



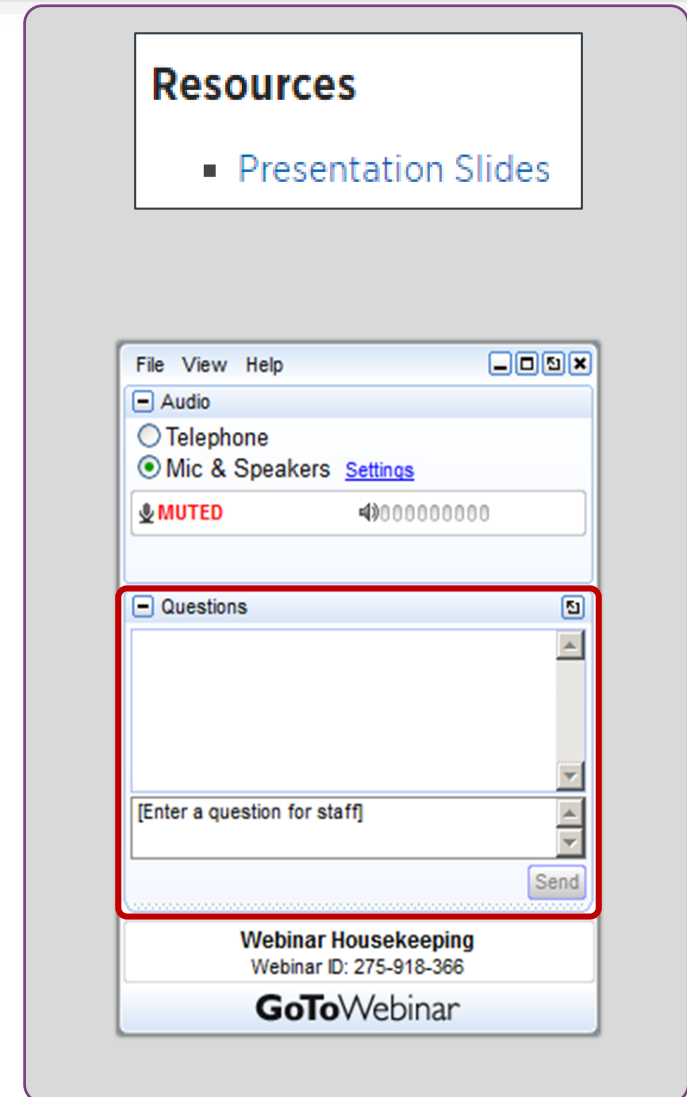
# Delivering Value through Electronic Healthcare Attachments

Wednesday, April 24, 2019

# Logistics

## Presentation Slides and How to Participate in Today's Session

- You can download the presentation slides at [www.caqh.org/core/events](http://www.caqh.org/core/events) after the webinar.
- 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.
- 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** using the **Questions panel on the GoToWebinar dashboard**.



# Session Outline

- Background and Context
- CAQH CORE Efforts on Attachments
  - Initiative Goal
  - Environmental Scan
  - Opportunity Areas
- Next Steps
- Q & A

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# Background and Context

**Robert Bowman**  
CAQH CORE Director

# CAQH CORE Operating Rule Overview

CAQH CORE is the [HHS-designated Operating Rule Author](#) for all HIPAA-covered transactions, including Attachments.  
*HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules.*

	Phase I	Phase II	Phase III	Phase IV	Phase V	Phase VI
<b>Transactions</b>	Eligibility	Eligibility Claims Status	Electronic Funds Transfer Electronic Remittance Advice	Health Claims Referral, Certification and Authorization Enrollment Premium Payments	Prior Authorization Web Portals	Attachments
<b>Manual to Electronic Savings per Transaction (2018 CAQH Index)</b>	\$6.52	Eligibility: \$6.52 Claim Status: \$9.22	Claim Payment: \$0.65 ERA: \$2.32	Claim Submission: \$1.32 Prior Authorization: \$7.28	\$7.28	N/A
	<b>Active</b>				<b>In Progress</b>	

Notes: (1) All Active Phases include requirements for acknowledgements, e.g., 999 Functional Acknowledgement, 277CA Claims Acknowledgement. (2) CAQH CORE is also evaluating maintenance areas and opportunities to build on existing rules to support value-based payment. (3) Operating rules for eligibility, claim status, EFT, ERA, claims, enrollment, premium payment, and referral, certification and authorization support the HIPAA mandated transactions.

# Attachments Overview

**Attachments** refers to the exchange of patient-specific medical information or supplemental documentation to support an administrative health care transaction.

## Use Case Examples



Claims and Reimbursement



Prior Authorization



Value-based Payment



Audits

## Exchange Methods



Manual



Partially Electronic



Electronic

# Range of Electronic Attachment Standards

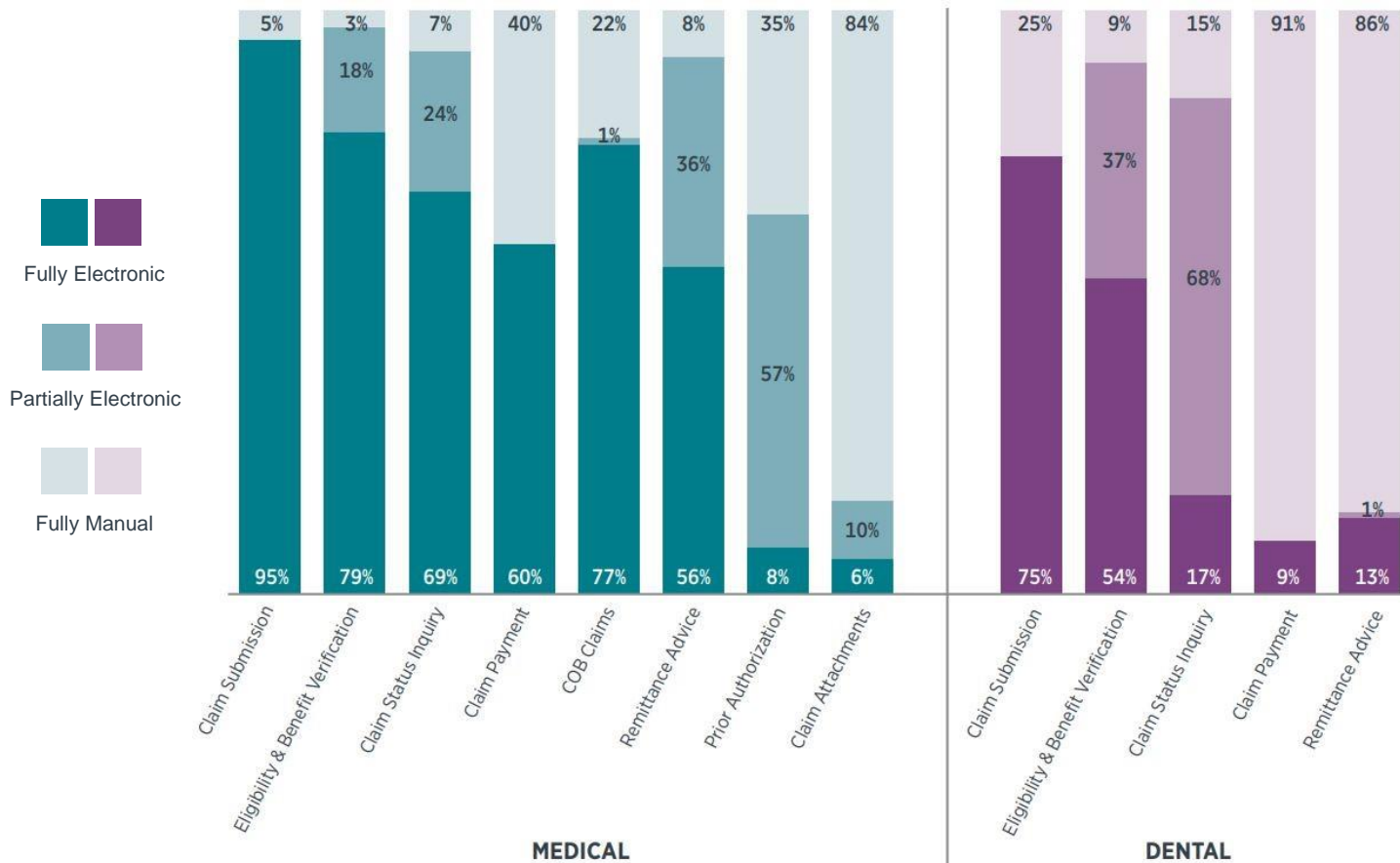
## *Benefits of Using Electronic Attachments*

- Cost savings of using electronic attachments:
  - Reduced number of claim denials
  - Protected health information (PHI)
  - Reduced cost of:
    - > Physical storage
    - > Materials
    - > Scanner/Fax machines usage
  - Reduced time to:
    - > Payment
    - > 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 standards exist for 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, HL7 FHIR, Direct, CONNECT, etc.
  - Non-standard content/transports are also in use: portals, proprietary vendor tools.
- In value-based payment, attachments can be used for sharing clinical information and quality measure reporting documentation between health plans and providers.



# CAQH Index Data on Attachments

Overall Use by Modality, 2017 Index



The 2017 CAQH Index estimated 204 million claim attachment transactions annually between healthcare providers and health plans. **Only six percent of these were processed using a standard electronic method.**

The CAQH Index has also studied prior authorization attachments, but has not yet been able to calculate and report benchmarks for this transaction.

More data is needed to fully articulate the scope of the attachments challenge. All health plans and healthcare providers are encouraged to participate in the 2019 CAQH Index study.



# HHS Regulations – Attachments Standard

*No Federally Mandated Standard to Date Despite Requirements in HIPAA and ACA*

## HHS Unified Agenda – Upcoming NPRM

- Adopts standards for health care attachments transactions and electronic signatures used with the transaction.
- Adopts operating rules that require acknowledgments be used with the following transactions -- Eligibility, Claim Status, Electronic Funds Transfer, Electronic Remittance Advice.
- Adopts standards that require acknowledgments be used with the following transactions -- Claim Status, Enrollment/Disenrollment, Premium Payments, Coordination of Benefits, Referral Certification, Authorization, and Attachments.
- Modifies the standard for the referral certification and authorization transaction from ASC X12 version 5010 to 6020.

# Industry Attachment Initiatives to Reduce Administrative Burden



X12 is focused on the development and maintenance of Electronic Data Interchange Standards and Implementation Guides for health care and other industries.

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Health Level 7 (HL7) develops comprehensive framework and related standards for the exchange, integration, sharing and retrieval of electronic health information supporting clinical practice and the management, delivery and evaluation of health services.



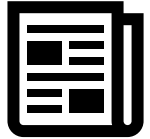
The DaVinci Project is a private sector initiative facilitated by HL7 that addresses the needs of the value-based care community, by leveraging the HL7 FHIR platform. The goal of the Da Vinci Project is to help payers and providers positively impact clinical, quality, cost and care management outcomes.

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Workgroup For Electronic Data Interchange (WEDI) serves as a private and public industry organization to provide solutions to critical healthcare problems.

# Industry Attachment Initiatives to Reduce Administrative Burden



*Guidance on Implementation of Standard Electronic Attachments for Healthcare Transactions* is a [white paper](#) jointly developed by WEDI, X12 and HL7 intended to be a resource to aid the industry to transition from manual exchange of health care attachments to a more efficient, electronic process.

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The P2 FHIR Task Force is an ONC-convened group of payers, health information technology and healthcare organizations to collaborate on a focused effort to accelerate development of a joint HL7 FHIR application program interface and to iterate on the improvements of the specifications to reduce variability in industry implementation.

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Integrating the Healthcare Enterprise promotes the coordinated use of established standards such as DICOM and HL7 to address specific clinical needs in support of optimal patient care.

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# CAQH CORE Efforts on Attachments

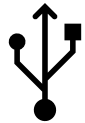
**Taha Anjarwalla**  
CAQH CORE Senior Manager

# CAQH CORE Attachments Effort Goal

Since 2012, CAQH CORE has maintained a focus on attachments, collaborating with more than 250 healthcare organizations to provide education and gather insights on industry opportunities via operating rule development input, national webinars and surveys.

Goal: Produce implementable solutions to support and accelerate the industry's adoption of electronic attachment transactions.

## Considerations for Attachment Operating Rules and Guidance



Build off existing momentum to encourage feasible progress, not least common denominator.



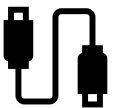
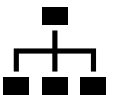
Ensure operating rules work in unison with electronic transactions; do not repeat or contradict standards.

Fill gaps created by flexibility in standards.



Align operating rules for administrative standards with those for clinical standards (e.g., value-based care).

Address most common business scenarios that would improve return on investment.

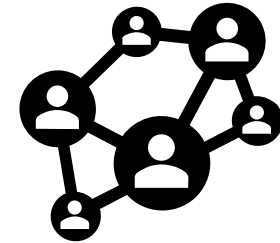


# CAQH CORE Environmental Scan on Attachments

In 2018 CAQH CORE launched an environmental scan to understand industry pain points and identify ways to use our collaborative, multi-stakeholder model to support and accelerate the adoption of electronic attachment transactions.



Gathered insights and engaged with **40 entities** representing providers, health plans, vendors, clearinghouses and a government agency.



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On a recent CAQH CORE webinar, attendees were asked to identify the primary reason for delay in adopting electronic attachment transactions:

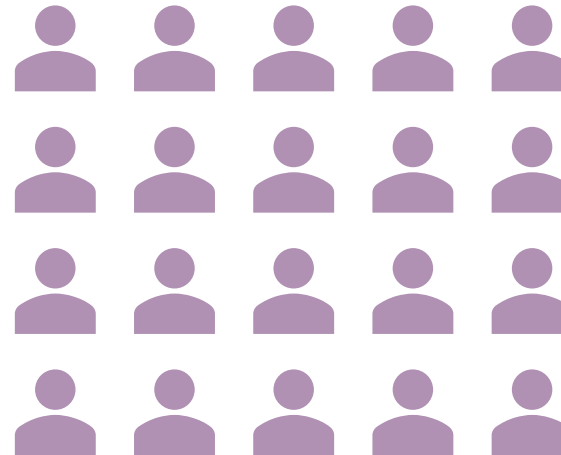
The majority of respondents (44%) identified **waiting for regulatory direction** as the primary reason for delay; 23% reported waiting for industry direction, and only 9% of organizations listed budget constraints as a reason for delay.

# Current State of the Industry

The majority of attachments are conducted manually, by mail and fax. In conjunction, use of proprietary solutions and work-arounds, such as health plan portals, have become increasingly common.

Health plans, vendors and healthcare providers lack the direction needed to support broad use of automation in the attachment workflow. There is no industry consensus around use of even a small number of electronic solutions.

A regional health plan participating in the CAQH CORE Environmental Scan indicated it **takes 792 labor hours**, the equivalent of nearly **20 people working full-time**, to process all of the attachments it receives by mail, fax and web portals in a week.



**20 FTEs**

# Current State of the Industry

The volume of attachments received by health plans annually has proven a difficult number to track. Fifty percent of health plans participating in the CAQH CORE Environmental Scan were able to provide data on volume\*.

- One national health plan estimated it receives nearly **8 million** attachments annually.
- Another national plan estimated about **5.4 million** annually.
- A regional health plan estimated more than **200,000** attachments received annually by these methods.



Fax

+



Portal

+



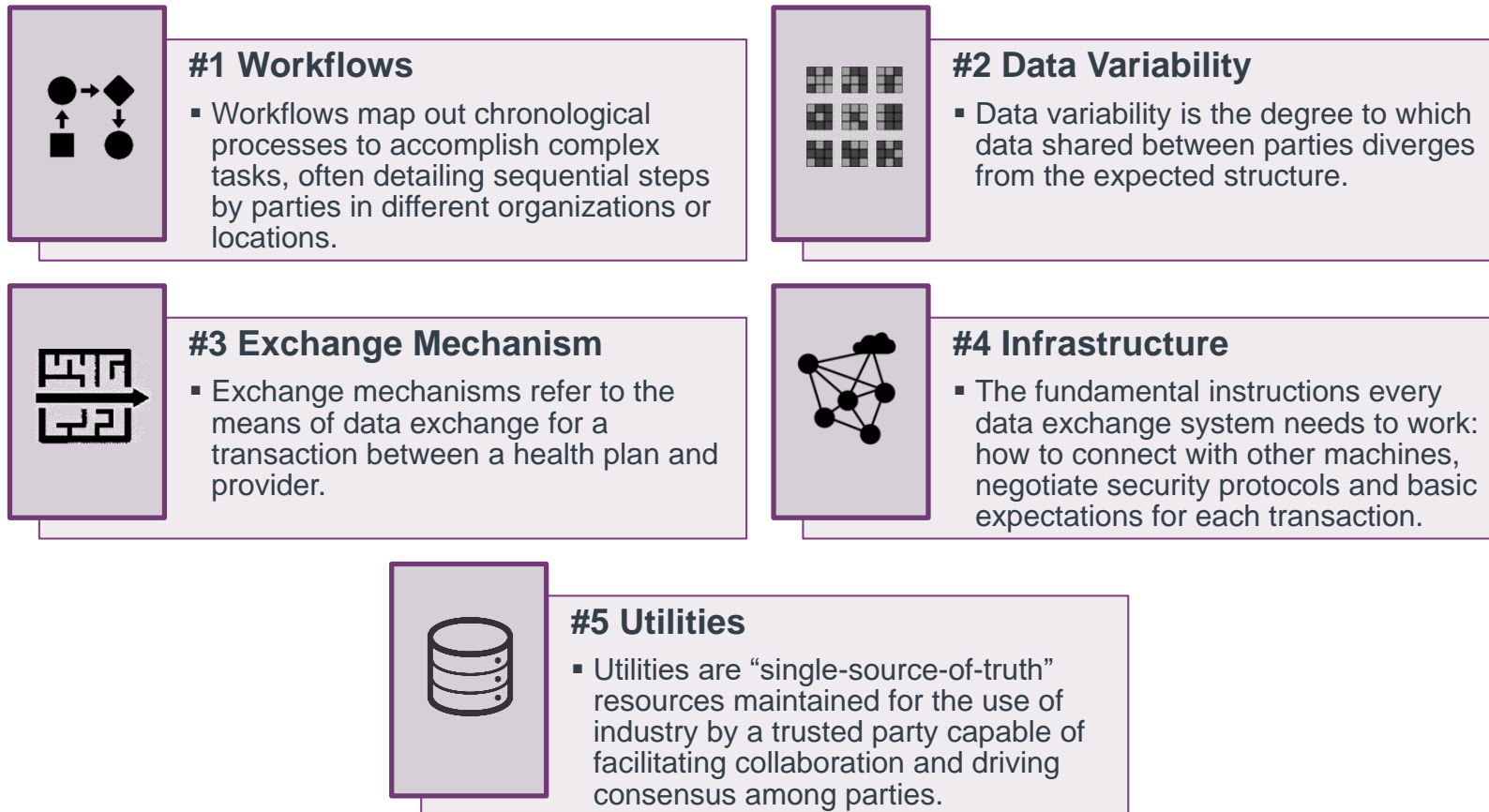
Electronic

\*Volume estimates are based of total attachments received annually by fax, web portal, and electronic methods. Health plans were not able to provide estimates on the number of attachments received by mail.



# Opportunities to Improve the Exchange of Attachments

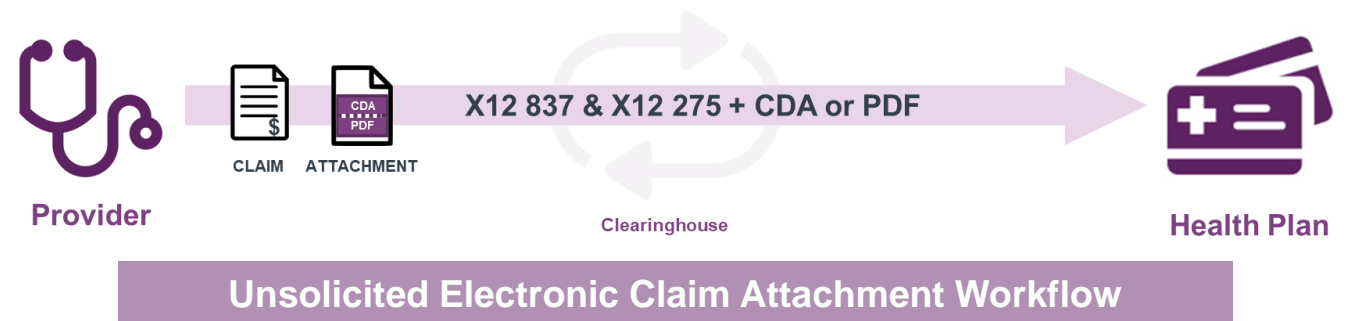
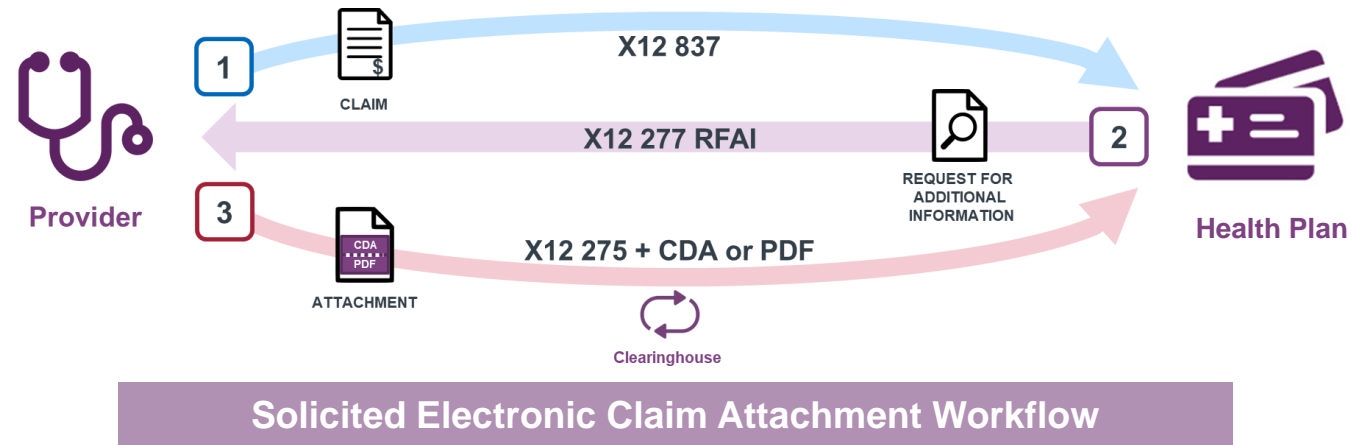
The CAQH CORE Attachments Environmental Scan has identified five opportunity areas that can support and accelerate industry adoption of electronic attachment transactions by creating a more uniform approach.



# Opportunity Area #1: Workflows

## Current State of the Industry

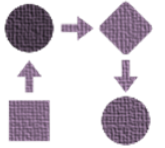
- The attachments workflow drives a significant administrative burden for healthcare providers.
- At least 80 percent of attachments received from providers by health plans are paper-based forms that arrive in the mail or by fax.
- The majority of attachments received by health plans are unsolicited and often arrive with too much, too little or the wrong type of information.
- Providers may have the capability to submit attachments using a web portal or electronically through another proprietary system or service. However, there is minimal support for the use of these submission methods by health plans and vendors.
- As care delivery shifts from volume to value-based, attachment workflows need to shift towards real-time exchanges to support care coordination.



# Opportunity Area #1: Workflows

## CAQH CORE Recommendations

- 1 Enhance unsolicited process via electronic methods by embedding predefined documentation look up requirements for use cases into workflows.
- 2 For solicited process via electronic methods, consider operating rules to enable real-time exchange of information between health plan and provider.
- 3 Engage with vendors to ensure industry participants have the tools and support necessary to implement end-to-end electronic workflows.
- 4 Educate industry participants about solicited and unsolicited workflows.



# Opportunity Area #2: Data Variability

## Current State of the Industry

When attachments are not submitted in parallel with their companion transaction, the attachment and transaction must be linked, or re-associated. This causes massive administrative burden.



Attachment Data Formats Received by Health Plans and Vendors		
	Health Plan	Vendor
PDF	26%	25%
Image (GIF, JPEG)	26%	7%
Other (DOC)	14%	11%
X12 275	13%	14%
HL72.x	9%	11%
HL7 CDA	4%	11%
XML	4%	11%
X12 277	4%	11%
DICOM	0%	0%

An unreadable file may result in the inability to re-associate documentation with a companion administrative request or may lead to pended requests and delays in adjudication.

Unreadable attachments are most often those that have been saved in one of the unstructured file types.

# Opportunity Area #2: Data Variability

## CAQH CORE Recommendations

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**1** Explore operating rules to streamline attachment documentation requests and re-association of attachments.

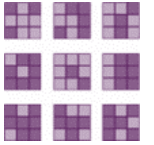
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**2** Consider the creation of predetermined datasets to support the provision of accurate information.

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**3** Develop data file format requirements for quality, readability and size efficiency.

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# Opportunity Area #3: Exchange Methods

## Current State of the Industry

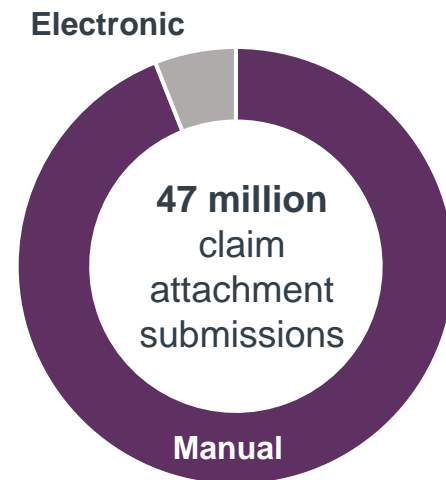
The long wait for a federally adopted electronic attachments standard has led to a proliferation of options for attachment exchange. Although manual processes, such as mail and fax, continue to dominate, health plan web portals have increased.

Environmental scan findings suggest that several electronic transactions are being piloted to automate the request and submission of additional documentation between health plans or payers and providers. Some of these include:

- X12 277 Request for Additional Information (RFAI) – Transaction used by a payer to request additional information from a provider.
- X12 275 – Patient Information transaction can be used by the provider to respond to the payer with requested information embodied in the transaction, such as .pdf or CDA.
- HL7 Fast Healthcare Interoperability Resource (FHIR) – Use of profiles and APIs to establish real-time communication and data transference.

### Total Claim Attachment Submissions

2017 CAQH Index



Of the electronic attachments tracked, all used the X12N 275 transaction standard and none used the HL7 CDA.

# Opportunity Area #3: Exchange Methods

## CAQH CORE Recommendations

1

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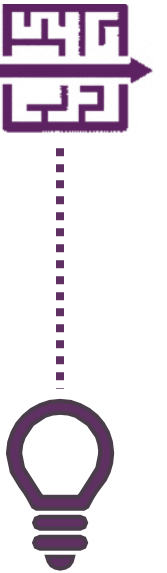
Standardize electronic attachment exchange methods to increase adoption. Consider web services, metadata requirements and industry standards to support the exchange of attachments. For example, standardize the use of ASC X12 275 with PDF/CDA and/or the use of HL7 FHIR with CDA.

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2

Explore ways to bring greater uniformity to web portal transactions.

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# Opportunity Area #4: Infrastructure

## Current State of the Industry



### Lack of Clinical and Administrative Data Integration:

- An electronic attachment solution must resolve foundational interoperability challenges by establishing standards for how the systems connect, share and secure data.
- All vendors stressed the importance of full mutual authentication and digital signatures when sending electronic attachments, given these transactions contain protected health information (PHI).



### Lack of Communication:

- Health plans indicated they acknowledge receipt of attachments in only 25% of cases.
- Half (50%) of vendors indicated that their systems support the ability to acknowledge an attachment.
- Providers can see acknowledgements in their practice management and electronic health record systems when prescriptions and claims are sent electronically, but mail and web portal transactions are seldom acknowledged.



### Variability in Timeframes:

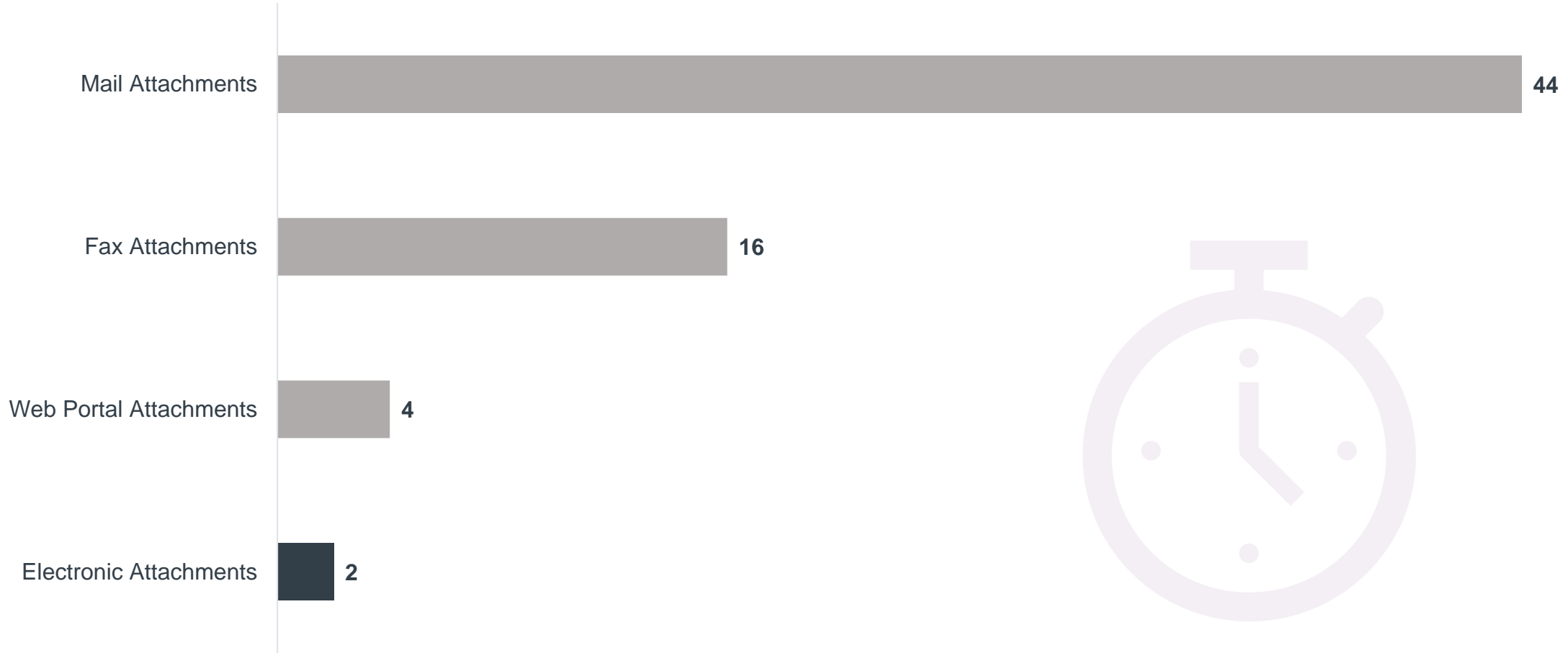
- National health plans reported a seven-day adjudication timeframe for electronic attachments sent as an X12 275 or through a web portal. When sent by Fax, the average wait time is 10 days.
- Providers reported a wait time of 5 – 60 days for health plans to process and respond to an attachment.



# Opportunity Area #4: Infrastructure

## Current State of the Industry (continued)

Provider-Estimated Attachment Adjudication Turnaround Time  
(in days)



# Opportunity Area #4: Infrastructure

## CAQH CORE Recommendations

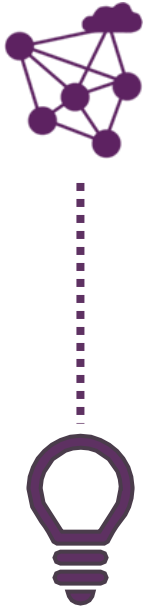
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**1** Define common connectivity and security frameworks so that, once in place, systems integration can facilitate mapping of administrative transactions and clinical data.

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**2** Explore operating rules for attachment acknowledgements and response times.

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# Opportunity Area #5: Utilities

## *Current State of the Industry*



### Non-uniform Documentation Requirements:

- Providers said the documentation requirements change and are non-uniform from plan to plan or even within the same plan.
- Vendors also report non-uniformity, and suggested that it makes it more difficult to maintain and develop solutions that support automated electronic attachment exchange.



### Lack of Transparency:

- Health plans may require or request additional documentation to verify the service being requested or billed is consistent with patient insurance benefits, demographics, general payer medical policies, level of service being performed or specific condition/diagnosis. These documentation requests vary by health plan and often are not transparent to the provider.
- The lack of transparency in health plan attachment policies and the frequency with which these policies change pose an administrative challenge for providers and vendors.

# Opportunity Area #5: Utilities

## CAQH CORE Recommendations

1

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Create a uniform companion guide with flow and format sections to assist the vendor community in building systems and applications that can interoperate more easily with plans and other intermediaries and clearinghouses.

2

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Consider defining a common set of procedure or diagnosis codes or categories of service that most often trigger requests for additional documentation and the type of documentation typically required (i.e., cardiology, lab work, imaging, etc.).

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## Next Steps

**Robert Bowman**  
CAQH CORE Director

# CAQH CORE Participant Call to Action

- Electronic attachments open a line of communication between administrative and clinical systems and hold the key to unlock the next level of interoperability by making the use of integrated data routine and is also crucial for value-based payment models to operate efficiently.
- The commitment of industry organizations, including health plans, healthcare providers and vendors, is needed for the ultimate success of this initiative.
- Visionary leaders have long worked to more closely align healthcare administrative and clinical systems. While many believe the capacity to integrate data is now within reach, clinical and administrative data has remained siloed. The electronic exchange of attachments proposes to change this.

Achieving this vision, however, first requires our industry to collaborate in an effort that addresses and overcomes a range of challenges, many of which are identified in this report. CAQH CORE needs and values the input of all CAQH CORE Participants and their expertise and guidance moving forward in Attachment efforts.

# Next Steps for Attachments Initiative

CAQH CORE plans to build on the environmental scan by producing guidance materials, educational content and implementable solutions to move industry adoption of electronic attachments a step forward.

## Recent Steps

The focus for Q1 2019 included identifying key themes, workflows, common barriers, best practices and strategies from its environmental scan to provide the industry with education and guidance for electronic attachments implementations via a **White Paper**, that will be published in May.

## Future Next Steps

Future steps include monitoring federal activity for publication of an attachment standard **NPRM** and launch of an **Attachments Advisory Group and Subgroup** given the CAQH CORE role as the designated operating rules authoring entity.

# Polling Question #1

**Are you and your organization interested in getting involved in the CAQH CORE efforts on Electronic Attachments?**

- Yes.
- No.
- Unsure/need more information.



## Polling Question #2

**What topic(s) related to attachments are of most interest to you for a future webinars? (Select all that apply.)**

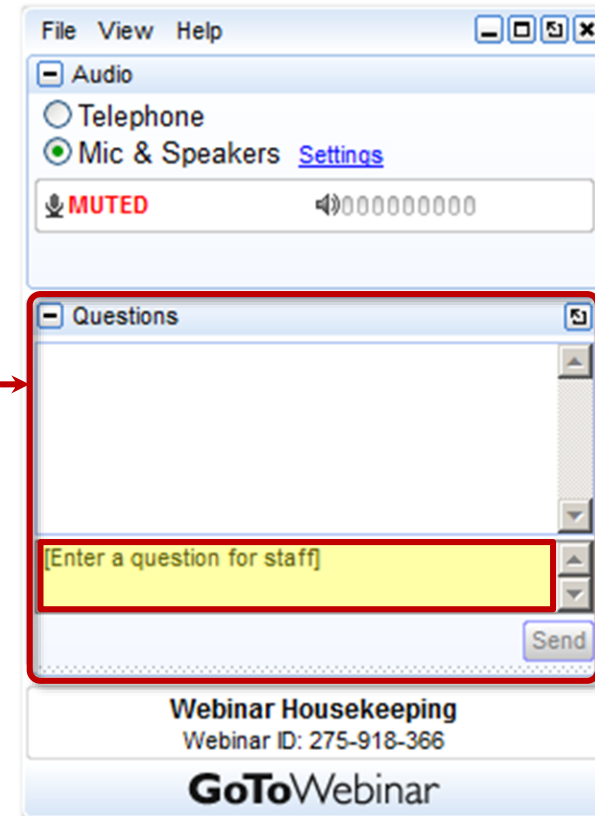
- Technical dive on HL7 FHIR.
- Solicited and unsolicited workflows.
- Yet to be federally mandated standards, e.g. LOINC.
- X12 topics related to attachments.
- Other (please add to Questions panel).

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**



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# Thank you for joining us!



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Email: [CORE@CAQH.org](mailto: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.