



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

Call #3

Call Doc #1

June 17, 2021
2:00 – 3:30 PM ET

Agenda

Time	Agenda Item	Discussion Item or Action Required
2:00 PM	1. Antitrust Guidelines	<i>Discussion</i>
2:02 PM	2. Roll Call and Administrative Items	<i>Discussion</i>
2:05 PM	3. Summary of 05/13/21 Subgroup Call (Doc 2) <ul style="list-style-type: none"> • Level Set on Subgroup Timeline. • Reviewed Results of Feedback Form. • Discussed Comments Received and Recommended Adjustments. • Agreed to Next Steps. 	<u>Action Required:</u> <ul style="list-style-type: none"> • Approve 05/13/21 Call Summary
2:10 PM	4. Update on Spring Unified Agenda <ul style="list-style-type: none"> • Adoption of Standards for Health Care Attachments Transaction and Electronic Signatures, and Modification to Referral Certification and Authorization Standard. 	<i>Discussion</i>
2:15 PM	5. Level Set	<i>Discussion</i>
2:20 PM	6. Review Results of Straw Poll including: <ul style="list-style-type: none"> • Respondent Breakdown and Percent Support for Draft Scope and Requirements. • Comments Received on Scope, Draft Infrastructure Requirements and Draft Data Content Requirements. • Agree to adjustments, as necessary. 	<i>Discussion</i>
3:20 PM	7. Attachments Subgroup-Claims Use Case Next Steps <ul style="list-style-type: none"> • CAQH CORE Co-chairs & staff: <ul style="list-style-type: none"> ○ Adjust the <i>Draft CAQH CORE Attachments 275/837 Infrastructure & Data Content Rules</i> in accordance with today's discussion and comments. ○ Forward the draft rules to the CAQH CORE Review Work Group (RWG) for further development. ○ Draft a summary for today's call and post it to the CAQH CORE Participant Dashboard. • Subgroup participants are encouraged to stay engaged and participate in the RWG – <i>call for participants forthcoming.</i> 	<u>Action Required:</u> <ul style="list-style-type: none"> • Agree to Next Steps

Attachments Subgroup – Claims Use Case Call #2 Summary

Motion to Approve

CAQH Committee on Operating Rules for Information Exchange (CORE)
 Attachments Subgroup - Claims Use Case (ASG-CL)
 Call #2 Summary: Thursday, May 13, 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.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
1. Antitrust Guidelines	<ul style="list-style-type: none"> • 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. 	<i>Discussion</i>
2. Roll Call and Administrative Items	<ul style="list-style-type: none"> • Bob Bowman (CAQH CORE Director) reviewed the call documents: <ul style="list-style-type: none"> ○ Doc #1: ASG-CL Call 2 Slide 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 • Bob Bowman (CAQH CORE Director) reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Review results of Feedback Form #1. ○ Agree to adjustments, as necessary. ○ Provide an overview of Straw Poll #1. ○ Discuss Next Steps. • Marianna Singh (CAQH CORE Senior Associate) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. • Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. 	<i>Discussion</i>
3. Summary of 04/15/21 ASG-CL Call #1 (Doc #2)	<p>Summary of 04/15/21 ASG-CL Call #1 (Doc #2).</p> <ul style="list-style-type: none"> • Level set on Subgroup timeline and expectations. • Provided and overview of CAQH CORE Attachments Initiative and Subgroup scope. • Reviewed CAQH CORE Attachment opportunity areas and rule options. • Discussed next steps, including ASG-CL Feedback Form #1. • Marianna Singh (CAQH CORE Senior Associate) asked the group for motion to approve the call summary. • Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by ASG-CL participants. 	<p>Action Required:</p> <ul style="list-style-type: none"> • Approved 04/15/21 Call Summary (Doc #2) <ul style="list-style-type: none"> ○ Motion to approve by Megan Soccorso (CIGNA). ○ Seconded by Molly Reese (AMA).

Update: Spring Unified Agenda

RIN Data

HHS/CMS

RIN: 0938-AT38

Publication ID: Spring 2021

Title: Administrative Simplification: Adoption of Standards for Health Care Attachment Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Standard (CMS-0053)

Abstract:

This rule proposes new standards to support both health care claims and prior authorization transactions, and standards for electronic signatures to be used in conjunction with health care attachments transactions. This rule also proposes to adopt a modification to the standard for the referral certification and authorization transaction. Additionally, this rule makes a regulatory change that would implement requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), enacted on March 30, 2010, (collectively, the ACA).

Agency: Department of Health and Human Services(HHS)

RIN Status: Previously published in the Unified Agenda

Major: No

CFR Citation: [45 CFR 160](#) [45 CFR 162](#)

Legal Authority: [42 U.S.C. 1320d-1 to 1320d-4](#)

Legal Deadline: None

Timetable:

Action	Date	FR Cite
NPRM	08/00/2021	

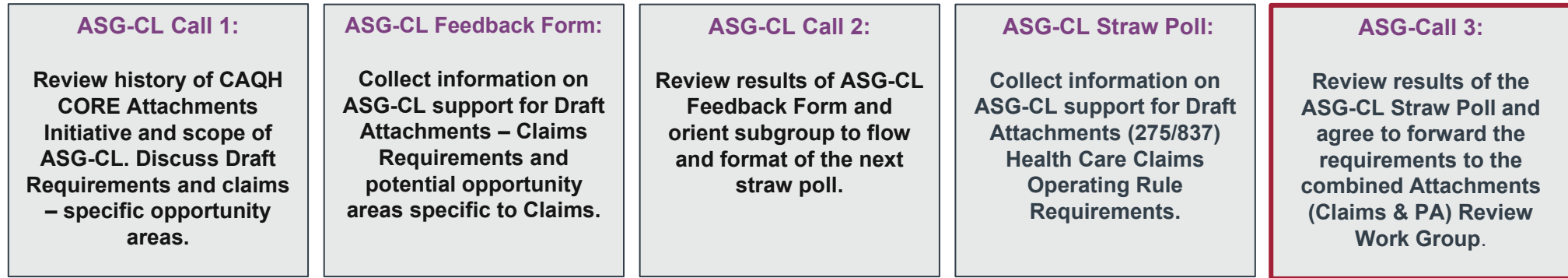
Priority: Other Significant

Agenda Stage of Rulemaking: Proposed Rule Stage

Unfunded Mandates: No

Attachments Subgroup – Claims Use Case Roadmap

Level Set for Today's Call



Today

- **Review Results of Straw Poll including:**
 - Respondent support for *Draft CAQH CORE Attachments (275/837) Claims Infrastructure Rule.*
 - Respondent support for *Draft CAQH CORE Attachments (275/837) Claims Data Content Rule.*
- **Agree to adjustments** to the draft rules.
- **Agree to Next Steps** including forwarding the draft rules to the Review Work Group.

Upcoming

- Subgroup Participants are encouraged to stay engaged and **participate in the Review Work Group (RWG)** to review and further refine the:
 - *Draft CAQH CORE Attachments (275/837) Claims Infrastructure Rule*
 - *Draft CAQH CORE Attachments (275/837) Claims Data Content Rule.*

Attachments Subgroup – Claims Use Case Straw Poll Results

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

Attachments Subgroup – Claims Use Case Straw Poll

Straw Poll Background & Respondent Breakdown

Purpose of Straw Poll: To collect feedback from the ASG-CL on its level of support for each section of the *Draft CAQH CORE Attachments (275/837) Claims Infrastructure Rule* and *Draft CAQH CORE Attachments (275/837) Claims Data Content Rule*.

Format:

- **Parts A – C: Questions pertaining to the Draft CAQH CORE Attachments (275/837) Claims Infrastructure Rule**
 - **Part A:** Scope
 - **Part B:** Infrastructure Requirements – X12 Method
 - **Part C:** Infrastructure Requirements – Non-X12 Method
- **Parts D – F: Questions pertaining to the Draft CAQH CORE Attachments (275/837) Claims Data Content Rule**
 - **Part D:** Scope
 - **Part E:** Draft CAQH CORE Attachments (275/837) Data Requirements – X12 275 Method
 - **Part F:** Draft CAQH CORE Attachments (275/837) Data Requirements – Non X12 275 Method

Respondent Breakdown: Responses were received from **33** respondents representing **69%** of ASG-CL Subgroup Participating Organizations.

Number of ASG-CL Participating Organizations	48
Total Number of ASG-CL Participating Organization Responses	33 (69% of ASG-CL Entities)
Number of Provider / Provider Association Responses	6 (18% of respondents)
Number of Health Plan / Health Plan Association Responses	11 (33% of respondents)
Vendor / Clearinghouse Responses	10 (31% of respondents)
Number of Government / 'Other' Responses (includes SDOs)	6 (18% of respondents)

Attachments Subgroup – Claims Use Case Straw Poll

Straw Poll Results: Draft CAQH CORE Attachments (275/837) Infrastructure Rule Results, by Section

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
Part A: Draft CAQH CORE Attachments (275/837) Infrastructure Requirements – Scope				
1	Section 3 Scope (All Sections)	30 (94%)	2(6%)	1
Part B: Draft CAQH CORE Attachments (275/837) Infrastructure Requirements – X12 Method				
2	Section 4.1 Processing Mode Requirements	30 (94%)	2 (6%)	1
3	Section 4.2 Connectivity Requirements	32 (100%)	0 (0%)	1
4	Section 4.3 System Availability & Reporting Requirements	28 (88%)	4 (12%)	1
5	Section 4.4 Payload Acknowledgements & Response Time Requirements	31 (97%)	1 (3%)	1
6	Section 4.5 Data Error Handling Requirements	26 (90%)	3 (10%)	4
7	Section 4.6.1 Front End Server Requirements	28 (88%)	4 (12%)	1
8	Section 4.6.2 Internal Document Management Systems File Size Requirement	28 (90%)	3 (10%)	2
9	Section 4.6.3 Use of Multiple LX Loops Requirement	29 (91%)	3 (9%)	1
10	Section 4.7 Companion Guide Requirement	30 (97%)	1 (3%)	2
11	Section 4.8 Electronic Policy Access of Required Information Requirement	30 (97%)	1 (3%)	2
Part C: Draft CAQH CORE Attachments (275/837) Infrastructure Requirements – Non-X12 Method				
12	Section 5.1 Connectivity Requirements	28 (97%)	1 (3%)	4
13	Section 5.2 System Availability & Reporting Requirements	28 (90%)	3 (10%)	2
14	Section 5.3.1 Front End Server File Size Requirement	27 (87%)	4 (13%)	2
15	Section 5.3.2 Internal Document Management Systems File Size Requirement	27 (87%)	4 (13%)	2
16	Section 5.4 Electronic Policy Access of Required Information Requirement	29 (94%)	2 (6%)	2

Attachments Subgroup – Claims Use Case Straw Poll

Straw Poll Results: Draft CAQH CORE Attachments (275/837) Data Content Rule Results, by Section

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
Part D: Draft CAQH CORE Attachments (275/837) Infrastructure Requirements – Scope				
1	Section 3 Scope (All Sections)	29 (91%)	3 (9%)	1
Part E: Draft CAQH CORE Attachments (275/837) Data Content Requirements – X12 Method				
2	Section 4.1.1 Reassociation of an Unsolicited X12 275 using PWK Code EL	28 (90%)	3 (10%)	2
3	Section 4.1.1.1 Common Reference Data Used to Reassociate X12 275 Attachments and X12 837 Claim Submissions	29 (97%)	1 (3%)	3
4	Section 4.1.2 Reassociation of a Solicited X12 275 using LOINCs	27 (87%)	4 (13%)	2
Part F: Draft CAQH CORE Attachments (275/837) Data Content Requirements – Non-X12 Method				
5	Section 5.1.1 Use of CORE Connectivity Headers to Reassociate Additional Documentation	25 (89%)	3 (11%)	5
6	Section 5.1.1.1 Attachment Data Elements for Unsolicited Additional Documentation	23 (82%)	5 (18%)	5
Appendix				
7	Appendix – X12 TR3 Data Element and Reference Identification Mapping	26 (93%)	2 (7%)	5

Attachments Subgroup – Claims Use Case Straw Poll

Comment Categorization

All sections of the Draft CAQH CORE Attachments (275/837) Rules received \geq 82% support.

Comments received on the ASG-CL Straw Poll 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 Straw Poll Non-Substantive Comments*). Subgroup participants are encouraged to review this document as there were some minor adjustments for clarity, as recommended by subgroup straw poll comments.

ASG-CL Straw Poll Results
PART A: Draft CAQH CORE Attachments
(275/837) Infrastructure Rule – Scope

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

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part A: DRAFT Infrastructure Rule - Scope

#	Section Name	Support	Do Not Support	Abstain
1	Section 3 Scope	30 (94%)	2 (6%)	1

Points of Clarification

1 Versioning: Three entities commented on the use of **v6020** for of the transactions included the Draft Scope Section of the infrastructure rule.

- One of these entities asked for clarification as to why X12 v5010 was not referenced for X12 999, X12 824, X12 277RFAI and X12 275 transactions.
- The second commented that their organization supports X12 v7030 275.
- The third explained that X12 v8010 275 should be referenced given it is the latest published version.

NOTE: Three entities commented in support of the versioning, as drafted.

CAQH CORE Co-chair & Staff Response

1 Do Not Adjust. Given 94% of ASG-CL straw poll respondents voted in support of the Scope section, as drafted, CAQH CORE ASG-CL Co-chairs and staff recommend not adjusting the X12 transaction versions from v6020.

Additionally, v6020 aligns with the Draft Attachments (275/837) Infrastructure Rule, Draft CAQH CORE Attachments (275/278) Prior Authorization Operating Rules and previous [X12 recommendations to NCVHS](#). From extensive research, it is noted that there is limited implementation of v7030 or v8010 to date. However, CAQH CORE's detailed maintenance process allows CAQH CORE Operating Rules to be updated when new versions of the applicable transaction(s) are made available, and these draft rules would be updated, as appropriate.

ASG-CL Straw Poll Results
PART B: Draft CAQH CORE Attachments (275/837)
Infrastructure Requirements – X12 Method

Alka Mukker
ASG-CL Co-chair, Change Healthcare

Emily TenEyck
CAQH CORE, Manager

Attachments Subgroup – Claims Use Case: Straw Poll Results

Part B – DRAFT CAQH CORE Attachments (275/837) Infrastructure Requirements – X12 Method

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
1	Section 4.1 Processing Mode Requirements	30 (94%)	2 (6%)	1
2	Section 4.2 Connectivity Requirements	32 (100%)	0 (0%)	1
3	Section 4.3 System Availability & Reporting Requirements	28 (88%)	4 (12%)	1
4	Section 4.4 Payload Acknowledgements & Response Time Requirements	31 (97%)	1 (3%)	1
5	Section 4.5 Data Error Handling Requirements	26 (90%)	3 (10%)	4
6	Section 4.6.1 Front End Server Requirements	28 (88%)	4 (12%)	1
7	Section 4.6.2 Internal Document Management Systems	28 (90%)	3 (10%)	2
8	Section 4.6.3 Use of Multiple LX Loops	29 (91%)	3 (9%)	1
9	Section 4.7 Companion Guide	30 (97%)	1 (3%)	2
10	Section 4.8 Electronic Policy Access of Required Information	30 (97%)	1 (3%)	2

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part B: DRAFT Processing Mode Requirements

Points of Clarification

- 1 Processing Mode:** Three entities commented on the use of Batch and/or Real-Time Processing in the draft rule.
 - One entity commented that there should be flexibility in the draft rule for the use of Batch or Real-time Processing rather than requiring support for Batch with optional support for Real-time Processing.
 - Another noted that the scope section specifies that the rule applies to the conduct of transactions sent in Batch and Real-Time Processing.
 - Another noted that the draft rule requirement specifies that Batch Processing must be implemented with optional implementation of Real Time Processing of X12 275 transactions, but that prior subgroup conversations discussed implementing *either* Batch **or** Real Time Processing for the X12 275.

CAQH CORE Co-chair & Staff Response

- 1 Do Not Adjust.** Given 94% of ASG-CL straw poll respondents voted in support of the Processing Mode Requirements, and to remain consistent with the CAQH CORE Health Care Claim (837) Infrastructure Rule, CAQH CORE ASG-CL Co-chairs and staff recommend continuing to support the requirement as drafted. As such, Batch Processing is required, and Real-Time Processing remains optional for entities to implement for the exchange of attachments to support a claim submission.

NOTE: The reference to processing mode in *Scope Section 3.1 What the Rule Applies to* will be adjusted to state Batch or Real-Time Processing Mode, in alignment with the [CAQH CORE Health Care Claim \(837\) Infrastructure Rule](#), as recommended by the commenter.

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part B: DRAFT Processing Mode Requirements (continued)

Points of Clarification

- 2 Processing Mode:** One entity explained that they do not support language in the draft requirement that requires a HIPAA-covered health plans and its agent to conform to the processing mode requirements specified in the draft section regardless of any other connectivity modes and methods used between trading partners. They stated that trading partners should be able to continue use of existing connectivity methods.

CAQH CORE Co-chair & Staff Response

- 2 Do Not Adjust.** The rule states that health plans and their agents are required to “conform to the processing mode requirements specified regardless of any other connectivity modes and methods used between trading partners.” Therefore, the requirement is compulsory when using CORE Connectivity, regardless of what other connectivity methods trading partners use.

However, the [CAQH CORE Connectivity Rule](#) **does not** require trading partners to discontinue the use of existing connectivity methods. Since CORE Connectivity Rules represent a ‘Safe Harbor’, if a trader partner wishes to connect via CORE Connectivity, health plans and their agents must be ready to support that request.

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part B: DRAFT Data Error Handling Requirements

Substantive Comments

- 3 Data Error Handling:** One entity suggested adding a requirement to the Draft Data Error Handling Section specifying that an X12 999 must be returned by the receiving entity following receipt of an X12 824, to align with the X12 RFI 2133.

CAQH CORE Co-chair & Staff Response

- 3 For Subgroup Discussion.** CAQH CORE Co-chairs and staff recommend adjusting the Draft Data Error Handling section to include an additional requirement specifying that the client (receiver of the X12 824) must return an X12 999 to the server (sender of the X12 824) to align with the existing [CAQH CORE Payment & Remittance \(835\) Data Error Handling Requirements](#) and [CAQH CORE Health Care Claim \(837\) Data Error Handling Requirements](#).

Points of Clarification

- 4 Data Error Handling:** One entity noted that the X12 824 transaction is not HIPAA-mandated and commented that they do not support requiring a non-mandated transaction (X12 824).

NOTE: The draft requirement requires the receiver (client) to return an X12 824 transaction to notify providers and their agents of the acceptance, acceptance with error, or rejection of the X12 275 transaction and the content of the BDS segment.

CAQH CORE Co-chair & Staff Response

- 4 Do Not Adjust.** Given 90% of ASG-CL straw poll respondents voted in support of the Draft Data Error Handling Requirements, ASG-CL Co-chairs and staff recommend continuing to support the requirement as drafted.

Furthermore, CAQH CORE Operating Rule requirements are not limited to systems and standards the federal government regulates; they can expand to use systems and non-mandated standards that address industry needs and reflect industry best practices that ultimately reduce time to patient care.

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part B: DRAFT File Size Requirements

Points of Clarification

- 5 Front-End Server Minimum File Size:** Three entities provided comments on the Draft Front-end Server File Size Requirement.
- Two mentioned that research is needed on file size limitations of legacy systems and file size requirements should be informed by industry practice and capabilities, particularly for non-X12 payloads.
 - Another noted that the minimum supported file size of 64MB may need to be larger if a payer changes document requirements to support a claim.

CAQH CORE Co-chair & Staff Response

- 5 Do Not Adjust.** Given 88% of ASG-CL straw poll respondents voted in support of the Draft Front-end Server Minimum File Size Requirement, ASG-CL co-chairs and staff recommend continuing to support the requirement as drafted. CAQH CORE conducted extensive research through the attachments environmental scan, Attachments Advisory Group and Attachments Subgroup – Prior Authorization Use Case which resulted in the draft requirement and minimum file size health plans and their agent must support which apply to both X12 and non-X12 payloads.

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. Trading partners may make agreements on maximum file size to accommodate attachment files required to support a claim.

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part B: DRAFT File Size Requirements (continued)

Points of Clarification

6 Front-End Server Minimum File Size: One entity commented that Draft Section 4.6.1 Front-End Server File Size Requirement and Draft Section 4.6.3 Use of Multiple LX Loops on an X12 275 Transaction when Sending Multiple Attachments for a Single Claim contradict one another. Draft Section 4.6.1 states that the servers must support a minimum file size of 64MB while Draft Section 4.6.3 states that more than 64MB of data using multiple loops is acceptable.

7 Internal Document Management System File Size: One entity commented that internal document management systems are out of scope for EDI related to attachments and recommended the draft requirement should be out of scope for this rule writing effort.

CAQH CORE Co-chair & Staff Response

6 Adjust for Clarity. CAQH CORE Co-chairs and staff recommend adjusting Section 4.6.3 Use of Multiple LX Loops, as recommended by the commenter.

With this adjustment, Section 4.6.3 will state that while receivers (servers) must support the capability to accept multiple LX Loops per v6020X314 275, the minimum file size of 64MB applies **per X12 v6020X314 275**, in accordance with Section 4.6.1 Front-End Server Minimum File Size Requirement and Section 4.6.2 Internal Document Management System File Size Requirement.

7 Do Not Adjust. Given 90% of ASG-CL straw poll respondents supported the draft requirement as written, ASG-CL Co-chairs and staff recommend not removing the rule language.

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.

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part B: DRAFT File Size and Companion Guide Requirements

Points of Clarification

- 8 Use of Multiple LX Loops on X12 275:** One entity suggested adding language to specify that receivers may not require submitters (clients) to revert to a non-electronic method for exchanging attachments when the file size of attachments required by the payer to support the claim exceed the payer's file size capabilities.

- 9 Companion Guide:** One entity asked whether payers are required to document their maximum size limit for the BDS in the companion guides.

CAQH CORE Co-chair & Staff Response

- 8 Do Not Adjust.** Given 91% of ASG-CL straw poll respondents voted in support of the Draft Use of Multiple Loops Per X12 275 Requirement, CAQH CORE ASG-CL Co-chairs and staff recommend continuing to support the requirement as drafted.

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 meaning the draft requirement does not specify requirements for file sizes above 64MB. Alternatively, trading partners may agree on maximum file size and/or exchange processes in the trading partner agreement. The suggested language is out of scope for the draft rule.

- 9 Do Not Adjust.** Consistent with prior Master Companion Guide Requirements included in the CAQH CORE Infrastructure Rules, the Draft Master Companion Guide Template requirement establishes a format and flow for the companion guide; it does not specify verbatim language and therefore requiring entities to include maximum size limits to their companion guides is out of scope.

CAQH
CORE

ASG-CL Straw Poll Results
PART C: Draft CAQH CORE Attachments (275/837)
Infrastructure Requirements – Non-X12 Method

Christol Green
ASG-CL Co-chair, Anthem

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part C: DRAFT Electronic Policy Access Requirements (Non-X12)

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
1	Section 5.1 Connectivity Requirements	28 (97%)	1 (3%)	4
2	Section 5.2 System Availability & Reporting Requirements	28 (90%)	3 (10%)	2
3	Section 5.3.1 Front End Server File Size Requirements	27 (87%)	4 (13%)	2
4	Section 5.3.2 Internal Document Management Systems File Size Requirements	27 (87%)	4 (13%)	2
5	Section 5.4 Electronic Policy Access of Required Information	29 (94%)	2 (6%)	2

Points of Clarification

1 **Electronic Policy Access (Non-X12):** One entity recommended narrowing the list of recommended items in the Draft Electronic Policy Access Section. They noted that some elements fall outside the direct scope of clinical attachments and recommended keeping the following: *Coverage guidelines/policies, Medical Policies, Documentation Requirements, Services that Require UM Review.*

CAQH CORE Co-chair & Staff Response

1 **Do Not Adjust.** Given 94% of ASG-CL straw poll respondents supported the draft requirement as written, ASG-CL Co-chairs and staff do not recommend adjusting the rule language. The list of included elements reflects each stakeholder's perspective within the subgroup and was selected by subgroup members. 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.

No Substantive Comments were received on Part C of the Straw Poll.

ASG-CL Straw Poll Results
PART D: Draft CAQH CORE Attachments
(275/837) Data Content Rule – Scope

Christol Green
ASG-CL Co-chair, Anthem

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part D: DRAFT Data Content Rule - Scope

#	Section Name	Support	Do Not Support	Abstain
1	Section 3 Scope	29 (91%)	3 (9%)	1

Points of Clarification

- 1 **Versioning:** Three entities commented on the version (**v6020**) of the transactions included the draft scope section of the Data Content Rule.
- One of these entities asked for clarification as to why X12 v5010 wasn't referenced for X12 999, X12 824, X12 277RFAI and X12 275 transactions.
 - The second commented that their organization supports X12 v7030 275.
 - The third explained that X12 v8010 275 should be referenced given it is the latest published version.

NOTE: Two entities commented in support of the versioning as drafted.

CAQH CORE Co-chair & Staff Response

- 1 **Do Not Adjust.** Given 91% of ASG-CL straw poll respondents voted in support of the Draft Scope section, as written, CAQH CORE ASG-CL Co-chairs and staff recommend not adjusting the X12 transaction versions from v6020.

Additionally, v6020 aligns with the Draft Attachments (275/837) Claims Infrastructure Rule, Draft CAQH CORE Attachments (275/278) Prior Authorization Operating Rules and previous [X12 recommendations to NCVHS](#).

Furthermore, there is limited implementation of v7030 or v8010 to date. However, CAQH CORE's detailed maintenance process allows CAQH CORE Operating Rules to be updated when new versions of the applicable transaction(s) are made available, and these draft rules will be updated as appropriate.

Attachments Subgroup – Claims Use Case: Straw Poll Results

Comments Received on Part D: DRAFT Data Content Rule - Scope

Points of Clarification

- 2 Scope:** One entity recommended using 'Other EDI Formats' instead of 'Non-X12 Method' throughout the draft rule.

CAQH CORE Co-chair & Staff Response

- 2 Adjust for Clarity.** CAQH CORE staff will incorporate the commenter's suggestion into the background section of the draft rule to further clarify that the draft non-X12 requirements apply only when using CORE Connectivity without the use of an X12 275. The draft non-X12 requirements do not apply to other EDI formats.

Furthermore, CAQH CORE staff will adjust Draft Section 4.1 and 5.1 to ensure clarity around the definition of non-X12 method (**NOTE:** See Slide 31; Comment 1 for additional information).

ASG-CL Straw Poll Results
PART E: Draft CAQH CORE Attachments (275/837)
Data Content Requirements – X12 Method

Marianna Singh
CAQH CORE, Senior Associate

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part E: DRAFT Use of PWK Code EL Requirements (X12)

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
1	Section 4.1.1 Reassociation of an Unsolicited X12 275 using PWK Code EL	28 (90%)	3 (10%)	2
2	Section 4.1.1.1 Common Reference Data Used to Reassociate X12 275 Attachments and X12 837 Claim Submissions	29 (97%)	1 (3%)	3
3	Section 4.1.2 Reassociation of a Solicited X12 275 using LOINCs	27 (87%)	4 (13%)	2

Points of Clarification

CAQH CORE ASG-CL Co-chair & Staff Response

- | | |
|---|--|
| <p>1 Use of PWK Code EL (X12): One entity asked for clarification as to which options the payer must support.</p> | <p>1 Do Not Adjust. The use of the PWK Code EL is required when a HIPAA-covered provider and its agent send an unsolicited X12 v6020X314 275 in support of an X12 v5010 837 Claim (Institutional or Professional). PWK Code EL indicates that additional documentation was submitted electronically and assists the health plan and its agent with reassociation of the unsolicited X12 275 to the original X12 837. Health plans are not required to send PWK Code EL.</p> |
| <p>2 Use of PWK Code EL (X12): One entity suggested the draft rule address the use of Code FT when sending electronic attachments via a web portal.</p> | <p>2 Do Not Adjust. The draft rule requirement pertains specifically to the X12 exchange method (defined as the use of CORE Connectivity to exchange an X12 v6020 275 attachment). Any other submission methods, including the use of web portals, fall out of scope for this requirement. Additionally, the use of Code EL indicates that the attachment is being transmitted electronically in a separate X12 functional group. Code FT indicates the attachment is warehoused.</p> |

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part E: DRAFT Common Reference Data for Reassociation Requirement (X12)

Points of Clarification

- 3 Common Reference Data for Reassociation (X12):** Six entities recommended adjustments to the data elements:
- One entity recommended including *Patient Control ID (CLM01)*.
 - Another suggested that only *Attachment Control Number* should be included in the table because too many elements could create roadblocks.
 - Another recommended removing *Case Reference ID* and *Claim #* because they are typically used only for the solicited use case. They also recommended adding *Billing NPI* to the list.
 - Another recommended removing *DOB* and adjusting *DOS* to be situationally required.
 - Another suggested that if the *PWK02* was present in the X12 837, as required in the draft rule, these elements should not be needed to assist with reassociation.
 - Another explained that when sending unsolicited attachments, some elements are not available to the provider because they are payer-generated values (*ACN*, *Claim #* and *Case Reference ID*).

CAQH CORE ASG-CL Co-chair & Staff Response

3 For Subgroup Discussion.

Given the Draft Common Reference Data Used to Reassociate X12 275 Attachments and X12 837 Claim Submissions Requirement received 97% support from ASG-CL straw poll respondents and the list of elements are recommend, not required, CAQH CORE Co-chairs and staff do not recommend removing any of the data elements. However, **ASG-CL participant feedback is requested on including the additional element ‘Patient Control ID’**, as suggested by one commenter. As a reminder, the draft list of elements is not intended to be prohibitive or exhaustive.

Additionally, the *PWK02* Code EL requirement only pertains to the unsolicited attachment scenario, and the recommended data elements may assist with the reassociation of solicited and unsolicited attachments. *PWK02* Code EL also only serves to notify the health plan and their agent that an attachment is being sent via the binary segment with no further information provided.

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part E: DRAFT Common Reference Data for Reassociation Requirement (X12)

Points of Clarification

- 4 **Common Reference Data for Reassociation (X12):** One entity commented that payers commonly use a unique ID in the X12 837 PWK06 and use the same ID in the X12 275 to reassociate.

They also noted that in the solicited scenario, if payers require any payer-generated values, the payer should be required to send that information electronically to providers using the 277CA/277RAI to help the entire process remain electronic.

CAQH CORE ASG-CL Co-chair & Staff Response

- 4 **Do Not Adjust.** The draft requirement includes recommended data elements for a provider and its agent to include when sending an X12 275 to support an X12 837. The data elements are only sent by the provider and its agent *if available* and are not required by the health plan and its agent.

ASG-CL Straw Poll Results
PART F: Draft CAQH CORE Attachments (275/837)
Data Content Requirements – Non-X12 Method

Bob Bowman
CAQH CORE, Director

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part F: DRAFT Connectivity Headers for Reassociation Requirement (Non-X12)

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
1	Section 5.1.1 Use of CORE Connectivity Headers to Reassociate Additional Documentation	25 (89%)	3 (11%)	5
2	Section 5.1.1.1 Attachment Data Elements of Unsolicited Additional Documentation	23 (82%)	5 (18%)	5

Points of Clarification

- Connectivity Headers for Reassociation (Non-X12):** Three entities asked for clarification as to what is included in the data content requirements for the **non-X12 method**.

 - One entity asked if HL7 C-CDA is supported by the non-X12 method requirements.
 - Another asked if the requirements apply when using any non-X12 exchange method or only when using CORE Connectivity. They also noted that the scope section states that other payload types sent via CORE Connectivity are in-scope, but not other exchange methods (e.g., mail and fax are not electronic payload types sent with CORE Connectivity).
 - Another recommended removing *web portals* from the list of non-X12 methods in the introduction paragraph.

CAQH CORE ASG-CL Co-chair & Staff Response

- Adjust for Clarity.** CAQH CORE Co-chairs and staff recommend adjusting Section 5.1 to clarify that the non-X12 method is defined as CORE Connectivity as the payload exchange method without an X12 275 payload. With this adjustment, the list of other non-X12 methods not addressed by the draft rule (including web portals) will be removed for clarity.

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part F: DRAFT Connectivity Headers and Data Elements for Reassociation Requirement (Non-X12)

Points of Clarification

2 Connectivity Headers for Reassociation (Non-X12): One entity asked for clarification about the degree to which the headers are currently used and/or tested.

3 Data Elements for Reassociation (Non-X12): Two entities noted that the draft requirement, as written, may lead to mixed interpretation as to whether the requirement *must* or *may* be followed by implementers.

4 Data Elements for Reassociation (Non-X12): One entity asked if the draft requirement prescribes how health plans and their agents must modify or build their non-CORE Connectivity systems for receiving attachments to allow for information to be part of the payload.

CAQH CORE ASG-CL Co-chair & Staff Response

2 Do not adjust. The CORE Connectivity Headers are specified in the [CAQH CORE Connectivity Rule vC4.0.0](#), prior CAQH CORE Connectivity Rules and are validated through CORE Certification. As such, when an entity seeks CORE Certification, connectivity and related headers are included in the certification tests. HIPAA-mandated CORE Connectivity Rules include header requirements that are utilized across the industry.

3 Adjust for Clarity. CAQH CORE staff will adjust the draft rule section to ensure the interpretation of the requirement is not ambiguous, as recommended by the commenters.

4 Do Not Adjust. The draft rule requirement does not prescribe how health plans and their agents must modify or build their systems; it is at the discretion of each organization. CAQH CORE staff will include this as an FAQ for industry awareness.

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part F: DRAFT Data Elements for Reassociation Requirement (Non-X12)

Points of Clarification

- 5 Data Elements for Reassociation (Non-X12):** Six entities submitted comments pertaining to the draft data elements for reassociation when using the non-X12 method.
- One recommended including an introductory paragraph explaining the purpose of the section and noted that several terms may overlap.
 - Another questioned why *Claim Attachment Indicator* is included if the indicator is only for an X12 transaction and asked whether providers send non-X12 attachments through the transaction.
 - Another recommended including *Patient Control ID* (CLM01) from the claim.
 - Another noted the list of elements is too cumbersome for providers to comply and that the inclusion of *'if available'* is not strong enough to offset the burden.
 - Another suggested that select data elements should be required and recommended the following elements: *Billed Amount/Charged Amount*, *DOB*, *DOS*, *Member ID*, *NPI* (if available), *Patient ID*, *Patient Name*, and *TIN*. They noted that *Attachment Control Number* should be recommended but not required.
 - Another noted their support of *Claim Number* and *Member ID/Patient ID*. They stated that there is only one identifier allowed on an EDI claim.

CAQH CORE ASG-CL Co-chair & Staff Response

- 5 Adjust for Clarity.** CAQH CORE staff will adjust the definition of *Claim Attachment Indicator* to remove the reference to mail/fax, as noted by the commenter.

As a reminder, the items included in the draft rule were selected by ASG-CL participants as most useful in assisting document management systems with reassociation. However, as noted in the rule, the data elements are only required *if available* to the provider at time of submission of the attachment, as noted by one commenter, and the list is not intended to be either prohibitive nor exhaustive.

Attachments Subgroup – Claims Use Case Straw Poll

Comments Received on Part F: DRAFT Appendix (X12)

#	Draft Requirement	% Support		
		Support (%)	Do Not Support (%)	Abstain
1	Appendix – X12 TR3 Data Element and Reference Identification Mapping	26 (93%)	2 (7%)	5

Points of Clarification

6 Appendix: One entity recommended including a brief introductory paragraph for this section of the draft rule to provide additional context.

7 Appendix: Two entities recommended adjustment to the data elements included in the table:

- Addition of *Patient Control ID (CLM01)*.
- Removal of *Date of Birth (DOB)* and *Date of Service (DOS)* given DOB is not included on the X12 277 or X12 275 and DOS is not always available.

CAQH CORE ASG-CL Co-chair & Staff Response

6 Adjust for Clarity. CAQH CORE staff will adjust the section to add additional context about the inclusion and use of the table.

7 Adjust for Clarity. CAQH CORE staff will adjust the draft appendix section to include an introductory paragraph explaining the use of the table and highlighting that the elements listed are neither exhausted nor prohibitive and only serve as a reference.

Additionally, CAQH CORE staff will adjust DOB to indicate that the element is not applicable, as noted by the commenter.

Attachments Subgroup – Claims Use Case Next Steps

Emily TenEyck
CAQH CORE, Manager

Attachments Subgroup – Claims Use Case

Next Steps



CAQH CORE Staff & Co-chairs

- Draft a summary for today's call and post to the CAQH CORE Participant Dashboard.
- Implement adjustments to the *DRAFT CAQH CORE Attachments (275/837) Infrastructure Rule* and *DRAFT CAQH CORE Attachments (275/837) Data Content Rule* in accordance with today's comments and discussion.



Attachments Subgroup—Claims Use Case Participants

- Stay engaged by participating the Review Work Group to further refine the *Draft Claims Attachments Rules* and *Draft Prior Authorization Attachments Rules*.

NOTE: Call for Participants to officially join the Review Work Group is forthcoming.

Contact CORE@caqh.org with any questions.

Appendix A

Additional Reference Materials

Today's Call Documents

Document Name
Doc 1: ASG-CL Call 3 Deck 06.17.21
Doc 2: ASG-CL Call 2 Summary 05.13.21
Doc 3: ASG-CL Straw Poll Non-Substantive Comments 06.17.21

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

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

CAQH CORE Attachments Subgroup – Claims Use Case

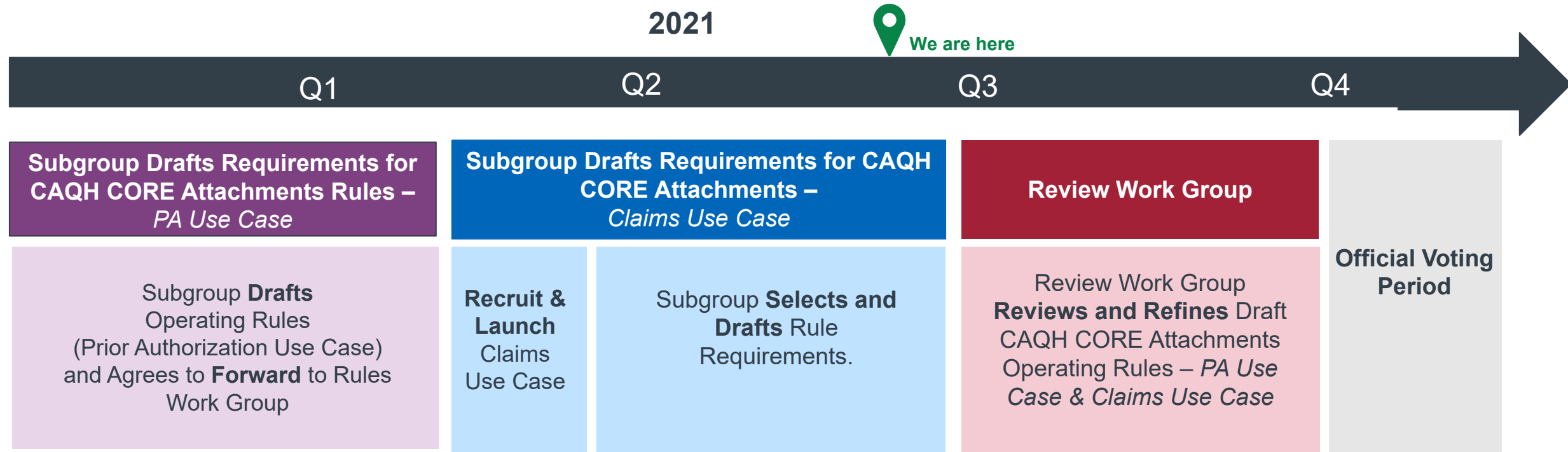
Roster as of 06.16.21

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	Levitzy	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*



*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 – 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.

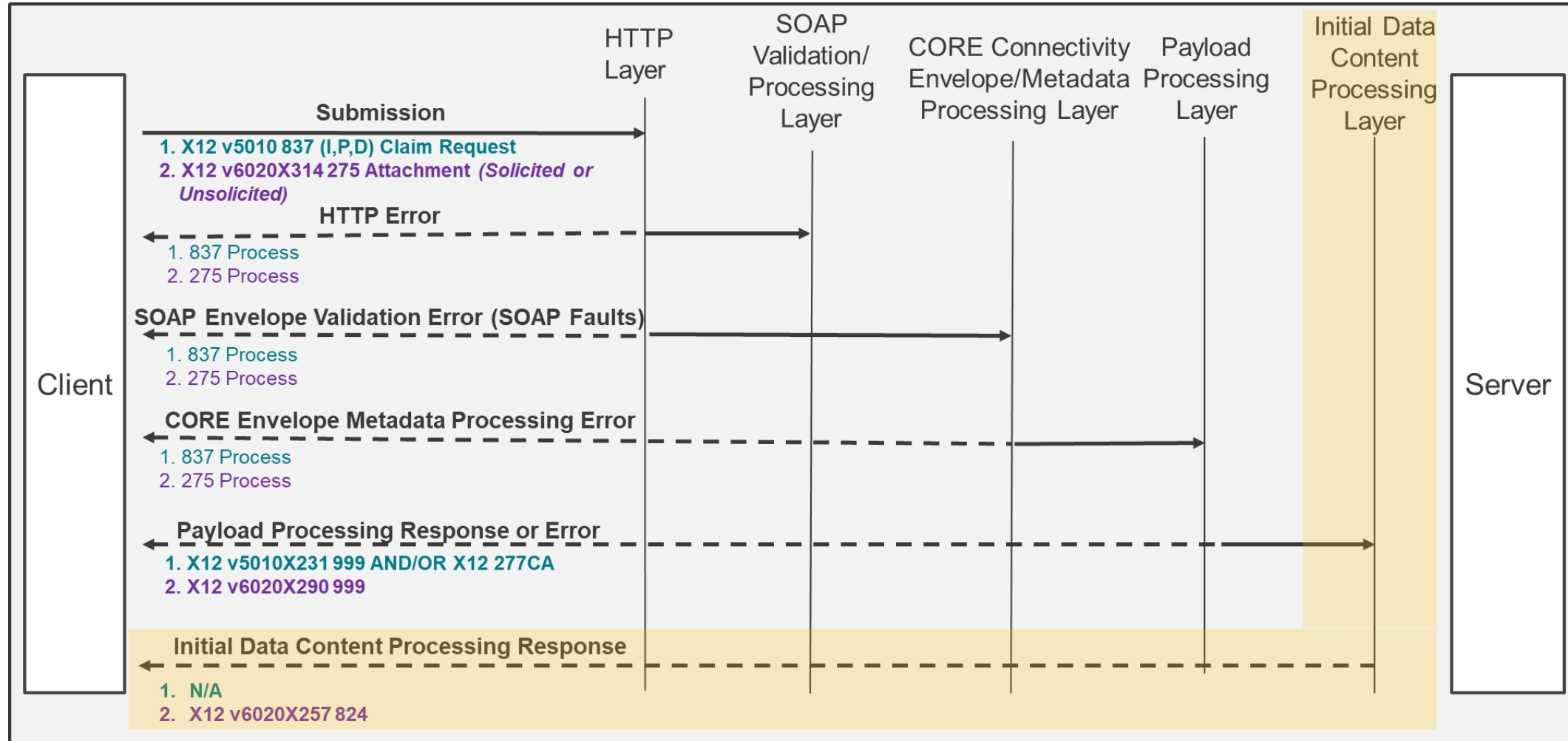


- **Participate in feedback forms/straw polls and cast votes, as appropriate.**

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

DRAFT CAQH CORE Attachments Infrastructure (275/837) Requirements

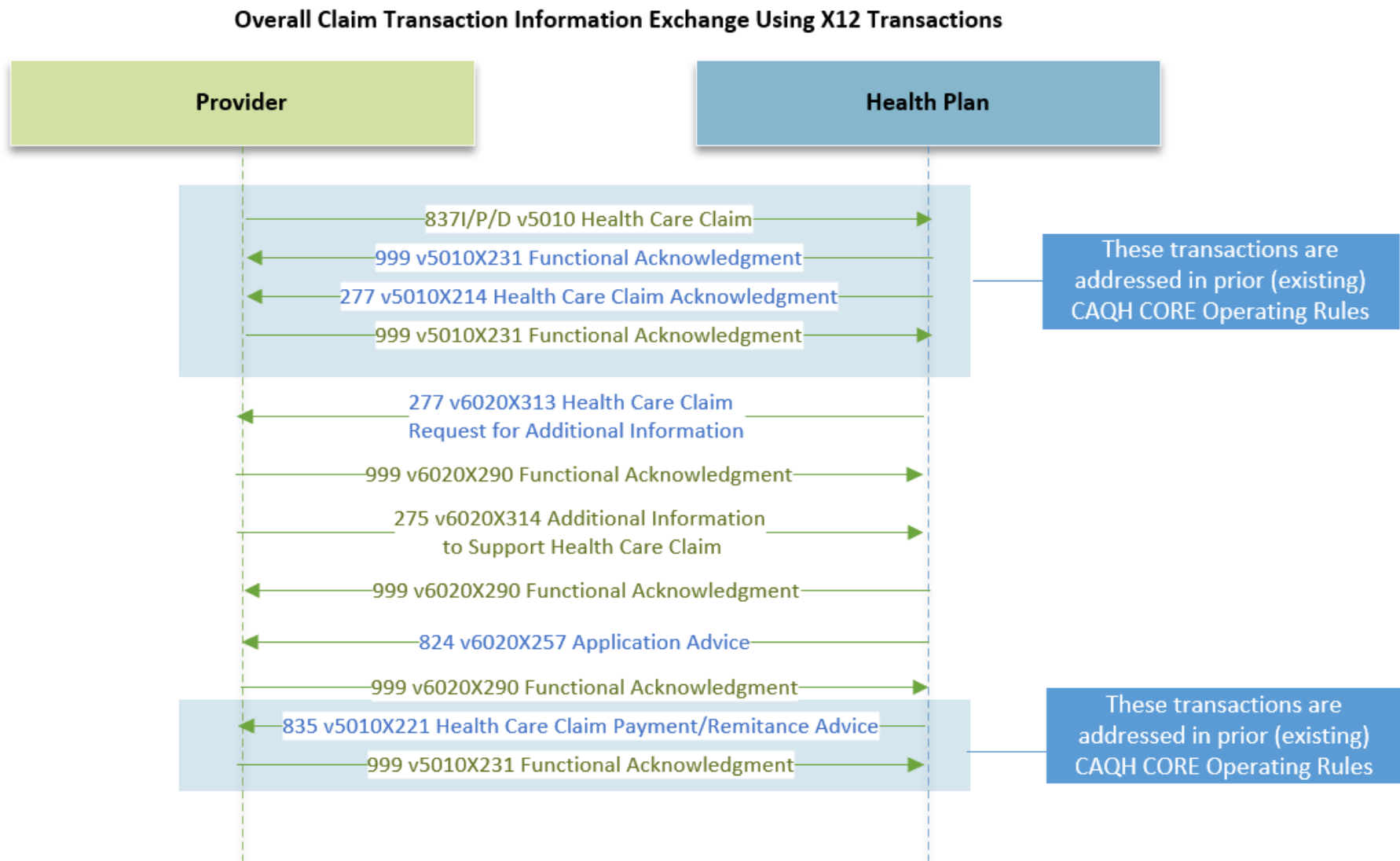
Diagram: Draft Data Error Handling Requirements (X12 Method)



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

Attachments Subgroup – Claims Use Case

Claims Workflow with Solicited Attachment (X12 Method)



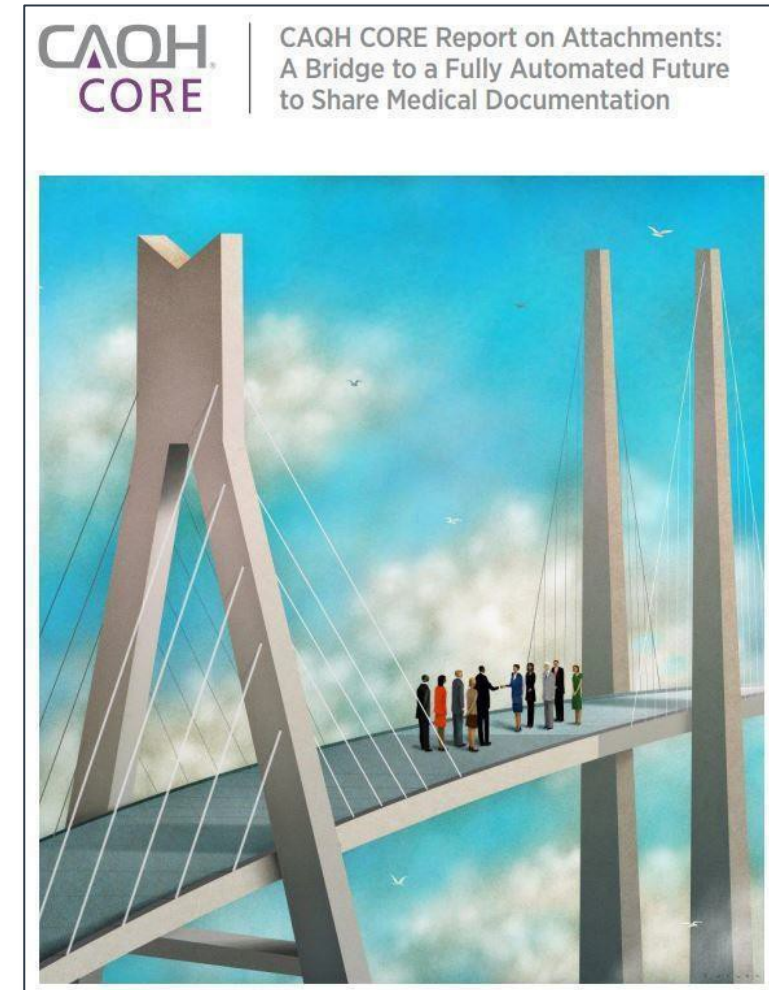
CAQH CORE Report on Attachments

[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](#)

