CAQH CORE Attachments Webinar Series

Session 2

Thursday, May 25, 2017

12:00 – 1:00 PM ET

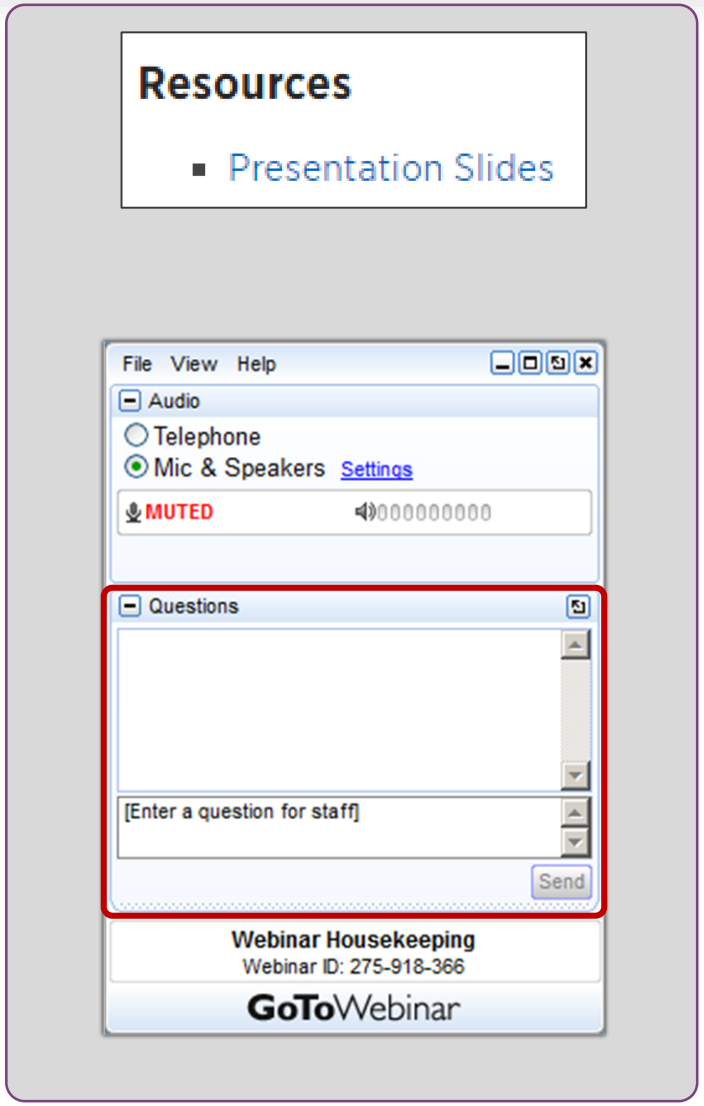
Logistics

Presentation Slides & How to Participate in Today's Session

Download the presentation slides at www.caqh.org/core/events.

- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the presentation slides.
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Questions can be submitted ***at any time*** with the **Questions panel on the GoToWebinar dashboard.**



Acknowledgments

CAQH CORE thanks the guest presenters for today's webinar.

Liora Alschuler
CEO

Lantana Consulting Group

Mary Lynn Bushman
Senior Business Analyst

National Government Services, Inc.

Nicole Smith
Vice President, Operations and Government Services

Vyne Corp.

Session Outline

- Overview of CAQH CORE Attachments Work
- Why Electronic Attachments
- Pilot/Implementation Case Studies
  - Medicare & Boca Racon Regional Hospital
  - WPS & Mayo Clinic
  - Empire Medicare & Montefiore
  - NGS/Anthem & Mayo Clinic
  - NGS/Anthem & Multiple Providers
- Audience Q&A

Overview of CAQH CORE Attachment Work

Robert Bowman
CAQH CORE Associate Director

Attachments Definitions and Use Cases

Definitions

- CMS: “Claim attachments are supplemental documents providing additional medical information to the claims processor that cannot be accommodated within the claim format. Common attachments are Certificates of Medical Necessity (CMNs), discharge summaries and operative reports.”
- NCVHS: “Supplemental documentation needed about a patient(s) to support a specific health care-related event…using a standardized format.”
- Certificates, CMNs, and discharge summaries may be unsolicited or solicited.

Use Case Examples

Claims and Reimbursement

Prior authorization

Referral

Audit

Attachments Background & CAQH CORE Activities

Role of CAQH CORE in Claims Attachments

Over the past several years, CAQH CORE has conducted extensive research to understand the current stakeholder environment in the adoption of electronic attachments.

Regularly attend and monitor standard setting organization meetings.

Helped support the evolution of the CAQH Index to track claims attachments.

Conducted an assessment to identify business needs, data content and format requirements, technical infrastructure, and priorities for the exchange of administrative attachments.

Held listening sessions with over 300 participants to continue dialogue, discuss trends, and obtain data from current industry activities and experience.

The findings of this research indicate that the majority of entities are still using paper to provide clinical data on a claim or other administrative transactions, and, when attachments are electronic, the most common formats are PDF, JPG, TIF, and Word.

- CAQH CORE was designated by HHS as the operating rule authoring entity for claims attachments:
  - Operating rules always support recognized standards. CAQH CORE was appropriately waiting to formally move forward with this role given the expectation that a mandated standard would be issued by HHS; CORE will revisit this decision.
  - The opportunity areas for operating rules related to attachments are significant – and vary depending on the attachment standard(s).
  - CAQH CORE has stated its public support for an incremental, flexible use of operating rules to move attachments from paper to electronic documents.

CAQH CORE

Attachments Background & CAQH CORE Activities

Alignment with CAQH CORE Mission and Goals

Electronic attachments ease workflow in our healthcare system.
The lack of an electronic attachment standard is a challenge for providers and health plans.
Given CAQH CORE's mission and vision, solving this challenge is a critical goal. Using our Integrated Model, CORE is determining how to work to provide solutions and guidance with or without mandates from the federal government.

Regulations for administratively-focused attachments have yet to be issued.

The initial HIPAA regulation called for a claim attachment standard almost twenty years ago.

ACA Section 1104 requires the Secretary of Health and Human Services (HHS) to adopt a standard, and applicable operating rules, for the health claims attachments transaction. HHS has not adopted a standard for health claims attachments.

There has been some regulatory activity related to clinically-focused attachments but little to no action on the administrative side.

For claims attachments, work is moving forward by HL7, a standards development organization, on a standard for this HIPAA administrative healthcare transaction.

However, there is a wide range of opinions on what standards would serve the industry best regarding electronic attachments.

Attachments Background & CAQH CORE Activities

CAQH Index Reports Cost Savings Opportunity with Use of Electronic Claims Attachments

The 2016 CAQH Index Report – based on data from over 5.4B transactions – reported on adoption and cost of electronic claims attachments transactions for the first time. Key findings include:

Only **six percent** of healthcare claims attachments are submitted to health plans electronically, with the remaining sent either via fax or mail.

The adoption of electronic claims attachments is isolated, as most health plans report **100% are submitted manually**.

In labor alone, **over a half-billion dollars could be saved** by the industry by fully adopting electronic claims attachments.

Participating health plans self-reported **only use of the X12 standard** for claims attachments.

There is a wide range of opinions regarding what electronic attachments standards would best serve the industry.

HHS' Meaningful Use Program requires electronic health records (EHRs) use the HL7 standard for clinical attachments; currently no authoritative benchmark data is available on the adoption of this standard for EHRs.

Relationship of Operating Rules to Attachments Standards

Operating Rules Can Provide Business Directions

Better use of *HIPAA and other healthcare standards, including,*

X12, DICOM, and HL7.

Recognize *industry neutral standards, including,*

PDF, TIF, HTTPS, and WC3.

CAQH CORE key considerations for development of attachment operating rules include:

- Ensuring operating rules work in unison with the HIPAA-mandated financial and administrative transactions; do not repeat or contradict standards.
- Aligning operating rules for administrative standards with those for clinical standards (e.g., federal incentives for meaningful use of EHR).
- Addressing most common business scenarios that would improve return on investment.
- Filling gaps created by flexibility in standards.
- Building off existing momentum to encourage feasible progress, not least common denominator.

Using information learned during education/listening session and other data points, CAQH CORE will assess how to move forward in this area via industry-led efforts.

Audience Poll #1

Which functional need is a top priority for your use of attachments (additional documentation)?

(Select all that apply.)

- Claim/Reimbursement
- Prior Authorization/Referral
- Audit
- All the Above
- Other: Please specify in Questions panel

Why Electronic Attachments?

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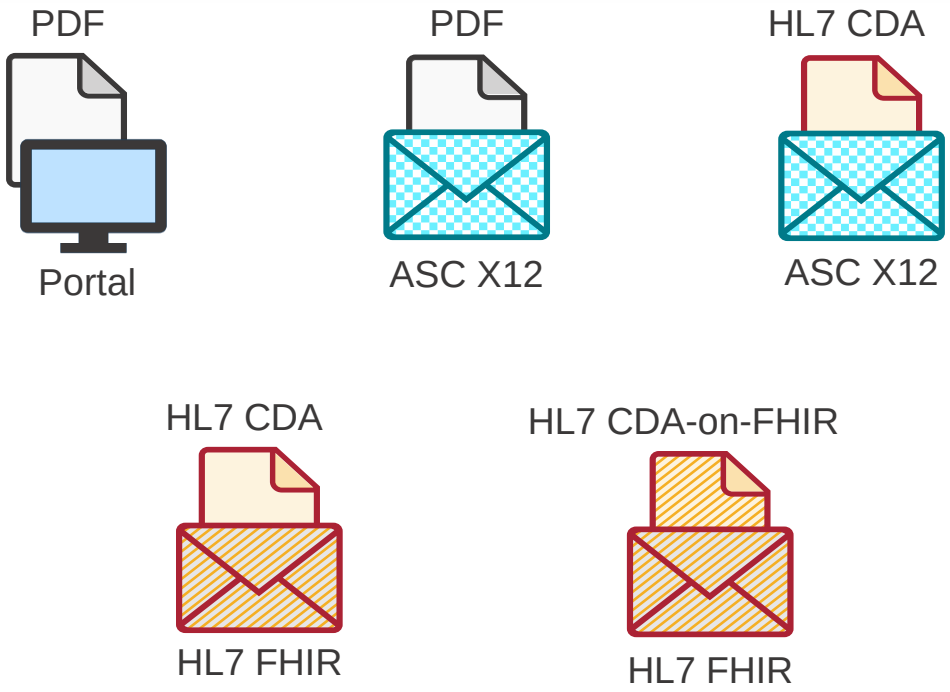
Lantana
CONSULTING GROUP

CAQH CORE

Standard Electronic Attachments: Benefits

One method across the industry.

- Cost savings:
  - Reduced time to payment
  - Reduced number of claim denials
  - Protected health information (PHI)
  - Reduced cost of:
    - > Physical storage (e.g., secure rooms, file cabinets, boxes)
    - > Materials (e.g., paper, envelopers, postage)
    - > Scanner/Fax machines usage
  - Reduced time to:
    - > Locate and submit information
    - > Coordinate mail room
    - > Monitor claims status
    - > Training requirements



- Distributed savings across all stakeholders, accelerated interoperability
- A range of current and emerging standard exist for (medical) attachments, and may address the content or the transport of that content
  - Industry-neutral standards include: PDF, JPEG, SOAP, HTTPS, etc
  - Standards designed for healthcare specifically include: X12, HL7 CDA, H7 FHIR, Direct, CONNECT, LOINC, etc.
    - > In 2016, NCVHS recommended HL7 for Attachments and X12; health plans, providers and vendors are trying these and a range of other configurations from above
  - Non-standard content/transports are also in use: Portals, proprietary vendor tools

Data on Return on Investment

Provider ROI on Claims Attachments

	Ave. Savings per Transaction	Transactions/Month	Monthly Savings
Physician Office	$3.73*	500	$1,865
Medical/dental provider	$4.08**	500	$2,040

Findings:

- Savings are significant.
- There is a need for industry-wide data.

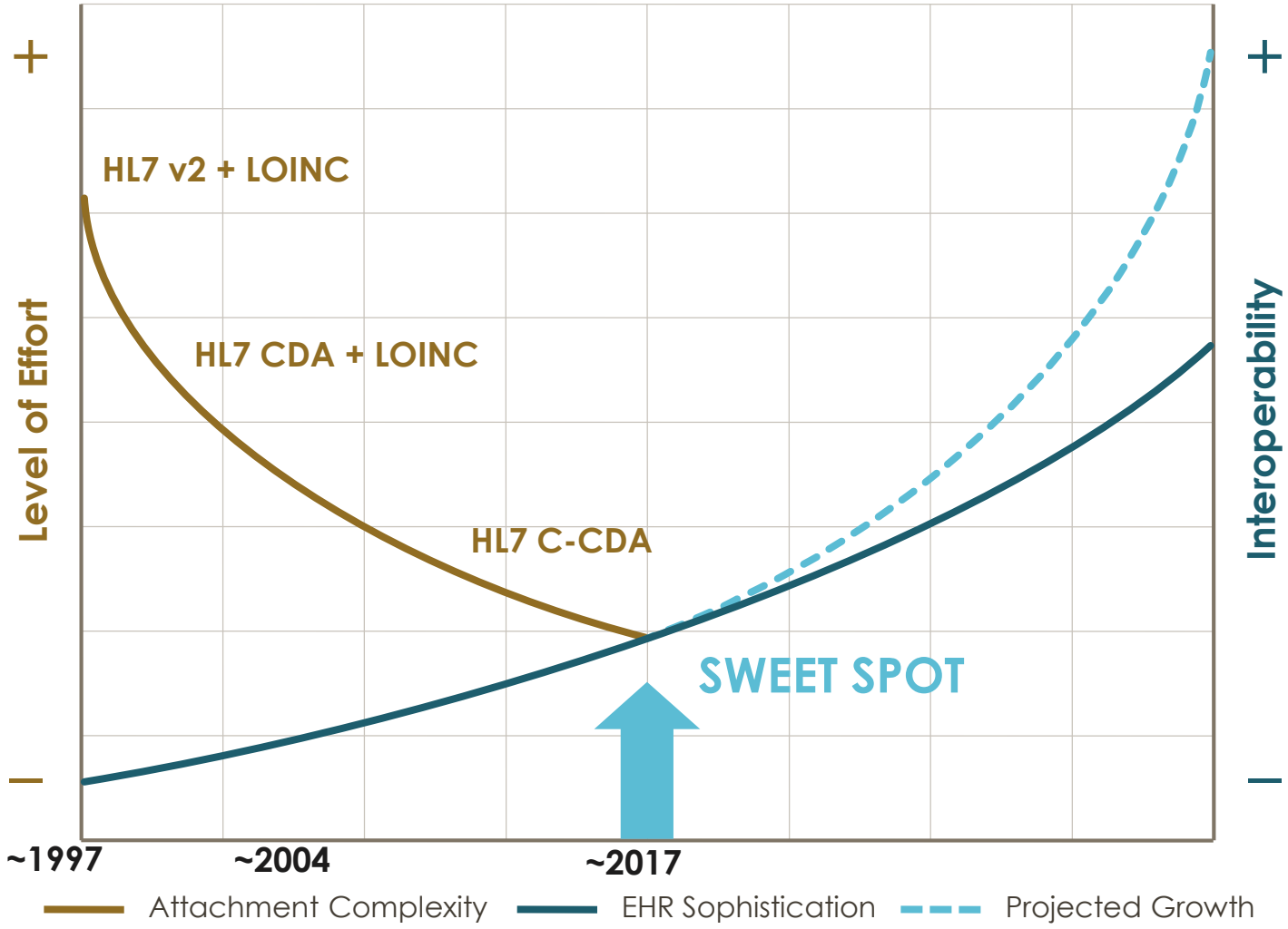
* Milliman, Inc., 2006

** CAQH 2016 Index

CAQH CORE

Evolution of Technical Specifications

- Simplification of defined requirements from electronic attachments.
- Capacity of electronic health records increased.
- Approaching the point of convergence.
- Adoption of electronic documents for attachments could radically accelerate interoperability.

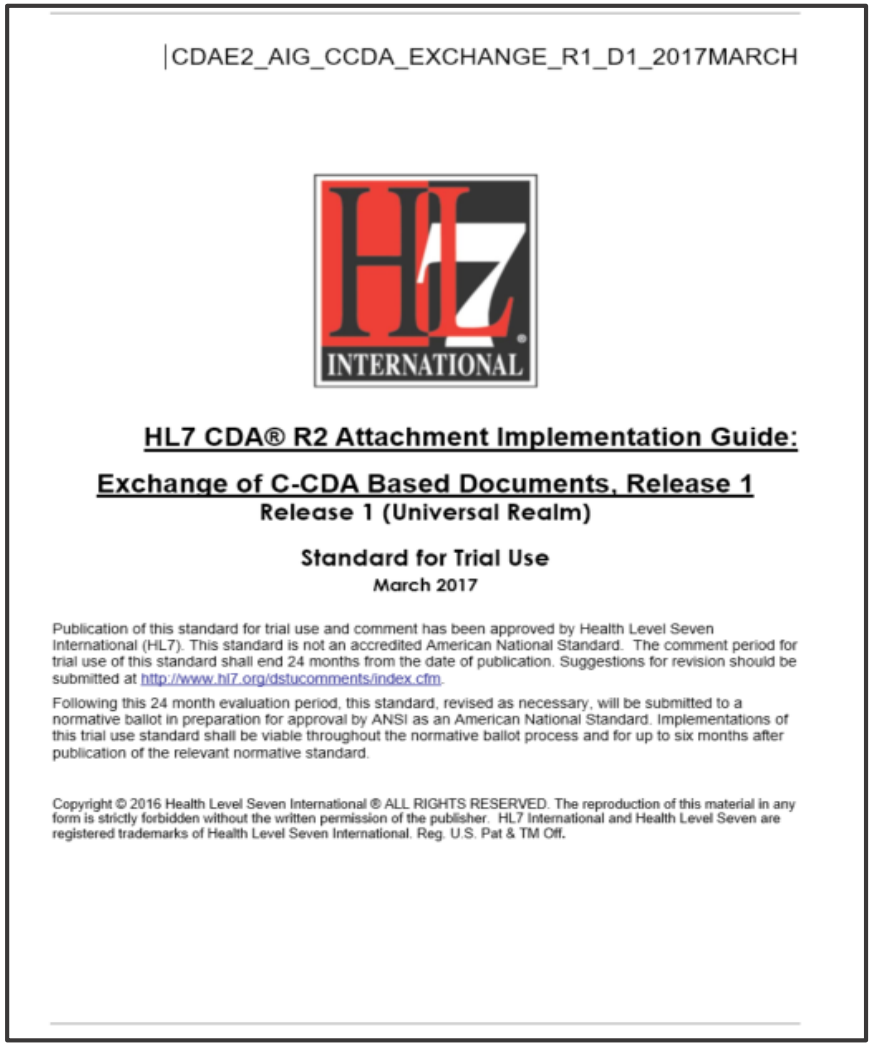


CAQH CORE

HL7 Update

- HL7 CDA Attachment Implementation Guide:
  - Exchange of C-CDA Based Documents, Release 1 (Universal Realm)
  - Standard for Trial Use
  - ***Targeted*** for release in ~~April~~, 2017 (now June, 2017)

- Attachment Guide Documents:
  - Approach
  - Background
    - > Structured/unstructured
    - > ISO Object Identifiers (OIDs)
    - > Base64 Encoding
    - > Document Succession
  - Classification using LOINC
  - Business requirements
  - Rules (conformance requirements)



CDAE2_AIG_CCDA_EXCHANGE_R1_D1_2017MARCH

HL7 CDA® R2 Attachment Implementation Guide:

Exchange of C-CDA Based Documents, Release 1

Release 1 (Universal Realm)

Standard for Trial Use

March 2017

Publication of this standard for trial use and comment has been approved by Health Level Seven International (HL7). This standard is not an accredited American National Standard. The comment period for trial use of this standard shall end 24 months from the date of publication. Suggestions for revision should be submitted at http://www.hl7.org/dstucomments/index.cfm.

Following this 24 month evaluation period, this standard, revised as necessary, will be submitted to a normative ballot in preparation for approval by ANSI as an American National Standard. Implementations of this trial use standard shall be viable throughout the normative ballot process and for up to six months after publication of the relevant normative standard.

Case Studies & Production Projects

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Case Studies and Production Projects

1

Production

Medicare - Boca Raton Regional Hospital

Claims, Audits, Appeals

PDF using HTTPS (SOAP)

2

Pilot to Production

WPS – Mayo Clinic

Claims

CDA R1/XML using X12 275 v4050

3

Pilot to Production

Montefiore - Empire Medicare

Claims

CDA R1 (unstructured) using X12 277/X12 275 v4050

4

Production

NGS/Anthem – Mayo Clinic

Claims

CDA R2/XML using X12 275 v6020

5

Testing, for Production

NGS/Anthem – Multiple Providers

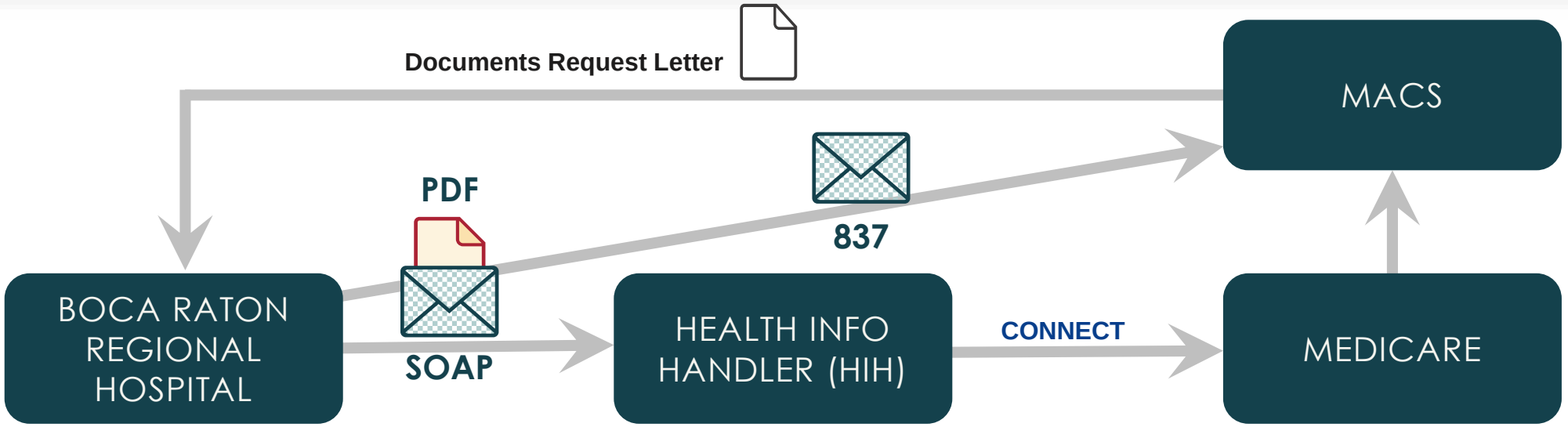
Claims

CDA R2/unstructured using X12 275 v6020

Case Study 1 – **Medicare & Boca Raton Regional Hospital**

Case Study Information	
Pilot or In Production	Production
Timeframe	January 2012
Participants	
Health Plan	Medicare
Provider	Boca Raton Regional Hospital
Clearinghouse	None for the attachment
Vendor	Vyne Medical (formerly MEA)
Attachments Information	
Attachment Type(s) Supported	Claim Attachments, Audits and Appeals
Transaction Type(s) Supported	Response and acknowledgement
Solicited vs. Unsolicited	Solicited and Unsolicited
Structured vs. Unstructured Data	Unstructured
Format Standards Supported	PDF
Transport Methods Supported	HTTPS (Soap) – to go through Connect
Most Common Data Being Submitted	Full Medical Records
Volume	2016 over 1 Million Pages

Case Study 1 – **Medicare & Boca Raton Regional Hospital**



Workflow Information	
Summary of Changes to Workflow Following Implementation	Boca Raton revised processes to put an automated workflow in the business office and the medical records departments. Enabled electronic tracking of all electronically exchanged medical information sent through the esMD Gateway to eliminate penalties associated with untimely filing.

Case Study 1 – **Medicare & Boca Raton Regional Hospital**

Summary & Impact	

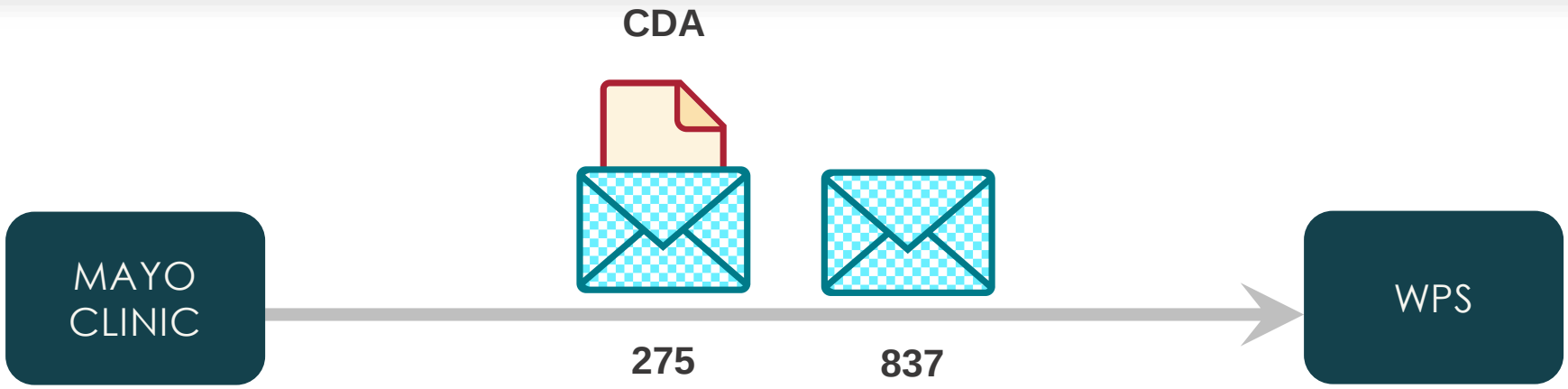
Summary of Challenges	• Backend challenge of transferring large medical records electronically.
	  • CMS has file size limitations on submissions through the esMD Gateway process requires Base64 encode all of the data.
	  • Transport of binary data within HTTPS requires encoding which increases payload size by 30%.
	  • These challenges were handled on the backend and did not impact the provider's experience.

Summary of Successes	• Eliminated the need to print, mail, scan, and copy paper medical records. • Eliminated shipping and handling expenses related to mailing medical records. • Reduced untimely record submissions and rework/resubmission requests. • Improved reimbursement time from 4 weeks with paper processes to 5 days with electronic submissions.
Return on Investment (ROI) Information	Since 2012, Boca Raton has eliminated the administrative burdens of managing medical records to support Medicare claims and audits, resulting in a total savings of $3 million since it began exchanging medical documentation electronically through the esMD Gateway.

Case Study 2: **WPS & Mayo Clinic**

Case Study Information	
Pilot or In Production	Pilot / Production
Timeframe	Started in 2005, in production in 2006, continued through life of contract which ended 9/2013
Participants	
Health Plan	WPS Medicare Part B
Provider	Mayo Clinic Rochester
Clearinghouse	None
Vendor	None
Attachments Information	
Attachment Type(s) Supported	Claims
Transaction Type(s) Supported	X12 275 v4050
Solicited vs. Unsolicited	Unsolicited
Structured vs. Unstructured Data	Semi-structured
Format Standards Supported	CDA R2
Transport Methods Supported	Bulletin Board System (asynchronous dial up)
Most Common Data Being Submitted	Operative Notes for when a -22 or -62 modifier was submitted on the claim
Volume	All surgical claims

Case Study 2: **WPS & Mayo Clinic**



Workflow Information	
Summary of Changes to Workflow Following Implementation	Mayo sends 837 & 275 separately, on average same day. Claim pends in medical review until attachment received. Then, notice goes out indicating attachment received and claim ready for review. If attachment not received within 5 business days, the claim is released and follows normal processing guidelines; typically, a development letter is sent to provider requesting operative notes.

Case Study 2: **WPS & Mayo Clinic**

Summary & Impact	

Summary of Challenges	• WPS Challenges:
	  • Need to educate management.
	  • Need to train WPS staff on claims attachment and benefits.
	  • Work with Medicare to determine which provider and claim types to begin.
	  • Weigh the benefits of unsolicited versus solicited.
	  • Needed HL7 CDA R2 expert.

Summary of Successes	• Staff saving time:
	  • Mail room staff -- reviewing, imaging & matching to claim
	  • Nursing staff
	• Improved workflow processes.
	• Workflow usable across all lines of business.
	• WPS staff reported the claim was adjudicated within 1-2 days after submission.
	• Mayo received payment 20-30 days sooner than the paper letter process.

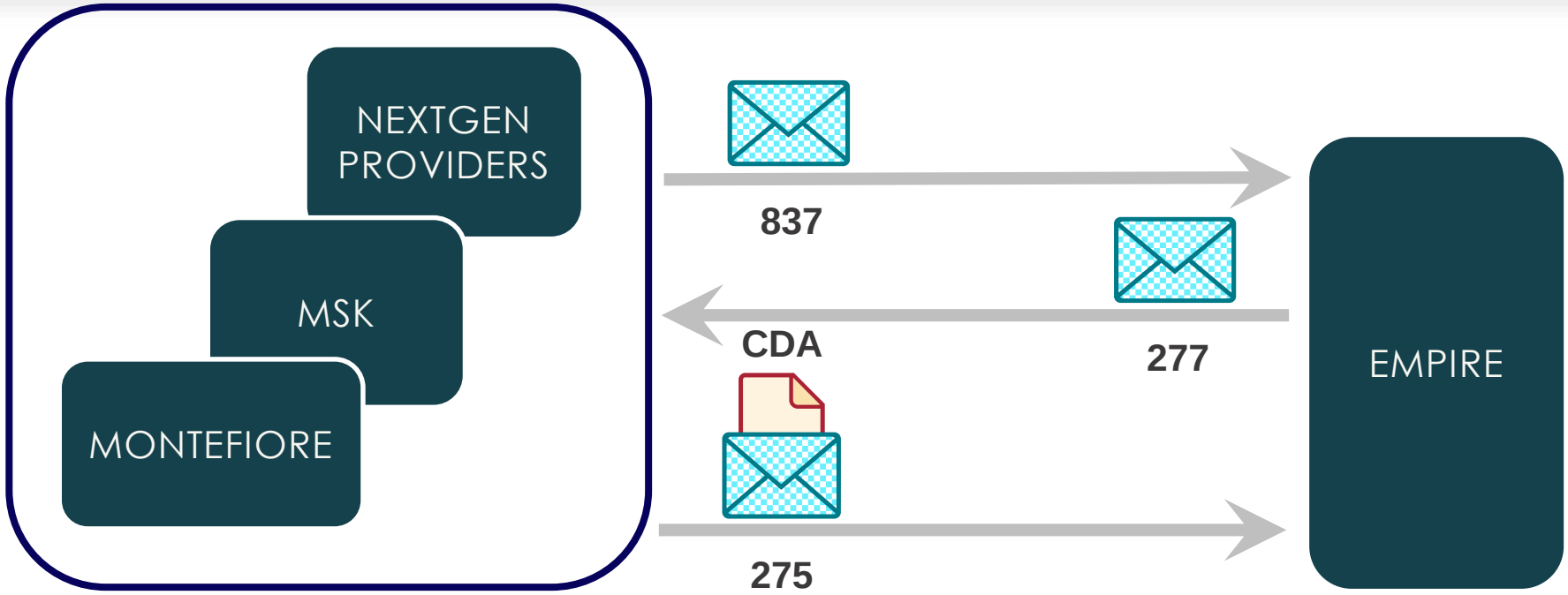
Return on Investment (ROI) Information	WPS saw savings on staff (reduction of more than one FTE) and experienced higher provider satisfaction.

Case Study 3 – **Empire Medicare & Montefiore, Memorial Sloan Kettering, and NextGen Providers**

Case Study Information	
Pilot or In Production	Pilot to Production (X12 277)
Timeframe	2005 to 2007
Participants	
Health Plan	Empire Medicare*
Provider	Montefiore, Memorial Sloan Kettering, Other providers (using NextGen PMS)
Clearinghouse	None
Vendor	Claredi
Attachments Information	
Attachment Type(s) Supported	Claims
Transaction Type(s) Supported	X12 277, X12 275 v4050
Solicited vs. Unsolicited	Solicited
Structured vs. Unstructured Data	Unstructured
Format Standards Supported	CDA R1 / unstructured
Transport Methods Supported	SFTP
Most Common Data Being Submitted	Medical Records
Volume	N/A

* Now part of National Government Services (NGS)

Case Study 3 – **Empire Medicare & Empire Medicare & Montefiore, Memorial Sloan Kettering, and NextGen Providers**



Workflow Information	
Summary of Changes to Workflow Following Implementation	None identified.

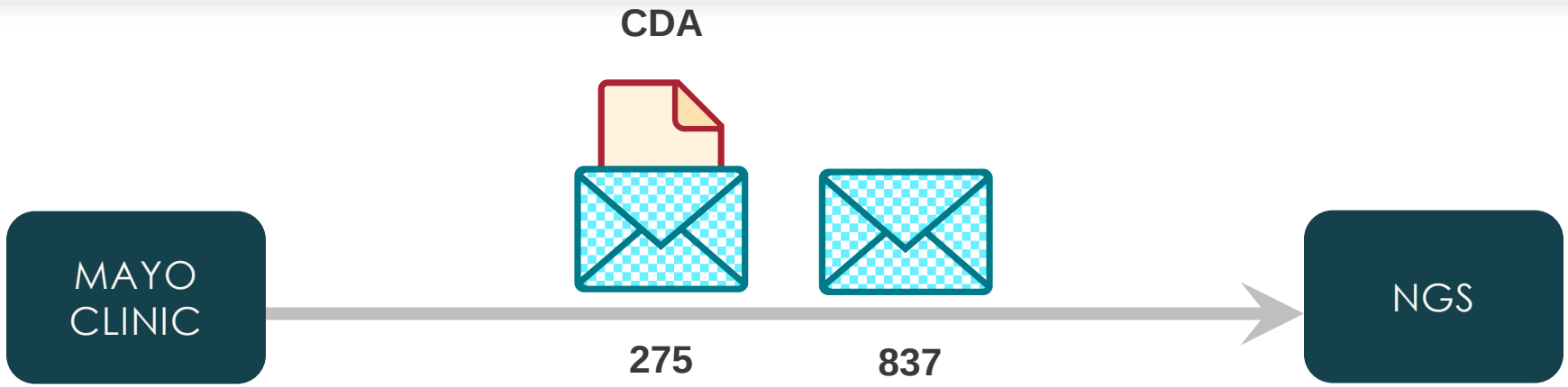
Case Study 3 – **Empire Medicare & Empire Medicare & Montefiore, Memorial Sloan Kettering, and NextGen Providers**

Summary & Impact	
Summary of Challenges	• Lack of HL7 CDA knowledge/experience.
Summary of Successes	• The providers were able to receive and interpret the 277 request for information. • Empire was able to receive and process the 275/HL7.
Return on Investment (ROI) Information	This was a pilot only, no ROI was determined.

Case Study 4 – **National Government Services (NGS) & Mayo Clinic**

Case Study Information	
Pilot or In Production	In production
Timeframe	February 2014 to present
Participants	
Health Plan	National Government Services (NGS)
Provider	Mayo Clinic Rochester
Clearinghouse	None
Vendor	None
Attachments Information	
Attachment Type(s) Supported	Claims
Transaction Type(s) Supported	X12 837; X12 275 v6020
Solicited vs. Unsolicited	Unsolicited
Structured vs. Unstructured Data	Semi-structured (CDA will XML body, no coding)
Format Standards Supported	CDA R2/XML
Transport Methods Supported	SFTP
Most Common Data Being Submitted	All Operative Reports with -22 and -62 modifiers submitted on the claim
Volume	~ 3,000 per year

Case Study 4 – **National Government Services (NGS) & Mayo Clinic**



Workflow Information	
Summary of Changes to Workflow Following Implementation	No changes were made to the workflow after implementation.

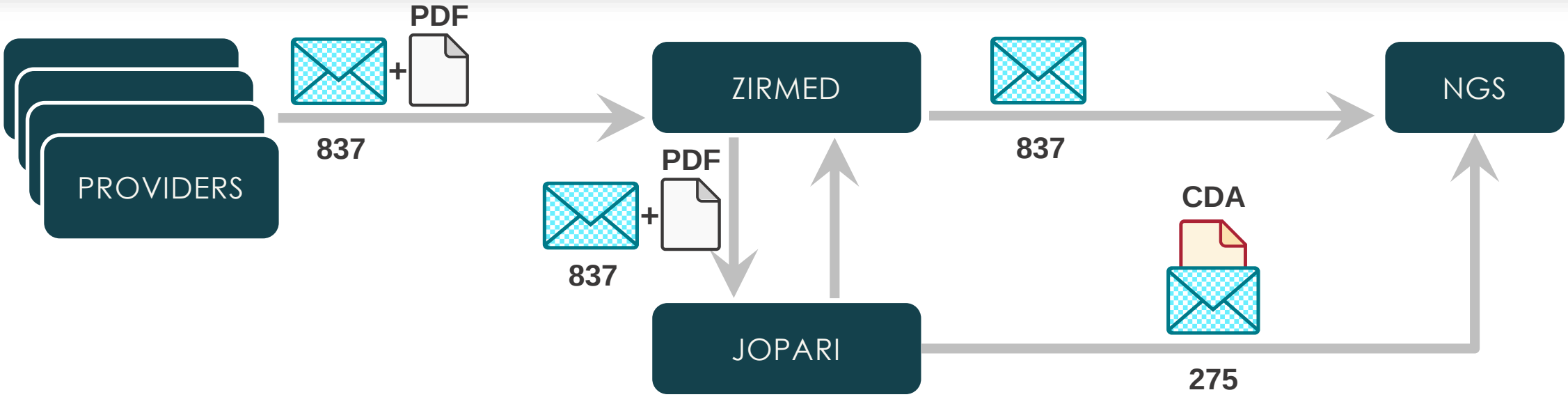
Case Study 4 – **National Government Services (NGS) & Mayo Clinic**

Summary & Impact	
Summary of Challenges	• Mayo migrating to new EHR, will start sending CDA R2 coded to requirements of C-CDA R2.1 Operative Note. • Expanding beyond the Rochester campus.
Summary of Successes	• Provider reimbursed 30 days sooner. • Appeals decreased. • Fewer mailed requests (easier to match unsolicited attachment when sent with claim). • Satisfied provider.
Return on Investment (ROI) Information	Decreased appeals, denials, and call volume.

Case Study 5: **Multiple Providers to NGS**

Case Study Information	
Pilot or In Production	In test, prior to *imminent* production launch
Timeframe	Business discussions initiated in fall 2016; implementation in ~ 6 weeks
Participants	
Health Plan	National Government Services (NGS)
Provider	Physician offices, Part B Medicare in 10 states
Clearinghouse	Zirmed + Jopari
Vendor	None
Attachments Information	
Attachment Type(s) Supported	Claims
Transaction Type(s) Supported	X12 837; X12 275 v6020
Solicited vs. Unsolicited	Unsolicited
Structured vs. Unstructured Data	Both
Format Standards Supported	CDA R2
Transport Methods Supported	SFTP
Most Common Data Being Submitted	Operative Notes
Volume	N/A

Case Study 5: **Multiple Providers to NGS**



Workflow Information	
Summary of Changes to Workflow Following Implementation	None identified.

Case Study 5: **Multiple Providers to NGS**

Summary & Impact	
Summary of Challenges	None to speak of.
Summary of Successes	Preliminary test successful; initiating provider test.
Return on Investment (ROI) Information	N/A at this time.

Audience Poll #2

Would you like a deeper dive on certain aspects of the case studies presented today; if so, which ones? (Select all that apply.)

- Technical Details of Attachments and Connectivity Standards
- Business Drivers/Buy-in for Adoption
- Revised Process Flows/Execution Steps
- Tracking results and ROI
- All the Above

Audience Poll #3

What would you like to see in future webinars related to this topic? (Select all that apply.)

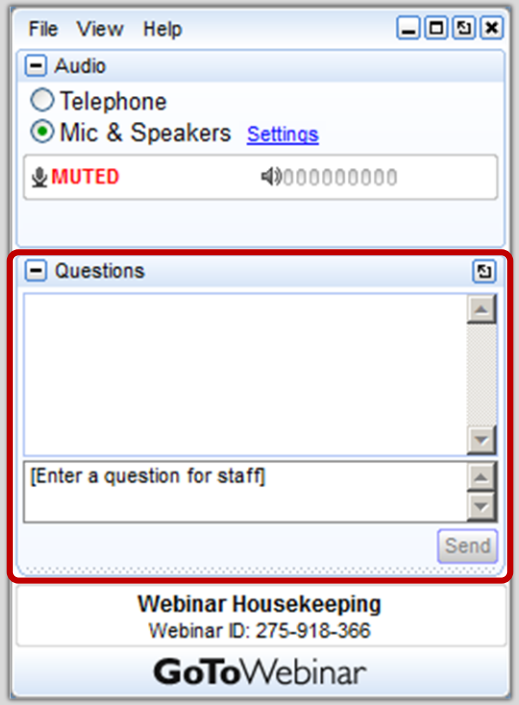
- Technical dive on HL7 CDA and/or HL7 FHIR
- Current implementations with mix of healthcare and industry neutral standards
- Yet to be federally mandated standards, e.g. LOINC
- X12 topics related to attachments
- Other: Please specify in Questions panel

Audience Q&A

Please submit your questions.

Enter your question into the “Questions” panel on the GoToWebinar dashboard.

You can also submit questions at any time to CORE@caqh.org.



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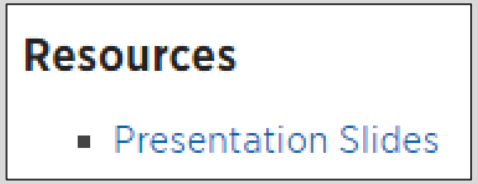


Upcoming CAQH CORE Education Sessions

CAQH CORE Participant Call on X12 v7030

Wednesday, May 31st, 2017 – 3 pm ET

This call is only open to CAQH CORE Participating Organizations

CAQH CORE Town Hall National Webinar

Wednesday, June 20th, 2017 – 2 pm ET

CAQH CORE Participant Call on Approach to Adoption of Electronic Prior Authorization Transactions

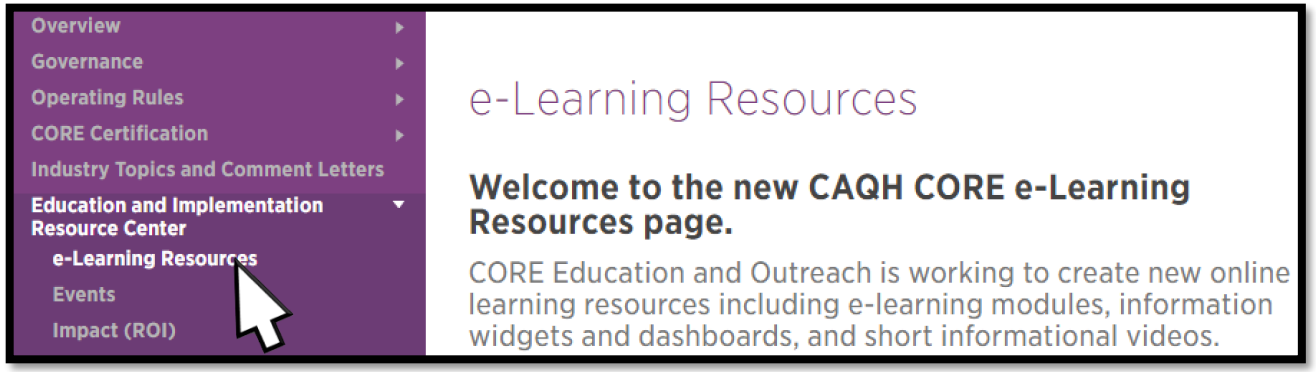
Thursday, July 27th, 2017 – 2 pm ET

This call is only open to CAQH CORE Participating Organizations

To register for these, and all CORE events, please go to **www.caqh.org/core/events**

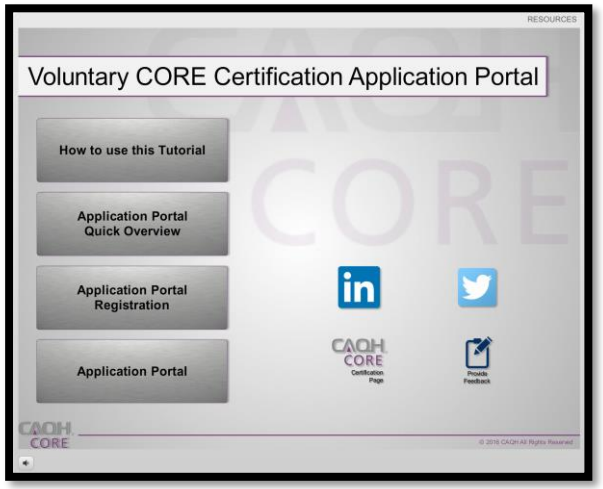
E-Learning Resources from CAQH CORE

www.caqh.org/core/elearning-resources

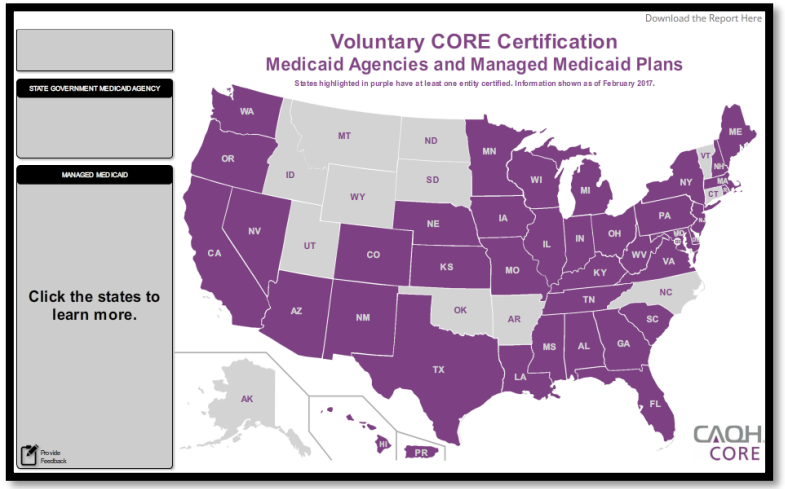


Understand the four components needed to complete voluntary CORE Certification.

Learn about the new CORE Certification Application Portal.



Explore an interactive map to see which Medicaid entities around the country have achieved CORE Certification.



Thank you for joining us!


@CAQH

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Email: CORE@CAQH.org

The CAQH CORE Mission

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers and consumers.

Appendix

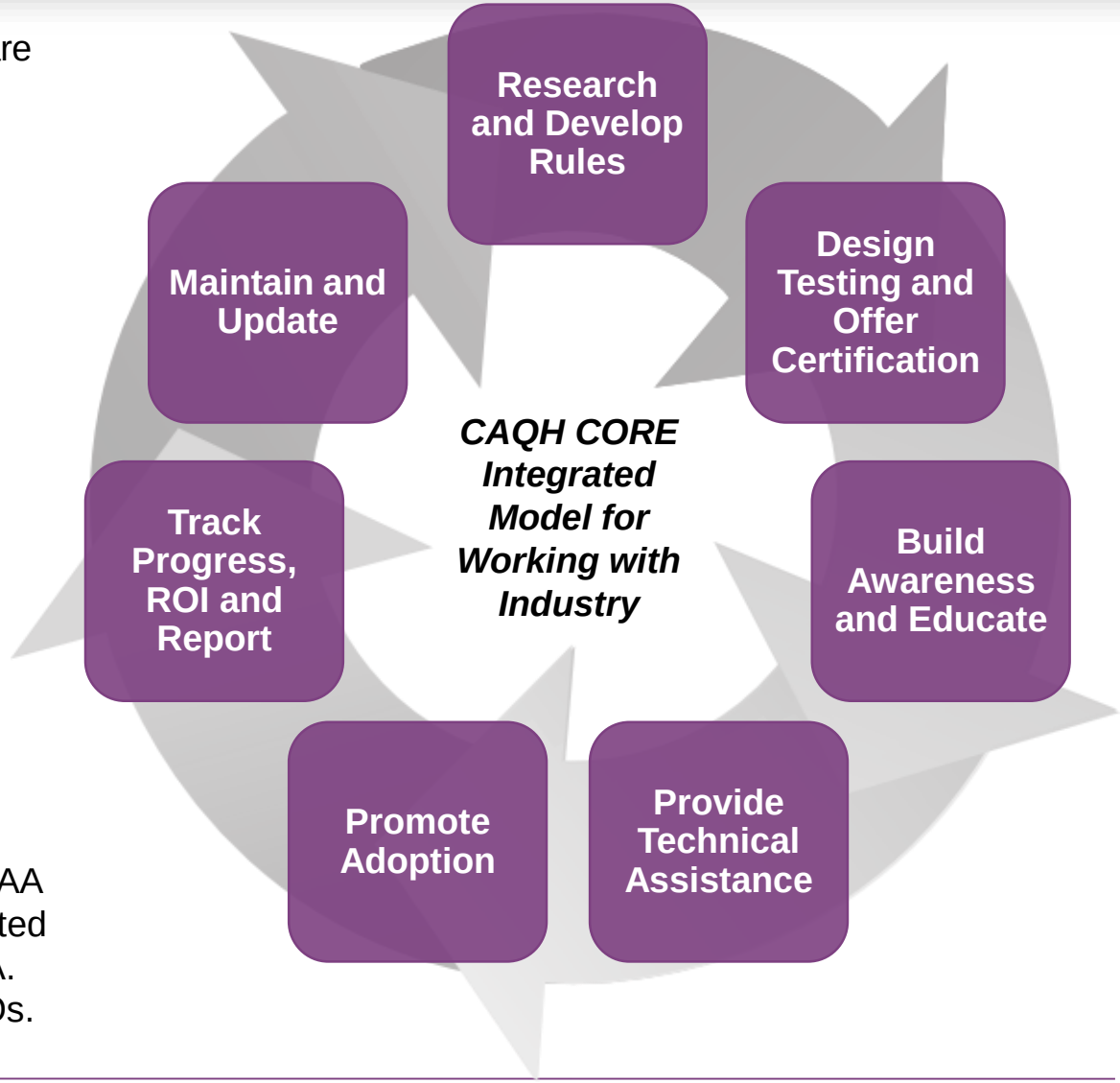
CAQH CORE Mission and Vision

MISSION Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers, and consumers.

VISION An industry-wide facilitator of a trusted, simple, and sustainable healthcare data exchange that evolves and aligns with market needs.

DESIGNATION Established in 2007. Named by Secretary of HHS to be national author for three sets of operating rules mandated by the Affordable Care Act.

BOARD Multi-stakeholder. Voting members are HIPAA covered entities, some of which are appointed by associations such as AHA, AMA, MGMA. Advisors are non-HIPAA covered, e.g. SDOs.



Acronyms

- ACA Affordable Care Act of 2010
- ANSI American National Standards Institute
- API application program interface
- ASC Accredited Standards Committee
- CAQH Council for Affordable Quality Healthcare, Inc.
- C-CDA Consolidated CDA
- CDA Clinical Data Architecture
- CDP-1 Clinical Documents for Payers, Set 1
- CHIP Children's Health Insurance Program
- CMN Certificate of Medical Necessity
- CORE Committee on Operating Rules for Information Exchange
- EHR electronic health record
- FHIR Fast Healthcare Interoperability Resources
- GIF Graphics Interchange Format (image file type)
- HIP High Impact Pilots
- HIPAA Health Insurance Portability and Accountability Act of 1996
- HIT health information technology
- HL7 Health Level Seven International
- MRM Medical records management
- HTML Hypertext Markup Language
- ID identifier
- ISO International Organization for Standardization
- JPEG Joint Photographic Experts Group (image file type)
- LOINC Logical Observation Identifiers Names and Codes
- MACRA Medicare Access CHIP Reauthorization Act of 2015
- MIPS Merit-Bases Incentive Payment System
- MU Meaningful Use
- NCVHS National Committee on Vital and Health Statistics
- NHSN National Healthcare Safety Network

Acronyms

- NPRM Notice of Proposed Rule Making
- ONC Office of the National Coordinator for Health Information Technology
- OTPS Oncology Treatment Plan and Summary
- PDF Portable Document Format
- PNG Portable Network Graphics (image file type)
- QRDA Quality Reporting Document Architecture
- RELMA Regenstrief LOINC Mapping Assistant
- RESTful representational state transfer
- RTF Rich Text Format
- SDO Standards development organization
- TIF Tagged Image File Format (image file types)
- TR3 Technical Report Type 3
- XML Extensible Markup Language

Example

Unsolicited, Unstructured Submission of Surgical Note

- Provider sends attachment of a surgical note directly to the health plan.
  - Pre-conditions:
    - No clearinghouse; using existing X12 structure.
    - Surgery performed; surgical note dictated and converted to PDF; stored in medical records management system via HL7 V2 MRM message.
    - Claim prepared in practice management system (837).
  - 1. Pull Surgical Note according to patient name, date, document type code (may be manual or automated query).
  - 2. Create CDA: Base64 encode PDF, create CDA Header using information from MRM system (V2 message) plus unique ID.
  - 3. Create ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter:
    - Required data.
    - Optional data.
  - 4. Send 837 + 275.
  - 5. Actions of the health plan:
    - Parse 275 to match attachment with claim.
    - Extract CDA from BIN segment and decode Base64 content.
    - Insert CDA into system that manages claims documents.
    - Augment work queue for review of claim.
    - Display CDA for review:
      - Directly if text or pdf or HTML.
      - With stylesheet if XML.

Example
Solicited; Using Clearinghouse

- Provider sends attachment of a surgical note to the health plan via a clearinghouse.
  - Pre-conditions:
    - Surgery performed; surgical note dictated and converted to PDF; stored in medical records management system.
    - Claim prepared in practice management system (837).
  - 1. Payer requests more information:
    - Sends 277 RFI to clearinghouse.
    - Requests Surgical note (LOINC doc type code =11504-8).
  - 2. Clearinghouse queries provider for surgical note:
    - Query format: undefined (proprietary, FHIR, other).
    - Assume identification of claim, type of document (LOINC optional).
  - 3. Provider administrative system pulls note – manual or automatic; at most basic, could be paper to fax back to clearinghouse.
  - 4. Clearinghouse assembles Unstructured CDA:
    - Information on claim.
    - Requestor LOINC code (and response LOINC code if different).
    - Base64 encodes note.
  - 5. Create 275: same process and requirements as unsolicited, plus electronic stable binding the request to the response.
  - 6. Sends 275.
  - 7. Processed by payer as unsolicited.