

**CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Attachments Subgroup – Prior Authorization Use Case (ASG-PA)
ASG-PA Straw Poll #2: Non-Substantive Comments**

Non-Substantive Comments Received on CAQH CORE ASG-PA Straw Poll #2: Draft CAQH CORE Attachments (275/278) Operating Rules

Tables 1 and 2 below summarize non-substantive comments received from ASG-PA Straw Poll respondents pertaining to *Draft CAQH CORE Attachments (275/278) Infrastructure Rule and Draft CAQH CORE (275/278 Data Content Rule)* along with CAQH CORE ASG-PA Co-chair and staff response, when applicable.

1. Non-Substantive Comments Received on Parts A-C: Draft CAQH CORE Attachments (275/278) Infrastructure Rule

Table 1 below summarizes non-substantive comments received from ASG-PA Straw Poll respondents pertaining to Parts A-C: *Draft CAQH CORE Attachments (275/278) Infrastructure Rule* along with CAQH CORE ASG-PA Co-chair and staff response, when applicable.

Table 1. Non-Substantive Comments Received on Parts A-C: Draft CAQH CORE Attachments Infrastructure Rule

#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
Part A: Draft CAQH CORE Attachments Infrastructure Rule - Scope Sections			
1	3 Scope	One entity recommended including the ability for providers to request the status of a pending X12 v5010X217 278 transaction with the payer using the X12 v5010X215 278 or other mechanisms in the future.	N/A
2	3 Scope	One entity recommended reviewing the specific business and technical specifications within the 275/278 TR3s.	N/A
3	3 Scope	Six entities commented on the draft scope language and recommended adjustments: <ul style="list-style-type: none"> - One entity stated that listing “other payload types” in the “non-X12 payload exchange scenario” does not provide a clear and specific understanding of the rule’s context and application. - Another commented that by only naming the 275/278 transactions, the draft rule does not fully appreciate industry progress when it comes to the exchange of clinical data in PA workflows. They suggested that the draft scope section include language to clarify that the rule applies in the context of FHIR-to-FHIR transactions where the 278 is invoked (i.e., the HL7 PAS workflow). - Another entity suggested adding ‘dental’ to the scope section. 	<ul style="list-style-type: none"> - N/A - N/A - Agree. CAQH CORE Co-chairs and staff will remove ‘medical’ from the draft scope section. - Agree. Adjust for clarity. - Agree. Adjust for clarity. - Agree. Adjust for clarity. - Agree. Adjust for clarity.

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		<ul style="list-style-type: none"> - Another explained that "applicable to improving access for additional information to support a Health Care Services Review and Request and not addressing data content requirements" is an incomplete sentence. - Another suggested adjusting the assumption that "compliance with all CORE operating rules is a minimum requirement," particularly since this suggests that compliance with rules for completely unrelated transactions (e.g., eligibility) is required. - Another recommended removing the full name for the 275 TR3, "Additional Information to Support a Health Care Services Review transactions because it is defined earlier. 	
4	3 Scope	One entity explained the point of view of their comments.	N/A
Section 4.1 Processing Mode Requirements			
5	4.1 Processing Mode	Three entities suggested non-substantive adjustments to Section 4.1 Processing Mode: <ul style="list-style-type: none"> - One of these noted that there is no condition stated to get to the Payload Processing Layer the way the requirement is currently drafted. - Another noted that the first paragraph can be simplified by combining two sentences. - Another noted that the links are broken on lines 55-56 and 63. 	<ul style="list-style-type: none"> - Agree. CAQH CORE staff will adjust for clarity. - Agree. CAQH CORE staff will adjust for clarity. - Agree. CAQH CORE staff will edit the hyperlinks referenced.
6	4.1 Processing Mode	Four entities explained their organizations' capability to support the draft requirements in this section: <ul style="list-style-type: none"> - One of these commented that their organization only supports the X12 v6020 824 for rejected transactions. - Another noted that they do not support the Real time Processing Mode for the X12 v6020 275 transaction. - Another stated that they support both Batch and Real time Processing Modes and believe these rules will reduce provider administrative burden. - Another does not support the processing time requirements because they do not take into consideration the need for human review of documentation. 	N/A

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#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
Section 4.2 Connectivity Requirements for X12 275 Attachments			
7	4.2 Connectivity	One entity noted they support connectivity requirements that are common and consistent for all X12 transactions. Additionally, the inclusion of REST API in CAQH CORE Connectivity Rule Version 4.0.0 will provide the ability to adopt emerging standards like HL7 FHIR from the non-X12 method aspect of this rule.	N/A
Section 4.3 System Availability Requirements for X12 275 Transactions			
8	4.3 System Availability	<p>Five entities provide non-substantive comments on the system availability requirements:</p> <ul style="list-style-type: none"> - One of these supports the X12 method system availability requirements but does not support the use of CAQH system availability and reporting requirements for prior authorization where HL7 standards can be used as a non-X12 method. They recommended that CAQH advocate to HL7 for the adoption of CAQH system availability and reporting requirements in the Da Vinci and CARIN implementation guides. - Another commented on the importance of system availability requirements. - Another explained that their organization does not support 86% system availability but did not recommend an alternative system availability. - Another recommended that the draft requirements should include language about the providers' primary interest in providing timely and quality care to patients beyond staffing and logistics. - Another noted the requirements should specify where scheduled downtime information will be published. 	Do not adjust. Additional research on industry readiness for an increase in system availability will be conducted and pursued in a future CAQH CORE Infrastructure Update that would address all interactions for which CAQH CORE Operating Rules have been developed.
Section 4.4 Payload Acknowledgements for X12 275 Transactions			
9	4.4 Payload Acknowledgements	One entity suggested modifying the bulleted paragraph to remove "to" after each of the bullets and instead adding a single "to" at the end of "...is required:".	Agree. Adjust for clarity.
10	4.4 Payload Acknowledgements	One entity noted they support the draft requirement if the acknowledgement is a receipt only and not a decision.	N/A

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11	4.4 Payload Acknowledgements	One entity suggested the rule should provide more specifics regarding the providers' obligation to "capture, log, audit, match, and report" data.	<p>For CORE Certification, a test suite of each operating rule is created to test conformance to the rule requirements. Similar requirements will be drafted for the conduct of the X12 v6020X316 275. For example, in the CAQH CORE Prior Authorization & Referral Operating Rule, which requires system availability at 86% and reporting of similar scheduled, non-routine down times the CORE Certification Test Suite requires participants to submit:</p> <ul style="list-style-type: none"> - Actual published copies of regularly scheduled downtime, including holidays and method(s) of publishing. - A sample notice of non-routine downtime, including a schedule of downtime and method(s) of publishing. - A sample notice of unscheduled/emergency downtime.
Section 4.5 File Size Requirements for X12 275 Transactions			
12	4.5 File Size	<p>Three entities explained their straw poll response for the draft file size requirements.</p> <ul style="list-style-type: none"> - One of these noted they work with trading partners that currently enforce a 32MB maximum file size. - Another explained they support a 45MB maximum file size since their clearinghouse vendor supports a 45MB file size. - Another stated that they support the requirement for health plans to accept a minimum of 64MB of Base64 encoded data. 	Trading partners may continue to negotiate file sizes above 64MB, but health plans and their agents are required to have the capability to accept 64MB at a minimum. Smaller file sizes may also be accepted.
Subsection 4.5.2 Internal Document Management Systems File Size Requirements			
13	4.5.2 File Size	Four entities suggested further research be conducted to inform an appropriate minimum file size requirement.	CAQH CORE conducted extensive research and straw polling on the topic prior to the launch of the ASG-PA through an environmental scan, and through the CAQH CORE Attachment Advisory Group. CAQH CORE staff will continue to conduct research on file size, as necessary.
14	4.5.2 File Size	One entity noted that specifying the specific X12 release could be confusing.	N/A

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#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
Section 4.6 Companion Guide for X12 275 Attachments			
15	4.6 Companion Guide	One entity stated that they support the use of the master companion guide template across all HIPPA X12 transactions and recommend the industry make companion guide requirements applicable to X12 824 in future versions.	N/A
16	4.6 Companion Guide	One entity noted that the Draft CAQH CORE Attachments Infrastructure Rule does not provide a precise enough scope to determine what information would be in the companion guide.	Like previous Master Companion Guide requirements included in CAQH CORE Infrastructure Rules, the draft Master Companion Guide Template Requirements establish a format and flow for a companion guide.
Section 5.1 Connectivity Requirements for Additional Documentation using CORE Connectivity			
17	5.1 System Connectivity (Non-X12 Method)	Two entities commented on the non-X12 method specified in the draft rule: <ul style="list-style-type: none"> - One of these noted that “non-X12 methods” and “CORE Connectivity” are not sufficiently specific for stakeholders to provide meaningful input. Additionally, they stated that “non-X12 method” is not a single submission method. - Another found it confusing to compare between X12 and non-X12 versions and suggested it would be helpful to have a guide for what is different noting that the Connectivity requirements were identical in both sections. 	<ul style="list-style-type: none"> - Agree. While non-X12 method is defined in the scope section of the rule, the definition of “non-X12 method” will be included in the introduction of the draft rule. “CORE Connectivity” is defined in Section 5.1 and a link to the CORE Connectivity vC4.0.0 is provided. - CAQH CORE staff will draft an FAQ that will include a table comparing differences in the X12 method requirements and non-X12 requirements for additional industry education.
18	5.1 System Connectivity (Non-X12 Method)	One entity commented on their support of the REST pattern for the exchange of additional information and stated that health plans will adopt REST to adhere with the recent CMS interoperability and burden reduction mandates.	N/A
19	5.1 System Connectivity (Non-X12 Method)	One entity stated that the draft processing time requirement do not take into consideration manual review of records.	N/A

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Section 5.2 System Availability and Reporting Requirements for Additional Documentation using the Non- X12 Method			
20	5.2 System Availability (Non-X12 Method)	<p>Four entities commented on the following regarding the language of the section:</p> <ul style="list-style-type: none"> - One entity suggested that the payer should specify where scheduled downtime will be published. - Another entity reported that they do not have universal down times designated across all time zones. - Another suggested combining <i>Sections 4.3 System Availability Requirements (X12 Method)</i> and <i>5.2 System Availability Requirements (Non-X12 Method)</i> to avoid repetition. - Another noted access should be 24/7 with the exception of maintenance downtime and explained they do not support an 86% system availability and the section should include language that system availability is a patient care issue rather than only a business issue for providers. 	<ul style="list-style-type: none"> - N/A - N/A - Given the non-X12 method is optional for provider implementation, the two methods are separated so that implementers of just the X12 method or just the non-X12 method are able to quickly find requirements that pertain to their organization's system. - Additional research on industry readiness for an increase in system availability will be conducted and pursued in a future CAQH CORE Infrastructure Update that would address all interactions for which CAQH CORE Operating Rules have been developed.
22	5.2 System Availability (Non-X12 Method)	<p>One entity noted they have a separate infrastructure for the non-X12 method. They commented that their organization does not support the use of CAQH system availability and reporting where HL7 standards can be used and recommend that CAQH advocates for HL7 to adopt system availability and reporting requirements in the Da Vinci and CARIN implementation guides.</p>	Agree. CAQH CORE will continue to work in collaboration with HL7 and X12 to ensure consistency and parity across the industry.
Section 5.3 Payload Acknowledgements and Response Time Requirements for Additional Documentation using the Non-X12 Method			
23	5.3 Payload Acknowledgements (Non-X12 Method)	<p>Two entities explained their support for the draft payload acknowledgement requirements:</p> <ul style="list-style-type: none"> - One of these noted they support the use of the X12 v5010X217 278 Response for the non-X12 payload method but recognize that payers may 	N/A

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#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
		<p>not be able to send processing error messages like the X12 999 for the non-X12 method.</p> <ul style="list-style-type: none"> - One entity supported the draft requirement if the acknowledgement is for receipt only. 	
5.4 File Size Requirements for Additional Documentation Using the Non-X12 Method			
24	5.4.2 File Size (Non-X12 Method)	<p>Five entities clarified their straw poll responses:</p> <ul style="list-style-type: none"> - Two entities recommended further research regarding the file size limitations of legacy systems. - Another two noted that file size requirements for non-X12 methods should not be based on the EDI standard developed by X12. - Another explained they work with trading partners that have a 32MB maximum currently enforced. - Another noted they support the requirement for health plans to accept a minimum of 64MB of Base64 encoded data. 	<p>Trading partners may continue to negotiate file sizes above 64MB, but health plans and their agents are required to have the capability to accept 64MB at a minimum. Smaller file sizes may also be accepted.</p> <p>Additionally, CAQH CORE conducted extensive research and straw polling on the topic prior to the launch of the ASG-PA through an environmental scan, and through the CAQH CORE Attachment Advisory Group. CAQH CORE staff will continue to conduct research on file size, as necessary.</p>

2. Non-Substantive Comments Received on Parts D-F: Draft CAQH CORE Attachments (275/278) Data Content Rule

Table 2 below summarizes non-substantive comments received from ASG-PA Straw Poll respondents pertaining to Parts D-F: *Draft CAQH CORE Attachments (275/278) Data Content Rule* along with CAQH CORE ASG-PA Co-chair and staff response, when applicable.

Table 2. Non-Substantive Comments Received on Parts D-F: Draft CAQH CORE Attachments (275/278) Data Content Rule

#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
Section 3: Draft CAQH CORE Attachments (275/278) Data Content Rule – Scope Sections			
1	3 Scope	<p>Two entities made suggestions on the Draft Section 3 Scope language:</p> <ul style="list-style-type: none"> - One entity suggested adding 'dental' to the draft scope. - One entity suggested identifying which transactions apply to Batch and Real Time Processing Modes. 	<p>Agree. Adjust for clarity.</p> <ul style="list-style-type: none"> - CAQH CORE will remove 'medical' from the draft scope section. - CAQH CORE will add 'applicable to all processing modes, Batch, Real Time, etc.)' to the scope section for clarity.
2	3 Scope	<p>One entity expects the Attachment Regulation to name HL7 C-CDA R2.1 to be used in the exchange of clinical data.</p>	N/A

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#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
Section 4.1 Data Error Handling Requirements for Attachments using the X12 275 Transaction			
3	4.1 Data Error Handling	One entity noted industry-wide acceptance of a non-mandated 824 X12 transaction may be lacking.	N/A
Section 4.2 Reassociation Requirements			
4	4.2 Reassociation (Use of Code EL) Solicited & Unsolicited Scenarios	<p>Two entities explained their straw poll response to the use of Code EL:</p> <ul style="list-style-type: none"> - One entity noted their support of the PWK02 code EL in loop 2000E and 2000F to request additional supporting documentation in the X12 v6020 275 in the context of the X12 v5010 278 pended response from health plan to provider. - Another explained that future versions of the TR3 allow values other than Code EL to be sent. Therefore, this section will need to be updated once industry moves to the next version of X12. 	N/A
Subsection 4.2.1 Reassociation of an Unsolicited X12 275 to an X12 278 Request			
5	4.2.1 Reassociation Use of Code EL in 278 Unsolicited	<p>Two entities commented on X12 versioning related to reassociation:</p> <ul style="list-style-type: none"> - One entity noted that specifying the specific X12 version/release limits this operating rule's use may be confusing to implementors who already process 278/275 transactions in v5010. - One entity noted they do not support the use of multiple X12 standards (v5010 and v6020). 	N/A
6	4.2.1 Reassociation Use of Code EL in 278 Unsolicited	One entity noted they do not support CORE's endorsement of proprietary web portals.	The Draft CAQH CORE Attachments 275/28 Infrastructure Rule does not include requirements pertaining to web portals and does not reference the CAQH CORE Prior Authorization Web Portal Rule.
Subsection 4.2.1.1 Common Reference Data Used to Reassociate a X12 275 and an X12 278 Request			

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#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
7	4.2.1.1 Reassociation Common Reference Data on 275	<p>Three entities commented on common reference data listed in <i>Section 4.2.1.1 Reassociation – Common Reference Data</i>.</p> <ul style="list-style-type: none"> - One of these asked why listing the data would be helpful. - Another recommended the use of patient name, member ID, date of birth, provider NPI, and prior authorization tracking number to reassociate attachments. - Another supported the use of common reference data for the purposes of re-identification and recommended identification of a particular X12 v6020 275 loop/segment/element for common reference data in future versions of this rule to standardize patient matching. 	N/A
Subsection 4.2.2 Reassociation of Solicited X12 275 to an X12 278 Request			
8	4.2.2 Reassociation Use of Code EL Solicited	One entity explained that their organization’s current business workflow would not be able to capture needed information when replying to a pended prior authorization.	N/A
Section 5.1 Error Handling Requirements for Additional Documentation using the Non-X12 Method			
9	5.1 Data Error Handling (Non-X12 Method)	One entity noted they do not know whether the use of the 278 Response is appropriate without additional clarity surrounding non-X12 exchanges.	N/A
Section 5.2 Reassociation Requirements			
10	5.2 Reassociation - Use of CORE Connectivity Headers (Non-X12 Method)	One entity expressed their support of the SOAP and REST headers to specify payload type that is part of the attachment message.	N/A
Subsection 5.2.1.1 CORE-required Minimum Attachment Data Elements of Unsolicited Additional Document using the Non-X12 Method			
11	5.2.1.1 Reassociation: CORE-Required Minimum Attachment Data Elements (Non-X12 Method)	<p>Two entities suggested non-substantive adjustments to <i>Section 5.2.1.1 Reassociation – CORE-required Minimum Attachment Data</i>:</p> <ul style="list-style-type: none"> - One entity recommended removing “necessary” as it is repeated after “data elements” and conveys the same meaning. 	<ul style="list-style-type: none"> - Agree. CAQH CORE staff will adjust for clarity. - Agree. CAQH CORE staff will add a note that additional formats are acceptable.

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#	Section	Summary of Comments	CAQH CORE ASG-PA Co-chair & Staff Response
		<ul style="list-style-type: none"> - Another noted that the file types included should not be limited to the six types currently listed. 	
12	5.2.1.1 Reassociation: CORE-Required Minimum Attachment Data Elements (Non-X12 Method)	<p>Two entities commented on the CORE-Required Minimum Attachment Data Elements:</p> <ul style="list-style-type: none"> - One explained their support for the use of the data set to be included in the payload for reassociation of attachments to the X12 v5010 278. - Another suggested adding the “Attachment Control Number”. 	Do not adjust. The Attachment Control Number is already included in the TR3 and would be duplicative to include in the CORE-Required Minimum Attachment Data Elements.
Section 6 Appendix			
13	6 Appendix	<p>Two entities made comments regarding <i>Section 6 Appendix</i>:</p> <ul style="list-style-type: none"> - One of these noted that on row 2 (Authorization Number) and row 9 (Patient Last Name) mappings are swapped; row 4 (Provider ID) descriptions and mappings do not match the definitions in Section 5.2.1.1.; and row 11 (Subscriber/Dependent First and Last Name) have mappings to date of birth fields. - Another stated that all but two rows have misalignment of metadata, description, and individual transaction references, and are either incorrect, inconsistent, and/or missing. 	Agree. CAQH CORE staff will adjust the Appendix table offline for clarity.