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CAQH CORE Attachments Subgroup - Prior Authorization Use Case (ASG-PA)

Call #5

Call Doc #1

February 4, 2021

Agenda

Time	Agenda Item	Discussion Item or Action Required
3:02	1. Antitrust Guidelines	Discussion
3:05	 2. Roll Call and Administrative Items Roll call Focus of today's call: Level set on Subgroup progress, milestones and summary of requirements Review Draft CAQH CORE Attachments Infrastructure Rule Scope & Requirements Review Draft CAQH CORE Attachments Data Content Rule Scope & Requirements Discuss Next Steps 	Discussion
3:10	 3. Summary of 12/17/20 ASG-PA Call #4 (Doc #2) Reviewed results of ASG-PA Straw Poll #1. Discussed next steps. 	<u>Action Required</u> Approve Call Summary.
3:15	 4. Level Set Attachments Operating Rule Roadmap and Timeline Summary of Requirement Development 	Discussion
3:25	5. Review Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule Requirements	Discussion
3:55	6. Review Draft CAQH CORE Attachments (275/278) Prior Authorization Data Content Rule Requirements	Discussion
4:25	 7. Next Steps CAQH CORE Attachments Subgroup – Prior Authorization (ASG-PA) Co-Chairs & Staff: Distribute Subgroup Straw Poll #2 to participants by Monday, 2/8/21, end of day. Draft a call summary for today's Subgroup call. Analyze results of Subgroup Straw Poll #1 in preparation for ASG-PA Call #6 on Thursday, 3/4/21. ASG-PA Participating Organizations: Complete Subgroup Straw Poll #2 by Friday, 02/19/21, end of day. Participate in the next CAQH CORE ASG-PA call on Thursday, 03/04/21 from 3:00 - 4:30 PM ET. 	<u>Action Required</u> Agree to next steps.

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Call Summary ASG-PA Call #4 12/17/20

CAQH Committee on Operating Rules for Information Exchange (CORE) Attachments Subgroup (Prior Authorization Use Case) (ASG-PA) Call #4 Summary: Thursday, December 17, 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.

Agenda Item	Key Discussion Points	Decisions and Actions
I. Antitrust Guidelines	 Bob Gross (Cleveland Clinic) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. Bob Gross (Cleveland Clinic) introduced CAQH CORE staff supporting the subgroup and other co-chairs: Mahesh Siddanati (Centene) and Santo Carino (Epic). 	Discussion
2. Roll Call and Administrative Items	 Bob Gross (Cleveland Clinic) reviewed the call documents: Doc #1: ASG-PA Call 4 Agenda 12.17.20 Doc #2: ASG-PA Call 3 Summary 11.05.20 Doc #3: ASG-PA Straw Poll 1 Results 12.17.20 Bob Gross (Cleveland Clinic) reviewed the focus of the call, which was to: Review results of ASG-PA Straw Poll #1. Discuss Next Steps. 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]. Summary of ASG-PA Discussion: No questions or comments were raised by the ASG-PA participants. 	Discussion
3. Summary of 11/05/20 ASG-PA Call #3 (Doc #2)	Summary of 11/05/20 ASG-PA Call #3 (Doc #2). • Reviewed ASG-PA Timeline. • Reviewed CAQH CORE Attachments Opportunity Areas and Draft Rule Options. • Reviewed Draft CAQH CORE Attachments Infrastructure and Data Content Requirements. • Discussed Next Steps. • Marianna Singh (CAQH CORE Associate) asked the group for motion to approve call summary. • Summary of ASG-PA Discussion: • No questions or comments were raised by the ASG-PA participants.	Action required: • Approve 11/05/20 Cal Summary (Doc #2) • Motion to approve by Molly Malavey (AMA) • Seconded by Rob Tennant (MGMA)





Level Set



CAQH CORE Attachments Subgroup (PA Use Case) Roadmap

Progress and Milestones

Today	Upcoming
Today's Call will:	
- Review ASG-PA progress, milestones and timeline.	 Collect ASG-PA feedback on the Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule scope and requirements
 Review Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule Requirements. 	sections
 Review Draft Attachments (275/278) Prior Authorization Data Content Rule Requirements. 	 Collect feedback on Draft CAQH CORE Attachments (275/278) Prior Authorization Data Content scope and requirements sections.
 Discuss next steps, including guidance on how to complete ASG-PA Straw Poll #2. 	 Agree to substantive adjustments to scope and requirement sections of the draft rules.

ASG-PA Call #1: Review CAQH CORE Attachments	ASG-PA Feedback Form #1: Collect information on	Review results of feedback	ASG-PA Call #3: Discuss Draft Attachment Infrastructure &	Poll #1 Collect details on ASG-PA support	ASG-PA Call #4 Review results of Straw Poll #1 & agree to	ASG-PA Call #5 Review Draft Attachments Infrastructure &	Poll #2 Collect details on ASG-PA	ASG-PA Call #6 Review results of Straw Poll #2 & Agree to forward
Initiative and scope of ASG-	ASG-PA support for attachments rule options and opportunity areas	form	Data Content Requirements	for Draft Infrastructure and Data Content requirements	adjustments to draft requirements	Data Content Rules in preparation for straw poll	Supportion	the requirements to the Review Work Group

We are here.

*Timeline may be subject to adjustments based on Subgroup needs.



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CAQH CORE Attachments Operating Rule Roadmap

Overall Timeline*

		2020	We are	here	2021	
Q2		Q3	Q4	Q1	Q2	
Attachments Subgroup Drafts Requirements for CAQH CORE <i>Prior Authorization (PA)</i> Attachments Rule(s)				Subgroup Drafts Requirements for CAQH CORE <i>Claims</i> Attachments Operating Rule(s)		
Subgroup (PA Use Case) Recruitment	Subgroup Launches	Subgroup Selects and Refines Rule Requirements	Subgroup Dra Operating Rule (PA Use Case	e(s)	Recruitment for Claims Use Case	Claims Use Case Launches

*Timeline may be subject to adjustments based on Subgroup needs.

NOTE: Following the development of both Draft CAQH CORE Attachments Operating Rules (Prior Authorization Use Case and Claims Use Case), the draft rules will be forwarded to the Review Work Group, where participants will review and refine the draft rules in preparation for the Final CAQH CORE Vote. This is anticipated to occur in mid-Q3 2021.



CAQH CORE Attachments Requirements

Summary of Requirements & Percent Support from Straw Poll #1

Each draft requirement that received at least 75% support on the first straw poll moved forward for additional subgroup feedback and review.

	#	Attachment Requirement Area	Requirement Description	% Support Straw Poll #1
Infrastructure	1	System Availability	 Applied to X12 & Non-X12 Methods Minimum system availability of 86% per calendar week for real-time and batch processing System availability reporting requirements: scheduled downtime; non-routine downtime; no response required; and holiday schedule. 	- 82% - 91%
	2	Payload Acknowledgements & Response Time	 Applied to X12 Method Only Use of X12 v6020X290 999 to acknowledge receipt of X12 v6020X316 275 (Batch Processing Mode) Use of X12 v6020X290 999 to acknowledge receipt of X12 v6020X316 275 (Real-Time Processing Mode) . 	94% Batch91% Real-Time
	3	File Size	 Applied to X12 & Non-X12 Methods Minimum sizing requirement that front-end servers must be able to minimally accept is 64MB of Base64 encoded data in the BDS. Minimum sizing requirement that internal document management systems must be able to minimally accept is 64MB file size documents. 	- 94% - 91%
	4	Electronic Policy Access	 Applied to X12 & Non-X12 Methods Electronic means of identifying policies and lists of attachment-specific information 	85%
	5	Companion Guide	 Applied to X12 275 Method Only Define common format and flow of information for implementation of attachment transactions. 	100%
Data Content	6	Data Error Handling	 Applied to X12 Method Only Draft Data Error Handling Requirements (Batch Processing Mode) Draft Data Error Handling Requirements (Real-Time Processing Mode) 	97% Batch91% Real-Time
	7	Reassociation	 Applied to X12 & Non-X12 Methods X12 Method Only: Use of Code EL. Non-X12 Method Only: Use of Code AA. Non-X12 Method Only: Use of MSG Segment of 278. 	 91% EL 70% AA 72% MSG Segment

Pursued; >75% support

Continued Industry Education

Not Pursued; ≤ 75 % support



CAQH CORE Attachments Subgroup (Prior Auth Use Case)

Summary of Draft Requirements Pursued by Subgroup

Attachments Subgroup respondents reviewed the draft rule requirements on Straw Poll #1 – below is a summary of the requirements that were moved forward following the fourth subgroup call.

Scope: CAQH CORE Attachments Subgroup (PA Use Case)				
Payload Formats include both the X12 275 and Non-X12 275.				
Infrastructure	 System availability must be no less than 86% per calendar week; health plans must publish downtimes. Electronic standard method for acknowledging receipt of an X12 v6020X316 275 attachment (X12 v6020X290 999) and maximum allowable response times (Real-time: 15 seconds and Batch: 2 days). Minimums for document size and amount of data that must be supported and accepted by systems (64MB). Common format and flow of information for implementation of attachment transactions. 			

	Standard method and response time for receiving system to return errors to the provider.
Data Content	Reassociation requirements for X12 275 and non-X12 275 (CORE Connectivity Only) payload formats.
	Consistent reference data between the Prior Authorization request & attachment(s).

Methods to Submit Additional Documentation Addressed in the Draft Rules

While additional exchange methods are emerging within the industry, including the use of HL7 FHIR, the draft rules address the following two scenarios for sending additional information or documentation:

- 1. X12 Method: Defined as the use of CORE Connectivity as the payload exchange method + X12 v6020X316 275 attachment payload format
- 2. Non-X12 275 Method: Defined as the use of CORE Connectivity as the payload exchange method without an X12 payload format. In this scenario, the additional information or documentation is contained within the specific payload type.

#		<u>X12 Method</u> : CORE Connectivity + X12 275	<u>Non-X12 275 Method</u> : CORE Connectivity Only
1	Payload Exchange Method	CORE Connectivity vC4.0.0	CORE Connectivity vC4.0.0
2	Payload Format	X12 v6020X316 275	N/A
3	Payload Type	HL7 C-CDA; FHIR Resource; .PDF; .docx; .jpeg, etc.	HL7 C-CDA; FHIR Resource; .PDF; .docx; .jpeg, etc.





Draft CAQH CORE Attachments (275/278) Prior Authorization Rules

Draft Infrastructure Requirements

- 1. X12 275 Requirements
- 2. Non-X12 275 Requirements
- Draft Data Content Requirements
 - 1. X12 275 Requirements
 - 2. Non-X12 275 Requirements



CAQH CORE Attachments (275/278) PA Infrastructure Rule

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The Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule has two rule requirement sections:

- 1. Infrastructure Rule Requirements for Attachments using the **X12 275** transaction.
- 2. Infrastructure Rule Requirements for Additional Documentation sent without using the X12 275.

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CAQH CORE Attachments (275/278) PA Infrastructure Rule

Scope - When the Rule Requirements Apply

Rule Requirements Apply When:

1. A provider and its agent electronically send patient specific medical information or supplemental documentation to a health plan to support a X12 v5010X217 278 prior authorization Request.

And

2. A health plan and its agent electronically process patient specific medical information or supplemental documentation and responds to a provider to support a X12 v5010X217 278 prior authorization Response.

The Rule Does Not Require:

 While the rule requirements address the optional submission of additional documentation without the use of an X12 v6020X316 275 attachment payload, entities are not required to support this method of submission.



CAQH CORE Attachments (275/278) PA Infrastructure Rule Summary of Draft Requirements for X12 & Non-X12 Methods

The draft infrastructure rule requirements apply to the exchange of attachments using the X12 275 transaction method and non-X12 methods*. Requirements apply to three technical scenarios: 1. X12 275 method; 2. Non-X12 275 method (CORE Connectivity Only); 3. Both Methods

#	Draft Attachments Infrastructure Rule Requirement Area	Requirements with X12 v6020X316 275 Payload Format	Requirements for Non-X12 275 (CORE Connectivity Only)	
1	Processing Mode	Applies to X12 275 Method: Health plans must implement the server requirements for Batch and Real Time Processing Modes for the X12 v6020X316 275 Attachment transaction as specified in the CAQH CORE Connectivity Rule vC4.0.0	N/A	
2	Connectivity	Applies to X12 275 Method & Non-X12 Method: All HIPAA-cov	ered entities must support CAQH CORE Connectivity vC4.0.0	
3	System Availability & System Reporting	Applies to X12 275 Method & Non-X12 Method: System availability no less than 86%; scheduled and unscheduled downtime requirements; reporting requirements in alignment with prior CAQH CORE Operating Rules		
4	Payload Acknowledgements	Applies to X12 275 Method: Health plans must use the X12 v6020X290 999 Acknowledgement transaction when an X12 v6020X316 275 Attachment transaction is received in batch or real time. Health plans must adhere to response timeframes specific to batch and real time processing.	Applies to Non-X12 Method: Health plans must send a X12 v5010X217 278 Response to notify providers that the original X12 v5010X217 278 Request, and any associated additional documentation, was approved, denied or pended for additional information.	
5	File Size Acknowledgements	Applies to X12 275 Method & Non-X12 Method: All HIPAA-covered entities must support the receipt of processing the minimum sizing requirements to ensure attachments can be processed across varying systems (front end server and internat document management system).		
6	Companion Guide	Applies to X12 275 Method: If a HIPAA-covered entity publishes a Companion Guide covering the X12 6020X316 275 Attachment transaction, the Companion Guide must follow the format/flow defined in the CAQH CORE Master Companion Guide Template for X12 Transactions.	N/A	

*Requirements apply to both unsolicited and solicited attachment scenarios.



The Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule processing mode requirements only **apply when an attachment is submitted via the X12 275 method.**

Draft Rule Requirement 4.1: Processing Mode Requirements for X12 275 Attachments

- Requires health plans and their agents to implement the server requirements for Batch Processing Mode and Real-Time Processing Mode for the X12 v6020X316 275 Attachment transaction as specified in CAQH CORE Connectivity Rule vC4.0.0.
- A HIPAA-covered health plan conducting the X12 v6020X316 275 Attachment transaction is required to conform to the processing mode requirements regardless of any other connectivity modes & methods used between trading partners.

NOTE: The draft rule does not specify processing mode requirements for attachments exchanged via non-X12 275 (CORE Connectivity Only).



CAQH CORE Attachments (275/278) PA Infrastructure Rule X12 275 & X12 Non-X12 Methods: Connectivity Requirements

The Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule connectivity requirements apply when an attachment is **submitted via the X12 275 method** & **non-X12 method**.

Draft Rule Requirement 4.2 (X12 275) and 5.1 (Non-X12): Connectivity Requirements:

- Connectivity Requirements for X12 275 Attachments: Requires HIPAA-covered entities to support CAQH CORE Connectivity Rule vC4.0.0.
- Connectivity Requirements for Additional Documentation Sent Using CORE Connectivity: Requires HIPAA-covered to support CAQH CORE Connectivity Rule vC4.0.0 when using CORE Connectivity as the non-X12 exchange method of additional documentation submission.

NOTE: Draft Connectivity Requirements are identical for X12 and non-X12 methods.

CAQH CORE Attachments (275/278) PA Infrastructure Rule X12 275 & X12 Non-X12 Methods: System Availability & Reporting Requirements

Given system availability is agnostic to the mode used to submit an attachment, the Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule system availability & reporting requirements **apply to the X12 275 and non-X12 275 methods**. The requirements are identical in the X12 and non-X12 sections of the rule.

Draft Rule Requirement 4.3 (X12 275) and 5.2 (Non-X12): System Availability & Reporting Requirements

System Availability Requirements: Requires system availability to be at least 86% per calendar week for both Batch and Real-Time Processing Modes.

Reporting Requirements

- Scheduled Downtime: Must publish regularly scheduled system downtime.
- Non-Routine Downtime: Must publish non-routine downtime at least one week in advance.
- Unscheduled Downtime: Must provide information within one hour of realizing downtime is needed.
- *No Response Required:* For scheduled, non-routine, or unscheduled downtime.
- Holiday Schedule: Published by each health plan, individually.



CAQH CORE Attachments (275/278) PA Infrastructure Rule

X12 275 Method Only: Payload Acknowledgement Requirements

While Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule specifies payload acknowledgement requirements for the **X12 275 method** and non-X12 methods, **the following requirements apply to the X12 275 method only.**

NOTE: The draft rule includes different payload acknowledgement requirements for X12 and non-X12 methods.

Draft Rule Requirement 4.4 (X12 275): Payload Acknowledgement Requirements for X12 275 Attachments

- Use of X12 999: Health plans must return an X12 v6020X290 999 acknowledgement transaction when an X12 v6020X316 275 attachment is received in real-time or batch.
- Response Time Requirements: Batch two business days following submission & Real-Time: 20 seconds from submission.

NOTE: Health plans must support maximum response times in 90 percent of cases.

Basic Requirements for Receivers of Acknowledgements: Providers receiving an X12 v6020X290 999 acknowledgement are required to process the X12 v6020X231 999 within **one business day** of receipt.

CAQH CORE Attachments (275/278) PA Infrastructure Rule Non-X12 275 Method Only: Payload Acknowledgement Requirements*

While Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule specifies payload acknowledgement requirements for the X12 275 method and non-X12 methods, the following requirements apply to the non-X12 275 method only.

NOTE: The draft rule includes different payload acknowledgement requirements for X12 and non-X12 methods.

Draft Rule Requirement 5.3 (Non-X12): Payload Acknowledgement Requirements for Additional Documentation Using the Non-X12 Method

- Use of X12 278 Response: Health plans must send an X12 v5010X217 278 Response to notify providers and their agent that the original X12 v5010X217 278 Request, and any associated additional documentation sent to support the X12 v5010X217 278 Request, was approved, denied, or pended for additional information.
- The 278 Response must follow the response time and data content requirements specified in <u>CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule vPA2.0</u> and <u>CAQH</u> <u>CORE Prior Authorization & Referrals (278) Data Content Rule vPA1.0.</u>



The Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule file size requirements **apply to both the X12 275 and non-X12 275 methods**. The requirements are identical in both method sections.

Draft Rule Requirement 4.5 (X12 275) and 5.4 (Non-X12): File Size Requirements

- Front End Server File Size Requirements: HIPAA-covered entities must be able to accept a minimum of 64MB of Base 64 Encoded data.
- Internal Document Management Systems File Size Requirements: HIPAA-covered entities must be able to accept a minimum of 64MB file size document by their internal document management systems.

Given Companion Guides are specific to X12 TR3s, the Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule Companion Guide requirements **only apply to the X12 275 method**. The draft rule does not specify companion guide flow/format for the non-X12 method.

Draft Rule Requirement 4.6 (X12 275): Companion Guide Requirements for X12 275 Attachments

Requires if a health plans and their agents publishes a companion guide covering the X12 v6020 275 they must follow the flow/format as defined in the CAQH CORE Master Companion Guide Template.

NOTE: This rule does not require any HIPAA-covered entity to modify any existing Companion Guides that cover HIPAA-mandated/non-HIPAA-mandated transactions.







Draft CAQH CORE Attachments (275/278) Prior Authorization Rules

- Draft Infrastructure Requirements
 - 1. X12 275 Requirements
 - 2. Non-X12 275 Requirements

Draft Data Content Requirements

- 1. X12 275 Requirements
- 2. Non-X12 275 Requirements



CAQH CORE Attachments (275/278) PA Data Content Rule

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The Draft CAQH CORE Attachments (275/278) PA Data Content Rule has two rule requirement sections:

- Data Content Rule Requirements for Attachments using the X12 275 Transaction.
- 2. Data Content Rule Requirements for Additional Documentation without using the X12 275 (Non-X12).

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CAQH CORE Attachments (275/278) PA Data Content Rule

Scope - When the Rule Requirements Apply

Rule Requirements Apply When:

1. A provider and its agent electronically send patient specific medical information or supplemental documentation to a health plan to support a prior authorization.

And

2. A health plan and its agent electronically process patient specific medical information or supplemental documentation and responds to a provider to support a prior authorization.

The Rule Does Not Require:

 While the rule requirements address the optional submission of additional documentation without the use of an X12 v6020X316 275 attachment payload, entities are not required to support this method of submission.





CAQH CORE Attachments (275/278) PA Data Content Rule Summary of Draft Requirements for X12 & Non-X12 Methods

The draft data content rule requirements apply to the exchange of attachments using the X12 275 transaction method and non-X12 methods*. Requirements apply to two technical scenarios: 1. X12 275 method; 2. Non-X12 275 method (CORE Connectivity Only)

#	Requirement Area	Requirements with X12 v6020X316 275 Payload Format	Requirements for Non-X12 275 (CORE Connectivity Only)
1	Data Error Handling	 X12 275 Requirements: The receiver (server) must return an X12 v6020X290 999 Acknowledgement whether there is an error processing the payload. If the receiver responds at the Initial Data Content Processing Layer, they must return an X12 v6020X257 824 to notify providers (submitter/client) of the status of the X12 v6020X316 275 Attachment transaction or the content of the BDS segment. 	 Non-X12 Requirements: N/A Additional documentation sent via a non-X12 method cannot receive data error handling messages via the X12 v6020X257 824 transaction. NOTE: While the draft rule does not include data error handling requirements for the non-X12 method, the CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule vPA2.0 and CAQH CORE Prior Authorization & Referrals (278) Infrastructure Referrals (278) Data Content Rule vPA1.0 specify data error handling requirements for the X12 v5010X217 278 Request, which is sent with the non-X12 275 attachment.
2	Reassociation	 X12 275 Requirements – Unsolicited Scenario: Providers must use PWK02 Code EL in Loop 2000E/Loop 2000F in the X12 278 Request to notify health plans that additional documentation is being transmitted electronically. X12 275 Requirements – Solicited Scenario: Health plans must use PWK02 Code EL in Loop 2000E/Loop 2000F in a pended X12 v5010X217 278 Response to request electronic submission of additional documentation. X12 275 Requirements – Solicited/Unsolicited Scenarios: When a provider sends an X12 v6020X316 275 attachment, CORE requires the use of specific metadata or reference identifiers to be included on the X12 v6020X316 275 Attachment for reassociation purposes. 	 Non-X12 Requirements (Use of CORE Connectivity) – Solicited/Unsolicited Scenario: Providers should include the required attachment data elements as part of the non- X12 payload when sending additional information to facilitate reassociation. Non-X12 Requirements (Use of CORE Connectivity) – Unsolicited Scenario: A provider can indicate using SOAP or REST headers that an additional documentation was sent and specify the attachment body type (e.g., .pdf or HL7 C-CDA). NOTE: When using HL7 FHIR as the submission method for unsolicited additional information, providers should reference the appropriate HL7 IG for guidance to notify health plans that additional documentation is being sent electronically.

*Requirements apply to both unsolicited and solicited attachment scenarios.



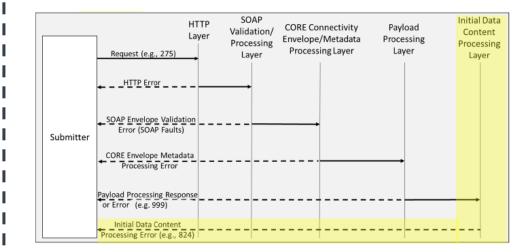
CAQH CORE Attachments (275/278) PA Data Content Rule X12 275 Method Only: Data Error Handling Requirements

While the Draft CAQH CORE Attachments (275/278) PA Data Content Rule addresses data error handling for additional documentation sent via the **X12 275 method** and non-X12 method, the following requirements are **specific to the X12 275 method**.

Draft Rule Requirement 4.1 (X12 275): Data Error Handling Requirements for X12 275 Attachments

- The receiver (server) **must return a X12 v6020X290 999 acknowledgement** whether there is an error processing the payload at the Payload Processing Layer.
- If a receiver responds at the Initial Data Content Processing Layer, they **must return an X12 v6020X257 824** to notify providers (submitter/client) of the status of the 275 transaction or the content of the BDS segment.

NOTE: The CAQH CORE Prior Authorization Rules specify data error handling requirements for the X12 v5010X217 278 Response.



NOTE: The Draft Rule includes different data error handling requirements for X12 and non-X12 submission methods.



CAQH CORE Attachments (275/278) PA Data Content Rule Non-X12 Method Only: Data Error Handling Requirements

While the Draft CAQH CORE Attachments (275/278) PA Data Content Rule addresses data error handling for additional documentation sent via the X12 275 method and **non-X12 method**, the following requirements are **specific to non-X12** method only.

Draft Rule Requirement 5.1 (Non-X12): Data Error Handling Requirements for Additional Documentation exchanged using Non-X12 Methods/Formats

Health plans must send an X12 v5010X217 278 Response to notify providers that the original X12 v5010X217 278 Request, and any associated additional documentation sent to support the 278 Request, was approved, denied, or pended for additional information.

The 278 Response must follow the response time and data content requirements specified in <u>CAQH CORE Prior Authorization & Referrals (278) Infrastructure Rule vPA2.0</u> and <u>CAQH</u> <u>CORE Prior Authorization & Referrals (278) Data Content Rule vPA1.0.</u>

NOTE: The Draft Rule includes data error handling requirements for X12 and non-X12 methods. However, because additional documentation sent via a non-X12 275 method cannot receive data error handling messages via the X12 824 or X12 999 transaction, the data error handling requirements differ for additional documentation sent via the X12 and non-X12 submission methods.



CAQH CORE Attachments (275/278) PA Data Content Rule

X12 275 Method Only: Reassociation Requirements

While the Draft CAQH CORE Attachments (275/278) PA Data Content Rule addresses reassociation for the **X12 275 method** and non-X12 method, the following requirements are **specific to the X12 275** method only.

Draft Rule Requirement 4.2 (X12 275): Reassociation Requirements for X12 275 Attachments

- Unsolicited Scenario: Providers must use PWK02 Code EL in the X12 v5010X217 278 Request to notify health plans that additional documentation is being transmitted electronically.
- Solicited Scenario: Health plans must use PWK02 Code in a pended X12 v5010X217 278 Response to request electronic submission of additional documentation.
- Solicited & Unsolicited Scenarios: Providers should use the required common reference identifiers on the X12 v6020X316 275 for patient identification and reassociation purposes.

CAQH CORE Required Common Reference Data

- 1. ACN
- 2. Authorization ID
- 3. Case reference/ID #
- 4. DOB
- 5. DOS
- 6. Internal Medical Facility #
- 7. Member ID
- 8. Member Name
- 9. Prior Authorization Tracking #
- 10. Reference #



CAQH CORE Attachments (275/278) PA Data Content Rule

Non-X12 275 Method: Reassociation Requirements

While the Draft CAQH CORE Attachments (275/278) PA Data Content Rule addresses reassociation for the X12 275 method and **non-X12 method**, the following requirements are **specific to the non-X12** method only.

Draft Rule Requirement 5.2 (Non-X12): Reassociation Requirements for Additional Documentation exchanged using Non-X12 Methods/Formats

Solicited/Unsolicited Scenario: A healthcare provider should include the CORE-required Reassociation Data Elements as part of the attachment payload (e.g., HL7 C-CDA, FHIR Resource, .pdf, .doc, X12 275 payload).

<u>Unsolicited Scenario</u>: A provider can indicate using the SOAP or REST headers that additional documentation was sent and specify the attachment body type (e.g., X12 payload, HL7 C-CDA, FHIR Resource, .pdf, etc.).

NOTE: When using HL7 FHIR as the submission method for unsolicited additional information, providers should **reference the appropriate HL7 IG for guidance** to notify health plans that additional documentation is being sent electronically

	Data Elements
1.	Member ID
2.	Authorization #
3.	DOB
4.	Provider ID (NPI/TIN)
5.	Patient ID
6.	DOS
7.	Prior Authorization "Tracking" #
8.	Patient Last Name
9.	Procedure
10.	Subscriber/Dependent First & Last Name









Attachments Subgroup (Prior Authorization Use Case) Straw Poll #2 Instructions, Guidelines & Due Date



Objective: Indicate support for Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule & Draft CAQH CORE Attachments (275/278) PA Data Content Rule Scope & Requirements.

Subgroup Straw Poll #2 Format

- □ Indicate support for each section of the Draft CAQH CORE Attachments (275/278) PA Infrastructure Rule Scope & Requirements
 - Respondents will be asked to indicate whether their organization supports or does not support each section and sub-section of the draft rule scope and requirements.
- □ Indicate support for each section of the Draft CAQH CORE Attachments (275/278) PA Data Content Rule Scope & Requirements
 - Respondents will be asked to indicate whether their organization supports or does not support each section and sub-section of the draft rule scope and requirements.
- If applicable, respondents are encouraged to provide comments relating to their responses. Respondents may support pursuing a rule section and still provide feedback, suggested revisions, etc.

Additional Guidance

- Straw Poll #2 responses are due via the online submission form by <u>Friday, 02/19/21, end of day</u>.
- The straw poll is to be completed by CAQH CORE ASG-PA Participants only; please coordinate to submit one response for your organization.
- Questions should be directed to Marianna Singh, CORE Associate, at msingh@caqh.org.









Today's Call Documents

Document N	ame
	anc

Doc 1: ASG-PA Call 5 Deck 2.04.21

Doc 2: ASG-PA Call 4 Summary 12.17.21

CORE Staff	Email Address		
Bob Bowman Director, CORE	rbowman@caqh.org		
Emily TenEyck Manager, CORE	eteneyck@caqh.org		
Marianna Singh Senior Associate, CORE	msingh@caqh.org		



CAQH CORE Attachments Subgroup (Prior Authorization)

Activity Schedule

Date	Subgroup Activity	Торіс			
Thurs 7/23/20 ASG-PA Call #1 2:30 – 4:00 pm ET ASG-PA Call #1		 Level Set on scope and schedule Provide brief overview of AAG recommendations and research to date (revised opportunity area list) Brief overview of initial rule options (for opportunity areas that already have defined rule options) Review objective of Feedback Form #1 			
Wed 8/19/20 – Fri 9/11/20	ASG-PA Feedback Form #1	• Collect feedback on rule options and review and indicate level of support for applicable potential rule requirements			
Thurs 10/1/20 2:30 – 4:00 pm ET	ASG-PA Call #2	 Review results of Feedback Form #1 Agree to adjustments for the defined rule options, if applicable 			
Thurs 11/5/20 2:30 – 4:00 pm ET	ASG-PA Call #3	 Review draft attachments infrastructure and data content requirements Discuss objective of Straw Poll #1 			
Fri 11/13/20 – Fri 12/4/20	ASG-PA Straw Poll #1	Review and indicate level of support for draft rule requirements			
Thurs 12/17/20 2:30 – 4:00 pm ET	ASG-PA Call #4	 Discuss CMS PA NPRM Review results of Straw Poll #1 Agree to adjustments, if applicable 			
Thurs 2/4/21 3:00 - 4:30 pm ET	ASG-PA Call #5	 Review Draft CAQH CORE Attachments (275/278) Infrastructure and Data Content Rule Requirements Discuss objective of Straw Poll #2 			
Mon 2/8/21 – Fri 2/19/21	ASG-PA Straw Poll #2	 Review and indicate level of support for each section and sub-section of the Draft CAQH CORE Attachments (275/278) Infrastructure Rule Review and indicate level of support for each section and sub-section of the Draft CAQH CORE Attachments (275/278) Data Content Rule 			
Thurs 3/4/21 3:00 - 4:30 pm ET	ASG-PA Call #6	 Review Results of Straw Poll #2 Agree to adjustments, as applicable Agree to forward draft rule(s) to Review Work Group 			

CAQH CORE Attachments Subgroup (Prior Authorization) *Roster (as of 02/03/21)*

Organization	Last Name	First Name	Organization	Last Name	First Name	Organization	Last Name	First Nan
AccuReg Inc.	Howell	Ryan	Centers for Medicare and Medicaid Services (CMS)	Cabral	Michael	Marshfield Clinic	Hoffmann	Glynis
AccuReg Inc.	Uhles	Shelly	Centers for Medicare and Medicaid Services (CMS)	Connor	Beth	Marshfield Clinic	Stangret	Pam
Aetna	Bakos	Janice	Centers for Medicare and Medicaid Services (CMS)	doo	lorraine	Mayo Clinic	Brannan	Andrea
			Centers for Medicare and Medicaid Services (CMS)	Herring	Geanelle	Mayo Clinic	Fortek	Rebecca
Aetna	bellefeuille	bruce	Centers for Medicare and Medicaid Services (CMS)	Jenifer	Shelly	Mayo Clinic	Gundavda	Nisha
Aetna	Hodges	Rose	Centers for Medicare and Medicaid Services (CMS)	Jones	Melanie	Mayo Clinic	Kelly	Benjamir
Aetna	Morgan	Heather	Centers for Medicare and Medicaid Services (CMS)	Kalwa	Daniel	Mayo Clinic Mayo Clinic	Kocer	Grant William
Aetna	Neves	Amy	Centers for Medicare and Medicaid Services (CMS)	Leonard	Connie	Mayo Clinic Medical Group Management Association (MGMA)	Venhuizen Tennant	Robert
Allscripts	Vaughan	Shav	Centers for Medicare and Medicaid Services (CMS)	Wheeler	Gladys	Medical Group Management Association (MGMA)	Tennant	Robert
American Hospital Association (AHA)	Cunningham		Change Healthcare	Denison	Mike	Medical Mutual of Ohio, Inc.	Conklin	Deb
American Medical Association (AMA)	Lefebvre	Celine	Change Healthcare	Fleming	Mark	Michigan Department of Community Health	Banks	Deontev
American Medical Association (AMA)		Molly	0	3		Michigan Department of Community Health	Fuller	Diana
	Malavey		Change Healthcare	Johnson	Andrew	Michigan Department of Community Health	Hinkle	Lori
American Medical Association (AMA)	McComas	Heather	Change Healthcare	Jones	Gregory	Michigan Department of Community Health	Veverka	C
American Medical Association (AMA)	Otten	Rob	Change Healthcare		Deb	NantHealth NaviNet	Baron	Richard
Anthem Inc.	Bushman	Mary Lynn	Change Healthcare	Mukker	Alka	NantHealth NaviNet	Zanetti	Dennis
Anthem Inc.	Cioffi	Chris	CIGNA	Soccorso	Megan	National Council for Prescription Drug Programs (NCPDP)	Strickland	Teresa
Anthem Inc.	Green	Christol	Cleveland Clinic	Gross	Bob	National Council for Prescription Drug Programs (NCPDP)	Weiker	Margare
Anthem Inc.	Henry	Holly	Cleveland Clinic	Medve	Dan	New England HealthCare Exchange Network (NEHEN)	Brennan	Denny
	,	,	Cognizant	Thalluri	Sandeep	New England HealthCare Exchange Network (NEHEN)	Delano	David
athenahealth	Currier	Christopher	Cognosante	McDaniel	Mary Kay	New Mexico Cancer Center	Bateman-Wold	Tonia
athenahealth	Holtschlag	Joe	Cognosante	Saunders	Daniel	New Mexico Cancer Center	McAneny	Barbara
athenahealth	Maguire	Kayla	CSŘA	Cruisce	Jim	NextGen Healthcare Information Systems, Inc.	Harris	Gloria
athenahealth	Prichard	Emily	CSRA	Nair	Shilesh	NextGen Healthcare Information Systems, Inc.	Lopez	Jacquelir
Availity, LLC	Barry	Michelle	DST Health Solutions	Gandolfi	Gary	NextGen Healthcare Information Systems, Inc.	Schlichtig	Sue
Availity, LLC	Sacks	Jeremy	DST Health Solutions	Giase	Valerie	NextGen Healthcare Information Systems, Inc.	Team	Nancy
Blue Cross and Blue Shield Association (BCBSA)	Cullen	Rich	DST Health Solutions	Rogers	Tim	Ohio Hospital Association	Biles	Ryan
			Edifecs	Boincean	Cristina	Ohio Hospital Association	Weaver	Quyen
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	Edifecs	Kelly	John	OhioHealth	Gabel	Randy
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	Epic	Carino	Santo	OhioHealth	Tummalapalli	Krishna
Blue Cross Blue Shield of Michigan	Edwards	Jeniene	Epic			OneHealthPort	Campbell	Bill Richard
Blue Cross Blue Shield of Michigan	Knapp	Ron		Pasumarthi	Vasu	OneHealthPort PriorAuthNow	Rubin Blackwell	Mike
Blue Cross Blue Shield of Michigan	Maldoddi	Laxmikanth	Government Employees Health Association, Inc.			PriorAuthNow	Blasinski	Jeffrey
Blue Cross Blue Shield of Michigan	Monarch	Cynthia	(GEHA)	Enslinger	Darrell	PriorAuthNow	Sandhaus	Jay
Blue Cross Blue Shield of Michigan	Monarch	Cynthia	Harvard Pilgrim Health Care	Querusio	David	Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Foemmel	Sara
Blue Cross Blue Shield of Michigan		,	Harvard Pilgrim Health Care	Starkey	Rhonda	Security Health Plan of Wisconsin, Inc. (Marshield Clinic)	Koch	Steven
	O'Malley	Molly	Health Care Service Corp	Campbell	Donna	Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Kurtz	Heather
Blue Cross Blue Shield of Michigan	Siebers	Carl	Health Care Service Corp	Collins	Amanda	Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Preston	Todd
Blue Cross Blue Shield of Michigan	Szydowlski	Taryn	Health Care Service Corp	Matzke	Beth	Security Health Plan of Wisconsin, Inc. (Marshield Clinic)	Rock	Laurie
Blue Cross Blue Shield of Michigan	Turney	Amy	Health Care Service Corp	Schimanski	Daphney	The SSI Group, Inc.	Blossom	Mark
Blue Cross Blue Shield of North Carolina	Hillman	Barry	Healthedge Software Inc	Brown	Margaret	The SSI Group, Inc.	Butt	David
Blue Cross Blue Shield of North Carolina	Smith	Troy	Healthedge Software Inc	Sbihli	Scott	The SSI Group, Inc.	Tillman	Tracey
Blue Cross Blue Shield of North Carolina	Swain	Deborah	HEALTHENET	Gracon	Christopher	United States Department of Veterans Affairs	Knapp	Katherin
Blue Cross Blue Shield of North Carolina	Tummala	Sudheer	Highmark, Inc	Hetherington		UnitedHealthGroup	Nordstrom	Alexandr
			Highmark, Inc	Sweigart	Robert	UnitedHealthGroup	Shamsideen	Janell
Blue Cross Blue Shield of Tennessee	Langford	Susan	Humana	Jamison	Sandra	Verata Health	Backhaus	Brent
Blue Cross Blue Shield of Tennessee	Mead	Mitch	Humana	Peterson	Amy	Verata Health	Wessinger	John
Blue Cross Blue Shield of Tennessee	Poteet	Brian	Humana	Shick	Brad	Verata Health	Yu	YiDing
Blue Cross Blue Shield of Tennessee	Sims	Jeff	Jopari Solutions, Inc		Sherry	Virginia Mason Medical Center	Chambers	Kevin
Centene Corporation	Siddanati	Mahesh	1 /	Wilson		Virginia Mason Medical Center	Reeff	Amber
Centene Corporation	Smart	Dustin	Kaiser Permanente	Kessler	Christy	Virginia Mason Medical Center	Richart	Bri
			Laboratory Corporation of America	Rohrer	Vicki	Wells Fargo	Birgenheier	Jason
Centene Corporation	Weigand	Jennifer	Laboratory Corporation of America	Woodrome	Laurie	Wells Fargo	St John	June



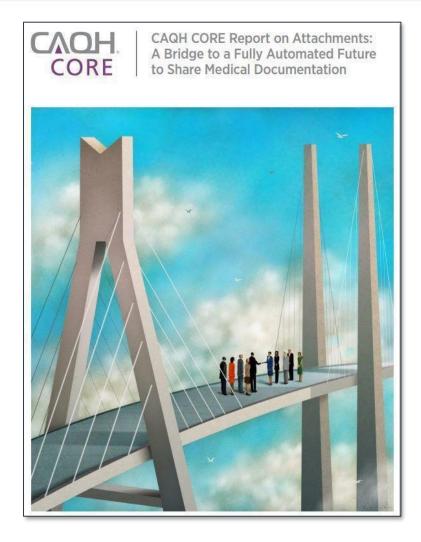
CAQH CORE Report on Attachments

The CAQH CORE Report on Attachments: A Bridge to a Fully Automated Future to Share Medical Documentation published in May 2019, examines the challenges associated with the exchange of medical information and supplemental documentation used for healthcare administrative transactions. The report identifies five areas to improve processes and accelerate the adoption of electronic attachments.

Full Report

Executive Summary

Press Release



CAQH CORE Report on Prior Authorization

Moving Forward: Building Momentum for End-to-End Automation of the Prior Authorization Processa CAQH CORE white paper published in July 2019, identifies six barriers to adoption of electronic prior authorization, and initiatives that leverage standards and operating rules to accelerate automation. Prior authorization has been used for decades and yet significant operational challenges still exist. This white paper outlines how we got to where we are today and offers a roadmap for collaborative solutions.

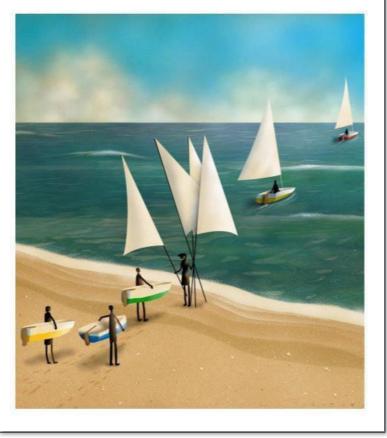
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Moving Forward: Building Momentum for End-to-End Automation of the Prior Authorization Process





CAQH CORE Report on Connectivity

The Connectivity Conundrum: How a Fragmented System is Impeding Interoperability and How Operating Rules Can Improve It, a CAQH CORE report published in December 2019, is an in-depth study of the challenges and opportunities associated with connectivity. It includes:

- A definition of connectivity and its importance to the healthcare system;
- A history of government and industry efforts to improve connectivity;
- An explanation of how the industry came together to create the CAQH CORE Connectivity;
- Illustration of how the diversity of connectivity methods used to today are adding complexity and discouraging interoperability;
- A prior authorization use case; and
- Technical breakdown of emerging technologies.



The Connectivity Conundrum: How a Fragmented System Is Impeding Interoperability and How Operating Rules Can Improve It.







Published CAQH CORE Prior Authorization Operating Rules



The **CAQH CORE Prior Authorization Infrastructure Rule** specifies requirements for response times, system availability, acknowledgements, and companion guides. This rule establishes time frames for health plans to request supporting information from providers and to make final determinations.



The **CAQH CORE Connectivity Rule vC4** drives industry alignment by converging on common transport, message envelope, security and authentication standards to reduce implementation variations, improve interoperability and advance the automation of administrative data exchange.



The CAQH CORE Prior Authorization (278) Request / Response Data Content Rule targets one of the most significant problem areas in the prior authorization process: requests for medical services that are pended due to missing or incomplete information, primarily medical necessity information. These rule requirements reduce the unnecessary back and forth between providers and health plans and enable shorter adjudication timeframes and fewer staff resources spent on manual follow-up.



The **CAQH CORE Prior Authorization Web Portal Rule** builds a bridge toward overall consistency for referral and prior authorization requests and responses by addressing fundamental uniformity for data fields, ensuring confirmation of the receipt of a request and providing for system availability. This rule supports an interim strategy to bring greater consistency to web portals given current widespread industry use, with a long-term goal of driving adoption of standard transactions.

