



## CAQH CORE Report on Attachments: A Bridge to a Fully Automated Future to Share Medical Documentation

### EXECUTIVE SUMMARY

In the Health Insurance Portability and Accountability Act (HIPAA), the term “attachment” refers to the exchange of patient-specific medical information or supplemental documentation to support an administrative healthcare transaction. Attachments support the adjudication of claims, prior authorizations and other transactions. Similarly, the fluid exchange of clinical information and quality measure reporting documentation, essential for value-based payment success, hinges on a reliable, secure and efficient attachments workflow.

Most HIPAA-mandated electronic transaction standards have been federally adopted, and industry 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. In the interim, health plans, providers and vendors lack the direction needed to support broad use of automation in the attachment workflow, or for industry to coalesce around the use of even a small number of electronic solutions.

As the Department of Health and Human Services (HHS) designated author of operating rules for attachments, CAQH CORE® has gathered insights from more than 250 healthcare organizations via operating rule development input, industry webinars and surveys over the past few years to better understand industry needs. In 2018 CAQH CORE launched a formal environmental scan to identify major pain points and ways in which it can help the industry move toward a more automated attachments workflow by leveraging its collaborative, multi-stakeholder model.

The CAQH CORE Attachments Environmental Scan revealed that the majority of attachments today are submitted manually, as paper forms and records sent through the mail or by fax, presenting an enormous administrative burden. It also led to identification of five opportunity areas to move the industry towards a fully electronic future:

- 1. Workflows** – Workflows map out chronological processes to accomplish complex tasks, often detailing sequential steps by parties in different organizations or locations. Research revealed opportunities to:
  - Enhance unsolicited process via electronic methods by embedding predefined documentation lookup requirements for use cases into workflows.
  - For solicited process via electronic methods, consider operating rules to enable real-time exchange of information between health plan and provider.
  - Engage with vendors to ensure industry participants have the tools and support necessary to implement end-to-end electronic workflows.
  - Educate industry participants about solicited and unsolicited workflows.

- 2. Data Variability** – Attachments data shared between parties diverges from the expected structure to various degrees. Data may be non-uniform in specific dimensions of file format or size, for example. Or, data may diverge from the expected norm in its submission pattern, mode, timing, naming conventions, use of meta data and more. Research revealed opportunities to:
- Explore operating rules to streamline attachment documentation requests and re-association of attachments.
  - Consider the creation of predetermined datasets for use as a transaction reassociation tracking mechanism.
  - Develop data file format requirements for quality, readability and size efficiency.
- 3. Exchange Mechanisms** – Data exchange between health plans and providers for a transaction lacks uniformity. Generally, these methods encompass manual processes, which include mail and fax, upload via the health plan portal or other proprietary solution and fully electronic transactions. Research revealed opportunities to:
- 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 X12 275 with PDF/CDA and/or the use of HL7 FHIR with CDA.
  - Explore ways to bring greater uniformity to web portal transactions.
- 4. Connectivity, Security and Infrastructure** – The fundamental instructions that every data exchange system needs to work - how to connect with other machines, negotiate security protocols and the basic expectations for each transaction require a common approach. Research revealed opportunities to:
- Define common connectivity and security frameworks so that, once in place, systems integration can facilitate mapping of administrative transactions and clinical data.
  - Explore operating rules for attachment acknowledgements and response times.
- 5. Resources**– “Single-source-of-truth” utilities maintained for the use of industry by a trusted party are capable of facilitating collaboration and driving consensus among stakeholders. Research revealed opportunities to:
- 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.
  - 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, etc.).

If addressed, the opportunities identified in these five areas can help support and accelerate industry adoption of electronic attachment transactions by creating a more uniform approach.