



# CAQH CORE Attachments Subgroup – Claims Use Case (ASG-CL)

Call #1

Call Doc #1

April 15, 2021

# Agenda

Time*	Agenda Item	Discussion Item or Action Required
2:02	<b>1. Antitrust Guidelines</b>	<i>Discussion</i>
2:05	<b>2. Roll Call and Administrative Items</b> <ul style="list-style-type: none"> <li>• Roll call</li> <li>• Focus of today's call: <ul style="list-style-type: none"> <li>– Level set</li> <li>– Overview of CAQH CORE Attachments Initiative and Subgroup Scope</li> <li>– Review CAQH CORE Attachments Opportunity Areas and Rule Options</li> <li>– Discuss Next Steps</li> </ul> </li> </ul>	<i>Discussion</i>
2:15	<b>3. Level Set</b> <ul style="list-style-type: none"> <li>• CAQH CORE Rule Development Overview</li> <li>• Attachments Operating Rule Roadmap</li> <li>• Subgroup Participant Expectations</li> </ul>	<i>Discussion</i>
2:30	<b>4. Overview of CAQH CORE Attachments Initiative</b>	<i>Discussion</i>
3:00	<b>5. Review CAQH CORE Attachments (Claims Use Case) Scope, Opportunity Areas, and Draft Rule Requirements</b>	<i>Discussion</i>
3:25	<b>6. Next Steps</b> <ul style="list-style-type: none"> <li>• CAQH CORE Attachments Subgroup – Claims Use Case (ASG-CL) Co-Chairs &amp; Staff: <ul style="list-style-type: none"> <li>– Distribute Subgroup Feedback Form #1 to participants <b>by Friday, 04/16/21, end of day.</b></li> <li>– Draft a call summary for today's Subgroup call.</li> <li>– Analyze results of Subgroup Feedback Form #1 in preparation for ASG-CL Call #2 on Thursday, 05/13/21.</li> </ul> </li> <li>• ASG-CL Participating Organizations: <ul style="list-style-type: none"> <li>– Complete Subgroup Feedback Form #1 <b>by Friday, 04/30/21, end of day.</b></li> <li>– Participate in the next CAQH CORE ASG-CL call on <b>Thursday, 05/13/21 from 2:00 - 3:30 PM ET.</b></li> </ul> </li> </ul>	<u><i>Action Required</i></u> Agree to next steps.

\*EDT

# CAQH CORE

## Level Set

# CAQH CORE Operating Rule Overview

Published Rules to Date

Rule Set	Infrastructure	Connectivity Rule	Data Content	Other	In Development	
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.0.0* Connectivity Rule vC2.0.0*	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data		
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.0.0*				
Payment & Remittance	Claim Payment/ Advice (835) Infrastructure Rule*		EFT/ERA 835/CCD+ Data Content Rule*	EFT/ERA Enrollment Data Rules*		
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule	Connectivity Rule vC3.0.0	Prior Authorization (278) Data Content Rule	Prior Auth Web Portal Rule	Attachment Rule(s) (Prior Authorization Use Case)	
Health Care Claims	Health Care Claim (837) Infrastructure Rule					Attachment Rule(s) (Claims Use Case)
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule					
Premium Payment	Premium Payment (820) Infrastructure Rule					
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule	Connectivity Rule vC4.0.0**	Attributed Patient Roster (834) Data Content Rule			

- \* Rule is federally mandated.
- \*\* Connectivity Rule vC4.0 can be used for all rule sets when it is available for implementation.

# Operating Rule Development Process

## Identify Opportunities

Advisory Groups

*e.g., Attachments Advisory Group.*

**Advisory Groups research opportunities for potential rules**, prior to a Subgroup commencing rule writing.

## Draft Rules

Subgroups

*e.g., Attachments Subgroup*



Review Work Group

**Subgroups develop and straw poll draft Operating Rules** for review by assigned Work Groups.

**Work Groups vote on draft rules** developed by assigned Subgroup(s).

## Ballot Participants

CAQH CORE Participants

**Full CAQH CORE Voting Membership vote requires for a quorum** that 60% of all Full CORE Voting Member organizations (i.e., CAQH CORE Participants that create, transmit, or use transactions) vote on the proposed rule at this stage **with a 66.67% approval vote.**

CAQH CORE Board

Once CAQH CORE Participants have reached quorum, the **CAQH CORE Board will vote for final approval.**

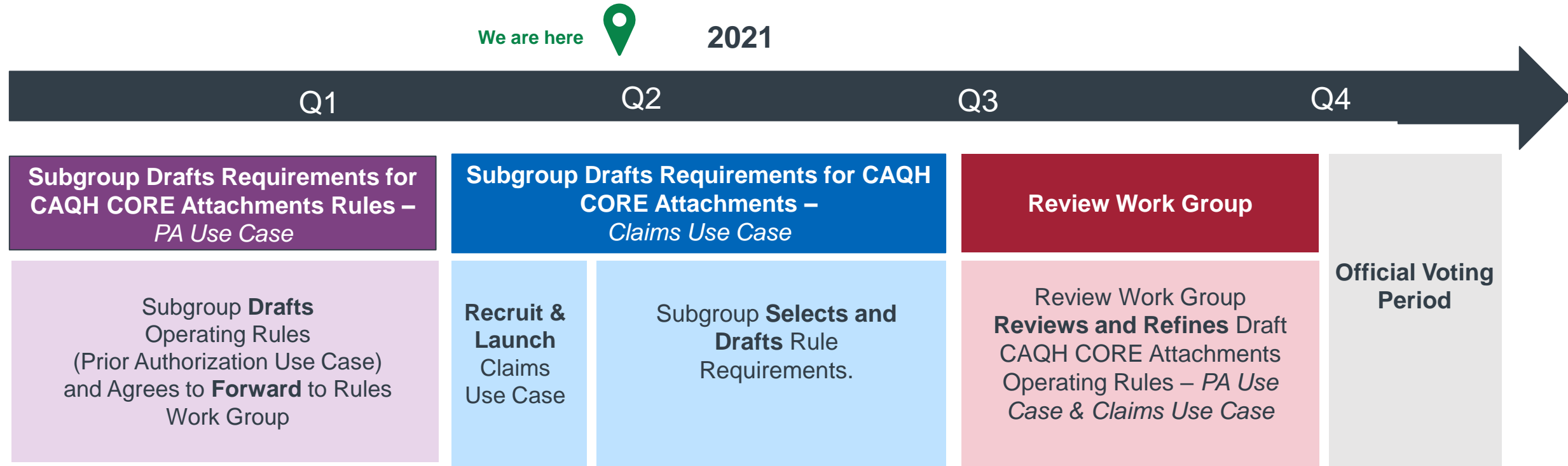
Task Groups

**Task Groups convene to update/maintain existing Operating Rules.**

*e.g., CAQH CORE Code Combinations Task Group*

# CAQH CORE Attachments Initiative Roadmap

Overall Timeline\*



\*Timeline may be subject to adjustments based on work group 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 review and refine the draft rules in preparation for the Final CAQH CORE Vote.



# Attachments Subgroup Participants

## *Expectations & Responsibilities*



- **Become familiar with CAQH CORE's Attachment work and processes, including:**

- CAQH CORE [New Operating Rule Structure](#).
- CAQH CORE [Claims](#), [Connectivity](#), [Mandated Operating Rules](#), as well as others.
- CAQH CORE Guiding Principles, Board Evaluation Criteria, and [Voting Process](#).



- **Attend and actively participate in calls.**

- Read materials ahead of time whenever possible.
  - CAQH CORE staff assist Subgroup Co-chairs with drafting call documents and ensure they are made available on the CAQH CORE Participant Dashboard.
  - Call summaries are created after each call and approved by the participants.



- **Work with your organization's subject matter experts (SMEs), as appropriate. SMEs should have:**

- Knowledge of their organization's capabilities and processes with respect to exchanging attachments.
- Understanding of how the potential draft CAQH CORE Attachments Operating Rule Requirements (Claims Use Case) would impact their organization and the industry, both in terms of feasibility to implement and value.

- **Provide regular updates on Subgroup's progress to Executive Sponsors.**

- SMEs should regularly update their Executive Sponsors on the Subgroup's progress to ensure larger organization buy-in of the drafted attachment operating rule requirements and commitment to implementation.



- **Participate in feedback forms/straw polls and cast votes, as appropriate.**

- Participating organizations may have any number of participants in the Subgroup, but each organization has only one vote on straw polls and ballots.

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# CAQH CORE Attachments Initiative: Background



# Attachments Overview

**Attachments** refer to the exchange of patient-specific **medical information or supplemental documentation** to support an administrative healthcare transaction and are a **bridge between clinical and administrative data**.

- While attachments can be exchanged electronically, partially electronically, and/or manually, exchanging medical documentation for prior authorization and claims is **often highly manual** and a source of significant administrative burden.
- A range of **standards and specifications currently support the exchange of attachments** (e.g., X12, HL7 V3/FHIR, SOAP, REST, etc.)
- **A HIPAA-mandated standard for attachments has not been named**, resulting in lack of industry direction on a uniform approach in supporting clinical documentation requested by health plans.

**NOTE:** The HHS Unified Agenda announced that an [Attachments NPRM](#) may be published early 2021. The NPRM is expected to adopt standards for health care attachments transactions and electronic signature used with the transaction, among other standard and operating rule adoptions.

# CAQH CORE Attachments Initiative

## *Attachments Environmental Scan*

Since 2012, CAQH CORE has maintained a focus on attachments, collaborating with more than 250 healthcare organizations to provide education and gather insights on industry opportunities via operating rule development input, national webinars and surveys.

- In 2018, CAQH CORE launched an **Environmental Scan** to further understand industry pain points and identify ways in which we can use our model to support and accelerate the adoption of electronic attachment transactions.
  - Gathered insight from more than **40 unique entities** representing providers, health plans, vendors, clearinghouses and government.
  - Identified **five opportunity areas** that can support and accelerate industry adoption of electronic attachment transactions by creating a more uniform approach:
    1. Workflows
    2. Data Variability
    3. Exchange Method Formats
    4. Infrastructure
    5. Resources
  
- In May 2019, CAQH CORE released an **Attachments White Paper** examining the challenges associated with the exchange of medical information and supplemental healthcare administrative transactions.

# CAQH CORE Attachments Initiative

## Attachments Advisory Group

The Attachments Advisory Group launched in September 2019 as an industry collaboration to guide the development of common approaches for the exchange of additional information and attachments in order to reduce administrative burden.



### 1. Discussed pain points related to the exchange of additional documentation.

- Created Attachment-Specific Evaluation Criteria to assess opportunity areas.
- Assessed the five opportunity area categories identified in the environmental scan and outlined in the [Attachments Report](#).



### 2. Reviewed a list of 20 draft **opportunity areas** to address pain points and relieve administrative burden related to Attachments.

- Modified and reduced the draft list to **15 opportunity areas**.



### 3. Ranked the remaining 15 **opportunity areas** in order of priority for a CAQH CORE Rule Development Group to pursue.



### 4. Rated their support for potential attachment **operating rule requirements** on a Likert scale from “Do Not Support” to “Support”.

The CAQH CORE Attachments Advisory Group ranked the Prior Authorization and Claims Use Cases as highest priority. This Attachments Subgroup follows the Advisory Group and will draft operating rules to reduce administrative burden associated with the exchange of additional documentation/clinical information starting with Prior Authorization Use Case followed by Claims.

# CAQH CORE Attachments Initiative

## *High Engagement in Attachments Subgroup – Prior Authorization Use Case*



Nearly **150 individuals** from **over 50 unique CAQH CORE Participating Organizations**, consisting of a diverse set of stakeholder types, participated in the Attachment – Prior Authorization Use Case Rule development process.



The group was highly engaged, participating in **6 subgroup calls, 1 feedback form and 2 straw polls** with a **73% average response rate** across feedback forms and straw polls.



**Resulted in two draft attachments** rules to be forwarded to the Review Work Group for further review and refinement:

- DRAFT CAQH CORE Attachments 275/278 Prior Authorization Infrastructure Rule
- DRAFT CAQH CORE Attachments 275/278 Prior Authorization Data Content Rule

# CAQH CORE Attachments Initiative

## Summary of Draft Attachments Rule Requirements – Prior Authorization Use Case

### Scope: CAQH CORE Attachments Subgroup – PA Use Case

**Payload Formats** include both the X12 275 and Non-X12 275.

#### Infrastructure Rule Requirements

- ✓ **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
  - **Batch:** Two business days
- ✓ **Minimums for document size and amount of data** that must be supported and accepted by systems (64MB).
- ✓ **Standard method and response time** for receiving system to return errors to the provider.
- ✓ **Common format and flow of information** for implementation of attachment transactions.

#### Data Content Rule Requirements

- ✓ **Reassociation** requirements for X12 275 and non-X12 275 payload formats.
- ✓ **Consistent reference data** between the prior authorization Requests & associated attachment(s).

The draft Attachments rule requirements align seamlessly with existing CAQH CORE Operating Rules including Connectivity and Prior Authorization Data Content and Infrastructure rules.

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# CAQH CORE ASG-CL: Scope & Draft Requirements

# CAQH CORE Attachments Subgroup (Claims Use Case)

## Scope: Methods to Submit Additional Documentation

While additional exchange methods are emerging within the industry, including the use of HL7 FHIR, to align with the Draft Attachments Rules - Prior Authorization Use Case, the **scope of the Draft Requirements - Claims Use Case will address the following two scenarios** for sending additional information or documentation:

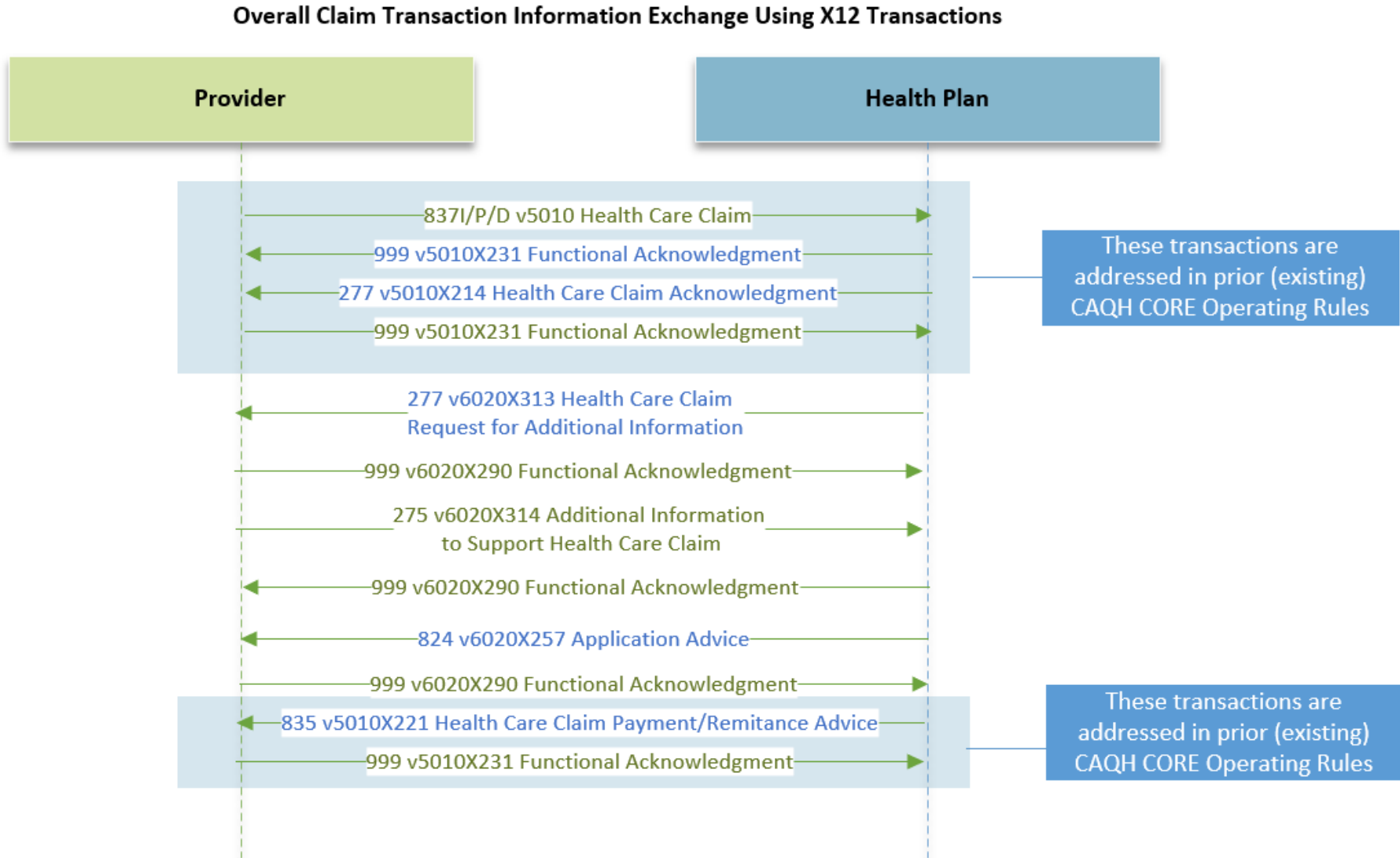
- X12 Method:** Defined as the use of CORE Connectivity as the payload exchange method + X12 v6020X314 275 attachment payload format.
- Non-X12 275 Method:** Defined as the use of CORE Connectivity as the payload exchange method without an X12 payload format. In this scenario, the additional information or documentation is contained within the specific payload type.

#		X12 Method: CORE Connectivity + X12 275	Non-X12 275 Method: CORE Connectivity Only
1	<b>Payload Exchange Method</b>	CORE Connectivity vC4.0.0	CORE Connectivity vC4.0.0
2	<b>Payload Format</b>	X12 v6020X314 275	N/A
3	<b>Payload Type</b>	HL7 C-CDA; FHIR Resource; BDS Segment; .PDF; .docx; .jpeg, etc.	HL7 C-CDA; FHIR Resource; .PDF; .docx; .jpg, etc.



# Attachments Subgroup – Claims Use Case

## Claims Workflow with Solicited Attachment (X12 Method)



# Attachments Subgroup – Claims Use Case

## Scope & Versioning

The following transactions are **in scope** for the Attachments - Claims Use Case Rules:

In Scope	
1	X12 v5010 837 Institutional, Professional and Dental Health Care Claims
2	X12 v6020X314 275 Additional Information to Support Health Care Claim
3	X12 v6020X257 824 Application Advice
4	X12 v6020X290 999 Functional Acknowledgment
5	X12 v6010X313 277 Health Care Claim Request for Additional Information*

\*Subgroup participants will have the opportunity on the upcoming feedback form to determine whether this transaction will remain in-scope.


The following transactions are **out of scope** for the Attachments - Claims Use Case Rules as they are addressed in existing CAQH CORE Operating Rules:

Out of Scope / Addressed in Existing CORE Operating Rules	
1	X12 v5010X212 276/277 Health Care Claim Status Request/Response
2	X12 v5010X214 277 Claim Acknowledgment
3	X12 v5010X221 835 Health Care Claim/Payment Remittance Advice

# DRAFT CAQH CORE Attachments Requirements (Claims Use Case)

## Draft Attachments – Claims Use Case Requirements Align with Draft 275/278 Requirements

The following **Draft Attachments – Claims Use Case Requirements** align with the Draft Attachments Prior Authorization Use Case Requirements:

	#	Requirement Area	Summary of Requirements
Infrastructure	1	Processing Mode	<b>Applies to X12 275 Method:</b> Health plans must implement the server requirements for Batch and Real Time Processing Modes for the X12 v6020X314 275 Attachment transaction as specified in the <a href="#">CAQH CORE Connectivity Rule vC4.0.0</a>
	2	Connectivity	<b>Applies to X12 275 Method &amp; Non-X12 Method:</b> All HIPAA-covered entities must support most recently published version of <b>CAQH CORE Connectivity</b>
	3	System Availability & Reporting	<b>Applies to X12 275 Method &amp; Non-X12 Method:</b> System availability no less than 86%; scheduled and unscheduled downtime requirements; reporting requirements in alignment with prior CAQH CORE Operating Rules
	4	Payload Acknowledgments	<b>Applies to X12 275 Method:</b> Health plans must use the <b>X12 v6020X290 999 Acknowledgment transaction</b> when an X12 v6020X314 275 Attachment transaction is received in <b>batch or real time</b> . Health plans must adhere to response timeframes specific to batch and real time processing. <ul style="list-style-type: none"> <li>• <b>Batch:</b> Errors and acceptance</li> <li>• <b>Real-Time:</b> Errors only</li> </ul>
	5	Data Error Handling 	<b>Applies to X12 275 Method:</b> The receiver (server) <b>must return an X12 v6020X290 999 Acknowledgment</b> for payloads accepted, accepted with errors and rejected. When the receiver responds at the Initial Data Content Processing Layer, they <b>must return an X12 v6020X257 824</b> to notify providers (submitter/client) of the status of the X12 v6020X314 275 Attachment transaction and the content of the BDS segment.
	6	File Size	<b>Applies to X12 275 Method &amp; Non-X12 Method:</b> All HIPAA-covered entities must support the receipt of <b>64MB files</b> to ensure attachments can be processed across varying systems (front end server and internal document management system).
	7	Companion Guide	<b>Applies to X12 275 Method:</b> If a HIPAA-covered entity publishes a Companion Guide covering the X12 6020X314 275 Attachment transaction, the Companion Guide must follow the format/flow defined in the <a href="#">CAQH CORE Master Companion Guide Template for X12 Transactions</a> .
Data Content	8	Reassociation	<p><b>Applies to X12 275 Method – Solicited &amp; Unsolicited Scenarios:</b> Use of <b>PWK02 Code EL</b> in Loop 2400 – Service Line Number for 837 I/P.</p> <p><b>Applies to X12 275 Method – Solicited &amp; Unsolicited Scenarios:</b> When a provider sends an X12 v6020X314 275 attachment, CORE <b>requires the use of specific metadata or reference identifiers</b> to be included on the X12 v6020X316 275 Attachment for reassociation purposes including the claim control number.</p> <p><b>Non-X12 275 Scenario:</b> Use of CORE-required attachment data elements; Use of SOAP or REST headers</p>

**KEY:** ■ **X12 275 method** ■ **Non-X12 275 method** ■ **Both the X12 275 and non-X12 275 methods**

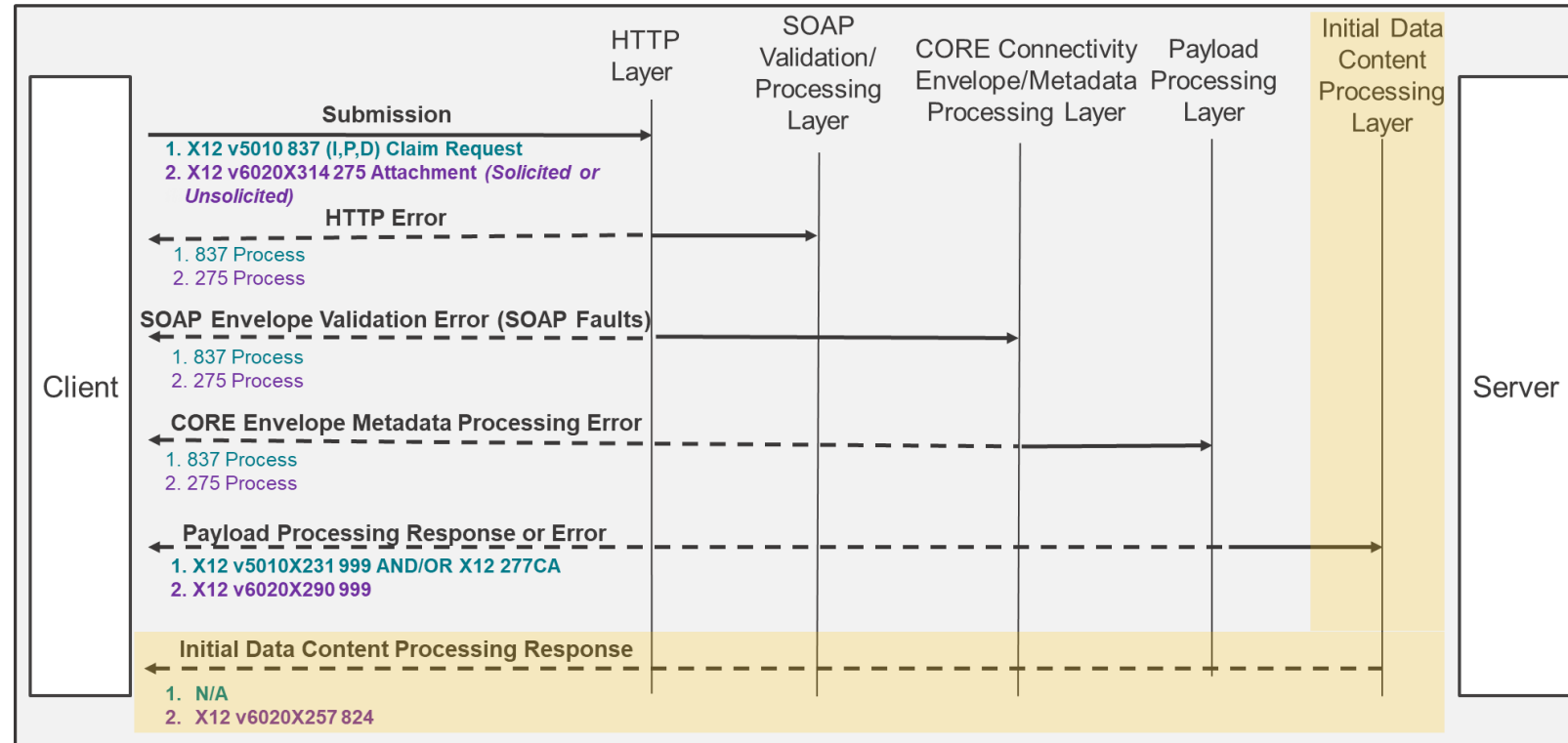
# DRAFT CAQH CORE Attachments Requirements (Claims Use Case)

## SPOTLIGHT: *Data Error Handling Requirements (X12 Method)*

### ★ SPOTLIGHT: X12 Method - Draft *Data Error Handling Requirements for X12 275 Attachments*

➤ The receiver (server) **must return a X12 v6020X290 999** whether or not there is an error processing the payload at the Payload Processing Layer and the Initial Data Content Processing Layer.

➤ When the receiver responds at the Initial Data Content Processing Layer, they **must return an X12 v6020X257 824** to notify providers (submitter/client) of the acceptance, acceptance with error, or rejection of the 275 transaction and the content of the BDS segment.



**NOTE:** Claim Status (276/277) is not depicted in this diagram

# CAQH CORE Attachments Rule Options - Claims Use Case

## Opportunity Areas Specific to Claims Attachments

The Rule Options listed below are **new to the Claims Use Case** and may apply to one or both technical methods. **NOTE:** Some draft Rule Options are more defined than others. The Subgroup will provide feedback on the inclusion of these options on the feedback form.

	#	Opportunity Area	Description
Scope	1	<b>Additional Transactions</b>	Include requirements for the X12 v6020X313 277 Health Care Claim for Additional Information transaction.
Infrastructure	2	<b>Electronic Policy Access</b>	Require attachment policies to be accessible electronically in a consistent location (e.g., web page).
	3	<b>File Size - Multiple Attachments</b>	Given that the BDS Segment can support substantially more than 64MB, require the use of a single LX Loop to identify attachments to support a single claim, even if there are multiple attachments/documents included in the BDS Segment.

## Subgroup Next Steps

# Attachments Subgroup (Claims Use Case) Feedback Form #1

## Instructions, Guidelines & Due Date



**Objectives:** (1) Indicate support for draft requirements that align with prior authorization use case, (2) Collect feedback and levels of support for inclusion of opportunity areas specific to claims use case.

### Subgroup Feedback Form #1 Format

- ❑ **Support for Draft Requirements that Align with Prior Authorization Use Case:** Respondents will be asked to indicate whether their organization supports or does not support each rule requirement that aligns with prior authorization use case (e.g., system availability, acknowledgments, response times, companion guides, etc.).
- ❑ **Feedback for Inclusion of Opportunity Areas Specific to Claims Use Case:** Respondents will be asked to provide feedback on potential rule options pertaining to opportunity areas specific to claims use case (e.g., electronic policy access, file size for multiple attachments, reassociation, structured data).
- ❑ If applicable, respondents may provide comments relating to their responses. Respondents may support pursuing a rule option and still provide feedback, suggested revisions, etc.

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### Additional Guidance

- Feedback Form #1 responses are due **via the online submission form by Friday, 04/30/21, end of day.**
- The form is to be completed by CAQH CORE ASG-CL Participants only; **please coordinate to submit one response for your organization.**
- Respondents may choose to abstain from responding to a given question, if they desire.
- In accordance with CAQH CORE policy, all responses will be kept strictly confidential.
- Questions should be directed to Marianna Singh, CORE Senior Associate, at [msingh@caqh.org](mailto:msingh@caqh.org).



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# Appendix

# Today's Call Documents

Document Name
Doc 1: ASG-CL Call 1 Deck 04.15.21

CORE Staff	Email Address
Bob Bowman, <i>Director, CORE</i>	<a href="mailto:rbowman@caqh.org">rbowman@caqh.org</a>
Emily TenEyck, <i>Manager, CORE</i>	<a href="mailto:eteneyck@caqh.org">eteneyck@caqh.org</a>
Marianna Singh, <i>Senior Associate, CORE</i>	<a href="mailto:msingh@caqh.org">msingh@caqh.org</a>
Kaitlin Powers, <i>Associate, CORE</i>	<a href="mailto:kpowers@caqh.org">kpowers@caqh.org</a>

# CAQH CORE Attachments Subgroup (Claims Use Case)

## Activity Schedule

Date	Subgroup Activity	Topic
<b>Thursday, 4/15/21</b> 2:00pm – 3:30pm	<b>ASG-CL Call #1</b>	<ul style="list-style-type: none"><li>• Level set on scope and call schedule.</li><li>• Review draft rule options-claims use case and draft requirements that align with the PA Use Case.</li><li>• Review objective of Feedback Form #1.</li></ul>
<b>Friday, 4/16/21- Friday 4/30/21</b>	<b>ASG-CL Feedback Form</b>	<ul style="list-style-type: none"><li>• Feedback on rule options specific to claims attachments.</li><li>• Indicate levels of support for drafted requirements that align with Prior Authorization Attachment Requirements.</li></ul>
<b>Thursday, 5/13/21</b> 2:00pm – 3:30pm	<b>ASG-CL Call #2</b>	<ul style="list-style-type: none"><li>• Review results of Feedback Form #1.</li><li>• Agree to adjustments, as necessary.</li><li>• Provide an overview of Straw Poll #1.</li></ul>
<b>Friday, 5/21/21- Friday 6/4/21</b>	<b>ASG-CL Straw Poll #1</b>	<ul style="list-style-type: none"><li>• Indicate level of support for Draft Attachment 275/837 Infrastructure Rule Requirements, by section.</li><li>• Indicate level of support for Draft Attachment 275/837 Data Content Rule Requirements, by section.</li></ul>
<b>Thursday, 6/17/21</b> 2:00pm – 3:30pm	<b>ASG-CL Call #3</b>	<ul style="list-style-type: none"><li>• Review adjustments to draft rules.</li><li>• Review Straw Poll #2 results.</li><li>• Agree to forward the rules to the Review Work Group for further review and refinement along with the Draft Prior Authorization Attachment Rules.</li></ul>

# CAQH CORE Attachments Subgroup (Claims Use Case)

Roster (as of 04/13/21)

Organization	Last Name	First Name
Aetna	Rabuffo	Mark
Aetna	Neves	Amy
Aetna	Bellefeuille	Bruce
Aetna	Stine	Merri-Lee
Aetna	Hodges	Rose
American Hospital Association (AHA)	Cunningham	Terrence
American Medical Association (AMA)	Reese	Molly
American Medical Association (AMA)	McComas	Heather
American Medical Association (AMA)	Lefebvre	Celine
American Medical Association	Otten	Robert
Anthem	Green	Christol
Anthem	Bushman	Mary Lynn
Athenahealth	Fiore	Melissa
Availity	Greer	Justin
Blue Cross and Blue Shield Association	Kocher	Gail
Blue Cross Blue Shield of Michigan	Monarch	Cindy
Blue Cross Blue Shield of Michigan	O'Malley	Molly
Blue Cross Blue Shield of Michigan	Knapp	Ron
Blue Cross Blue Shield of Michigan	Lippert	Susan
Blue Cross Blue Shield of North Carolina	Swain	Deborah
Blue Cross Blue Shield of North Carolina	Vemuri	Bhanu
Blue Cross Blue Shield of North Carolina	Heather	Sammons
Blue Cross Blue Shield of Tennessee	Susan	Langford
Centene	Mahesh	Siddanati
Centene	Yolanda	Singleton
Centene	Mary	Karcher
Centene	Dawn	Naney
CMS	Thomas	Kessler
Change Healthcare	Alka	Mukker
Change Healthcare	Deb	McCachern
Change Healthcare	Mike	Denison
CIGNA	Megan	Soccorso

Organization	Last Name	First Name
CSRA	Caldwell	Laura
Edifecs	Boincean	Cristina
Edifecs	Rata	Sergiu
Epic	Carino	Santo
Harvard Pilgram	Buckley	Nancy
Harvard Pilgram	Starkey	Rhonda
Harvard Pilgram	Bhatt	Vijay
Health Care Service Corp	Campbell	Donna
HealthEdge	Brown	Maggie
HMS	Wilcox	Beth
Humana	Jamison	Sandra
Kaiser Permanente	Plattner	Cathy
Kaiser Permanente	Kessler	Christy
Mayo Clinic	Brannan	Andrea
Mayo Clinic	Fortek	Rebecca
Medical Mutual of Ohio, Inc.	Oby	Jean
MGMA	Voytal	Drew
Michigan Department of Community Health	Fuller	Diana
NextGen Healthcare Information Systems, Inc.	Lopez	Jackie
NextGen Healthcare Information Systems, Inc.	Team	Nancy
Ohio Hospital Association	Weaver	Quyen
OhioHealth	Gabel	Randy
OneHealthPort	Campbell	William
The SSI Group, Inc.	Tillman	Tracey
TriZetto Corporation, A Cognizant Company	Schulz	Andy
UC Davis Health	Marchant	Michael
United States Department of Veterans Affairs	Knapp	Katherine
Unitedhealthcare	Kalluri	Kiran
Unitedhealthcare	May	Sonya
Wells Fargo	Birgenheier	Jason
X12 Liaison	Barry	Michelle

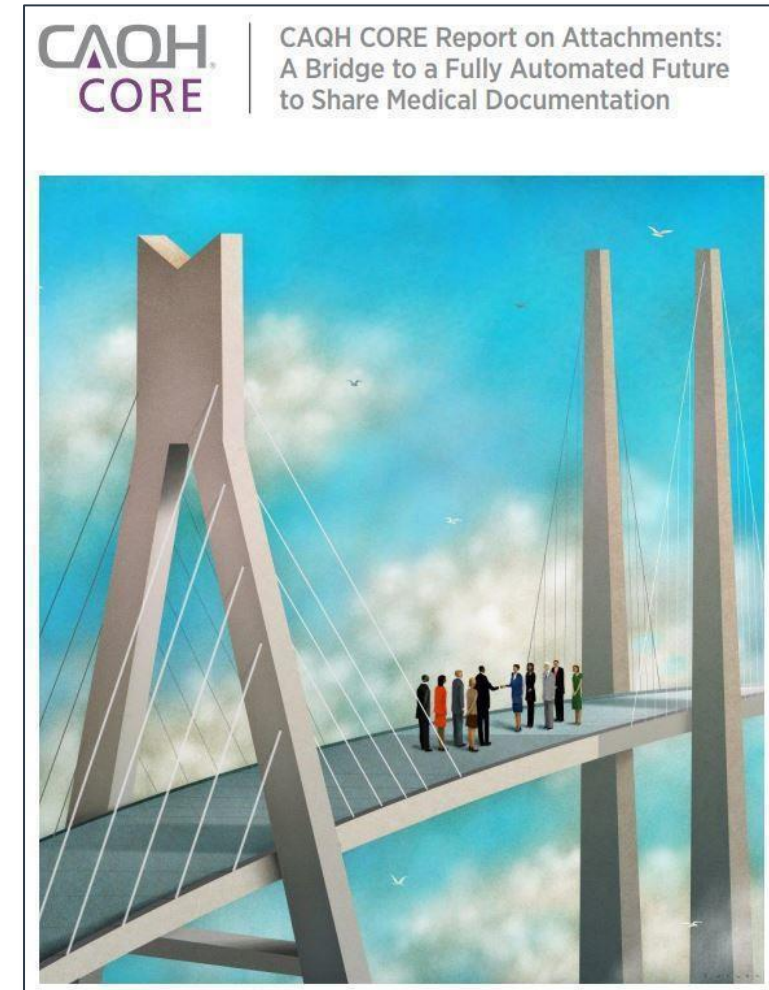
# CAQH CORE Report on Attachments

[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 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.

[Full Report](#)

