CAQH CORE

FINDINGS FROM INDUSTRY SURVEY ON EXCHANGING MEDICAL DOCUMENTATION

ISSUE BRIEF

Keeping it together

Lack of uniformity for exchanging medical documentation costs the industry time, money and frustration.

November 2020

Introduction

For more than a decade the healthcare industry has been guided by the triple aim: the goal to deliver an improved patient experience, at lower costs, while improving the overall health of a population. But as providers are expected to deliver more value and take on more financial risk, a fourth aim has been added — avoiding physician burnout.[1] A 2019 national survey reported that over 44 percent of physicians experience some type of burnout. Of these physicians, 59 percent identified administrative tasks as the number one contributor.[2] The exchange of clinical and administrative information is an essential component to healthcare delivery; however, the administrative burden associated with these tasks causes significant provider stress and detracts from time spent caring for patients.

CAQH CORE Survey on Exchanging Medical Documentation

The CAQH CORE mission is to drive the creation and adoption of healthcare operating rules that support electronic standards, accelerate interoperability, and align administrative and clinical activities across stakeholders, thereby reducing administrative burden. CAQH CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the Authoring Entity for Operating Rules for HIPAA-mandated electronic transactions.[3]

Electronic transaction standards have been federally adopted under HIPAA to support most components of the healthcare revenue cycle including eligibility, claims, prior authorization, and payments, and implementation is well underway. However, the healthcare industry continues to wait for an electronic attachments standard that can simplify the exchange of necessary medical information and supplemental documentation.

Attachments or additional medical documentation are a bridge between clinical and administrative data. They give health plans vital information for adjudication of a subset of claims, prior authorizations, referrals, post-adjudication appeals, audits, and more. In value-based payment, attachments can be used for sharing clinical information and quality measure reporting documentation between health plans and providers. According to the 2019 CAQH Index, the attachments workflow, however, is primarily manual with 80 percent of attachments transmitted via mail and fax,[4] largely because no federal standard has been adopted. On average, it takes medical providers 11 minutes to submit an attachment manually by mail or fax compared to five minutes using some type of electronic method.[5]

In late 2019, CAQH CORE conducted an industry survey to better understand how health plans and providers are currently exchanging attachments for four use cases: prior authorization, healthcare claims, quality

measurement, and value-based payment to inform the development of operating rules to support a more standardized workflow. The survey also sought to understand which service lines consistently require the highest volume of attachments and therefore most significantly contribute to administrative burden. CAQH CORE received surveys from over 340 organizations across three stakeholder types: providers, health plans, and vendors/clearinghouses (Figure 1).

The results, which show wide variability in how attachments are exchanged and the prevalence of mail and fax (the most time consuming of methods), illustrate the opportunities of moving to an electronic standard which would substantially reduce the time and costs associated with attachments.

Figure 1. Survey Respondents by Stakeholder Type

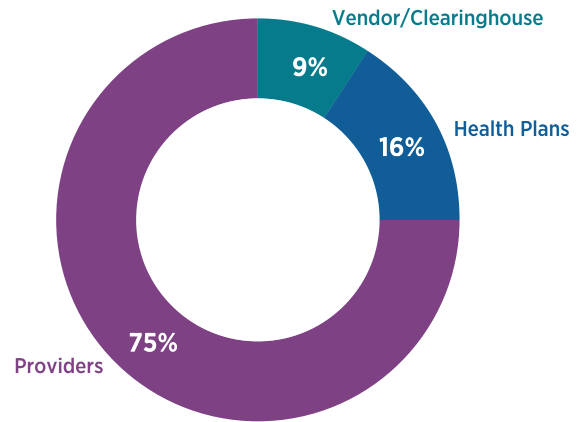
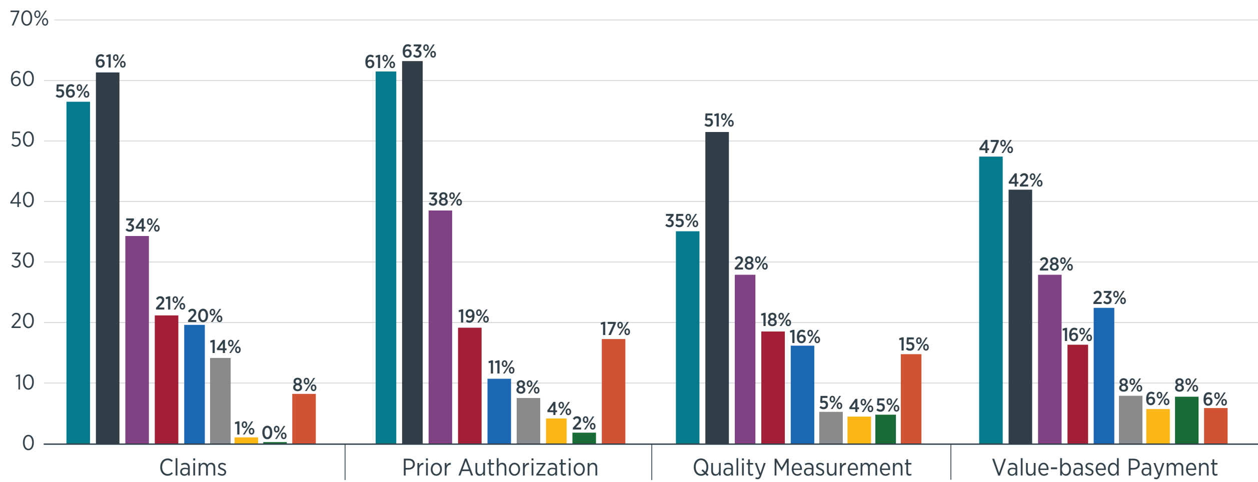


Figure 2. Exchange Mechanisms & Formats Used by Providers by Use Case



Mail/Fax
Portal Upload
Secure Email (e.g. DIRECT)
CAQH CORE Connectivity (File Type Agnostic)
EDI using the X12 275 with Structured File Type (e.g., CDA)
EDI using the X12 275 with Unstructured File Type (e.g., PDF)
Hl7 FHIR with Structured File Type (e.g., CDA)
Hl7 FHIR with Unstructured File Type (e.g., PDF)
Other (please specify)

Note: Providers had the option to select multiple exchange formats and mechanisms.

Key Findings

Providers report that web portal uploads and mail/fax are the most prevalent attachment exchange mechanisms across use cases, followed by secure email (Figure 2). Partially electronic, web portal uploads require providers to log into disparate systems with different requirements and re-enter information from the EHR and/or PMS, realizing limited time or cost savings over more manual methods. Fully electronic methods to exchange attachments (e.g., X12 275[6], HL7 CDA[7] and FHIR[8]) allow the exchange of structured data types which can be integrated into an electronic health record (EHR) or practice management system (PMS).

Provider use of EDI outpaces use of APIs; however, newer use cases such as value-based payment and quality measurement are seeing higher use of APIs (Figure 2). While less than six percent of providers reported using HL7 FHIR APIs for exchanging attachments for the purpose of submitting claims or prior authorizations, over 14 percent of respondents are currently using HL7 FHIR APIs for data exchange related to value-based payment. It is important to recognize that HIPAA-mandated electronic transactions exist for submitting healthcare claims and requests for prior authorization. Where no HIPAA-mandated electronic transactions exist, providers and health plans have often built proprietary mechanisms to exchange medical documentation.

Across service lines, providers and health plans agree that hospitalizations consistently require some of the highest volumes of medical documentation of prior authorizations and healthcare claims (Table 1 & Table 2). Hospitalizations represent 15 percent of provider medical documentation volume and 17 percent of health plan volume for the exchange of prior authorization information. For claims, hospitalizations represent 13 percent of provider medical documentation volume and 18 percent for health plans. The top ten service lines for attachment burden are generally consistent across both stakeholder groups for the purpose of submitting healthcare claims and prior authorization. Discrepancies across stakeholder types may be partially explained by the differences in how health plans and providers interpret service lines. For example, orthopedics ranked second in attachment burden for health plans but seventh for providers for prior authorizations. As radiology and imaging make up a large component of orthopedic services it is possible that health plans may not distinguish radiology as a separate line item related to orthopedics in the same way that providers do.

Table 1. Total Prior Authorization Medical Documentation Volume by Service Line

% of Total Prior Authorization Medical Documentation Volume

	Providers	Health Plans
1	Radiology and other Imaging (16%)	Hospitalization (17%)
2	Hospitalization (15%)	Orthopedics (17%)
3	Behavioral Health (13%)	Post-acute Care (13%)
4	Cardiovascular (10%)	Oncology (6%)
5	Neurology (6%)	Neurology (6%)
6	OB/GYN (5%)	Cardiovascular (5%)
7	Orthopedics (5%)	OB/GYN (4%)
8	Dental (5%)	PT/OT (4%)
9	Oncology (4%)	Behavioral (4%)
10	PT/OT (4%)	Laboratory Services (3%)

Table 2: Total Claims Payments Medical Documentation Volume by Service Line

% of Total Claims Payments Medical Documentation Volume

	Providers	Health Plans
1	Emergency (13%)	Hospitalization (18%)
2	Hospitalization (13%)	Post-acute Care (13%)
3	Behavioral Health (11%)	Oncology (11%)
4	OB/GYN (8%)	PT/OT (8%)
5	Radiology and other Imaging (7%)	Cardiovascular (7%)
6	Post-acute Care (6%)	Emergency (5%)
7	Cardiovascular (5%)	Dental (5%)
8	Neurology (5%)	Dialysis (5%)
9	PT/OT (5%)	Orthopedics (5%)
10	Pediatrics (4%)	Neurology (4%)

Next Steps

In late 2019, CAQH CORE launched an Attachments Advisory Group comprised of industry experts across stakeholder types to inform the development of operating rules[9] to guide common business approaches for the exchange of medical documentation. A CAQH CORE Attachments Subgroup is currently drafting operating rules that build on the existing CAQH CORE Prior Authorization Operating Rules to support consistent business use of fully electronic methods for prior authorization attachments. These new rules will support the intersection of administrative and clinical data needed to reduce administrative burden associated with prior authorization workflows. The Subgroup will tackle operating rules for healthcare claims attachments in 2021. Learnings from the adoption of these operating rules will be used to inform potential rules for the exchange of medical documentation to support quality measurement and value-based payment.

The results from the CAQH CORE Medical Documentation Survey provide valuable insight into the variation in the methods for exchanging medical documentation today and the need for more standardized technical approaches and supporting operating rules. The survey results also highlight the services for which standardization can have the greatest impact on reducing administrative burden.

Conclusion

The current state of the exchange of attachments indicates substantial opportunity for cost and time savings for both providers and health plans. By shifting away from manual methods and adopting standardized, fully electronic formats and operating rules, the healthcare industry can streamline data exchange and reduce burden.

To substantially reduce administrative burden is to reduce provider burnout and enable better care for patients across the health care system. Healthcare leaders have long worked to more closely align administrative and clinical systems. While many believe the capacity for greater interoperability is now within reach, data in clinical and administrative systems has remained siloed.

The Office of the National Coordinator (ONC) recently released a final rule calling for "healthcare data to be accessed, exchanged, and used "without special effort" as a provision of the 21st Century Cures Act."[10] Standardizing the electronic exchange of attachments to communicate medical information and supplemental documentation between health plans and providers is an opportunity to change this in a significant way. Electronic attachments open a line of communication between administrative and clinical systems and hold the key to unlocking the next level of interoperability by making the use of integrated data routine. This vision can be achieved through industry collaboration to standardize electronic formats and align on business expectations for use through common operating rules.

About CAQH CORE

Industry-led, CAQH CORE was formed to 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. CAQH CORE Participating Organizations represent more than 75 percent of insured Americans, including plans, providers, vendors, government entities, and standard setting organizations. CAQH CORE Operating Rules and Certification Test Suites addressing seven healthcare business transactions have been issued to date. For more information, visit **www.caqhcore.org**.

Sources

[1] http://www.annfammed.org/content/12/6/573.full

[2] https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056

[3] https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/StandardsSettingandRelatedOrganizations

[4] https://www.caqh.org/explorations/caqh-index-report-0

[5] Ibid.

[6] X12 275: Transaction used by the provider to respond to the health plan with requested information embedded in the transaction such as .pdf or CDA.

[7] HL7 CDA: Standard that specifies the structure and semantics of "clinical documents" for the purpose of exchange between healthcare stakeholders.

[8] HL7 FHIR: Use of profiles and APIs to establish real-time communication and data transference.

[9] Operating rules, which are required by the Patient Protection and Affordable Care Act, are defined as "the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications." https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Operating-Rules/OperatingRulesOverview

[10] https://www.healthit.gov/sites/default/files/cures/2020-03/ONC_Cures_Act_Final_Rule_03092020.pdf