

CAQH Committee on Operating Rules for Information Exchange (CORE)
CAQH CORE Review Work Group (RWG)
Supplemental Document: RWG Straw Poll #1 Results

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For RWG Discussion Only

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1. Overview

1.1 Background

CAQH CORE launched its Attachments Advisory Group in 2019 as an industry collaboration to guide the development of common approaches for the exchange of attachments to reduce administrative burden. The Attachments Advisory Group prioritized opportunity areas for rule development based on opportunity areas identified in the [CAQH CORE Attachments White Paper](#).

The Attachments Subgroup - Prior Authorization Use Case (ASG-PA) launched in July 2020 with **an initial focus on the electronic exchange of attachments for prior authorization**. The Attachments Subgroup evaluated opportunities identified and prioritized by the CAQH CORE Attachments Advisory Group with the ultimate goal of developing draft operating rule requirements. From July 2020 to March 2021 the subgroup completed one feedback form and two straw polls to draft the CAQH CORE Attachments (275/278) Prior Authorization Operating Rules.

Following the conclusion of the Attachments Subgroup – Prior Authorization (ASG-PA) Use Case, CAQH CORE launched the Attachments Subgroup – Claims Use Case (ASG-CL). Continuing the work conducted by the ASG-PA, the subgroup shifted focus to the **electronic exchange of attachments for claims**. From April 2021 to June 2021 the group completed one feedback form and one straw poll to draft the CAQH CORE Attachments (275/837) Health Care Claims Operating Rules.

On 08/26/21, the RWG launched and reviewed the draft attachments requirements and scope in preparation for RWG Straw Poll #1.

1.2 Format of Straw Poll

Straw Poll Format

RWG participants reviewed each rule, by section. Items reviewed are listed below in the order that they appeared in the straw poll.

- **PART A: Question(s) Pertaining to the Draft CAQH CORE Attachments (275/278) Infrastructure Rule**
- **PART B: Question(s) Pertaining to the Draft CAQH CORE Attachments (275/278) Data Content Rule**
- **PART C: Question(s) Pertaining to the Draft CAQH CORE Attachments (275/278) Operating Rules – Certification Test Scenarios**
- **PART D: Question(s) Pertaining to the Draft CAQH CORE Attachments (275/837) Infrastructure Rule**
- **PART E: Question(s) Pertaining to the Draft CAQH CORE Attachments (275/837) Data Content Rule**
- **PART F: Question(s) Pertaining to the Draft CAQH CORE Attachments (275/837) Operating Rules – Certification Test Scenarios**

NOTE: To reduce respondent burden, requirements in the Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule that are identical to the requirements in the Draft Attachments (275/837) Claims Infrastructure Rule were only straw polled **once**.

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2. Summary of Straw Poll Respondents

Responses were received from 27 respondents representing 68% of RWG participating organizations.

Total Number of Individual Responses	27 (68% of the RWG)
Number of Provider / Provider Association Responses	2 (7% of respondents)
Number of Health Plan / Health Plan Association Responses	10 (37% of respondents)
Number of Vendor / Clearinghouse Responses	10 (37% of respondents)
Number of Government / 'Other' (Includes standards organizations) Responses	5 (19% of respondents)

3. Percent Support for Draft CAQH CORE Attachments Operating Rule Sets

When the straw poll closed on Friday, 09/10/21, each Draft CAQH CORE Attachments Operating Rule Section and Certification Test Scenario received at least 87% support, as shown in Table 1 below.

Table 1. Percent Support for Draft CAQH CORE Attachments Operating Rules Sets

PART A: Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule			
Draft Section	Support (%)	Do Not Support (%)	Abstain
§ 1-2.1 CAQH CORE Attachments Rule: Background	24 (92%)	2 (8%)	1
§ 2.2 Business Requirement Justification and Focus	23 (96%)	1 (4%)	3
§ 3 Scope	23 (96%)	1 (4%)	3
§ 4.1 Processing Mode Requirements	23 (96%)	1 (4%)	3
§ 4.2 Connectivity Requirements for X12 275 Attachments	24 (96%)	1 (4%)	2
§ 4.3 System Availability and Reporting Requirements	23 (92%)	2 (8%)	2
§ 4.4 Payload Acknowledgements and Response Time Requirements	22 (96%)	1 (4%)	4
§ 4.5 Data Error Handling Requirements for Attachments	23 (96%)	1 (4%)	3
§ 4.6.1 Front End Server Requirements for Attachments	24 (96%)	1 (4%)	2

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Draft Section	Support (%)	Do Not Support (%)	Abstain
§ 4.7 Companion Guide Requirements	25 (100%)	0 (0%)	2
§ 5 Infrastructure Requirements for Attachments Using the Non-X12 Method	22 (92%)	2 (8%)	3
Part B: Draft CAQH CORE Attachments (275/278) Prior Authorization Data Content Requirements			
Draft Section	Support (%)	Do Not Support (%)	Abstain
§ 2.2 Business Requirement Justification and Focus	23 (96%)	1 (4%)	3
§ 3 Scope	22 (96%)	1 (4%)	4
§ 4.1 Reassociation Requirements Using the X12 275 Transaction	20 (87%)	3 (13%)	4
§ 5.1 Reassociation Requirements Using the Non-X12 Methods	20 (91%)	2 (9%)	5
§ 6 Appendix: X12 TR3 Data Elements and Reference Identification Mapping	21 (91%)	2 (9%)	4
Part C: Draft CAQH CORE Attachments (275/278) Prior Authorization Certification Test Scenarios			
Draft Section	Support (%)	Do Not Support (%)	Abstain
CAQH CORE Attachments (275/278) Prior Authorization Certification Test Scenarios	18 (95%)	1 (5%)	8
PART D: Draft CAQH CORE Attachments (275/837) Claims Infrastructure Requirements			
Draft Section	Support (%)	Do Not Support (%)	Abstain
§ 2.2 Business Requirement Justification and Focus	25 (100%)	0 (0%)	2
§ 3 Scope	23 (92%)	2 (8%)	2
§ 4.6.3 Use of Multiple LX Loops on an X12 275 Transaction when Sending Multiple Attachments for a Single Claim	23 (92%)	2 (8%)	2
§ 4.8 Electronic Policy Access	24 (100%)	0 (0%)	3
§ 5 Infrastructure requirements for Additional Documentation using the Non-X12 Method	21 (91%)	2 (9%)	4
Part E: Draft CAQH CORE Attachments (275/837) Claims Data Content Requirements			

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Draft Section	Support (%)	Do Not Support (%)	Abstain
§ 2.2 Business Requirement Justification and Focus	24 (96%)	1 (4%)	2
§ 3 Scope	23 (92%)	2 (8%)	2
§ 4.1 Reassociation Requirements Using the X12 275 Transaction	22 (88%)	3 (12%)	2
§ 5.1 Reassociation Requirements Using the Non-X12 Methods	22 (92%)	2 (8%)	3
§ 6 Appendix: X12 TR3 Data Elements and Reference Identification Mapping	23 (92%)	2 (8%)	2
Part F: Draft CAQH CORE Attachments (275/837) Claims Certification Test Scenarios			
Draft Section	Support (%)	Do Not Support (%)	Abstain
CAQH CORE Attachments (275/837) Claims Certification Test Scenarios	20 (91%)	2 (9%)	5

4. Summary of RWG Straw Poll Comments Received

Respondents were given the opportunity to provide comments on each of the questions asked on the straw poll. As always, comments were categorized into one of three categories. No substantive comments were received on this straw poll.

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

The tables below summarize points of clarification and non-substantive comments submitted by RWG Straw Poll #1 respondents along with the summary of adjustments, as applicable. There were no substantive comments received on RWG Straw Poll #1.

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5. Point of Clarification Comments Received on RWG Straw Poll #1 – Draft Attachments (275/278) Prior Authorization Operating Rules

Table 4 below summarizes **points of clarification (POC)** comments received from RWG Straw Poll #1 respondents pertaining to the Draft CAQH CORE Attachments (275/278) Prior Authorization Operating Rules.

Table 4. POC Comments Received on Part A: Draft CAQH CORE Attachments (275/278) Prior Authorization Operating Rule

#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-Chair & Staff Response
Points of Clarification				
1	DRAFT Attachments (275/278) PA Infrastructure Rule	3 Scope	One entity recommended adjusting the scope section for clarity including adjusting the wording in line 158 to describe the benefits of the draft rule and the use of CORE Connectivity.	<p>Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting Section 3 Scope, to describe the benefits of the draft rule as recommended by the commenter.</p> <p>NOTE: Adjustments for clarity to the CORE Connectivity language will be made in the Section 4.2 CORE Connectivity of the draft rule.</p>
2	Attachments (275/278) PA Infrastructure Rule	4.1 Processing Mode	One entity suggested health plans should be required to support both real time and batch processing when sending attachments to support an X12 v5010 278.	<p>Do not adjust. Given 96% of RWG straw poll respondents voted in support of the Processing Mode Requirements, and to remain consistent with the CAQH CORE Prior Authorization (278) Infrastructure Rule, CAQH CORE RWG Co-chairs and CORE staff recommend continuing to support the requirement as drafted. As such, a health plan or its agent must implement <i>either</i> Batch Processing or Real-Time Processing Mode for the X12 v6020 275.</p> <p>NOTE: Optionally, a health plan and its agent may elect to implement both Real Time and Batch Processing Modes.</p>

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#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
3	Attachments (275/278) PA Infrastructure Rule	4.3 System Availability	One entity noted that the Draft System Availability Requirements should also pertain to the X12 v6020 824.	<p>Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting Section 4.3 System Availability and Reporting Requirements to include support for X12 v6020 275, X12 v6020 999 and X12 v6020 824, as recommended by the commenter.</p> <p>NOTE: The adjustment will also be made in the Draft Attachments (275/837) Claims Infrastructure Rule for consistency.</p>
4	Attachments (275/278) PA Infrastructure Rule	4.5 Data Error Handling	One entity commented that there is no timing requirement on the X12 v6020 824 receiver for when an X12 v6020 999 must be returned.	<p>Do not adjust. Given this draft requirement received 96% support from RWG straw poll respondents and in alignment with Data Error Handling Requirements in existing CAQH CORE Infrastructure Rules, RWG Co-chairs and CORE staff do not recommend adjusting the draft requirement. As such, the Draft Data Error Handling Requirements do not address response times for return of the X12 824 or X12 999 transactions</p> <p>Given the focus of the draft requirement is to standardize the error message(s) that must be returned, the draft requirement intentionally does not provide response time guidance for the X12 999 transaction sent by the provider or its agent after receiving the X12 824. For additional context, the draft requirement requires the receiver (client) to return an X12 v6020 824 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. It does not specify timing for the return of the X12 v6020 824 given this requirement follows the specification to send an X12 999 response within 20 seconds for Real-Time and two business days for Batch Processing Mode after receiving the initial X12 275 transaction.</p>

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#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
5	Attachments (275/278) PA Infrastructure Rule	4.6 File Size	One entity recommended adding language to clarify that multiple attachments may be sent within a single instance of the X12 v6020 275 transaction. Additionally, they noted that the requirement should include language that supporting a minimum file size of 64MB applies to the transaction, not per loop.	Adjust for clarity. RWG Co-chairs and CORE staff recommend including a footnote explaining that the 64MB maximum applies to the entire content of the BDS segment of the X12 v6020 275 transaction and therefore, multiple attachments may be included in a single X12 v6020 275.
DRAFT CAQH CORE Attachments (275/278) Prior Authorization Data Content Rule				
6	Attachments (275/278) PA Data Content Rule	3 Scope	<p>One entity provided several recommended adjustments to the scope section, specific to the Draft Attachments (275/278) Prior Authorization Data Content Rule. They asked to add clarifying language stating pharmacy is out of scope.</p> <p>They also suggested adding a footnote addressing FHIR to FHIR exchanges and providing specific examples of exchange methods for Non-X12 payload types. Lastly, they asked how these rules apply if a provider is only compliant with the federally mandated CORE Connectivity vC2.2.0.</p>	<ul style="list-style-type: none"> - Adjust for clarity. A footnote will be added to clarify that pharmacy is out of scope, consistent with the existing CAQH CORE Prior Authorization (278) Data Content Rule. - Do not adjust. The Draft Attachments (275/278) Prior Authorization Data Content Rule addresses attachments exchanged with an X12 v6020 275 or without using an X12 275 using CORE Connectivity (the Non-X12 method). The draft rule does not address attachments sent using FHIR to FHIR exchanges. <p>NOTE: The draft rules specify the use of CORE Connectivity vC4.0.0. However, adoption of these draft rules is currently voluntary.</p>
7	Attachments (275/278) PA Data Content Rule	Reassociation Requirements – X12 Method (General)	<p>One entity suggested adding clarity as to when a reassociation requirement applies to the solicited workflow vs. the unsolicited workflow.</p> <p>Additionally, they asked for clarity regarding which stakeholder type is responsible for supporting the reassociation requirements. They recommended incorporating Footnote 7 into the main body of the text as it establishes a requirement for health plans and ensuring section headers accurately reflect the requirements, reassociation is completed by the health plan, but establishes requirements on the provider and health plan.</p>	<ul style="list-style-type: none"> - Adjust for clarity. RWG Co-chairs and CORE staff recommend making edits to this section to ensure the draft language specifies that the requirements apply to solicited and unsolicited workflows. - Adjust for clarity. RWG Co-chairs and CORE staff do not recommend moving Footnote 7 to the body of the text as it clarifies that entities are not required to use the X12 275 given it is not federally mandated. However, an adjustment will be made to clarify that entities (including providers, health plans and their agents) should use the reassociation requirements.

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#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
8	Attachments (275/278) PA Data Content Rule	4.1.1.1 Common Reference Data Used to Reassociate an X12 v6020 275 and an X12 v5010 278 Request	<p>Two entities made recommendations for clarity in Section 4.1.1.1 – Common Reference Data Used to Reassociate an X12 v6020 275 and an X12 v5010 278 Request.</p> <ul style="list-style-type: none"> - One noted that for reassociation to be successful, common reference data such as DOB or DOS must be present in both transactions (X12 275 and X12 278). - Another explained Section 4.1.1.1 provide recommendations rather than requirements, which may add confusion if not aligned with requirements established by health plans. They note that the section conflicts with later rule requirements that specify a provider must send as many data elements as are available. 	<ul style="list-style-type: none"> - Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting Section 4.1.1.1 to specify that the common reference data is included in the X12 v6020 275 and its associated payload rather than on the X12 v6020 275. - Do not adjust. Given Section 4.1 of the draft rule received 87% support from RWG straw poll respondents, RWG Co-chairs and CORE staff do not recommend adjusting the draft rule section. <p>Additionally, the common reference data listed in the draft requirement are only required if available to the provider at the time of the attachment submission. The list is not intended to be prohibitive or exhaustive; it represents commonly available data that after several reviews, Attachments Advisory Group and Attachments Subgroup participants (including providers and health plans) ranked as most useful in assisting document management systems with reassociation of an attachment to its original prior authorization submission.</p>

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9	Attachments (275/278) PA Data Content Rule	5.1 Reassociation Requirements – Non-X12 Method	<p>Three entities suggested adjustments for clarity to Section 5 – Reassociation Requirements when using the Non-X12 Method.</p> <ul style="list-style-type: none"> - Two entities recommended adjusting Patient Name and Subscriber/Dependent First & Last Name fields to improve clarity. - Another entity provided several recommended adjustments including clarifying what a provider <i>must do</i> vs. what a provider <i>can do</i> and how these rules apply where a provider is only compliant with the federally mandated Connectivity Rule. - They also recommended additional clarity as to which requirements apply to solicited vs. unsolicited attachments. - Another commented that ‘unsolicited’ was removed in the introduction language for the Draft Attachments Claims Data Content Rule, but not the Draft Attachments PA Data Content Rule. - They also noted that ‘NPI’ should be further specified (e.g., billing provider, servicing provider, etc.). - Lastly, they also suggested establishing a minimum set of data elements rather than requiring providers to include all available data elements to assist with reassociation and asked what the responsibility of the health plan is if a provider does not send the complete list of data elements. The straw poll respondent explained that providers should not exchange additional attachments to support reassociation of attachments. 	<ul style="list-style-type: none"> - Adjust for clarity. RWG Co-chairs and CORE Staff suggest adjusting ‘Patient Last Name’ to ‘Patient Name’ to improve clarity, as recommended by the commenters. - Adjust for clarity. RWG Co-chairs and CORE staff will adjust this section to clarify that the draft requirements apply to both solicited and unsolicited workflows. - Adjust for clarity. RWG Co-chairs and CORE staff agree to remove ‘unsolicited’ in this section, as recommended by the commenter and to align with the Draft Attachments (275/837) Claims Data Content Rule. - Do not adjust. Given the data elements included are recommendations, and are not intended to be exhaustive or prohibitive, RWG Co-chairs and CORE staff do not recommend further specifying NPI. Additionally, further specification of NPI (e.g., billing provider, servicing provider, etc.) would require billing departments to assign unique ID systems. - Do not adjust. The elements for reassociation are only included if available to the provider. As such, RWG Co-chairs and CORE staff do not recommend establishing a minimum set. Additionally, the data elements included in the draft rule were selected through extensive research and feedback from the Attachments Advisory and Subgroups as most useful for reassociation.

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#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
10	Attachments (275/278) PA Data Content Rule	6 Appendix	<p>Three entities suggested adjustments to Appendix Table 6.1 X12 TR3 Data Elements and Reference Identification Mapping.</p> <ul style="list-style-type: none"> - One noted that some fields do not have values in the X12 v6020 275 and asked why they are included in the table. They also note that 'PA Tracking Number' is only assigned by the health plan, not the provider. - Another noted that Attachment Control Number is not the same as a Prior Authorization Control Number, as described in the table. They also suggested adding a definition for 'Internal Medical Facility Number' and ensuring definitions in the Attachments PA Data Content Rule mirror those in the Attachments Claims Data Content Rule. - Another commented that there is no Case Reference ID in the UM Segment of the X12 278, but it is included as a data element in the table. 	<ul style="list-style-type: none"> - Do not adjust. RWG Co-chairs and CORE staff do not recommend adjusting the definition of PA Tracking Number given the PA Tracking Number can be assigned by both health plan and provider. Therefore, the definition in the Appendix Table includes both options as reference. <p>NOTE: The clarification for field values of 'NA' was made in Section 4.1.1.1 of this rule. See row 8 of this document for additional information.</p> <ul style="list-style-type: none"> - Adjust for clarity. RWG Co-chairs and CORE staff recommend removing Payer's Auth Control Number from the definition of Attachment Control Number and drafting a definition for Internal Medical Facility Number, as recommended by the commenter. Additionally, CORE Staff will ensure adjustments align across the Attachments (275/278) PA Data Content Rule and Attachments (275/837) Data Content Rule, as required. - Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting 'Case Reference ID' to 'Case Reference Number/Case ID Number' for clarity. <p>NOTE: The table included in Section 6 Appendix includes X12 elements that may assist with reassociation when using the X12 Method only. The elements listed are neither exhausted nor prohibitive and only serve as a reference.</p>

6. Point of Clarification Comments Received on RWG Straw Poll #1 – Draft Attachments (275/837) Claims Operating Rules

Table 5 below summarizes **points of clarification (POC)** comments received from RWG Straw Poll #1 respondents pertaining to the Draft CAQH CORE Attachments (275/837) Claims Operating Rules.

Table 5. POC Comments Received on Draft Attachments (275/837) Health Care Claims Operating Rules

#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
Points of Clarification				
11	Attachments (275/837) Claims Infrastructure Rule	3 Scope	<p>Two entities provided comments specific to the scope of the Draft Attachments (275/837) Claims Infrastructure Rule.</p> <ul style="list-style-type: none"> - One of these noted that the X12 v5010 837 guide numbers are not listed. - Another asked for clarification as to why the version of the X12 277 RFAI that is include in the rule is v6020 rather than v5010. They explained that if a health plan receives a claim in the v5010 format, they would respond with a v5010 277RFAI. 	<ul style="list-style-type: none"> - Do not adjust. RWG Co-chairs and CORE staff do not recommend adjusting the scope section of the Draft Attachments (275/837) Claims Infrastructure Rule given the draft section includes X12 v5010 837 Professional, Institutional, and Dental transactions in Section 3.1 What the Rule Applies to. The draft language explains that the X12 837 transactions are collectively referenced as X12 837 after one occurrence of listing the full transaction name. <p>Note Draft Rule Language states: X12 005010X222 Health Care Claim (837) Professional, X12 005010X223 Health Care Claim (837) Institutional, and X12 005010X224 Health Care Claim (837) Dental transactions and their associated errata (collectively hereafter referenced as X12 v5010 837).</p> <ul style="list-style-type: none"> - Do not adjust. RWG Co-chairs and CORE staff do not recommend adjusting the version of the X12 v6020 277 RFAI included in the scope of the rule given the X12 v6020 277 RFAI supports the use of LOINC in the STC01-1270-04 data elements, and this capability is incorporated into the Draft Attachments (275/837) Claims Data Content Rule reassociation requirements.

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#	Rule	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
12	Attachments (275/837) Claims Infrastructure Rule	4.6 File Size – Use of Multiple LX Loops	<p>Two entities provided recommendations for Section 4.6.3 Use of Multiple LX Loops on an X12 v6020 275 Transaction when Sending Multiple Attachments for a Single Claim.</p> <ul style="list-style-type: none"> - One of these suggested that there should be a significant increase to the maximum file size limit. - Another asked if the rule should include guidance on the maximum number of LX loops that can be submitted within a BDS Segment. 	<ul style="list-style-type: none"> - Do not adjust. RWG Co-chairs and CORE Staff do not recommend adjusting the language. Like prior CAQH CORE Operating Rule requirements, this requirement represents a floor and not a ceiling in terms of the file size an organization can accept for processing. Entities may choose to accept file sizes above 64MB, but they must at a minimum accept at least as large as 64MB. Smaller file sizes can be accepted. - Do not adjust. RWG Co-chairs and CORE Staff recommend not adjusting the draft requirement to include the maximum number of LX Loops that can be submitted within a BDS Segment given the TR3 has semantic requirements for the maximum number of LX Loops allowable (the X12 v6020 275 supports >1 LX Loops with each LX Loop supporting one BDS Segment per loop) and the CORE rules do not repeat requirements found in standards.
13	Attachments (275/837) Claims Infrastructure Rule	4.8 Electronic Policy Access	<p>One entity commented that while they support the draft requirement requiring a health plan to offer an electronic method for identifying the attachment-specific data needed to support claim adjudication, there should be additional guidance on how readily available that method should be that can be located by any trading partner.</p>	<p>Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting the draft language to specify that the electronic method should be readily available to any trading partner, as recommended by the commenter.</p>

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DRAFT CAQH CORE Attachments (275/837) Claims Data Content Rule				
14	Attachments (275/837) Claims Data Content Rule	4.1 Reassociation Requirements – X12 Method	<p>Two entities provided comments regarding Draft Section 4.1 Reassociation Requirements Using the X12 Method that were specific to supporting Health Care Claims.</p> <ul style="list-style-type: none"> - One of these asked for the work group to consider additional requirements pertaining to the submission of unsolicited attachments sent to support an X12 v6020 837 Claim submission. They provided the example that health plans require the Individual Claim Number to be submitted as the attachment control number and given the Individual Claim Number is not always available at time of submission, it leads to additional burden on trading partners. - Another asked why the dental claim format was not included in the draft rule section. 	<ul style="list-style-type: none"> - Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting the draft reassociation requirement language to ensure it specifies that the requirements apply to solicited and unsolicited workflows and that adjustments align with the suggested adjustments in the Draft Attachment (275/278) Prior Authorization Data Content Rule. - Do not adjust. RWG Co-chairs and CORE 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 Attachments (275/837) Claims Infrastructure Rule include support for professional institutional and dental claims. However, given the X12 v6020 277 is not used with dental claims, it was placed out of scope for this specific requirement only.
15	Attachments (275/837) Claims Data Content Rule	6 Appendix	<p>One entity explained that 'Patient Control Number' included in the Appendix Table of the Draft Attachments Claims Data Content Rule is included in X12 v6020 277 RFAI and in X12 v6020 275, but the table indicates they are not included.</p>	<p>Adjust for clarity. RWG Co-chairs and CORE staff recommend adjusting the Draft Appendix Table for clarity and accuracy to further specify the use of Patient Control Number, as recommended by the commenter.</p>

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7. Appendix A: Non-Substantive Comments

Appendix A consists of tables summarizing non-substantive comments received on each Part of the RWG Straw Poll.

7.1 Non-Substantive Comments Received on Draft CAQH CORE Attachments (275/278) Prior Authorization Rule Set

Table 6 below summarizes **non-substantive** comments received from RWG Straw Poll #1 along with CAQH CORE RWG Co-chair and staff response, when applicable.

Table 6: Non-Substantive Comments Received on Draft CAQH CORE Attachments (275/278) Prior Authorization Rule Set

#	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule			
1	All	One entity explained they support the attachment rule with reservations, noting that as the industry grows, they reserve the position to reverse their decision to accommodate the healthcare marketplace. They noted that TR3s will continue to grow to meet specific growth needs.	N/A
2	1 Background	<p>Three entities made comments to the language used in the background section of the Attachments (275/278) Prior Authorization Rules.</p> <ul style="list-style-type: none"> – One entity suggested that lines 9-10 should state “using voting and majority rules approach among industry stakeholders” instead of “using a consensus-based approach among industry stakeholders.” – Another noted the content on lines #38-40 indicates five areas for improvement but lists six as written. – One suggested that language in lines #66-69 may imply wrongdoing on part of the provider: “providers are often unaware...and frequently send unsolicited attachments with incorrect or too much information” and suggest more neutral language, such as “because payer requirements for what is needed to support coverage decisions are often unclear, providers frequently send...attachments that do not align with the health plan’s requirements or may include insufficient information or more information that minimally necessary.” 	<ul style="list-style-type: none"> - Do not adjust. Given this language aligns with all existing CAQH CORE Operating Rules, CORE staff recommend not adjusting the draft background language. - Adjust for clarity. RWG Co-chairs and CORE Staff agree with recommender’s adjustments to change language to ‘Connectivity & Security’. - Adjust for clarity. RWG Co-chairs and CORE Staff agree with the commenter and will adjust the rule language for clarity.

**CAQH Committee on Operating Rules for Information Exchange (CORE)
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#	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
3	1 Background	One entity asked for clarification regarding how to determine which code value is being sent by the provider and what workflow the model is tied to (e.g., solicited, unsolicited, or both). They noted that if it is a LOINC, it cannot be sent in the unsolicited X12 v6020 275 transaction.	Do not adjust. Additional details regarding the use of LOINC are included in the Draft CAQH CORE Attachments (275/837) Claims Data Content Rule.
4	1 Background	One entity noted that they agree with the text on line #81, but for only for the solicited workflow.	N/A
5	1 Background	One entity noted that this section mirrors the Draft CAQH CORE Attachments (275/837) Claims Operating Rules.	N/A
6	2.2 Business Requirement Justification	<p>Two entities provided suggestions for this section that were specific to the Draft CAQH CORE Attachments (275/278) Prior Authorization Infrastructure Rule.</p> <ul style="list-style-type: none"> – One of these noted that in line #123 “Prior Authorization” is not capitalized while it is in all other mentions. – Another suggested this section should preview examples of non-X12 payload types and exchange methods, including FHIR-based APIs. They explained that it is crucial to acknowledge the minimum necessary when discussing exchange of clinical information to ensure patient privacy is protected. 	<ul style="list-style-type: none"> - Adjust for clarity. - Adjust for clarity. RWG Co-chairs and CORE staff will adjust this section to incorporate examples of the non-X12 payload types, as mentioned by the commenter. However, the only exchange method that is in-scope for the draft rules is CORE Connectivity. FHIR APIs are out of scope for this rule.
7	2.2 Business Requirement Justification	<p>One entity noted that they support the requirements but do not support the use of ANSI version 6020 as most payers and clearinghouses do not accept this version and it could be a barrier to implementation.</p> <p>NOTE: This comment was submitted throughout the Straw Poll for the Draft CAQH CORE Attachments Operating Rules.</p>	<p>Do not adjust. X12 v6020 aligns with previous X12 recommendations to NCVHS and was selected by the Attachments Subgroup after extensive review and feedback.</p> <p>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.</p>
8	3 Scope	One entity noted their support for batch and real time processes, but not for the use of X12 v6020.	N/A

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#	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
9	3 Scope	<p>One entity suggested “using CORE Connectivity” should be replaced with “exchanged using methods that are compliant with/as specified by the most recent CORE Connectivity Rule (hereinafter, CORE Connectivity).”</p> <p>They also asked the scope section include language stating that the draft rule does not apply to e-prescribing.</p>	<ul style="list-style-type: none"> - Adjust for clarity. RWG Co-chairs and CORE staff will adjust the draft language to the “most recent CORE Connectivity Rule (hereinafter “CORE Connectivity”), as recommended by the commenter. - Do not adjust. The Draft CAQH CORE Attachments Operating Rules apply to the conduct of the attachments, prior authorization and claims transactions. Specific use cases by the industry are not necessarily out of scope.
10	4.2 Connectivity	<p>One entity pointed out that there is a mix between the use of “most current” and “most recent” CORE Connectivity Rule and suggested that the same language be used throughout.</p>	Adjust for clarity.
11	4.3 System Availability	<p>Two entities commented on the draft system availability requirements.</p> <ul style="list-style-type: none"> – One entity stated that system availability needs to be increased significantly above the current minimum in the rule. – Another noted they do not support any system availability requirement lower than 95% because healthcare is a 24/7-hour business and system downtime lead to delays in patient care. 	Do not adjust. The Review Work Group will consider increasing system availability as part of the Infrastructure Rules update. If the work group agrees to increase the system availability across all infrastructure rules, these draft attachments infrastructure rule requirements will be adjusted accordingly.
12	4.4 Payload Acknowledgements	<p>One entity noted that line #249 has a lower case “prior authorization” and that it should be capitalized.</p>	Adjust for clarity.
13	4.6 File Size	<p>One entity explained they support at least 64 MB with larger files accepted by payers, as documented.</p>	N/A
14	4.7 Companion Guide	<p>One entity suggested using “companion guide” or “guide” instead of “document” throughout this section.</p>	Adjust for clarity.

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#	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
15	5 Infrastructure Requirements Non-X12	<p>Two entities suggested expanding the list of non-X12 payload examples.</p> <ul style="list-style-type: none"> - One of these suggested listing CDex and other FHIR capabilities. - The other commented that including more examples of CORE Connectivity, previewing FHIR to FHIR exchanges directly, and clearly acknowledging that non-X12 exchanges may not always originate with a X12 278 transaction. 	Do not adjust. This section only includes examples of non-X12 payloads that may be sent using CORE Connectivity as the exchange mechanism. The draft requirements do not address FHIR to FHIR exchange and the draft rule does not apply when a prior authorization is initiated without using the X12 278 (see scope section).
16	5 Infrastructure Requirements Non-X12	<p>Two entities suggested edits to Section 5 to improve consistency and clarity.</p> <ul style="list-style-type: none"> - One of these suggested updating “described in the CAQH CORE Connectivity Rule” to “described in the most recent CAQH CORE Connectivity Rule”. - Another suggested using “non-X12 method” in the section to remain consistent with other sections. 	Adjust for clarity.
Draft CAQH CORE Attachments (275/278) Prior Authorization Data Content Rule			
17	4.1 Reassociation X12 Method	<p>One entity commented that the section title for <i>Section 4.2.1 Reassociation of a Solicited X12 275 to an X12 278 Request</i> does not match the contents of the requirement. As written, the draft requirement indicates how to request additional electronic information while the header reflects how a X12 275 should be reassociated.</p>	Adjust for clarity.
18	5 Reassociation Non-X12	<p>One entity commented that Table 1 in Section 5.1.1.1 item #5 is “NPI” but does not specify who the NPI refers.</p>	Do not adjust. See page 10; row 9 of this document for additional information.

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#	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
19	6 Appendix	<p>Two entities recommended non-substantive adjustments to the Appendix.</p> <ul style="list-style-type: none"> - One of these noted that in line #280 row #1 Solicited X12 275 requires a PWK06, not PWL06. - The other explained that that in Table 6.1 item #1 ACN (Attachment Control Number) is also being defined as “Payers Auth Control Number” when the two terms are not the same. They also noted that item #7 is the “PA Tracking Number”. - They also asked for a definition for item #5 Internal Medical Facility Number. - They also noted that if the Draft CAQH CORE Prior Authorization Data Content Rule is to be used in conjunction with this Draft Attachments Rule, Table 6.1 of the Attachments (275/278) Prior Authorization Data Content Rule does not match the Table 6.1 in the Attachments (275/837) Claims Infrastructure Rule for definitions of ACN or member name. 	<ul style="list-style-type: none"> - Adjust for clarity. Draft rule language will be adjusted to state PWK. - Adjust for clarity. RWG Co-chairs and CORE Staff will remove the reference to Payer’s Auth Control Number. - Adjust for clarity. RWG Co-chairs and CORE staff will adjust to add a definition for Internal Medical Facility Number. - N/A
Draft CAQH CORE Attachments (275/278) Prior Authorization Certification Test Scenarios			
20	Certification Test Scenarios	<p>One entity asked for clarification as to why health plans are required to test scenario #23 under section 2.4 for responding with a X12 278-217 with a Code EL in the PWK02 segment in loop 2000E.Loop 2000F.</p>	<p>Do not adjust. RWG Co-chairs and CORE Staff do not recommend adjusting the Draft Certification Test Scenario language as the it aligns with the draft rule requirements. If a health plan or its agent requests additional information for a prior authorization request, PWK code EL will go on the X12 278-217 Response that was pended for additional information.</p>

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7.2 Non-Substantive Comments Received on Draft CAQH CORE Attachments (275/837) Claims Operating Rule Set

Table 7 below summarizes unique **non-substantive** comments received from RWG Straw Poll #1 along with CAQH CORE RWG Co-chair and staff response, when applicable.

Table 7: Non-Substantive Comments Received on Draft CAQH CORE Attachments (275/837) Claims Operating Rule Set

#	Section	Summary of Comments	CAQH CORE RWG Co-chair & Staff Response
Draft CAQH CORE Attachments (275/837) Claims Infrastructure Rule			
21	4.6 File Size Use of Multiple LX Loops	One entity noted that there is no maximum file size specified when multiple LX loops are used.	Do not adjust. The draft requirement sets a minimum or floor for the file size that must be supported. Maximum file size requirements may be negotiated among trading partners.
22	5 Reassociation Non- X12 Method	Two entities made suggestions to improve the clarity of <i>Draft Section 5 Reassociation of Additional Documentation Sent Using the Non-X12 Method</i> . <ul style="list-style-type: none"> – One of these suggested that “non-X12” should be used throughout the document in place of “without using the X12 275.” – The other commented that the title of Section 5 does not match the description. 	<ul style="list-style-type: none"> - Adjust for clarity. - Do not adjust. RWG Co-chairs and CORE staff do not recommend adjusting the language as Section 5 includes the reassociation requirements for additional documentation sent using the non-X12 method.
Draft CAQH CORE Attachments (275/837) Claims Data Content Rule			
23	4.1 Reassociation (X12 Method)	One entity commented that the section title for <i>Section 4.1.2 Reassociation of a Solicited X12 275 to an X12 837 Claim Submission</i> does not match the requirements described given the draft requirements indicate how to request additional electronic information.	Adjust for clarity.
24	5 Reassociation (Non-X12 Method)	One entity included a comment stating ‘LOINC and Metadata (i.e., member data, provider data)’.	N/A