

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Attachments Subgroup - Claims Use Case (ASG-CL)
Call #3 Summary: Thursday, June 17, 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"> • Mahesh Siddanati (Centene) 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"> • Mahesh Siddanati (Centene) reviewed the call documents: <ul style="list-style-type: none"> ○ Doc #1: ASG-CL Call 3 Slide 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 • Mahesh Siddanati (Centene) reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Provide an update on Spring Unified Agenda. ○ Level Set. ○ Review Results of the Straw Poll. ○ Discuss ASG-CL 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]. 	<i>Discussion</i>
3. Summary of 05/13/21 ASG-CL Call #2 (Doc #2)	<p>Summary of 05/13/21 ASG-CL Call #2 (Doc #2).</p> <ul style="list-style-type: none"> ○ Reviewed results of Feedback Form #1. ○ Agreed to adjustments, as necessary. ○ Provided an overview of Straw Poll #1. ○ Discussed Next Steps. <ul style="list-style-type: none"> • 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 05/17/21 Call Summary (Doc #2) <ul style="list-style-type: none"> ○ Motion to approve by Michael Marchant (UC Davis Health). ○ Seconded by Laura Caldwell (CSRA).
4. Unified Spring Agenda (Doc #2)	<ul style="list-style-type: none"> • Bob Bowman (CAQH CORE Director) provided an update on the Spring Unified Agenda. • Summary of ASG-CL Discussion: 	

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	<ul style="list-style-type: none"> ○ Christol Green (Anthem) noted that the Agenda language changed from X12 v5010/v6020 and now proposes new standards to support both healthcare claims and prior authorization. ○ Bob Bowman (CAQH CORE Director) assured participants that CAQH CORE will closely follow these updates. ○ Mike Dennison (Change Healthcare) commented that the industry has been anticipating these proposed rules and is interested to see what the standards are and how they reflect current industry practices. 	
5. Level Set (Doc #1)	<ul style="list-style-type: none"> ● Mahesh Siddanati (Centene) provided a Level Set for the subgroup. ● 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>
6. Overview of Straw Poll Results (Doc #1)	<ul style="list-style-type: none"> ● Michael Marchant (UC Davis Health) provided an overview of the Straw Poll results, including the respondent breakdown, percent support for draft rule requirements, and comment categorization overview. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. ● Michael Marchant (UC Davis Health) reviewed results and comments received on the Scope section. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ Mike Dennison (Change Healthcare) acknowledged that there is limited implementation of the X12 v6020 275 in response to comments received regarding updating the rule's versioning. ○ John Kelly (Edifecs) disagreed and noted that there is a broad-based adoption of v6020 when looking at the high volume of transactions that use v6020. He recommended looking at standards specific on the Unified Agenda. ○ Mike Denison (Change Healthcare) clarified that there is low industry adoption of the X12 275 transaction overall. ○ John Kelly (Edifecs) explained that most vendor products are currently designed to support v6020 based on implementations that have been completed. Therefore, when considering what most vendor products are currently designed to support, it is not unreasonable to recommend v6020 given it is the lowest effort lift unless there is a federal rule that states otherwise. ○ Sonya May (UHC) noted that v8010, although published in GLASS, wouldn't be implemented by the industry for a few years. 	<i>Discussion</i>

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	<ul style="list-style-type: none"> ○ John Kelly (Edifecs) explained that if 8010 was officially published this year then most vendors would step up and adopt the version within months. ○ Merri-Lee Stine (Aetna) noted that the v5010 277 had technical issues that were corrected in the v6020 and that the v5010 should not be used. ○ Cindy Monarch (Blue Cross Blue Shield of Michigan) pointed out that it is not clear what the final rule will be since the Unified Agenda attachment rule is coming out as an NPRM and this will not be an immediate change. ○ Gail Kocher (BCBSA) agreed that just because something is in the Unified Agenda does not mean it is imminent. ○ Bob Bowman (CAQH CORE Director) wrapped up the discussion and handed the call back to Michael Marchant. <ul style="list-style-type: none"> ● Alka Mukker (Change Healthcare) reviewed results and comments received on Draft Processing Mode Requirements. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. ● Emily TenEyck (CAQH CORE Manager) reviewed results comments received on Draft Data Error Handling Requirements. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ Mike Dennison (Change Healthcare) and Merri-Lee Stine (Aetna) commented on their support for the CAQH CORE co-chair and staff recommendations to adjust the Draft Data Error Handling section to include an additional requirement specifying the return of an X12 999. ○ Christol Green (Anthem) asked for confirmation as to her understanding of the new requirement and asked if organizations were already doing it, given it is an industry best practice. She noted it is not consistently used across the industry. ● Emily TenEyck (CAQH CORE Manager) reviewed results and comments received on Draft File Size Requirements. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. ● Emily TenEyck (CAQH CORE Manager) reviewed results and comments received on Draft Companion Guide Requirements. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. 	

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	<ul style="list-style-type: none"> • Christol Green (Anthem) reviewed results and comments received on Draft Non-X12 Electronic Policy Access Requirements. • Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. • Christol Green (Anthem) reviewed results and comments received on Scope Data Content Requirements. • Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ In response to comments regarding version 6010, Mike Dennison (Change Healthcare) suggested taking the same approach as the CORE Connectivity Rule vC4 in which organizations must implement TLS version 1.2 or higher. He recommended v6020 or higher could be supported so there are no limits on early adopters if v8020 or higher is published and organizations want to adopt the higher standard. ○ Sonya May (UHC) agreed that this approach made sense. ○ Christol Green (Anthem) reiterated that if people want to go above and beyond the rule they can do so. ○ Mike Dennison (Change Healthcare) commented that the label “non” could be interpreted as not being supportive of the X12 format. ○ Bob Bowman (CAQH CORE Director) noted that this term aligns with what is in the CORE Connectivity Rules, but that CAQH CORE will launch an initiative later this year to update infrastructure rules and this terminology may be changed then. He also noted that CORE staff will adjust the language throughout the rule to ensure the definition of ‘non-X12’ is clear. ○ John Kelly (Edifecs) commented that the whole reason the subgroup broke the rules into X12 and non-X12 sections is because they are distinctly X12 requirements and requirements that don’t use the X12 275 transaction – we don’t want to lose that distinction. • Marianna Singh (CAQH CORE Senior Associate) reviewed results and comments received on Draft Use of PWK Requirements. • Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ Sonya May (UHC) asked if health plans would have an issue with providers sending a mix of transmission codes on the PWK Segment and using the Code FT for non-electronic methods. She concluded that for non-electronic methods, the attachment control number could be used for reassociation. 	

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	<ul style="list-style-type: none"> ○ Christol Green (Anthem) explained that some entities don't have the capability to send attachments electronically so her organization will still allow providers to fax or send paper. ○ Sonya May (UHC) asked if the provider was set up to send attachment via the 275, would health plans have them exclusively use Code EL. ○ Christol Green (Anthem) explained that the provider would be asked to use Code EL. ○ Alka Mukker (Change Healthcare) asked if health plans look for the Code EL value on the 837 transaction. ○ Christol Green (Anthem) explained that their organization watches for additional documentation to come in if Code EL was sent on the PWK. ○ In response to adding 'Patient Control ID' to the list of Draft Common Reference Data Used to Reassociate X12 275 Attachments and X12 278 Claims Submissions Requirement, Health McComas (Blue Cross Blue Shield of North Carolina) and Diana Fuller (Michigan Medicaid) noted their support to add it to the list. Both noted that this number may not be unique, and it may be different for different groups; but that in conjunction with another common reference data, it would be helpful. ○ Diana Fuller (Michigan Medicaid) also noted that Billing NPI would be helpful. ○ Mike Dennison (Change Healthcare) noted that this would require organization's billing to assign unique ID systems. ○ John Kelly (Edifecs) agreed that this is always controversial because it is a not a unique element. <ul style="list-style-type: none"> ● Bob Bowman (CAQH CORE Director) reviewed results and comments received on Draft Non-X12 Common Reference Data Requirements. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. ● Bob Bowman (CAQH CORE Director) reviewed results and comments received on Draft Non-X12 Headers Requirements. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ Diana Fuller (Michigan Medicaid) asked for clarification on if the updated language will include "must" or "may" and Bob Bowman (CAQH CORE Director) noted the language will be made clearer with "must." ● Bob Bowman (CAQH CORE Director) reviewed results and comments received on Draft Non-X12 Elements for Reassociation Requirements. ● Summary of ASG-CL Discussion: 	

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	<ul style="list-style-type: none"> ○ Dianna Fuller (Michigan Medicaid) asked why the requirement specifies that date of service must only be sent <i>if available</i> when an attachment sent in reference to an X12 837 claim would infer that the date of service already occurred. In other words, date of service should always be available. ○ Bob Bowman (CAQH CORE Director) noted that CAQH CORE would confirm the inclusion of date of service in the list. ○ John Kelly (Edifecs) commented that intuitively, it makes sense that this element would be known, but on the other hand he could see how it would be redundant in particular scenarios. ○ One ASG-CL participant noted that in the v6020 TR3, date of service is not required so this would make it required, when available. <ul style="list-style-type: none"> ● Bob Bowman (CAQH CORE Director) reviewed results and comments received on the Appendix. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. 	
7. Next Steps (Doc #1)	<ul style="list-style-type: none"> ● Emily TenEyck (CAQH CORE Manager) reviewed the Next Steps for the CAQH CORE Attachments – Claims Use Case (ASG-CL) Subgroup: <ul style="list-style-type: none"> ○ <i>CAQH CORE Attachments Subgroup – Claims Use Case (ASG-CL) Co-Chairs & Staff:</i> <ul style="list-style-type: none"> – Draft a call summary for today’s Subgroup call and make it available on CAQH CORE Participant Dashboard for participant review. – 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. ○ <i>ASG-CL Participating Organizations:</i> <ul style="list-style-type: none"> – Stay engaged by participating in the Review Work Group to further define the <i>Draft Claims Attachment Rules</i> and <i>Draft Prior Authorization Attachment Rules</i>. ● Summary of ASG-CL Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by the ASG-CL participants. 	Action required: <i>Agreed to Next Steps.</i>

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- Doc 1:** ASG-CL Call 3 Slide Deck 06.17.21.pdf
Doc 2: ASG-CL Call 2 Summary 05.13.21.pdf
Doc 3: ASG-CL Straw Poll Non-Substantive Comments 06.17.21.pdf

CAQH CORE Contact Information

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Attachments Subgroup (Claims Use Case) Call #3 Attendance

CORE Participating Organization	Last Name	First Name	Attended
Aetna	Bellefeuille	Bruce	
Aetna	Hodges	Rose	X
Aetna	Neves	Amy	
Aetna	Rabuffo	Mark	
Aetna	Stine	Merri-Lee	X
American Hospital Association (AHA)	Cunningham	Terrence	
American Medical Association (AMA)	Lefebvre	Celine	
American Medical Association (AMA)	McComas	Heather	X
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Reese	Molly	X
Anthem Inc.	Bushman	Mary Lynn	X
Anthem Inc.	Green	Christol	X
athenahealth	Fiore	Melissa	X
Availity, LLC	Barry	Michelle	
Availity, LLC	Greer	Justin	

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Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	X
Blue Cross Blue Shield of Michigan	Knapp	Ron	X
Blue Cross Blue Shield of Michigan	Lippert	Susan	
Blue Cross Blue Shield of Michigan	Monarch	Cynthia	X
Blue Cross Blue Shield of Michigan	O'Malley	Molly	X
Blue Cross Blue Shield of North Carolina	Hillman	Barry	
Blue Cross Blue Shield of North Carolina	Sammons	Heather	X
Blue Cross Blue Shield of North Carolina	Swain	Deborah	X
Blue Cross Blue Shield of North Carolina	Vemuri	Bhanu	
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Blue Cross Blue Shield of Tennessee	Poteet	Brian	X
Centene Corporation	Karcher	Mary	
Centene Corporation	Naney	Dawn	
Centene Corporation	Siddanati	Mahesh	X
Centene Corporation	Singleton	Yolanda	X
Centers for Medicare and Medicaid Services (CMS)	Doo	Lorraine	
Centers for Medicare and Medicaid Services (CMS)	Kessler	Thomas	
Change Healthcare	Denison	Mike	X
Change Healthcare	Felming	Mark	
Change Healthcare	McCachern	Deb	
Change Healthcare	Mukker	Alka	X
CIGNA	Soccorso	Megan	X
Cleveland Clinic	Gross	Bob	
Cognizant	Duchek	Dawn	
Cognosante	Saunders	Daniel	X
CSRA	Caldwell	Laura	X
Edifecs	Boincean	Cristina	
Edifecs	Kelly	John	X

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Edifecs	Rata	Sergiu	
Epic	Carino	Santo	
Harvard Pilgrim Health Care	Bhatt	Vijay	
Harvard Pilgrim Health Care	Buckley	Nancy	X
Harvard Pilgrim Health Care	Cole	Gary	X
Health Care Service Corp	Campbell	Donna	
Healthedge Software Inc	Brown	Margaret	
HEALTHeNET	Gracon	Christopher	X
Highmark, Inc	Hetherington	LuAnn	
Highmark, Inc	Sweigart	Robert	
HMS	Wilcox	Beth	
Humana	Jamison	Sandra	X
Humana	Peterson	Amy	
Kaiser Permanente	Kessler	Christy	
Kaiser Permanente	Plattner	Cathy	
Mayo Clinic	Brannan	Andrea	X
Mayo Clinic	Fortek	Rebecca	X
Medical Group Management Association (MGMA)	Voytal	Drew	
Medical Mutual of Ohio, Inc.	Conklin	Deb	X
Medical Mutual of Ohio, Inc.	Oby	Jean	
Michigan Department of Community Health	Banks	Deontey	X
Michigan Department of Community Health	Fuller	Diana	X
Michigan Department of Community Health	Veverka	C	X
New England HealthCare Exchange Network (NEHEN)	Delano	David	X
New Mexico Cancer Center	Bateman-Wold	Tonia	
NextGen Healthcare Information Systems, Inc.	Kay-Rast	Juneke	
NextGen Healthcare Information Systems, Inc.	Lopez	Jacqueline	
NextGen Healthcare Information Systems, Inc.	Team	Nancy	

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Ohio Hospital Association	Weaver	Quyen	
OhioHealth	Gabel	Randy	X
OneHealthPort	Campbell	Bill	
Optum	Lindquist	Lisa	
PriorAuthNow	Blasinki	Jeff	X
Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)	Koch	Steven	X
The SSI Group, Inc.	Tillman	Tracey	
Trial Card	Dean	Randall	X
TriZetto Corporation, A Cognizant Company	Schulz	Andrew	X
UC Davis Health	Marchant	Michael B.	X
UC Davis Health	Hansen	Joan	X
United States Department of Veterans Affairs	Knapp	Katherine	
Unitedhealthcare	Kalluri	Kiran	X
Unitedhealthcare	May	Sonya	X
UnitedHealthGroup	Nordstrom	Alexandria	
WEDI	Tennant	Robert	
Wells Fargo	St John	June	X