Delivering Value through Electronic Healthcare Attachments
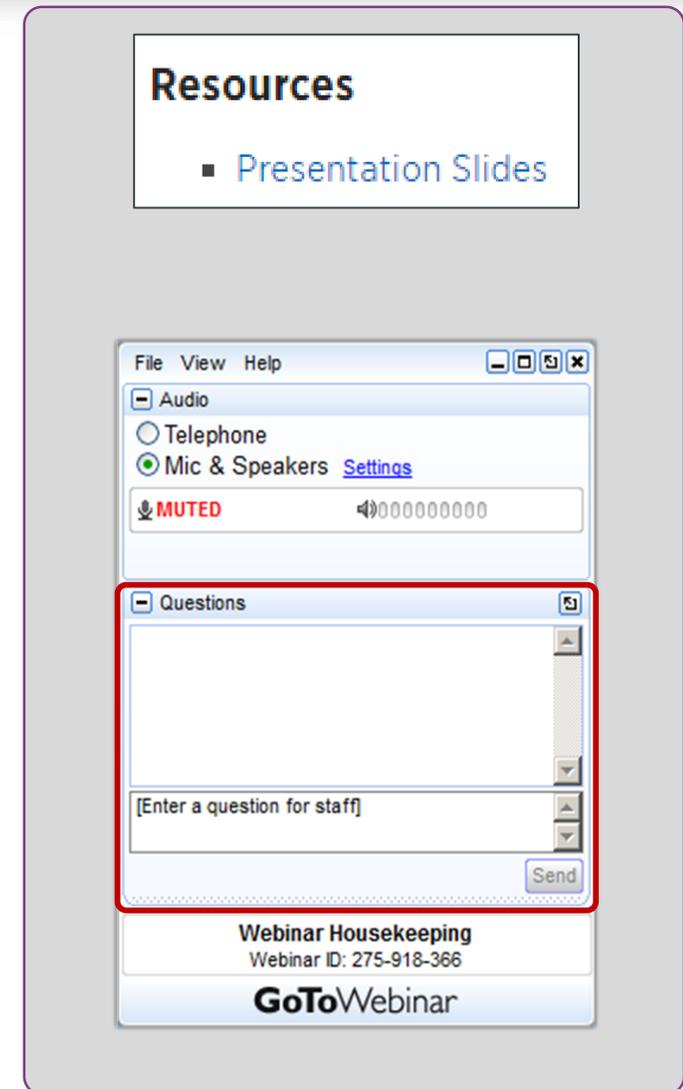
Wednesday, July 10, 2019

2:00 – 3:00 PM ET

Logistics
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Session Outline

- Background and Context

- CAQH CORE Efforts on Attachments

  - Initiative Goals

  - Environmental Scan

  - Opportunity Areas

- Next Steps

- Q & A

Thank You to Our Speakers

Mandy Moles

Senior eBusiness Analyst

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CAQH
CORE

Background and Context

Mandy Moles
CareSource Senior eBusiness Analyst

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
Transactions	Eligibility Claims Status	Electronic Funds Transfer Electronic Remittance Advice	Health Claims Referral, Certification and Authorization	Prior Authorization	Attachments
Manual to Electronic Savings per Transaction (2018 CAQH Index)	Eligibility: $6.52 Claims Status: $9.22	EFT: $0.65 ERA: $2.32	Claim Submission: $1.32 Prior Authorization: $7.28	$7.28	N/A
	Active				**In Progress**

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Attachments Overview

Attachments refer to the exchange of patient-specific medical information or supplemental documentation to support an administrative healthcare transaction.

Use Case Examples

Claims and Reimbursement

Prior Authorization

Value-based Payment

Audits

Exchange Methods

Manual

Partially Electronic

Electronic

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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 machine 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:
  - Industry-neutral standards -- PDF, JPEG, SOAP, HTTPS, etc.
  - Standards designed for healthcare -- X12, HL7 CDA, HL7 FHIR, Direct, CONNECT, etc.
  - Non-standard content/transports -- portals, proprietary vendor tools.

- In value-based payment models, attachments can be used:
  - Sharing clinical information
  - Quality measure reporting documentation between health plans and providers

PDF

Portal

PDF

ASC X12

HL7 CDA

ASC X12

HL7 CDA

HL7 FHIR

HL7 CDA-on-FHIR

HL7 FHIR

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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.

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Industry Stakeholders and Initiatives Engaged to Reduce Attachments Burden

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

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.

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

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Industry Stakeholders and Initiatives Engaged to Reduce Attachments 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.

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.

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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Efforts on Attachments

Taha Anjarwalla
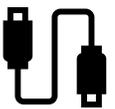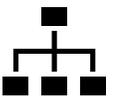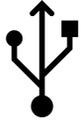CAQH CORE Senior Manager

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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 operating rules to support and accelerate the industry's adoption of electronic attachment transactions.
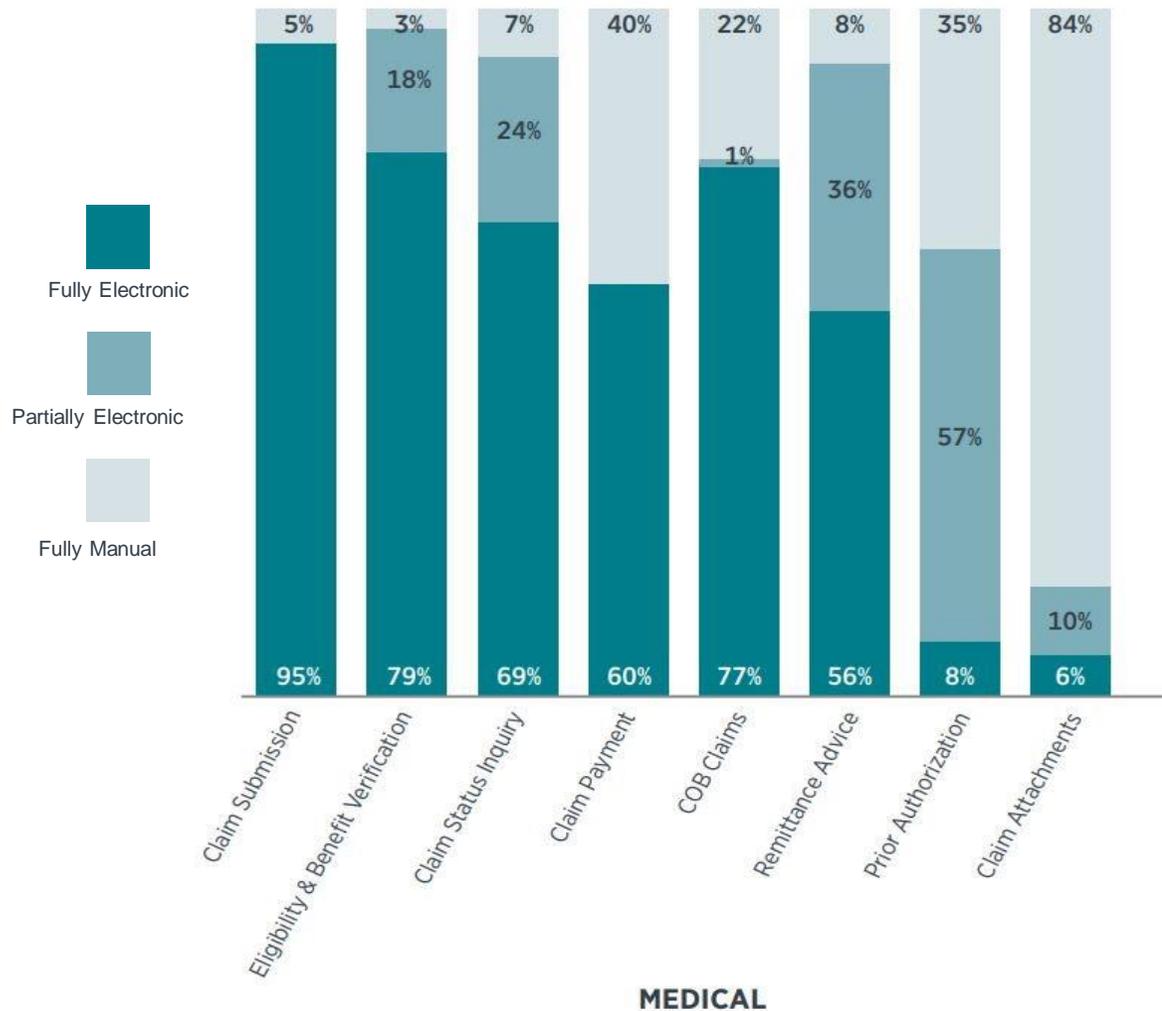
Considerations for Attachment Operating Rules and Guidance

- ✓ 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.

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Current State of Industry

Overall Use by Modality, 2017 Index

Legend:
- Fully Electronic
- Partially Electronic
- Fully Manual

Modality	Fully Electronic	Partially Electronic	Fully Manual
Claim Submission	95%		5%
Eligibility & Benefit Verification	79%	18%	3%
Claim Status Inquiry	69%	24%	7%
Claim Payment	60%		40%
COB Claims	77%	1%	22%
Remittance Advice	56%	36%	8%
Prior Authorization	8%	57%	35%
Claim Attachments	6%	10%	84%

MEDICAL

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.**

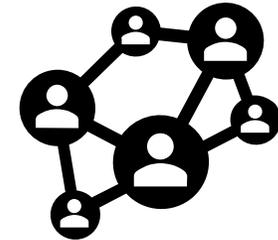More data is needed to fully articulate the scope of the attachments challenge.

All health plans and healthcare providers are encouraged to participate in the **2019 CAQH Index** study.

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CAQH CORE Environmental Scan on Attachments

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

We gathered insights from more than **40 entities** representing providers, health plans, vendors, clearinghouses and government.

On a recent CAQH CORE webinar, attendees were asked to identify the primary reason for delay in adopting electronic attachment transactions:
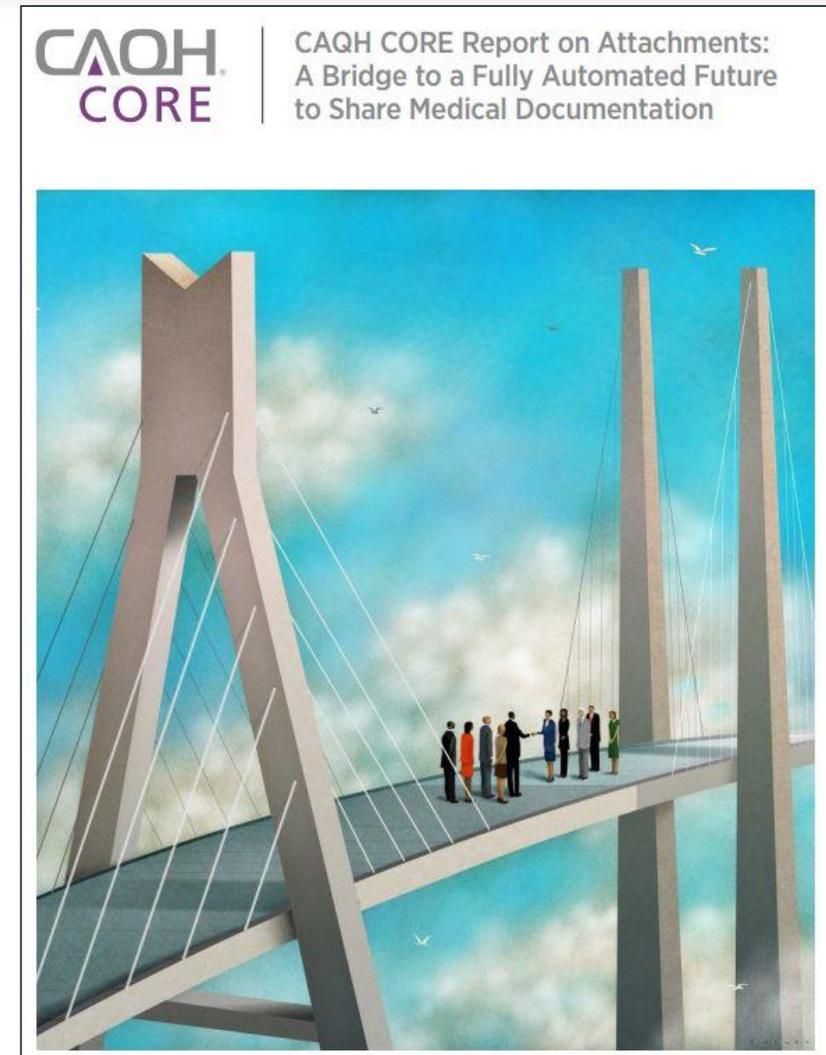
A majority of respondents identified **waiting for regulatory direction** as the primary reason for delay; nearly a quarter reported waiting for industry direction, and less than 10% of organizations listed budget constraints as a reason for delay.

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

The *CAQH CORE Report on Attachments: A Bridge to a Fully Automated Future to Share Medical Documentation*, published in May 2019, examines the challenges associated with the exchange of medical information and supplemental documentation used for healthcare administrative transactions. The report identifies five areas to improve processes and accelerate the adoption of electronic attachments.
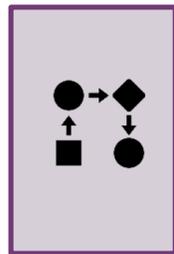
Full Report

Press Release

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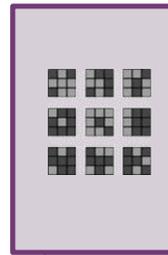to Share Medical Documentation

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.

#1 Workflows
- Workflows map out chronological processes to accomplish complex tasks, often detailing sequential steps by parties in different organizations or locations.
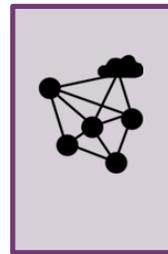
#2 Data Variability
- Data variability is the degree to which data shared between parties diverges from the expected structure.

#3 Exchange Mechanism
- Exchange mechanisms refer to the means of data exchange for a transaction between a health plan and provider.

#4 Infrastructure
- The fundamental instructions every data exchange system needs to work: how to connect with other machines, negotiate security protocols and basic expectations for each transaction.
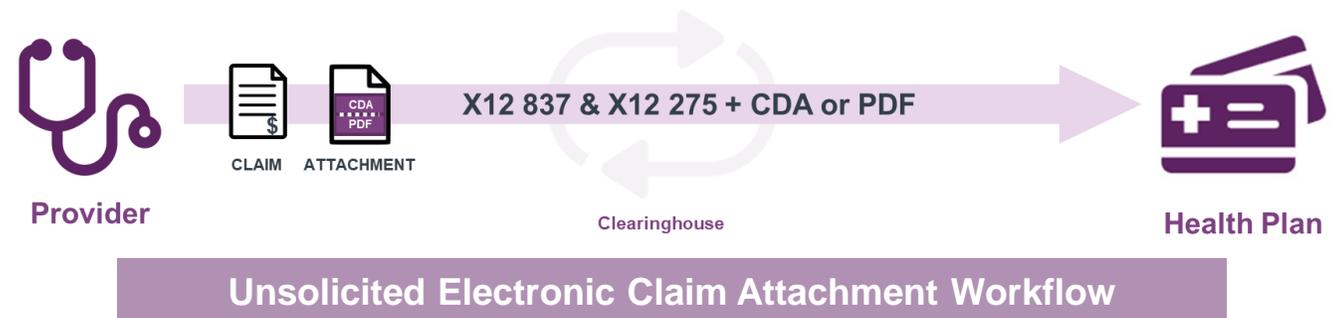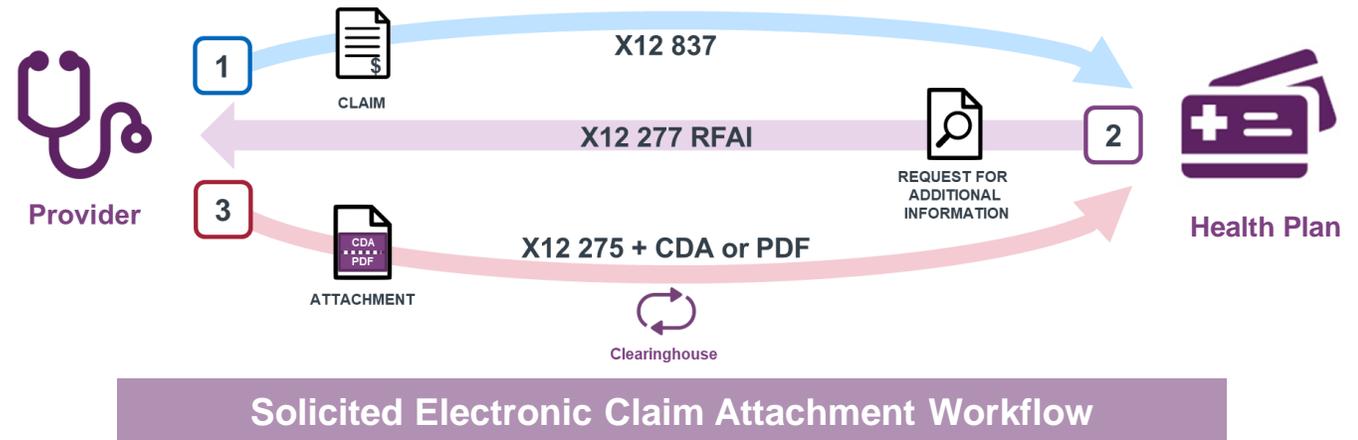
#5 Resources
- Resources are "single-source-of-truth" utilities maintained for the use of industry by a trusted party capable of facilitating collaboration and driving consensus among parties.

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Opportunity Area #1: Workflows
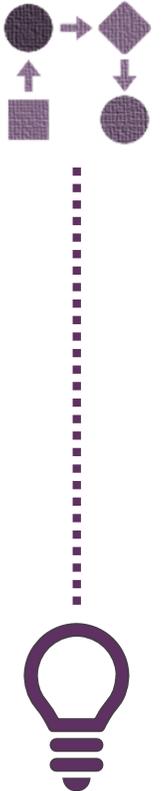## *Current State of the Industry*

- The attachments workflow drives a significant administrative burden for healthcare providers.

- Providers submit 80% of attachments as paper via mail or fax.

- A majority of attachments received by health plans are unsolicited and often arrive with too much, too little or the wrong type of information.

- Providers have limited means to submit attachments electronically as web portals and other tools are not universally supported by health plans and vendors.

- As care delivery shifts to value-based, attachment workflows need to shift towards real-time exchanges to support care coordination.

Solicited Electronic Claim Attachment Workflow

Unsolicited Electronic Claim Attachment Workflow

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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.

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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. **Reassociation of transactions can cause significant 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%

While many transactions are now automated, most attachments arrive as paper documents, meaning the matching process often requires some level of human intervention. An electronic workflow inherently brings significant improvements, because transactions can be flagged with a reference number to facilitate re-association.

Use of meta data, code sets and data fields associated with patient demographics can help to re-associate attachments.

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Opportunity Area #2: Data Variability
CAQH CORE Recommendations

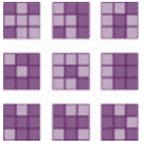**1** Explore operating rules to streamline attachment documentation requests and re-association of attachments.

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

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

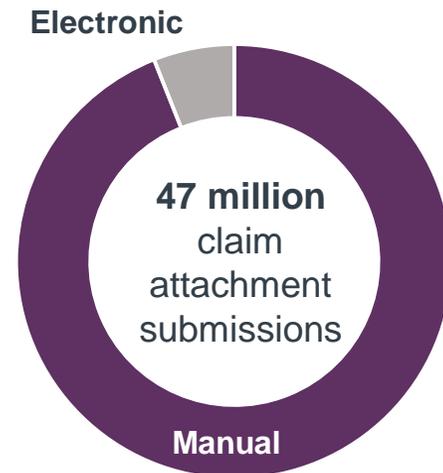CAQH CORE

Opportunity Area #3: Exchange Methods
Current State of the Industry

The lack of a federal mandate has led to a proliferation of options for attachment exchange. Although manual processes such as mail and fax continue to dominate, use of health plan web portals has 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

Electronic

47 million claim attachment submissions

Manual

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

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Opportunity Area #3: Exchange Methods
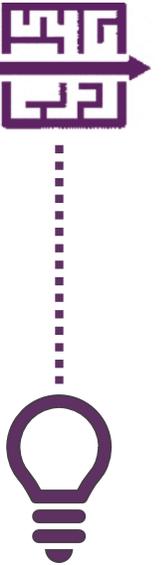*CAQH CORE Recommendations*

1 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.

2 Explore ways to bring greater uniformity to web portal transactions.

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.

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: There is variability in the use of attachment acknowledgements, providers are often left in the dark, not knowing if the information sent was successfully received.

Health plans indicated that they acknowledge receipt of attachments in 25 percent of cases. Half of the vendors participating in the environmental scan indicated that their systems support the ability to acknowledge the receipt of an attachment. The variability in acknowledgement workflow capabilities lead to resubmissions of additional documentation, phone calls or uncertainty of adjudication time frames

Variability in Timeframes: Stakeholders rarely have common expectations for specific attachment adjudication timeframes, yet there is common belief in the ability of an electronic workflow to significantly reduce adjudication time and improve efficiency.
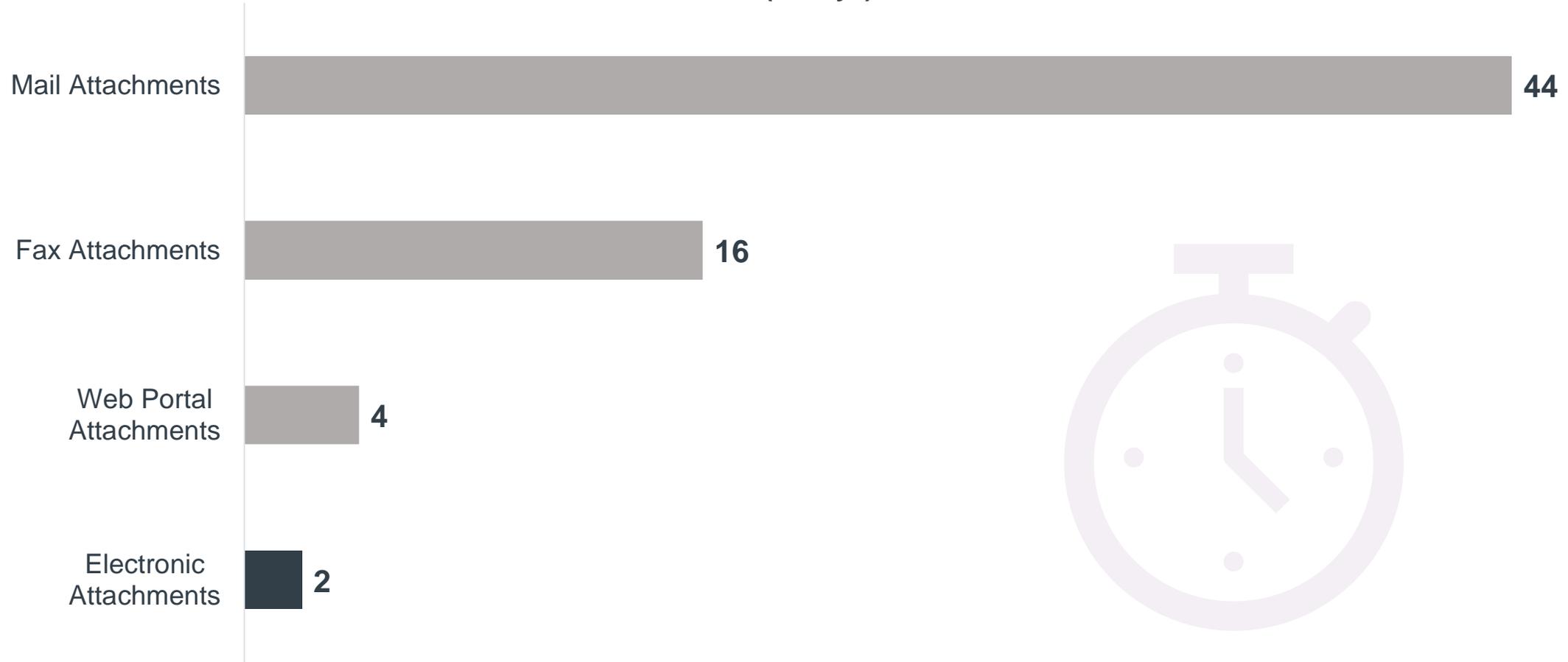
Health plans reported a seven-day adjudication timeframe for electronic attachments sent as an X12 275 or through a web portal. When sent by fax, the average wait time is 10 days.

Providers reported wait times of 2– 60 days for health plans to process and respond to an attachment.

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Opportunity Area #4: Infrastructure
Current State of the Industry (continued)

**Provider-Estimated Attachment Adjudication Turnaround Time
(in days)**

Category	Days
Mail Attachments	44
Fax Attachments	16
Web Portal Attachments	4
Electronic Attachments	2

Opportunity Area #4: Infrastructure
CAQH CORE Recommendations

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

2 Explore operating rules for attachment acknowledgements and response times.

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Non-uniform Documentation Requirements:
- Providers said the documentation requirements change frequently, and are non-uniform both from plan to plan and 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.

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Opportunity Area #5: Resources
CAQH CORE Recommendations

1   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   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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Polling Question #1

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.

- Overview of current and emerging attachment standards.

- X12 topics related to attachments.

- Other (please add to Questions panel).

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Next Steps

Marianna Singh
CAQH CORE Associate

CAQH CORE 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.

- CAQH CORE's model is guided by **industry for industry**. Our Participating Organizations shape the healthcare landscape and set future direction via participation in our initiatives.

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Next Steps for Attachments Initiative

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

Future Next Steps

- Monitoring federal activity for publication of an attachment standard **NPRM.**

- Launch of an **Attachments Advisory Group** in August/September 2019.

- Launch of **Prior Authorization Pilots** that include options to test electronic attachment workflows.

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Polling Question #2

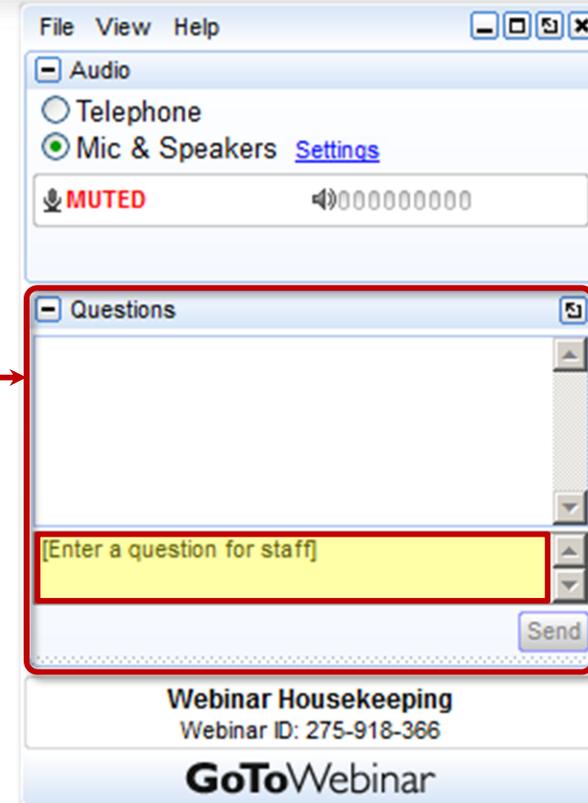**Are you and your organization interested in getting involved in the CAQH CORE efforts on Electronic Attachments?**

- Yes.

- No.

- Unsure/Need More Information.

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Audience Q&A

Please submit your questions

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Resources

- Presentation Slides

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Upcoming CAQH CORE Education Sessions

CMS, WEDI and CAQH CORE Webinar Series: Part 2 - CMS Compliance Reviews
THURSDAY, JULY 18, 2019 | 2:00 - 3:00 PM ET

Phase III Operating Rules: Streamlining Claims Payment Reconciliation
August 8 18, 2019 | 2:00 - 3:00 PM ET

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WEDI Summer Forum
JULY 30-31, 2019

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Thank you for joining us!

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Website: www.CAQH.org/CORE

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.

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