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

Call #2

Call Doc #1

May 13, 2021
2:00 – 3:30 PM ET

Agenda

Time	Agenda Item	Discussion Item or Action Required
2:00 PM	**1. Antitrust Guidelines**	*Discussion*
2:02 PM	**2. Roll Call and Administrative Items**	*Discussion*
2:05 PM	**3. Summary of 04/15/21 Subgroup Call** • Level set. • Review CAQH CORE Attachments Initiative and Subgroup Scope. • Review CAQH CORE Attachments Opportunity Areas and Rule Options. • Agreed to Next Steps.	Action Required: • Approve 04/15/21 Call Summary
2:10 PM	**4. Subgroup Timeline Level Set**	*Discussion*
2:15 PM	**5. Review Results of Feedback Form including:** • Respondent Breakdown and Percent Support for Draft Requirements & Opportunity Areas • Comments Received on Scope, Draft Infrastructure Requirements and Draft Data Content Requirements including questions requesting additional feedback. • Agree to adjustments, as necessary.	*Discussion*

3:20 PM	**6. Attachments Subgroup-Claims Use Case Next Steps**
	• CAQH CORE Attachments Subgroup-Claims Use Case (ASG-CL) Subgroup:
	  o Participate in the next ASG-CL Call: **Thursday, 6/17/21 at 2:00 PM ET**.
	  o Complete ASG-CL Straw Poll #1 **by end of day Friday, 06/04/21**.
	• CAQH CORE Co-chair & staff:
	  o Draft a summary for today's call.
	  o Send ASG-CL Straw Poll #1 to Subgroup Participants by, **Friday, 05/21/21**.
		Action Required:
		• Agree to Next Steps

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Attachments Subgroup – Claims Use Case Call #1 Summary
Motion to Approve

CAQH Committee on Operating Rules for Information Exchange (CORE)
Attachments Subgroup - Claims Case (ASG-CL)
Call #1 Summary: Thursday, April 15, 2021, 2:00-3:30 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
1. Antitrust Guidelines	• Bob Bowman (CAQH CORE Director) opened the call and reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials. • Bob Bowman (CAQH CORE Director) introduced CAQH CORE staff supporting the Subgroup and the Co-chairs, Christol Green (Anthem), Mahesh Siddanati (Centene), Alka Mukker (Change Healthcare), and Michael Marchant (UC Davis Health).	*Discussion*

2. Roll Call and Administrative Items	• Bob Bowman (CAQH CORE Director) reviewed the call documents:
	  ○ Doc #1: ASG-CL Call 1 Slide Deck 04.15.21
	• Bob Bowman (CAQH CORE Director) reviewed the focus of the call, which was to:
	  ○ Level set.
	  ○ Provide an Overview of CAQH CORE Attachments Initiative and Subgroup Scope.
	  ○ Review CAQH CORE Attachments Opportunity Areas and Rule Options.
	  ○ Discuss Next Steps.
	
	• Emily Ten Eyck (CAQH CORE Manager) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations].
	
	• **Summary of ASG-CL Discussion:**
	  ○ No questions or comments were raised by the ASG-CL participants.
		Discussion

3. Level Set (Doc #1)	• Emily Ten Eyck (CAQH CORE Manager) provided a Level Set for the subgroup including details on the subgroup timeline and expectations. • **Summary of ASG-CL Discussion:** ○ No questions or comments were raised by the ASG-CL participants.	*Discussion*
4. Overview of CAQH CORE Attachments Initiative and Subgroup Scope (Doc #1)	• Mahesh Siddanati (Centene) provided an overview of the CAQH CORE Attachments Initiative and Subgroup Scope. • **Summary of ASG-CL Discussion:** ○ No questions or comments were raised by the ASG-CL participants.	*Discussion*

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Attachments Subgroup – Claims Use Case Roadmap
Level Set for Today's Call

We are here.

ASG-CL Call 1:	ASG-CL Feedback Form:	ASG-CL Call 2:	ASG-CL Straw Poll:	ASG-Call 3:
Review history of CAQH CORE Attachments Initiative and scope of ASG-CL. Discuss Draft Requirements and claims – specific opportunity areas.	Collect information on ASG-CL support for Draft Attachments – Claims Requirements and potential opportunity areas specific to Claims.	Review results of ASG-CL Feedback Form and orient subgroup to flow and format of the next straw poll.	Collect information on ASG-CL support for Draft Attachments (275/837) Health Care Claims Operating Rule Requirements.	Review results of the ASG-CL Straw Poll and agree to forward the requirements to the combined Attachments (Claims & PA) Review Work Group.

Today

- **Review Results of Feedback Form including**:
    – Respondent support of Draft CAQH CORE Attachments (275/837) Health Care Claims Requirements
    – Respondent feedback on additional Opportunity Areas specific to the Claims Use Case.
- **Agree to adjustments** to the draft requirements and/or opportunity areas, as necessary.
- **Provide an overview** of Straw Poll #1.
- **Agree to Next Steps**.

Upcoming

- **Straw Poll #1**
    – Indicate level of support for Draft Attachment (275/837) Infrastructure Rule Scope & Requirements.
    – Indicate level of support for Draft Attachment (275/837) Data Content Rule Scope & Requirements.

- **ASG-CL Call 3**.

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Attachments Subgroup – Claims Use Case Feedback Form Results

Alka Mukker
ASG-CL Co-chair, Change Healthcare

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Attachments Subgroup – Claims Use Case Feedback Form
Feedback Form Background & Respondent Breakdown

Purpose of Feedback Form: To provide feedback on the draft attachments – claims use case requirements and level of support for the inclusion of opportunity areas specific to the claims use case.

Format:
- **Part A:** Scope/Versioning
- **Part B:** Draft CAQH CORE Attachments (275/837) Infrastructure Requirements
- **Part C:** Draft CAQH CORE Attachments (275/837) Data Requirements – X12 275 Method
- **Part D:** Draft CAQH CORE Attachments (275/837) Data Requirements – Non X12 275 Method
- **Part E:** Additional Topic for Future CAQH CORE Rule Development Consideration

Respondent Breakdown: Responses were received from __32__ respondents representing __71%__ of ASG-CL Subgroup Participating Organizations.

Number of ASG-CL Participating Organizations	45
Total Number of ASG-CL Participating Organization Responses	**32 (71% of ASG-CL Entities)**
Number of Provider / Provider Association Responses	6 (19% of respondents)
Number of Health Plan / Health Plan Association Responses	12 (37% of respondents)
Vendor / Clearinghouse Responses	8 (25% of respondents)
Number of Government / 'Other' Responses (includes SDOs)	6 (19% of respondents)

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Attachments Subgroup – Claims Use Case Feedback Form
Comment Categorization

> **All sections of the Draft Attachments Operating Rule Requirements received ≥ 74% support.**

Comments received on the ASG-CL Feedback Form were grouped into three categories.

- **Substantive Comments** – May impact rule requirements; some comments require Subgroup discussion on potential adjustments to the draft requirements.
- **Points of Clarification** – Pertain to areas where more explanation for the Subgroup is required*; may* require adjustments to the Subgroup rule which do not change rule requirements.
- **Non-substantive Comments** – Pertain to typographical/grammatical errors, wordsmithing, clarifying language, addition of references; do not impact rule requirements.

The ASG-CL will discuss substantive comments and points of clarification as well as CAQH CORE Co-chair and staff recommendations. Non-substantive comments were summarized in a separate document for offline review (*Doc 3 ASG-CL Feedback Form Non-Substantive Comments*). Subgroup participants are encouraged to review this document as there were some minor adjustments for clarity, as recommended by subgroup feedback form comments.

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Feedback Form Results
Draft CAQH CORE Attachments (275/837)
Rule Set - Scope

Alka Mukker
ASG-CL Co-chair, Change Healthcare

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#	Section Name	6020	7030/8010	Abstain
1	X12 275 Version	**21 (68%)**	**10 (32%)**	0

Points of Clarification

1 **X12 275 Versioning:** Eleven entities commented in favor of using **v6020** in the Draft Attachments (275/837) Claims Operating Rules. Entities noted that v7030/8010 is not released and that v6020 is the current recommended version in the industry. Many of these organizations commented that once v7030/8010 is published, they would support the most current version.

Four entities commented in favor of using **v7030/8010** in the Draft Attachments (275/837) Operating Rules. These entities explained that it is best to use the latest published version of the rule.

CAQH CORE Co-chair & Staff Response

1 **Do Not Adjust.** Given over two-thirds of ASG-CL subgroup respondents voted to continue support of X12 v6020 275, CAQH CORE Co-chairs and staff recommend not adjusting the X12 275 version from v6020, as X12 v6020 aligns with previous [X12 recommendations to NCVHS](#) and, as many commenters noted, there is limited implementation of v7030/8010 to date.

Additionally, CAQH CORE has a detailed maintenance process to update CAQH CORE Operating Rules when new versions are made available, and these draft rules would be updated, as appropriate.

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Feedback Form Results
Draft CAQH CORE Attachments (275/837) Infrastructure Requirements

Michael Marchant
ASG-CL Co-chair, UC Davis Health

Emily TenEyck
CAQH CORE, Manager

Marianna Singh
CAQH CORE, Senior Associate

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Attachments Subgroup – Claims Use Case: Feedback Form Results
Part B – Draft CAQH CORE Attachments (275/837) Infrastructure Requirements

#	Draft Requirement	% Support		
		Yes (%)	No (%)	Abstain
1	Processing Mode Requirement	23 (85%)	4 (15%)	5
2	Connectivity Requirement	26 (96%)	1 (4%)	5
3	System Availability Requirement	27 (93%)	2 (7%)	3
4	System Availability Reporting Requirements	28 (100%)	0 (0%)	4
5	Batch Processing Mode Response Time Requirement	26 (96%)	1 (4%)	5
6	Real Time Processing Mode Response Time Requirement	17 (74%)	6 (26%)	9
7	Data Error Handling Requirement for Batch Processing Mode	22 (85%)	4 (15%)	6
8	Front-End Server Minimum File Size Requirement	23 (85%)	4 (15%)	5
9	Internal Document Management Systems Minimum File Size Requirement	23 (82%)	5 (19%)	4
#	Draft Requirement	Multiple LX Loops	One LX Loop	Abstain
10	Inclusion of a requirement specifying the use of LX Loops on each X12 275	24 (86%)	4 (14%)	4
#	Draft Requirement	% Support		
		Yes (%)	No (%)	Abstain
11	Master Companion Guide Requirement	27 (96%)	1 (4%)	4
12	Policy Access and Required Identification Requirements	26 (96%)	1 (4%)	5

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Attachments Subgroup – Claims Use Case: Feedback Form Results
Comments Received on Part B: DRAFT System Availability and Connectivity Requirements

Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
1 **System Availability:** One health plan and one provider commented on the system availability requirements. The health plan noted 24-hours downtime for system maintenance felt too restrictive while the provider noted the minimum system availability should be higher to reduce patient care delays.	**1** **Do Not Adjust.** Given 93% of ASG-CL feedback form respondents voted in support of the Draft System Availability Requirements, and to remain consistent with existing CAQH CORE Infrastructure Rules, CAQH CORE ASG-CL Co-chairs and staff recommend continuing to support the requirement as drafted. Additional research on industry readiness for an increase in system availability will be conducted in the coming months and pursued in a future CAQH CORE Infrastructure Update.
2 **Connectivity:** One entity asked for clarification as to why the draft rule includes a requirement to use the CAQH CORE Connectivity Rule and whether existing connections can still be used by trading partners.	**2** **Do Not Adjust.** The CORE Connectivity Rule is designed to provide a 'Safe Harbor' in which entities are capable and ready to exchange data using CORE Connectivity at the time of a request. The CORE Connectivity Rule does not require trading partners to discontinue using existing connections.

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Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
③ Processing Mode: One health plan and one provider recommended that the Draft Processing Mode Requirement should be adjusted from requiring support for either Batch **or** Real Time Processing to requiring Batch Processing Mode, with Real Time Processing optional. They noted that, in general, the industry should agree on whether Real Time Processing Mode should be required across transactions. One of these respondents noted that the recommended adjustment would be different from the Draft Attachments – Prior Authorization Use Case Infrastructure Rule but still recommended the new language for the Claims Use Case. Additionally, four entities commented that their organizations currently only support Batch Processing Mode.	**③ Agree. Adjust for clarity.** CAQH CORE ASG-CL Co-chairs and staff recommend adjusting the Draft Processing Mode Requirements as recommended by the commenters. With this adjustment, the Draft Attachment (275/837) Processing Mode Requirement will mirror the CAQH CORE Health Care Claims (837) Infrastructure Rule Processing Mode Requirement by **requiring Batch Processing** with optional support for Real Time Processing. The Draft Attachments (275/278) Infrastructure Rule Processing Mode Requirement will continue to align with the CAQH CORE Prior Authorization Infrastructure Rule Processing Mode Requirement (i.e., entities may support Batch or Real Time Processing).

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Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
4 **Real Time Processing Mode Response Time:** Five entities noted that a response timeframe of 20 seconds, as specified in the Draft Real Time Processing Mode Requirement, is **too short**. Two of these entities explained that additional time is often needed to account for large file sizes and scan for viruses. One entity stated 20 seconds was **too long** of a response timeframe for Real Time exchanges.	**4** **Do Not Adjust.** Given 74% of ASG-CL feedback form respondents supported the draft requirement, ASG-CL Co-chairs and staff recommend not adjusting the rule language. Additionally, a 20 second Real Time Process Mode response timeframe is consistent with existing CAQH CORE Infrastructure Rules. As in prior rules, the draft requirement recommends that each hop between trading partners last no more than 4 seconds, accounting for time between intermediaries. Further, the draft requirement pertains to responses at the interchange and payload layer, meaning a detailed response of the data content of contained in the attachment is not required. Finally, the draft requirement includes a note stating, "Each HIPAA-covered entity and its agent only needs to support the maximum response time in 90% of cases per calendar month". This accounts for system malfunctions, complex submissions, and unplanned system outages. This exception is consistent across all CAQH CORE Infrastructure Rules for Real Time Acknowledgements at the payload level and reflects the understanding throughout the industry that there may be instances where adherence to the response time requirement is not feasible. **NOTE**: For a transaction to be exchanged in "Real Time", it must be conducted *synchronously* (i.e., while the connection between submitter and receiver is still open). Increasing the Real Time response timeframe could affect the synchronous process.

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Attachments Subgroup – Claims Use Case: Feedback Form Results
Comments Received on Part B: DRAFT Data Error Handling Requirements

Points of Clarification

5 **Data Error Handling Version:** Three entities asked for clarification regarding the use of the X12 6020X257 824 transaction in the draft rule.

One entity noted that v6020 of the X12 824 transaction is not usable for the intended purpose.

Another explained that the X12 824 transaction is not mandated and therefore should not be required as a response from the payer at the Initial Data Content Processing Level.

Another stated their support for v6020 but noted that once v7030/8010 becomes published, that should be the version specified in the rule.

CAQH CORE ASG-CL Co-chair & Staff Response

5 **Do Not Adjust.** Given 85% of ASG-CL feedback form respondents supported the draft requirement, ASG-CL Co-chairs and staff recommend not adjusting the rule language. To comply with appropriate electronic data interchange, a X12 v6020X257 824 should be returned after the X12 v6020X316 275 is initially accepted and the system is processing the payload. Indicating acceptance with the X12 v6020X257 824 is the only way the sending system is aware of whether the receiving system was able to process the binary data in the X12 v6020X316 275.

Additionally, CAQH CORE has a detailed maintenance process to update CAQH CORE Operating Rules when new versions of transactions are made available, and these draft rules will be updated, as needed.

NOTE: CAQH CORE Operating Rule requirements are not limited to systems and standards the federal government regulates; they can expand to use systems which address industry needs. CAQH CORE develops requirements that support the adoption of standard processes and ancillary system requirements to support EDI-based interchange.

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Points of Clarification

6 **Data Error Handling Requirement:** One entity noted that, as written, the requirement language does not mirror the Data Error Handling Diagram included in the rule. They recommended adjusting the language so that the X12 v5010 999 is returned only at the Payload Processing Layer (not the Initial Data Content Layer), as shown in the diagram.

CAQH CORE ASG-CL Co-chair & Staff Response

6 **Agree. Adjust for clarity.** CAQH CORE ASG-CL Co-chairs and staff recommend adjusting the Draft Data Error Handling Requirement language, as recommended by the commenter. As such, the Draft Attachment (275/837) Data Error Handling Requirement will accurately reflect the diagram included in the rule.

NOTE: Diagram included in Appendix B, for Subgroup reference.

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Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
7 **File Size (Front-End Server & Internal Document Management Systems):** Five entities asked for clarification regarding the 64MB file size limit. They noted that further research on the effects of file size limitations on legacy systems would be beneficial. Additionally, two entities recommended establishing a maximum file size limit in addition to a minimum. One of these entities noted that CMS' X12 275 Companion Guide cites a maximum file size of 200MB. Two entities explained their support for the requirement and noted their ability to accommodate the minimum file sizes. One of these entities recommended increasing the minimum file size.	**7** **Do Not Adjust.** CAQH CORE conducted extensive research through the attachments environmental scan, Attachments Advisory group and Attachments Subgroup – Prior Authorization Use Case. Additionally, like prior CAQH CORE Operating Rule requirements, this draft requirement represents a floor and not a ceiling in terms of the file size an organization accepts for processing. Entities may choose to accept file sizes above 64MB but must, at a minimum, accept 64MB files. Smaller file sizes can be accepted. The 64MB applies to the entire content of the BDS segment of the X12 275. Given a provider may need to send large files, CAQH CORE Co-chairs and staff do not recommend specifying a maximum file size.

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Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
8 **Internal Document Management Systems:** One respondent noted that internal document management systems are out of scope for EDI related to attachments and therefore recommended the draft requirement should be out of scope for this rule writing effort.	**8** **Do Not Adjust.** Given 82% of ASG-CL feedback form respondents supported inclusion of the draft requirement, ASG-CL Co-chairs and staff recommend not adjusting the requirement. CAQH CORE, as the official operating rule author and industry convener, is responsible for engaging the industry in developing consistent business processes for patients, providers and plans to streamline the business of healthcare via a collaborative and consensus driven process. Furthermore, CAQH CORE Operating Rule requirements are not limited to systems and standards the federal government regulates; they can expand to use systems which address industry needs. CAQH CORE develops requirements that support the adoption of standard processes and ancillary systems requirements to support EDI-based interchange.

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Substantive

(9) **Use of LX Loops on an X12 275 transaction:** One entity recommended that the requirement clarify that senders are not *required* to send multiple LX loops, but receivers must be able to accept multiple LX loops. They also recommended that receivers should be able to establish a maximum attachment file size.

Nine entities commented in favor of including a requirement that specifies the **use of multiple LX loops** when sending multiple attachments to support a single claim. One entity noted that creating multiple X12 275 transactions for multiple attachments would be cumbersome and inefficient.

One entity commented in favor of specifying the **use of one LX loop** per X12 275 explaining it would simplify reconciliation of the claim.

CAQH CORE ASG-CL Co-chair & Staff Response

(9) **For ASG-CL Discussion.** Given 86% of ASG-CL feedback form respondents voted to include a requirement specifying the use of multiple LX loops when sending multiple attachments to support a single claim, CAQH CORE Co-chairs and staff recommend adjusting the requirement to specify that senders are not *required* to send multiple LX loops, but receivers must be able to accept multiple LX loops.

Additionally, for each new BDS segment, receivers must support the minimum file size. As with the file size requirements, this requirement represents a floor and not a ceiling in terms of what must be supported and CAQH CORE Co-chairs and staff do not recommend specifying a maximum size allowable. Trading partners may continue to negotiate file sizes above 64MB.

Points of Clarification

(10) **Use of LX Loops:** Three entities asked for clarification regarding the file size limitation per LX loop.

CAQH CORE ASG-CL Co-chair & Staff Response

(10) The 64MB file size minimum applies to the entire content of the BDS segment of the X12 v6020X316 275 transaction.

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Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
11 **Companion Guide:** Two entities explained that to reduce provider and plan burden associated with navigating differing payer policies and requirements, companion guides should include references to policy access and required identification requirements. Two entities provided comments in support of the Draft Companion Guide Requirement, as written.	**11** **Do Not Adjust.** The industry typically defines a Companion Guide as a template used only for X12 transactions. Given this Draft CAQH CORE Attachments Infrastructure Rule addresses attachments sent using both X12 and non-X12 methods, and 96% of ASG-CL feedback form respondents support pursuing a rule a rule requirement to establish another electronic means for providers to access these reference requirements, CAQH CORE ASG-CL Co-chairs and staff recommend not adjusting the draft requirement.
12 **Policy Access and Required Identification:** Two entities asked for clarification on the Draft Policy Access and Required Identification Requirement. One asked whether the draft requirement only applied to the solicited claim scenario. Another asked for the definition of 'electronic method'. Four entities provided their support for the inclusion of this draft requirement. Two of these entities recommended that the list of electronic methods include common modifiers and codes or UM Timeliness standards.	**12** **Do Not Adjust.** Given 96% of ASG-CL feedback form respondents supported the inclusion of the draft requirement, ASG-CL Co-chairs and staff do not recommend adjusting the requirement. Additionally, the draft requirement provides a *recommended* list of electronic means for identifying the health plan policies that list attachment-specific data needed to support a claim submission and is applicable to both the solicited and unsolicited workflows. The list is not intended to be exhaustive or prohibitive. **NOTE**: UM Timeliness Standards was already included as an option for subgroup selection. Finally, the draft requirement does not establish a definition for 'electronic method' but gives examples of possible methods. The actual method is to be determined by health plan and its agent.

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Feedback Form Results
Draft CAQH CORE Attachments (275/837)
Data Content Requirements

Bob Bowman
CAQH CORE, Director

Attachments Subgroup – Claims Use Case Feedback Form
Part C – Draft CAQH CORE Attachments (275/837) Data Content Requirements for X12 275 Method

#	Draft Requirement	% Support		
		Yes (%)	No (%)	Abstain
1	**Solicited 275 Scenario**: Inclusion of draft requirements for the X12 v6020X313 277 Health Care Claim Request for Additional Information Transaction.	22 (76%)	7 (24%)	3
2	**Unsolicited 275 Scenario:** Inclusion of draft requirements for the X12 v6020X313 277 Health Care Claim Request for Additional Information Transaction.	28 (93%)	2 (7%)	2
3	Inclusion of a draft requirement for use of **LOINCs on the X12 277** Health Care Claim Request for Additional Information Transaction.	21 (78%)	6 (22%)	5

Points of Clarification

1 **Inclusion of dental claims in potential Draft X12 v6020X313 277 Requirements:** One entity commented that the draft X12 v6020X313 requirement should include dental claims **or** dental claims should be excluded from all Draft Attachments (275/837) Data Content Rule Requirements.

CAQH CORE ASG-CL Co-chair & Staff Response

1 **Do Not Adjust.** Given 76% of feedback form respondents support pursuing the draft requirement, as written, CAQH CORE Co-chairs and staff recommend not adjusting the draft rule requirement. To align with the CAQH CORE (837) Health Care Claims Infrastructure Rule, which includes support for professional, institutional, and dental claims, the Draft CAQH CORE Attachments (275/837) Rules include support for professional institutional and dental claims. However, given the X12 v6020X313 277 is not used with dental claims, it was placed out of scope for this specific requirement only.

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Attachments Subgroup – Claims Use Case Feedback Form
Comments Received on Part C – Draft Attachments (275/837) Data Content Requirements (X12)

Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
2 **Inclusion of Draft Requirements for the X12 v6020X313 277 (Solicited & Unsolicited Scenarios):** One entity commented that the draft requirement is already detailed in the TR3 and doesn't require inclusion in an operating rule. Another entity noted that requirements should not be drafted for the unsolicited scenario, as health plans are often sent excess documentation from providers in the unsolicited scenario causing significant administrative burden. They recommended that the draft rule should be silent on the unsolicited scenario.	**2** **Do Not Adjust.** Given 76% of feedback form respondents support pursuing the draft requirement, CAQH CORE Co-chairs and staff recommend not adjusting the draft rule language. The TR3 contains situational requirements, therefore the Draft CORE Data Content Rules requiring the use of the X12 277RFAI would not duplicate the TR3. Additionally, the CAQH CORE Attachments Environmental Scan revealed that most attachments received by health plans (60 percent) are unsolicited. Therefore, the Attachments Advisory Group and Attachments Subgroup – Prior Authorization Use Case determined that both the solicited and unsolicited scenarios should be supported in draft attachments operating rules to ease administrative burden.
3 **X12 v6020X313 277 Referenced Loops:** Four entities noted that the incorrect Loops were referenced (Loops 2000E/2000F) and recommended adjusting the referenced Loops to 2300/2400.	**3** **Agree. Adjust for Clarity.** CAQH CORE Co-chairs and Staff will adjust the draft requirements in accordance with the commenters' recommendation.

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Attachments Subgroup – Claims Use Case Feedback Form
Comments Received on Part C – Draft Attachments (275/837) Data Content Requirements (X12)

Points of Clarification	CAQH CORE ASG-CL Co-chair & Staff Response
4 **LOINCs on X12 v6020X313 277:** One entity noted that LOINCS are included in the X12 and HL7 Implementation Guides and recommended adding LOINCs to the list of recommended data elements for providers to use to assist with reassociation.	**4** **Subgroup discussion** for additional feedback on this topic is needed. *NOTE: The list contains examples of recommended, not required, elements for providers to use to assist document management systems with reassociation.*
5 **LOINCs on X12 v6020X313 277:** One entity recommended not including the draft requirement in the rule because the LOINC system provides 80% coverage for identifying attachments requirements for claims submissions and the PWK Segment has a free text field.	**5** **Do not adjust.** Given 78% of ASG-CL feedback form respondents supported pursuing the draft requirement, ASG-CL Co-chairs and staff recommend including the requirement. Additionally, the draft requirement will state that health plan should use the most appropriate LOINC; it would not provide specific detailed requirements for LOINC usage.
6 **Elements for Reassociation (Applies to X12 & Non-X12):** One entity explained that in the unsolicited scenario, the **Attachment Control Number (ACN)** is the number assigned to the document from the *provider's* system. The **Claim #** is assigned by the *payer's* system and is returned to the payer by the provider in the solicited scenario.	**6** **Agree. Adjust for clarity.** CAQH CORE ASG-CL Co-chairs and staff recommend incorporating the commenter's recommendation to revise the definitions of these terms in the Draft Attachments (275/837) Claims Data Content Rule.

No substantive comments were submitted in Part C of the feedback form.

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Attachments Subgroup – Claims Use Case Feedback Form
Part D – Draft CAQH CORE Attachments (275/837) Data Content Requirements for Non-X12 Method

#	Draft Requirement	% Support		
		Yes (%)	No (%)	Abstain
1	Reassociation requirement for the unsolicited non-X12 scenario.	22 (88%)	3 (12%)	7

Point of Clarification Comments

7 **Reassociation Requirements for Non-X12 Method:** One entity commented that they only support the development of requirements pertaining to SDO-developed healthcare EDI standards, not proprietary submission methods.

CAQH CORE Co-chair & Staff Response

7 **Do Not Adjust:** Given 88% of ASG-CL feedback form respondents voted to pursue reassociation requirements for the unsolicited non-X12 scenario, CAQH CORE Co-chairs and staff recommend not adjust the draft requirement.

CAQH CORE is responsible for engaging the healthcare industry in developing consistent business processes for patients, providers and health plans to streamline the business of healthcare. In anticipation of an attachments NPRM and its designation as the HHS Operating Rule Author, CAQH CORE plans to honor its commitment by producing guidance materials, educational content and implementable operating rules to move the needle of industry adoption of electronic attachments. Additionally, the non-X12 method is optional in the draft rule, therefore entities are not required to implement non-X12 methods of submission or data exchange.

No substantive comments were submitted in Part D of the feedback form.

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Attachments Subgroup – Claims Use Case Next Steps

Mahesh Siddanati
ASG-CL Co-chair, Centene

Attachments Subgroup – Claims Use Case Straw Poll #1

Straw Poll Objective: Indicate each ASG-CL Participating Organization's level of support for Draft Attachment 275/837 Infrastructure Rule Requirements and Draft Attachment 275/837 Data Content Rule Requirements.

Straw Poll Overview:

❑ **Draft Attachment 275/837 Infrastructure Rule Requirements:** Respondents will be asked to indicate level of support for Draft Attachment 275/837 Infrastructure Rule Requirements, by section.

❑ **Draft Attachment 275/837 Data Content Rule Requirements:** Respondents will be asked to indicate level of support for Draft Attachment 275/837 Data Content Rule Requirements, by section.

NOTE: Respondents will have the opportunity to leave comments along with each of their responses.

Additional Guidance:
- The form is to be completed by CAQH CORE ASG-CL Participants only; **please coordinate to submit only <u>one</u> response for your organization.**
- Responses must be submitted **via the online submission form by <u>Friday, 06/04/21</u> end of day**.
- Questions should be directed to Marianna Singh, Senior CORE Associate, at <u>msingh@caqh.org.</u>
- **NOTE**: In accordance with CAQH CORE policy, all responses will be kept strictly confidential and will be reported in aggregate at stakeholder level.

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Attachments Subgroup – Claims Use Case Straw Poll #1
Format: Draft Attachments (275/837) Claims Operating Rules

The Draft CAQH CORE Attachments (275/837) Claims Operating Rules each have two rule requirement sections:

1. Requirements for Attachments using the **X12 275** transaction (X12 Method).

2. Requirements for Additional Documentation sent without using the X12 275 (Non-X12 Method).

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Attachments Subgroup—Claims Use Case Participants

- Complete Straw Poll #1 by **Friday, 06/04/21.**
- Participate in the next CAQH CORE ASG-CL Call on **Thursday, 06/17/21 at 2:00 PM ET.**

CAQH CORE Staff & Co-chairs

- Draft a summary for today's call.
- Send Straw Poll #1 to ASG-CL Subgroup Participants by **Friday, 05/21/21.**
- Analyze Straw Poll #1 feedback and prepare results for **Thursday, 06/17/21** call.

Contact CORE@caqh.org with any questions.

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Appendix A
Feedback Form Results: Supplemental Tables

Draft Policy Access and Identification Requirements (Applies to X12 & Non-X12 Methods)

NOTE: Highest ranking elements will be included in a table of suggested electronic policies in the draft rule

Health Plan/Health Plan-Facing Vendors

Feedback form respondents from health plans/health plan-facing vendors selected items their organization makes available to providers to support claims submissions.

#	Items	% of Votes
1	Medical Policies	84%
2	Provider Manual	84%
3	Claim Process & Procedures	79%
4	Provider Appeal & Grievance Policy	79%
5	Documentation Requirements	74%
6	Payment Policies	68%
7	Coverage Guidelines/Policies	63%
8	Billing Policies	58%
9	Links to Policies	53%
10	Procedure Code Search Tool	47%
11	List of Procedures	37%
12	Services That Require UM Review	37%
13	Links to Delegated Vendors	26%
14	URL Links to Coverage Policy	26%
15	LCD/NCD Guide Links	21%
16	UM Timeliness Standards	21%

Provider/Provider-Facing Vendors

Feedback form respondents from providers/provider-facing vendors ranked the items they most often need to deliver to a health plan or have difficultly finding.

#	Items	% of Votes
1	Documentation Requirements	85%
2	Services That Require UM Review	77%
3	Coverage Guidelines/Policies	62%
4	Claim Process & Procedures	54%
5	Medical Policies	46%
6	Payment Policies	46%
7	UM Timeliness Standards	46%
8	Billing Policies	38%
9	Links to Policies	38%
10	Procedure Code Search Tool	38%
11	Provider Manual	38%
12	Provider Appeal & Grievance Policy	31%
13	URL Links to Coverage Policy	31%
14	LCD/NCD Guide Links	23%
15	Links to Delegated Vendors	23%
16	List of Procedures	23%

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Attachments Subgroup – Claims Use Case Feedback Form 1
Additional Subgroup Feedback Needed

Use of Metadata or Common Reference Identifiers (X12 Method)

Rank of reference identifiers/metadata in order of most useful (1) to least useful (9) when reassociating an attachment to an X12 v5010 837 Claim Submission

#	Reference Identifier/Metadata	Average Rank
1	ACN or Claim Control #	2
2	Member ID	3
3	Claim #	4
4	Date of Service (DOS)	5
5	Billed Amount	5
6	Member Name	6
7	Date of Birth (DOB)	6
8	Case Reference / ID #	7
9	Internal Medical Facility #	7

NOTE: The Draft CAQH CORE Attachments (275/837) Data Content Rule will include each of the recommendations listed. As a reminder, the list of recommendations is not intended to be exhaustive or prohibitive.

Reassociation Elements (Non-X12 Method)

Rank of suggested elements for providers to use to assist document management systems in reassociation within the draft rule

Element	Votes
Claim #	25
ACN #	21
Member ID	23
Date of Service (DOS)	22
Provider ID (either TIN/NPI)	22
Patient Last Name	21
Patient ID	17
Patient First Name	16
Claim Attachment Indicator	15
Date of Birth (DOB)	15
Medical Record # (from EHR)	11
Facility ID	7

Element	Votes
Subscriber/Dependent Name	6
Procedure	6
Batch #	5
Reference #	4
Diagnosis	4
Payor Name	3
Date Stamp	2
Member MPI	2
Internal Order ID #	1
Letter #	0
Plan	0

NOTE: The top **10** selections (shown in the box in red) will be included in the Draft CAQH CORE Attachments (275/837) Data Content Rule as recommendations for providers to use to assist document management systems with reassociation.

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Appendix B
Additional Reference Materials

Today's Call Documents

Document Name
Doc 1: ASG-CL Call 2 Deck 05.13.21 Doc 2: ASG-CL Call 1 Summary 04.15.21 Doc 3: ASG-CL Feedback Form Non-Substantive Comments 05.13.21

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
Kaitlin Powers, *Associate, CORE*	kpowers@caqh.org

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CAQH CORE Attachments Subgroup (Claims Use Case)
Activity Schedule

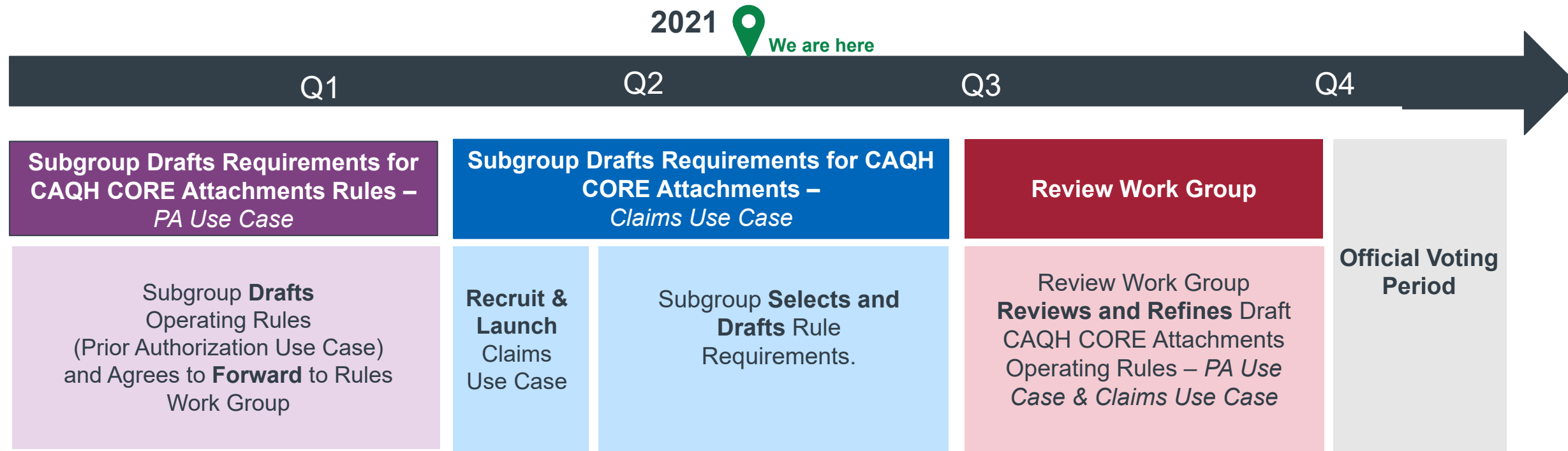| Date	Subgroup Activity	Topic
Thursday, 4/15/21 2:00pm – 3:30pm	**ASG-CL Call #1**	• Level set on scope and call schedule. • Review draft rule options-claims use case and draft requirements that align with the PA Use Case. • Review objective of Feedback Form #1.
Friday, 4/16/21- **Friday 4/30/21**	**ASG-CL Feedback Form**	• Feedback on rule options specific to claims attachments. • Indicate levels of support for drafted requirements that align with Prior Authorization Attachment Requirements.
Thursday, 5/13/21 2:00pm – 3:30pm	**ASG-CL Call #2**	• Review results of Feedback Form #1. • Agree to adjustments, as necessary. • Provide an overview of Straw Poll #1.
Friday, 5/21/21- **Friday 6/4/21**	**ASG-CL Straw Poll #1**	• Indicate level of support for Draft Attachment 275/837 Infrastructure Rule Requirements, by section. • Indicate level of support for Draft Attachment 275/837 Data Content Rule Requirements, by section.
Thursday, 6/17/21 2:00pm – 3:30pm	**ASG-CL Call #3**	• Review adjustments to draft rules. • Review Straw Poll #1 results. • Agree to forward the rules to the Review Work Group for further review and refinement along with the Draft Prior Authorization Attachment Rules.

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CORE Participating Organization	Last Name	First Name
Aetna	Bellefeuille	Bruce
Aetna	Hodges	Rose
Aetna	Neves	Amy
Aetna	Rabuffo	Mark
Aetna	Stine	Merri-Lee
American Hospital Association (AHA)	Cunningham	Terrence
American Medical Association (AMA)	Lefebvre	Celine
American Medical Association (AMA)	McComas	Heather
American Medical Association (AMA)	Otten	Robert
American Medical Association (AMA)	Reese (Malavey)	Molly
Anthem Inc.	Bushman	Mary Lynn
Anthem Inc.	Green	Christol
athenahealth	Fiore	Melissa
Availity, LLC	Barry	Michelle
Availity, LLC	Greer	Justin
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail
Blue Cross Blue Shield of Michigan	Knapp	Ron
Blue Cross Blue Shield of Michigan	Levitzky	Susan
Blue Cross Blue Shield of Michigan	Monarch	Cynthia
Blue Cross Blue Shield of Michigan	O'Malley	Molly
Blue Cross Blue Shield of North Carolina	Hillman	Barry
Blue Cross Blue Shield of North Carolina	Sammons	Heather
Blue Cross Blue Shield of North Carolina	Swain	Deborah
Blue Cross Blue Shield of North Carolina	Vemuri	Bhanu
Blue Cross Blue Shield of Tennessee	Langford	Susan
Blue Cross Blue Shield of Tennessee	Poteet	Brian
Centene Corporation	Karcher	Mary
Centene Corporation	Naney	Dawn
Centene Corporation	Siddanati	Mahesh
Centene Corporation	Singleton	Yolanda
Centers for Medicare and Medicaid Services (CMS)	Doo	Lorraine
Centers for Medicare and Medicaid Services (CMS)	Kessler	Thomas
Change Healthcare	Denison	Mike
Change Healthcare	McCachern	Deb
Change Healthcare	Mukker	Alka
CIGNA	Soccorso	Megan
Cleveland Clinic	Gross	Bob
Cognosante	Saunders	Daniel
CSRA	Caldwell	Laura
Edifecs	Boincean	Cristina
Edifecs	Kelly	John
Edifecs	Rata	Sergiu
Epic	Alouani	Sami
Epic	Carino	Santo

CORE Participating Organization	Last Name	First Name
Harvard Pilgrim Health Care	Bhatt	Vijay
Harvard Pilgrim Health Care	Buckley	Nancy
Harvard Pilgrim Health Care	Cole	Gary
Health Care Service Corp	Campbell	Donna
Healthedge Software Inc	Brown	Margaret
HEALTHeNET	Gracon	Christopher
Highmark, Inc	Hetherington	LuAnn
Highmark, Inc	Sweigart	Robert
HMS	Wilcox	Beth
Humana	Jamison	Sandra
Humana	Peterson	Amy
Kaiser Permanente	Kessler	Christy
Kaiser Permanente	Plattner	Cathy
Leidos Health	Kay-Rast	Juneko
Mayo Clinic	Brannan	Andrea
Mayo Clinic	Fortek	Rebecca
Medical Group Management Association (MGMA)	Voytal	Drew
Medical Mutual of Ohio, Inc.	Conklin	Deb
Medical Mutual of Ohio, Inc.	Oby	Jean
Michigan Department of Community Health	Banks	Deontey
Michigan Department of Community Health	Fuller	Diana
New England HealthCare Exchange Network (NEHEN)	Delano	David
New Mexico Cancer Center	Bateman-Wold	Tonia
NextGen Healthcare Information Systems, Inc.	Kay-Rast	Juneko
NextGen Healthcare Information Systems, Inc.	Lopez	Jacqueline
NextGen Healthcare Information Systems, Inc.	Team	Nancy
Ohio Hospital Association	Weaver	Quyen
OhioHealth	Gabel	Randy
OneHealthPort	Campbell	Bill
PriorAuthNow	Blasinski	Jeff
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Koch	Steven
The SSI Group, Inc.	Tillman	Tracey
TrialCard	Randall	Dean
TriZetto Corporation, A Cognizant Company	Schulz	Andrew
UC Davis Health	Marchant	Michael B.
United States Department of Veterans Affairs	Knapp	Katherine
Unitedhealthcare	Kalluri	Kiran
Unitedhealthcare	May	Sonya
UnitedHealthGroup	Nordstrom	Alexandria
US Department of Veterans Affairs	Knapp	Katie
WEDI	Tennant	Robert
Wells Fargo	Birgenheier	Jason
Wells Fargo	St John	June

CAQH CORE Attachments Initiative Roadmap
*Overall Timeline**

2021

We are here

Q1	Q2	Q3	Q4

Subgroup Drafts Requirements for CAQH CORE Attachments Rules – *PA Use Case*

Subgroup Drafts Requirements for CAQH CORE Attachments – *Claims Use Case*

Review Work Group

Subgroup **Drafts** Operating Rules (Prior Authorization Use Case) and Agrees to **Forward** to Rules Work Group

Recruit & Launch Claims Use Case

Subgroup **Selects and Drafts** Rule Requirements.

Review Work Group **Reviews and Refines** Draft CAQH CORE Attachments Operating Rules – *PA Use Case & Claims Use Case*

Official Voting Period

*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.

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Attachments Subgroup – Claims Use Case
Participant 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.
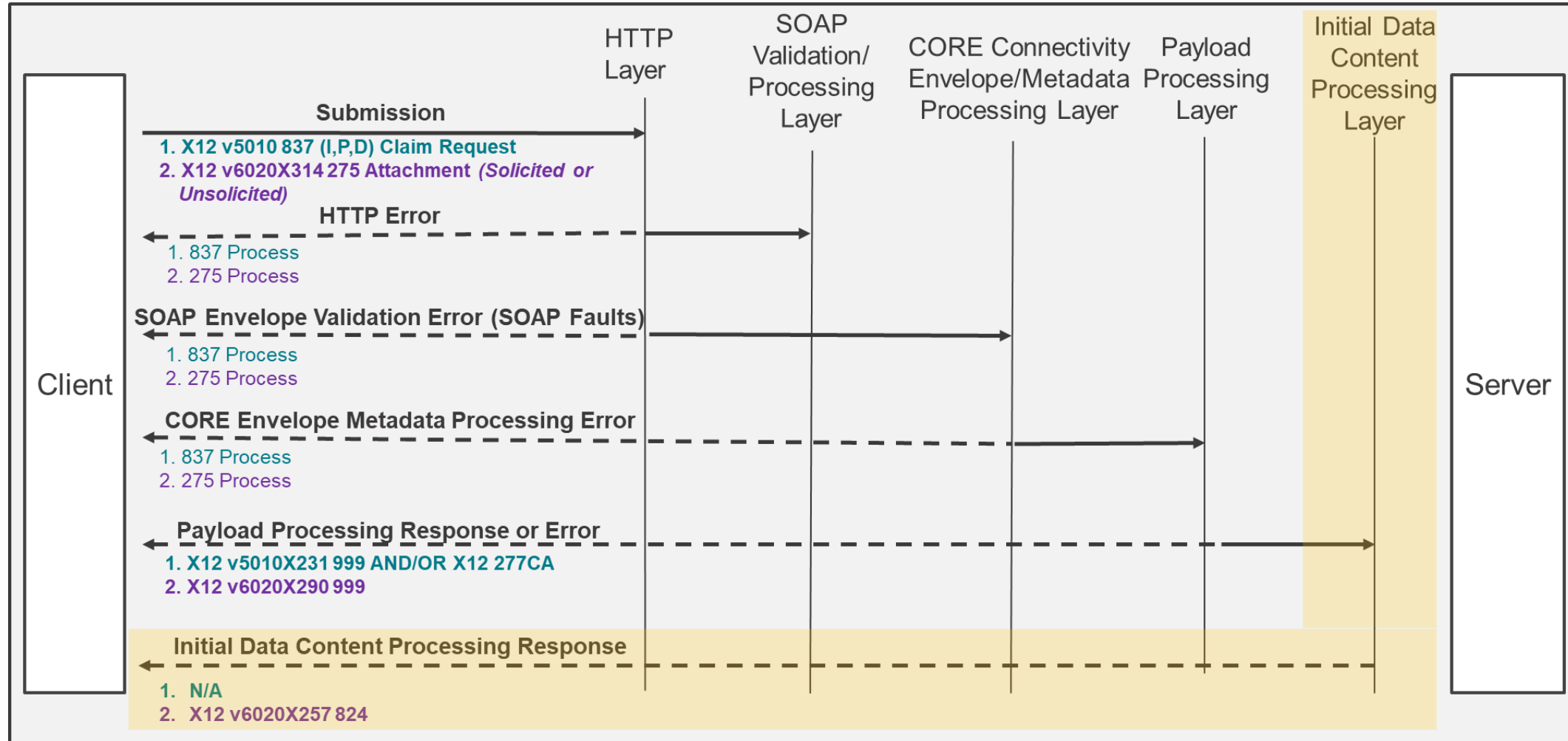- **Participate in feedback forms/straw polls and cast votes, as appropriate.**
  - Participating organizations may have any number of participants in the Subgroup, but each organization has only one vote on straw polls and ballots.

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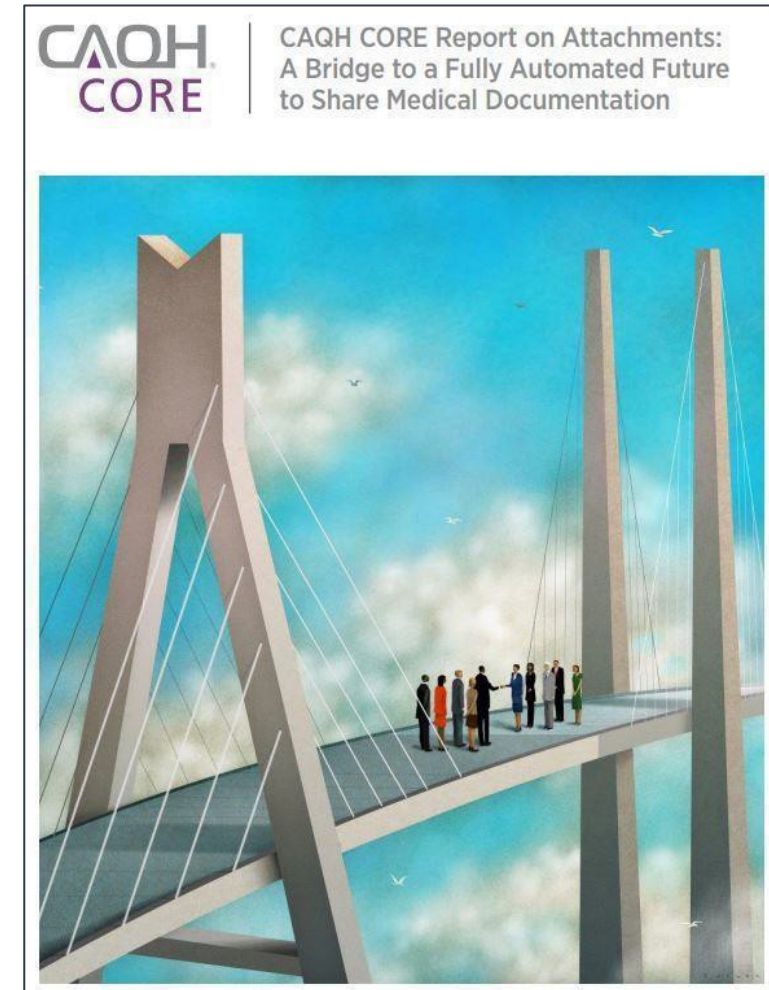**NOTE:** *Claim Status (276/277) is not depicted in this diagram*

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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 Attachments: A Bridge to a Fully Automated Future to Share Medical Documentation

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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](#)