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Current and Future State of Electronic Attachments

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The Why - Electronic Attachment Benefits

Key Pain Points	Solution Benefits
Time-consuming, costly manual processes	Increased productivity and elimination of manual tasks (277RFAL, 275)
Impedes workflow automation – impacts appeals and revenue cycle management	Automated end to end workflow process with audit controls at every touch point
Inconsistent, disorganized business processes	Standardized, mapped-out processes
Delay in patient care, drives cost and impacts healthcare outcomes	Timely communications expedites patient care and opportunities for enhanced outcomes. (277RFAL, 275,278)
Lack of data integration between applications	Easy integration between applications
Cumbersome, complex processes	Streamlined, simplified business processes
Delay in receiving letters & documentation	Significant savings with the elimination of mail (277RFAL, 275). Letters via the mail may take up to 2 weeks, 277RFAL generated and delivered the same day
Multiple payer workflows cause burden on providers	Standard transactions (277RFAL, 275) , increase efficiency, consistency and reduces the provider burden

Current Electronic Attachment Capabilities

Current State	
X12 Healthcare Attachments 275 v5010 and v6020 TR3s	For Claims and Prior Authorization supporting documentation
X12 Request for Additional Information (RFAI) 277n TR3s	<ul style="list-style-type: none"> - Solicit documents from Providers for claims and prior authorizations - Use of LOINC codes to request specific document (ex: itemized bill LOINC= 94093-2) LOINC HIPAA Tab Request https://loinc.org/attachments/
X12 999 functional Ack, 824 TR3s	Acknowledgements, Advice Acceptance and Error reporting
Provider Portal submissions attachments	Claims and prior authorization, appeals
Provider RFAI requests	Solicit documents from Providers for claims and prior authorizations
Provider dashboard with outstanding requests	Reducing provider abrasion with current unfilled requests for information



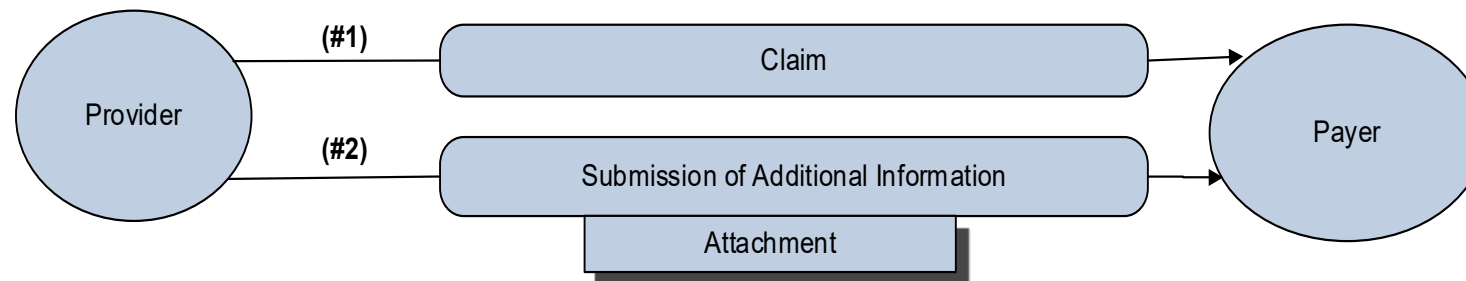
Unsolicited Attachments Model

When the provider knows that the payer requires additional information to process the claim

1. Provider sends additional information when submitting the claim
2. Provider sends the 275 with the 837
 - Sender has the option to send the 275 in the same Interchange as the 837 OR
 - Has the option to send the 275 in a separate Interchange

Provider Attachment Control number – key to unsolicited transaction matching

- When the attachment is unsolicited the ACN is on both the 837 associated transaction and the 275 attachment
- The ACN is assigned by the provider



* Diagram Reference ACP - Guidance on Implementation of Standard Electronic Attachments for Healthcare Transactions

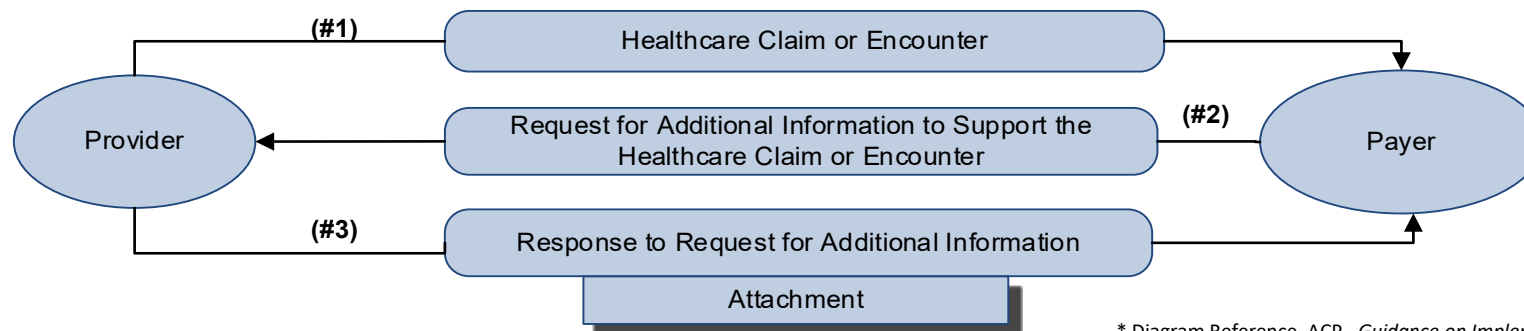
Solicited Attachments Model

When the payer requests the information from the providers

1. Provider sends a claim
2. Payer determines there's not enough information to process the claim. Payer uses the 277n RFAI transaction to request the additional information
3. Provider uses the 275 transaction to respond to the request

Payer Attachment Control number – key to solicited transaction matching

- When the attachment is solicited the ACN is in both the request (277 RFAI) and the response (275)
- The ACN is assigned by the payer



Electronic Claims Attachments Results

Key Performance Indicators	Results
Improve Payment Cycle	43 Days to 19 Days
Reduced Denials	Decreased 20% in past 18 months
Reduced Claims Status phone calls	Reduced 7% in the past 18 months
Reduced Solicited Attachment Response Times	60 days to 14 days
X12 275 and Provider Portal Attachments monthly	600,000+ 25% X12 275, 75% Provider Portal



Current Regulation for Electronic Attachment/Support Documentation

- **CMS 0057-P Advancing Interoperability and Improving Prior Authorization Processes. PARDD: Prior Authorization Requirements, Documentation, and Decision.**
 - This proposed rule emphasizes the need to improve health information exchange to achieve appropriate and necessary access to complete health records for patients, healthcare providers, and payers. This proposed rule also focuses on efforts to improve prior authorization processes through policies and technology, to help ensure that patients remain at the center of their own care.
- **CMS 0053-P CMS Attachments Rule - Administrative Simplification: Adoption of Standards for Health Care Attachments Transactions and Electronic Signatures**
 - This proposed rule would adopt standards for “health care attachments” transactions, which would support health care claims and prior authorization transactions; adopt standards for electronic signatures to be used in conjunction with health care attachments transactions; and adopt a modification to the standard for the referral certification and authorization transaction.

Future of Supporting Documentation and Medical Records



Clinical Data Exchange (CDex) HL7 Da Vinci FHIR Implementation Guide



Focus and Goal of the CDex:

- CDEX document FHIR transaction to support exchanges of clinical data between providers and payers (or other providers).
- The anticipated benefits include more efficient and effective exchange of health record information in several areas such as:
 - claims management including prior authorization support
 - care coordination
 - risk adjustment
 - quality reporting



Clinical Data Exchange (CDEX)



Example Scenarios:

Payer to Provider and Provider to Payer

- Requesting and Sending attachments for claims and prior authorization
- Requesting documentation to support payer operations such as claims audits
- Gathering information for Quality programs and Risk Adjustment between payers and providers

Provider to Provider

- Exchanging clinical data between referring providers

CDex Transaction and Supporting Documentation/Attachments

The CDex guide documents three types of transactions for requesting and sending information.

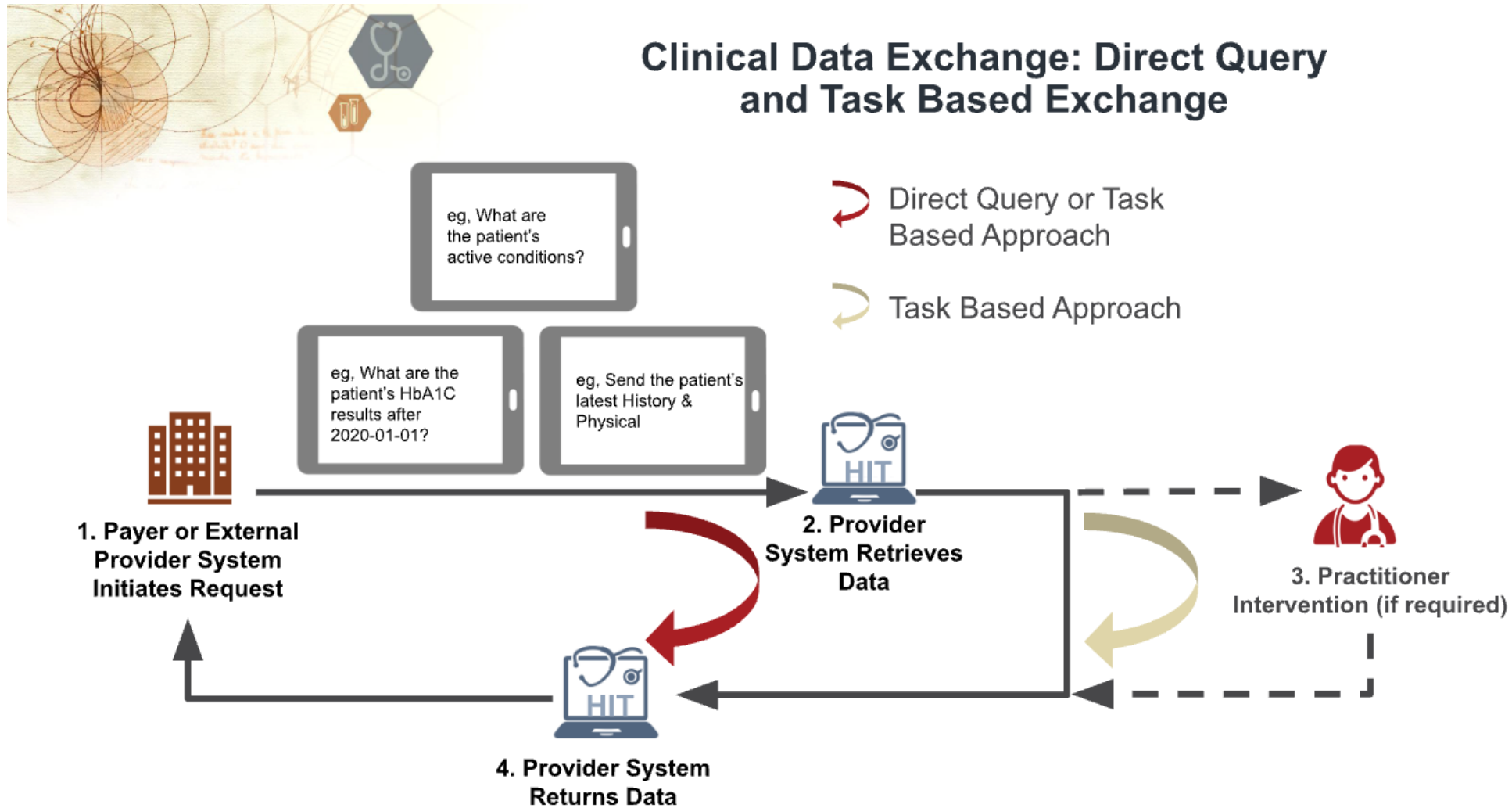
Direct Query - Access to Provider system(EMR)

Task Based- sending a request and asking for provider system to respond back to payer

Attachments for Claims and Prior Authorization

- Using LOINC Attachment Codes
- Using Questionnaires
- *Combined with Da Vinci PAS(Burden Reduction) for "pending" PA Claims*

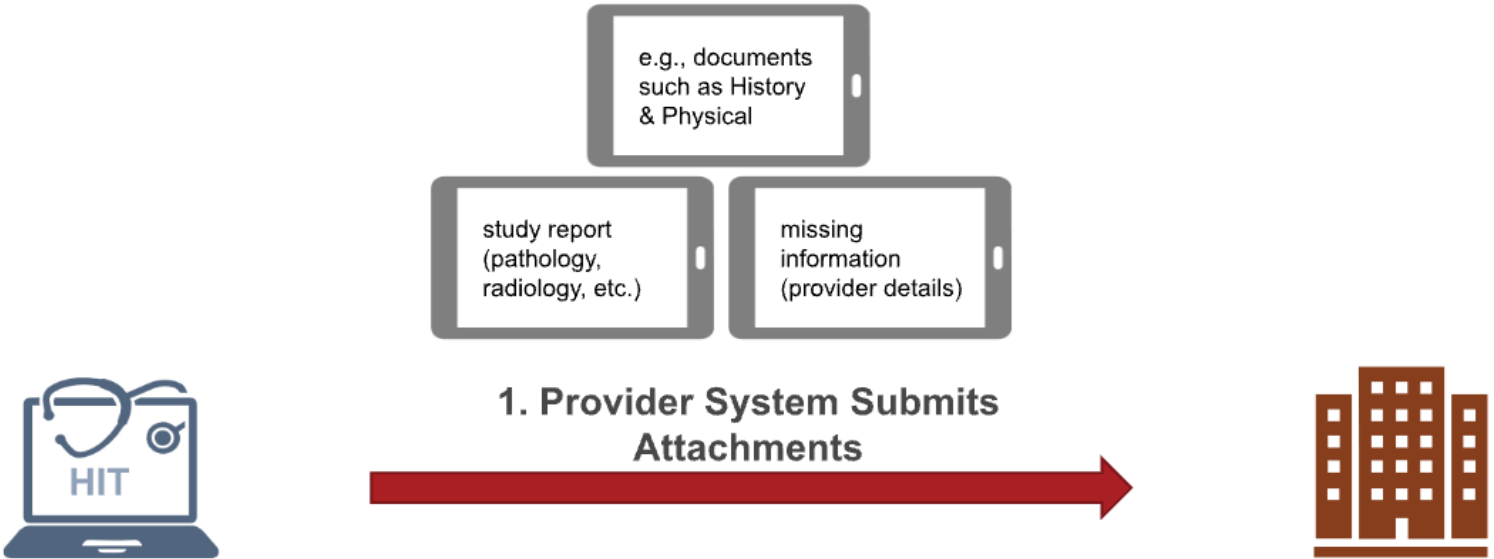
CDex Direct Query and Task Based approach



CDex Unsolicited Attachments



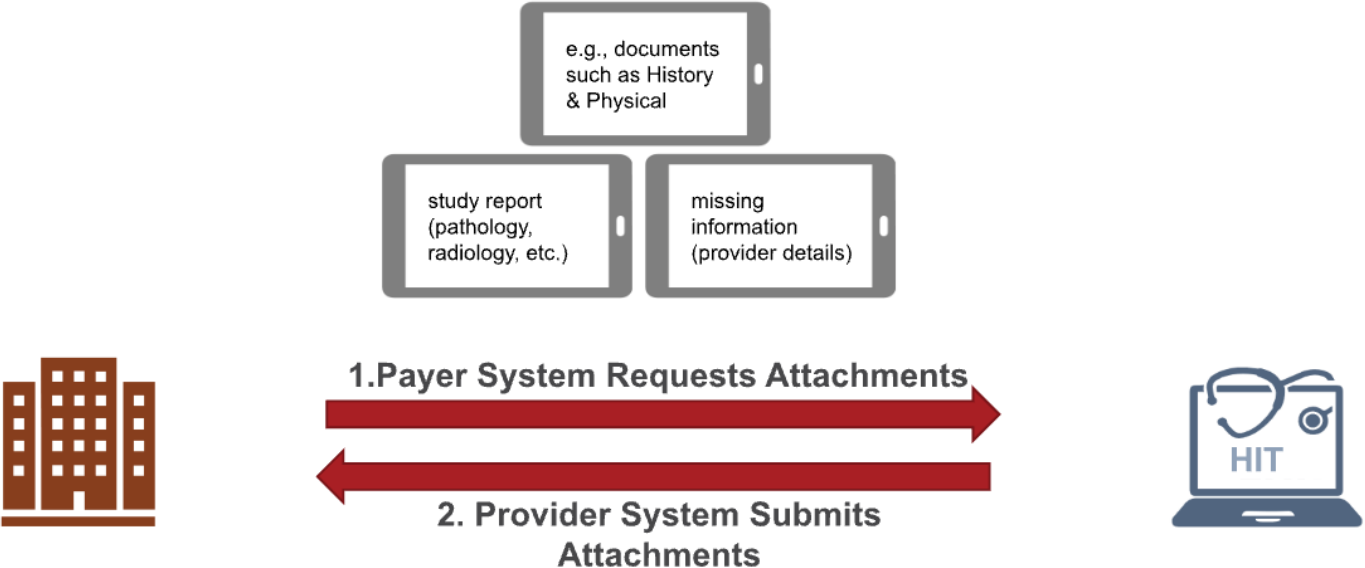
Unsolicited Attachments for Claims and Prior Authorization



CDex Solicited Attachments



Solicited Attachments for Claims and Prior Authorization



References

- X12 TR3 transactions <https://x12.org/products/transaction-sets>
- CDex Implementation Guide: <http://hl7.org/fhir/us/davinci-cdex/index.html>
 - Reference Implementation: <http://hl7.org/fhir/us/davinci-cdex/index.html>
- HL7 Payer and Provider Information Exchange Work Group:
<https://confluence.hl7.org/pages/viewpage.action?pageId=34440389>
 - Or contact Durwin Day Durwin Day <DAYD@BCBSIL.COM>, Christol Green <Christol.green@elevancehealth.com> or Chris Johnson <dcjohnson@bcbsal.org>
- Logical Observations Identifiers Names and codes (LOINC): <https://loinc.org/attachments/>

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