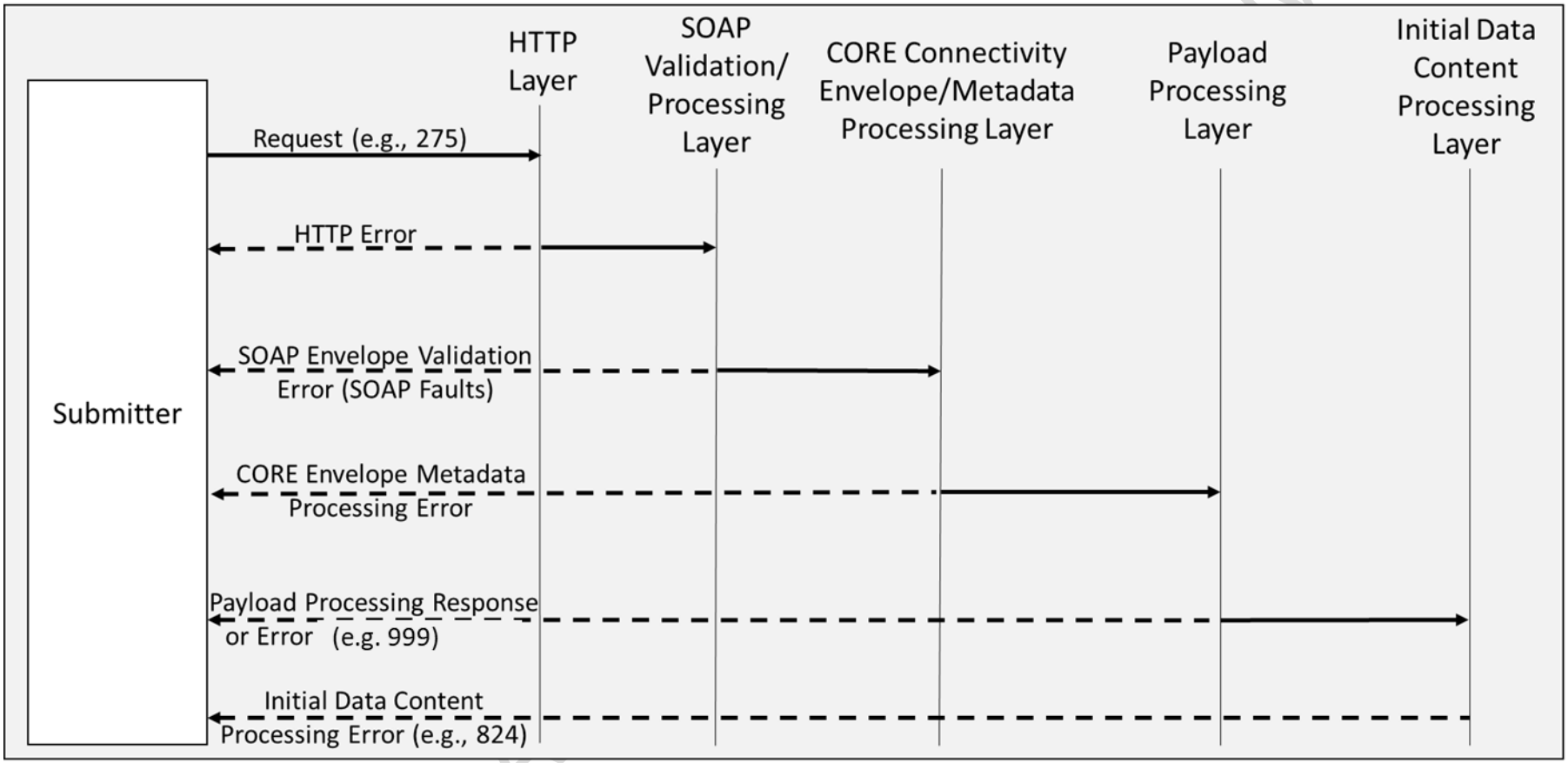
Question	#	Summary of Comments	CAQH CORE Co-Chair & Staff Response
	4	Another suggested preparing guidelines on how vendors integrate the provider EHR and the Provider Administration Prior Authorization/Billing function. They also noted that discussing how vendors could deploy a Provider Attachments capability incorporated within their Provider 278 submission capability would be beneficial.	CAQH CORE will continue to monitor and work with industry as it progresses in building solutions that integrate prior authorization and attachment support solutions among EHRs, PMSs, and intermediaries that support provider payer integration.
Non-Substantive Comments			
Question 8.1: *Additional opportunity areas and/or potential rule options CAQH CORE should consider*	**5**	One entity suggested establishing turnaround times for the response of an attachment Request.	
	6	Two entities stated that alignment with Claims Attachments will be critical. • One of these entities further explained that an ePA Attachment Operating Rule is premature and that Claims should be addressed first.	
	7	One entity commented that a more automated electronic option for submitting clinical information would be ideal.	
	8	One entity explained that if a system is unavailable, and the need is urgent, the prior authorization should be retro-ed automatically as to not delay patient care.	
	9	One entity expressed support for establishing requirements for the use of the X12 v5010 278 transaction to communicate consistently what additional documentation is needed.	

6. Next Steps

- **CAQH CORE ASG-PA Co-Chairs and staff will:**
  - Draft a call summary for today's call for review and approval on the next Subgroup call (ASG-PA Call #3, 11/05/20, 2:30 PM ET).
  - Develop draft rule requirements for the rule options that received high levels of support, for review on the next Subgroup call.
  - Develop Straw Poll to distribute to Subgroup following the next Subgroup call.
  - Conduct additional research to inform the development of the draft rule requirements, as needed.
- **Attachments Subgroup participants will:**
  - Attend the ASG-PA Call #3 on **Thursday, 11/05/20 from 2:30 PM – 4:00 PM ET**, where the Subgroup will see the draft rule requirement language. *Note: Subgroup participants will have the opportunity to weigh in on the draft rule requirements on the next Straw Poll, which will be distributed following ASG-PA Call #3 in November.*
  - Stay engaged by attending related industry 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).

7. Appendix

Figure 1. CAQH CORE Connectivity - Error Handling



Appendix Table 1. File Naming Elements

ASG – PA Feedback Form respondents were asked to describe which elements, would assist with **reassociation** in their document processing systems, if used in a file name by providers. The table below contains the elements submitted by feedback form respondents, listed in order of most frequency listed to least.

NOTE: **29** organizations provided responses to this question on the feedback form.

Table 1. File Naming Elements

Element	Frequency (# of Orgs - Out of 29 Total Submissions)
Member ID	12
NPI	10
Auth #	7
DOB	5
PWK01 Values	5
Plan	3
ACN #	3
Type of File	3
Provider ID (general either TIN/NPI)	2
Patient ID	2
Patient Last Name	3
PA "Tracking" #	2
Event Level HCR01 Status #	2
Payor Name	1
TIN	1
Facility ID	1
Subscriber/Dependent First & Last Name	1
Member MPI	1
DOS	1
Diagnosis	1
Procedure	1
Date Stamp	1
Batch #	1
Internal Order ID #	1
Medical Record # (from EHR)	1
Auth vs Claim attachment indicator	1

Appendix Table 2. Reassociation References

ASG – PA Feedback Form respondents were asked to list common reference identifier or common metadata elements used with reassociation of an attachment to the original Request. The table below contains the elements submitted by feedback form respondents, listed in order of most frequency listed to least.

NOTE: **31** organizations provided responses to this question on the feedback form.

Table 2. Reassociation References

Reference Listed	Frequency (# of Orgs - Out of 31 Total Submissions)
Member ID	17
ACN	10
Auth ID	10
Member Name	10
Reference #	7
DOB	7
PA Tracking #	3
DOS	3
Case reference/ID #	2
Internal Medical Facility #	1

Appendix Table 3. Documentation and/or Information Organizations Make Available to Support Providers

ASG – PA Feedback Form respondents were asked to list all types of documentation and/or information their organization makes available to providers to support prior authorizations. The table below contains the types of documentation/information published by feedback form respondents, listed in order of most frequency listed to least.

NOTE: 20 organizations provided responses to this question on the feedback form.

Table 3. Documentation and/or Information Organizations Make Available to Support Providers

Documentation/Information Type	Frequency (# of Orgs - Out of 20 Total Submissions)
Documentation Requirements	3
Medical Policies	2
Coverage Guidelines/Policies	2
Billing policies	2
Provider Manual	2
Claim Process & Procedures	1
List of Procedures	1
PA Policies	1
Payment policies	1
Provider Appeal & Grievance policy	1
List of Services Requiring PA	1
UM Timeliness Standards	1
Services that require UM review	1
Links to Auth Forms	1
Links to policies	1
LCD/NCD Guide Links	1
URL links to coverage policy	1
Links to Delegated Vendors	1
Procedure Code Search Tool	1

Appendix Table 4. Summary of Attachments Subgroup – Prior Authorization Use Case Opportunity Areas

Table 4 below summarizes the opportunity areas under consideration by the Subgroup that were presented on ASG-PA Call #1.

Table 4. Summary of Attachments Subgroup – Prior Authorization Use Case Opportunity Areas

	#	Opportunity Area	Industry Pain Point / Business Need	Opportunity Area Description
Infrastructure	1	**System Availability**	System availability to receive attachments across health plans and vendors is inconsistent, and providers often are unaware of system downtimes.	▪ Establish **minimum health plan system availability percentage** to accept attachments. ▪ Require health plans to **publish down times**.
	2	**Payload Acknowledgement & Response Time**	Providers often are unsure if the health plan received the attachment(s), which results in unnecessary duplicate transactions and/or manual follow-up to check if the transaction was received successfully.	▪ Specify an **electronic standard method for acknowledging** receipt of an attachment at the application layer. ▪ Specify **maximum allowable response times acknowledge receipt** for both real-time and batch processing modes.
Data Content	3	**Data Error Handling**	Health plans sometimes receive data in an attachment that they are not able to process, and/or contains errors and no standard way to electronically communicate this back to the provider exists.	▪ Establish electronic **standard method** and **response time requirement** for **receiving system to extract data** from the attachment, process, and **return errors** to the provider.
	4	**File Size**	Health plans often have different system capabilities for accepting file sizes or megabytes of data causing errors at different system points when transferring files to or from the document control system.	▪ Establish a **minimum/floor for the amount of data** that must be accepted electronically into an organization's front-end servers. ▪ Establish a **minimum/floor for document size** that must be supported by plan's internal document management system.
	5	**Reassociation**	Attachments are often not linked to the original prior authorization request causing delays in reassociation, adjudication and time to final determination.	▪ Provide **consistent reference numbers** or **common metadata** between the PA request transaction and the attachment(s).
Other	6	**Access to/Identification of Required Information**	Lists of what additional documentation/clinical information is required to accompany a prior authorization request is not consistently available to providers in an electronic format and/or in a uniform location and requests for additional documentation can be unclear.	▪ Define **reference requirements** (location, method, format) to where lists/descriptions of required documentation, if available, should be **published electronically**. ▪ NOTE: This opportunity area does not aim to define what documentation is required; only to require that information about the requirements is electronically accessible by providers.
	7	**Companion Guide**	There is inconsistency and lack of guidance for system builds, which poses challenges for interoperability at scale with multiple trading partners.	▪ Define **common format** and **flow of information** for **implementation of attachment transactions**.