- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.

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- Throughout the session, you may communicate a question via the panel at the bottom of your screen:
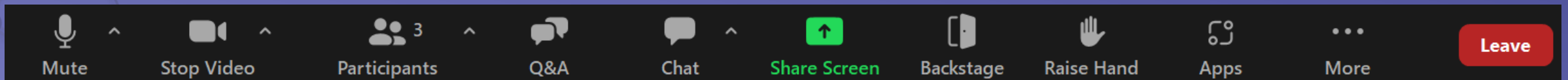
Thank you to our speakers

Michelle Barry
Director, Expert Health Plan Provider Data Management,
Availity

Christol Green
E-Solutions Sr. Business Consultant/Advisor,
Elevance Health

Bob Bowman
Principal, Interoperability and Standards
CAQH CORE

CAQH

CAQH CORE
MEETING NAME

June 12th

X12 Overview	**Michelle Barry, Availity**
CORE Overview	**Bob Bowman, CAQH**
Panel Discussion • X12 275 Reassociation • Clinical Documentation Formats • Acknowledgements • Solicited and Unsolicited Support	**Christol Green, Elevance** **Bob Bowman, CAQH**
CORE Electronic Attachments Study Findings	**Bob Bowman, CAQH**
Audience Q & A	

X12 Overview

Michelle Barry, Availity

ELECTRONIC ATTACHMENTS
WHAT'S HAPPENING AT X12?

DISCLAIMER

→ This presentation is for informational purposes only

→ This presentation is not intended to represent legal advice

→ The content is point-in-time information and is subject to revision

→ If you have questions regarding specific information, please send them to info@x12.org

→ Visit www.x12.org for additional details about X12

X12 MISSION

X12 is an ANSI-accredited, consensus-based, non-profit organization focusing on the development, implementation, and ongoing use of interoperable electronic data interchange standards

X12 GOALS

→ Be a developer of stable and trusted products that support effective data exchange

→ Be open-minded with vision and insight related to exchanging transactions in both current and developing technologies

→ Be an enthusiastic collaborator with industry groups, government entities, and businesses

→ Maintain a financial model that distributes costs and ensures the fiscal health of the organization

X12

CORE Overview

Bob Bowman, CAQH

CORE accelerates healthcare data automation and interoperability

Committee on **O**perating **R**ules for Information **E**xchange

10
CORE Operating Rules Mandated Under HIPAA

CORE is the **trusted, independent author of operating rules**, offering both mandated and voluntary rule sets.

$46B
Annual Industry Cost Savings Attributed to CORE Operating Rules

Using CAQH Index® data, CAQH Insights identified annual savings of $26 billion for providers and $20 billion for health plans resulting from implementation of the mandated CORE Operating Rules.

100+
Multi-stakeholder Participating Organizations

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

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CORE Operating Rules Support Key Revenue Cycle Functions

Operating Rule Definition:
The "necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications."

Patient Encounter is Scheduled	Patient Encounter Occurs	Provider Submits Claim	Health Plan Adjudicates Claim	Provider is Paid by Health Plan	Management of Health Plan Membership
Eligibility & Benefits*	Prior Authorization & Referrals	Health Care Claims	Claim Status*	Payment & Remittance*	Benefit Enrollment
Attributed Patient Roster					Premium Payment

Rule Set Contains Federally Mandated Operating Rules

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Attachments Adoption – 2024 CAQH Index®
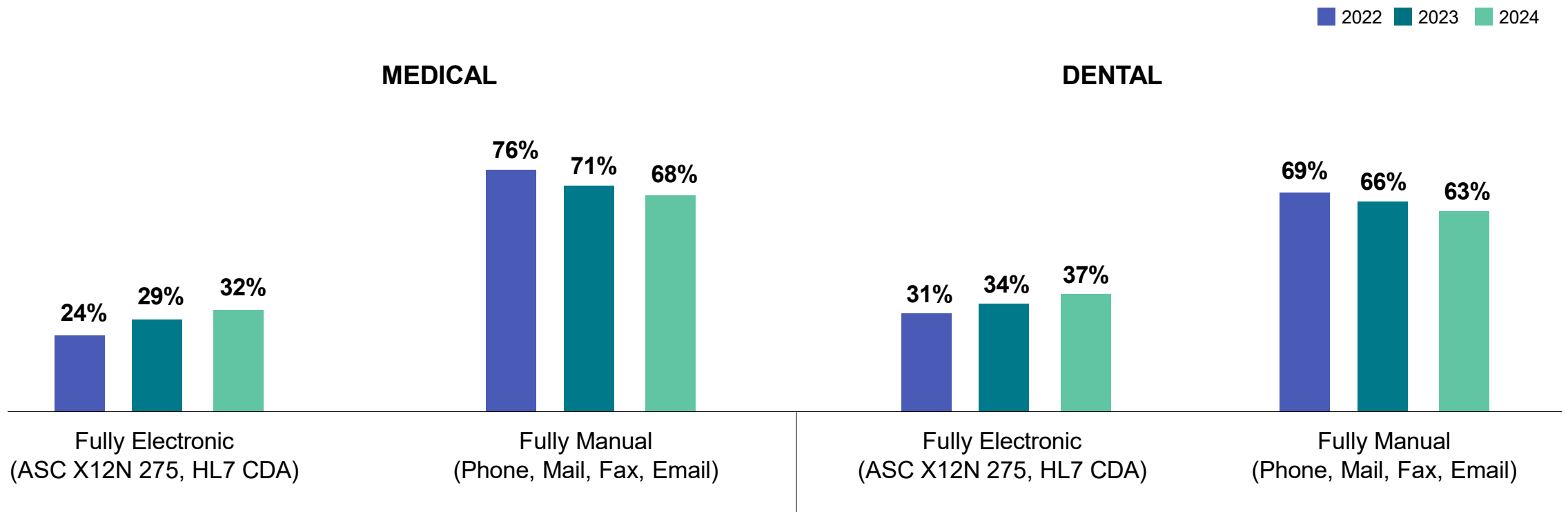
Panel Discussion

Christol Green, Elevance
Bob Bowman, CAQH

Industry Questions

- **X12 275 Reassociation**
  How does the X12 275 reassociate with the 837 or the 278 transactions? What version of the X12 275 is implemented?

- **Clinical Documentation Formats**
  Does the X12 275 transaction support PDF, CDA or C-CDA formatted clinical documentation?

- **Acknowledgements**
  What should a provider expect to receive as an acknowledgement that the X12 275 was received by the health plan?

- **Solicited and Unsolicited Support**
  Support for solicited or unsolicited seems to vary among health plans – is there an approach that can meet providers where they are?

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CORE Electronic Attachments Study Findings

Bob Bowman, CAQH

Overview and Objectives

To test the impact of CORE's Attachments Rules, a national health plan partnered with CORE in a study focused on unsolicited claim attachments.

CORE Objectives:

- Drive Adoption: Accelerate industry wide adoption by demonstrating cost and workflow efficiencies

- Inform Policy: Quantify cost savings for future recommendations

- Enhance Automation: Identify opportunities for refinement

- Align Processes: Ensure rules support organizations in various stages of adoption

- Measure Impact: Assess rule adoption impact on efficiency

Health Plan Objectives:

- Seamless Integration: Align with CORE Attachments Operating Rules

- Enhanced Claim Accuracy: Reduce denials with upfront documentation

- Expedited Processing: Speed up claim finalization

**Three submission methods were compared:**

X12 275 EDI transaction   Health plan web portal   Manual (fax/mail)

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Workflow

1 **Claim Submission:** Providers submit claims electronically (X12 837) or manually (HCFA 1500/UB-04); non-EDI claims are converted or submitted via web portal.

2 **Attachment Identification:** Claims include Attachment Control Number (ACN) per CORE rules for accurate matching.

3 **Attachment Submission:** Attachments sent via X12 275 or non-EDI methods (fax, mail, portal); trading partners convert to EDI.

4 **Integration & Error Handling:** Claims and attachments matched using ACN; errors flagged via X12 999 for better tracking.

5 **Updates & Acknowledgments:** No need to resend attachments for voided/replacement claims; acknowledgments via X12 999/824.

6 **Automation & Optimization:** Workflow automated with ACN scrubber and SFTP; only clinical review remains manual.

A series of coordinated steps between providers, trading partners, and the health plan.

6 1 2 3 4 5

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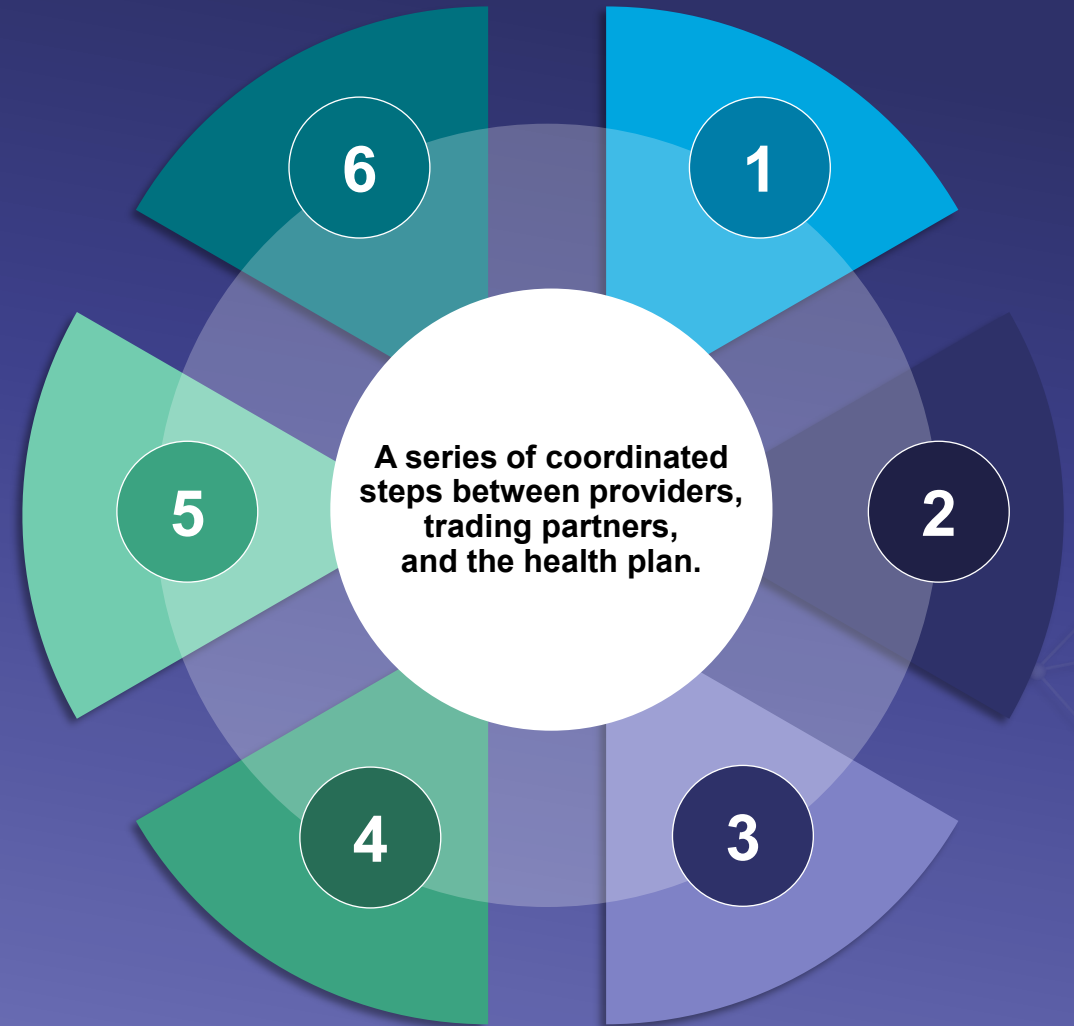
Key Metrics and Results

Increase in Trading Partners

Number of clearinghouses onboarded increased from

1 to 5

Substantial Cost Savings

Cost savings associated with EDI vs. manual/portal

55%

Strong Reassociation Rate

[EDI Claim Attachments Matching to a Claim] / [Total Claim Attachment Transactions]

> 90%

Transaction Volume Trends (Q2 2022 – Q4 2023):

- EDI Transactions: Increased from 8% to 24%
- Manual Transactions: Decreased from 62% to 38%
- Web Portal: Increased from 29% to 38%

Process Improvements:

- Faster turnaround
- Fewer errors and denials
- Higher matching accuracy

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Audience Q & A

Call to Action

WHAT CAN YOU DO

→ Become an X12 Member

→ Participate in X12 Standing Meetings

→ Submit requests for functionality your organization needs

X12 IS LISTENING

→ X12 is being more intentional about collecting input and feedback

→ Frequent surveys are issued to members, members and non-members, non-members, implementers, or other combinations of stakeholders

→ Utilize a permanent online feedback form, making it easy for anyone to provide X12 with ideas or comments: X12.org/feedback

Get involved with CORE!

Become a CORE Participant

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.

Get CORE Certified

Does your organization use standard transactions on a day-to-day basis?

Demonstrate conformance and commitment to streamlining administrative data exchange.

Participate in Pilot Initiatives

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.

Be an Advocate

Stay up to date on new policy initiatives and send in comment letters to provide support and feedback.

E-mail core@caqh.org

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