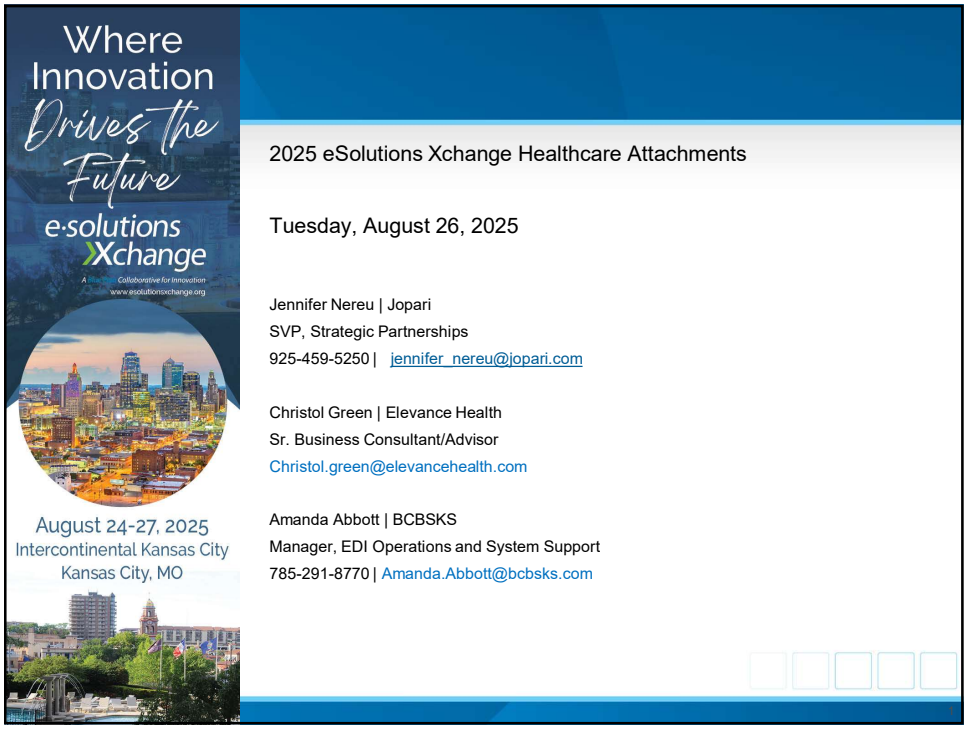
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Tuesday, August 26, 2025
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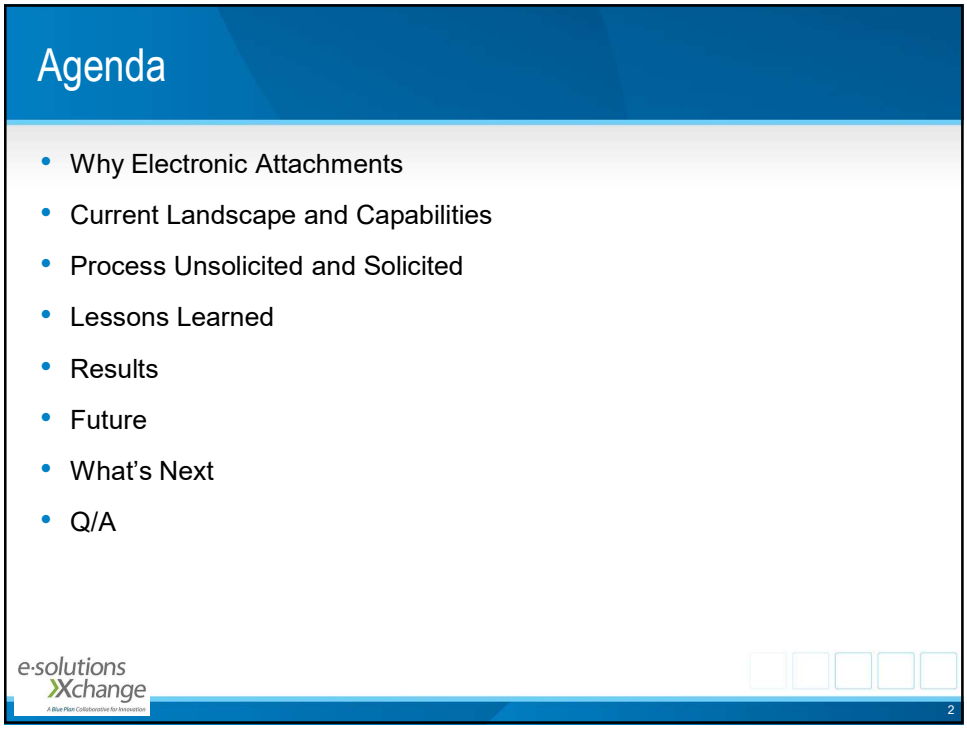
Agenda
Why Electronic Attachments
Current Landscape and Capabilities
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Lessons Learned
Results
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The Why – Electronic Attachments to reduce provider and member abrasion

Key Pain Points	Solutions Benefits
Time and cost of paper manual business process. Providers would send in paper PWK cover letter with claims documentation (via mail).	Implementing the X12 275 and 277 (RFAI) increases productivity and eliminates manual tasks
Delay in receiving cover letter and documentation	Significant savings with elimination of mail. Letters via mail may take up to 2 weeks to receive and process. The 277 (RFAI) process is daily.
No electronic attachment workflow automation/ Lack of data integration between applications	Standardize and automated end to end workflow with audit controls
Delay in patient care, drives cost and impacts healthcare outcomes	Timely communication with X12 275, 278 and 277 (RFAI) expedites patient care and outcomes
Multiple Payer workflows cause burden on providers	Standard electronic transactions and processing increases efficiency, consistency, reporting reducing provider abrasion.

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The Why - Organizational Background

Key Pain Points	Solution Benefits
No method to submit unsolicited attachments electronically creating provider and member abrasion.	Allows for a more streamlined and automated process that increases efficiency and customer satisfaction.
Time and cost associated with manual paper process.	Reduction of manual intervention and associated costs allowing for an increased volume of electronic claim submissions increasing accuracy and quality.
No real time tracking to communicate current status to stakeholders.	Automates standardized workflow allowing for real time status tracking and audit controls.

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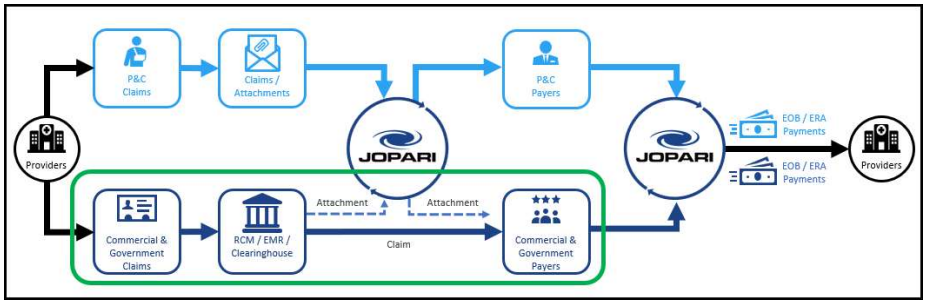
Why and Workflow Overview



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Current Electronic Attachments 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. Payer request from Provider.	- 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 dashboard with outstanding requests	Reducing provider abrasion with current unfilled requests for information

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Unsolicited Claims Attachments Capabilities

- Effective May 19, 2025

What's New	Details
Claim Attachments Accepted	ANSI X12 275 Format (versions 5010 or 6020)
Applies to	BCBSKS commercial claims only (Payer ID 47163)
Not applicable to	Medicare Advantage or PC-Ace submitters
Setup required via ASK-EDI	None for existing BCBSKS electronic claim submitters
Support Materials	Companion Guides located on the ASK-EDI website at: https://www.ask-edi.com/user-documentation

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Current Landscape

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275 claim attachment adoption remains low on the provider side

Flexibility in processing structured and unstructured formats

Various integration with provider systems supports interoperability

Unsolicited attachment models have proven most successful

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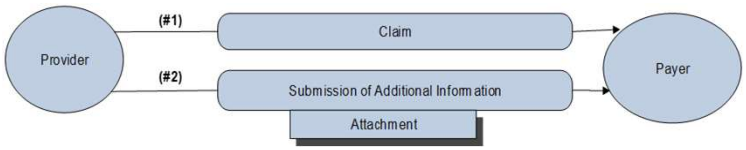
Unsolicited Attachments Model

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 Attachment Control Number (ACN) in PWK segment is on both the 837 associated transaction and the 275 attachment
- The ACN is assigned by the provider



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

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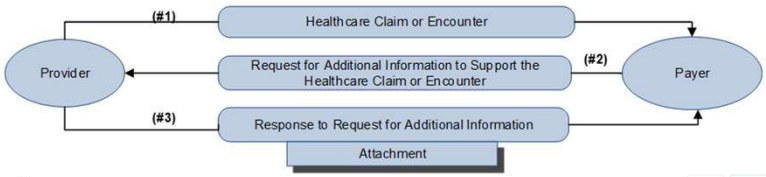
Solicited Attachments Model

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



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

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Electronic Attachments Process

- Provider/Submitter sends 275 or Portal electronic attachments through our EDI front end Availity
- Availity performs validation edits for the 275 attachments then packages them into zip files along with a meta data file and delivers to Elevance Health. A GetRouting API is used to validate subscriber IDs and system location for processing.

MetaData example:

UniqueTransID|OrigRcptDate|ProviderFirstName|ProviderLastName|SubmitterName|ProviderNumber|ClaimNumber|DOB|ProductType|RequestNumber|PatientFirstName|PatientsLastName|SubcriberID|PatientAccountNumber|ClaimAMT|DOSFrom|DOSTo|Reason|DocType|State|GetRouting|SenderID|SubmiterID|LOINC

- 3 Systems process the electronic attachments: Commercial, FEP and Government Business. Images are stored and can be accessed via the metadata. (i.e. PWK number)
- Auto processing and delivery occur with some of the attachments based on LOINC codes and or PWK tracking ID.

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BCBSKS Specific Rules and Limitations to Note

- Duplicate checking for 275 transmissions will look for a unique value in the ISA13 and BIN02 to determine if it is a duplicate of one previously submitted and will reject on a 999 acknowledgment.
- BCBSKS does not support attachments in a .zip format.
- A 275 transaction that cannot be matched to an accompanying 837 claim received within 48 hours will be considered an orphan and will be disregarded.
- Attachments over 64MB won't be accepted by ASK. If a file is too large, it must be split into smaller parts (under 64MB each) and submitted in sequence within the same 275 transaction.
- BCBSKS will return the TA1, 999 and 824 as appropriate in response to 275 transactions. Trading partners are responsible for downloading and reviewing acknowledgments, which are available within 1 hour after transmission.

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Lessons Learned

Both Providers & Payers face integration, onboarding, and operational challenges

Payer Lessons Learned

- Implementation of the 275 transaction varies across payers
- Claim-to-attachment matching requirements may differ
- Clearly defined timeframes are essential to ensure accurate matching
- Enrollment and onboarding processes can introduce delays

Provider Lessons Learned

- Variability and lack of clarity in payer attachment requirements
- Workflow integration is essential for process automation
- Flexible submission methods are critical to driving provider adoption
- Delays in enrollment and onboarding

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Electronic Attachments Lessons Learned

What	Why and how it was resolved
Mismatch tracking "PWK" ID's. Claims PWK did not match electronic attachments PWK	Some Provider use different processes/clearinghouse for claims vs electronic attachments. Needed to contact provider/clearinghouse to assure same PWK number would be used on claim. and attachment.
Received electronic attachment before electronic claim.	Again, separate processes on provider side. Payer places a hold on the electronic attachment for 7 days waiting for the claim submission.
Server latency issues, delay in processing	One of the servers processing the electronic attachments was bottlenecking and at times that server would cut off the connection to catch up on processing of other healthcare feeds. We had to establish a new Modernized Server for our electronic attachments so there would be not disruption.
Electronic Attachment size limitations	We began with 20mb size limitation and moved to 100mb due to provider sending larger files. A challenge we still have is the BlueCard process is still at a 10mb limit.

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Unsolicited Attachments – Lessons Learned

What	Current Solution
Lack of provider adoption in the X12 275 format.	Continue to educate and promote our provider community on the available functionality and benefits in adopting.
Implementation processes and requirements vary amongst various industry stakeholders.	Work with industry leaders to mandate a standard format. In the meantime, educate ourselves to ensure our requirements are in line with the current TR3 implementation guide and best practices.
A majority of clearinghouses/vendors want to charge both providers and payers for the 275 functionality.	With providers being charged, we (as a payer) don't plan to pay vendors for 275 submissions at this time. We currently provide multiple X12 transactions to hundreds of our trading partners at no cost to them.

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Electronic Claims Attachments Results

Key Performance Indicators	Then	Now
Denials due to missing attachments (Unsolicited Model)	35%	5%
Appeals due to missing attachments	100%	20%
Payment Revenue Cycle	35 days	16 days
Onboarding Provider Timeframe	Weeks	Days

Attachment Model/EDI Readiness:
Leverages existing IT connectivity and workflow processes
Jopari providers are not required to submit in the payer's specified format

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Electronic Claims Attachments Results

Key Performance Indicators	Results
Improve Payment Cycle	43 Days to 19 Days
Reduced Denials	Decreased 20%
Reduced Claims Status phone calls	Reduced 7%
Reduced Solicited Attachment Response Times	60 days to 14 days
X12 275 and Provider Portal Electronic Claims Attachments monthly	1,100,000+ 47% X12 275, 53% Provider Portal

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Future Initiatives – What's Next?

- Key Performance Indicators
- Continued Provider Education and Promotion
- Support of CMS 0053-P CMS Attachments Rule
- Solicited Attachments

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Future Direction and Related Initiatives

1. **Payer Focused Marketing**
   - Webinars, Panel Discussions, Quick Start Guides, Tip Sheets, Training
2. **Provider Focused Marketing**
   - EMR/RCM Integration marketing, Easy Button
3. **Addition of Various Submission Capability**
   - Data normalization and format conversions
4. **Prior Authorization**
   - Including attachment submissions for prior authorizations

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CMS 0053-P CMS Attachments Rule - Administrative Simplification: Adoption of Standards for Health Care Attachments Transactions and Electronic Signatures

View Rule

View EO 12866 Meetings | Printer-Friendly Version | Download RIN Data in XML

HHS/CMS **RIN:** 0938-AT38 **Publication ID:** Fall 2024

Title: Administrative Simplification: Adoption of Standards for Health Care Attachment Transactions and Electronic Signatures (CMS-0053)

Abstract:

This rule finalizes new standards for health plans and providers to support both health care claims transactions, and standards for electronic signatures to be used in conjunction with health care attachments transactions. Additionally, this rule finalizes a regulatory change that implements requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), enacted on March 30, 2010, (collectively, the ACA).

Agency: Department of Health and Human Services(HHS)
RIN Status: Previously published in the Unified Agenda
Major: Yes
CFR Citation: 45 CFR 162
Legal Authority: 42 U.S.C. 1320d-1 to 1320d-4
Legal Deadline: None

Priority: Section 3(f)(1) Significant
Agenda Stage of Rulemaking: Final Rule Stage
Unfunded Mandates: State, local, or tribal governments; Private Sector

Timetable:

Action	Date	FR Cite
NPRM	12/21/2022	87 FR 78438
NPRM Comment Period End	03/21/2023	
NPRM Comment Period Extended	03/24/2023	88 FR 17780
NPRM Comment Period Extended End	04/21/2023	
Final Action	03/00/2025	

Regulatory Flexibility Analysis Required: No
Federalism: Yes
Included in the Regulatory Plan: No
RIN Data Printed in the FR: No

Government Levels Affected: Federal, State

Agency Contact:
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Future view of Healthcare Electronic Attachments Documentation

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
  - prior authorization support (CMS 0057F – including CDex for supporting documentation)
  - care coordination
  - risk adjustment
  - quality data reporting

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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 (i.e. missing A1c result)
- Care coordination for member patients
- Provider to Provider
- Exchanging clinical data between referring providers

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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 "pended" PA Claims*

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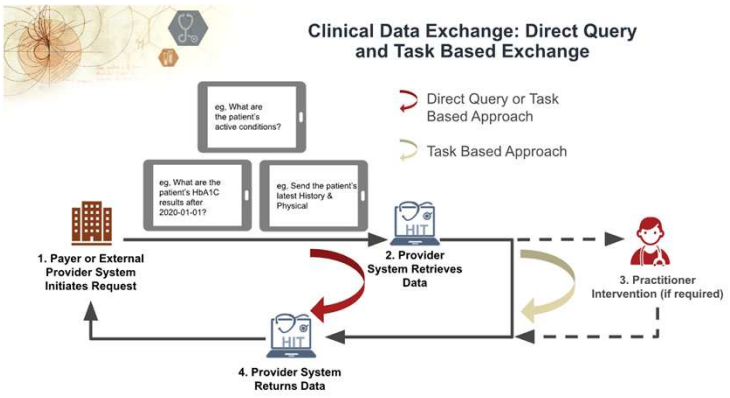
CDex Direct Query and Task Based approach



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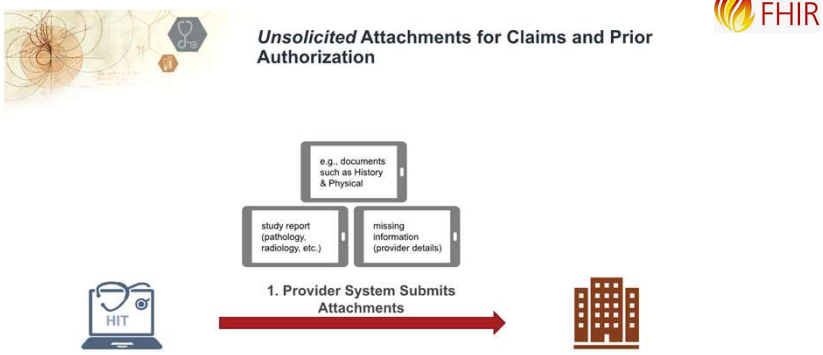
CDex Unsolicited Attachments



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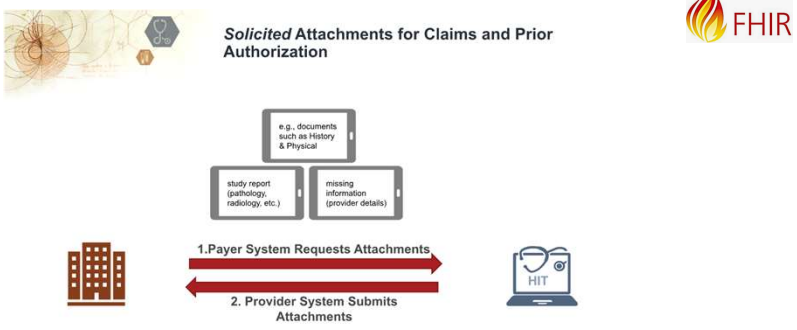
CDex Solicited Attachments



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References

- X12 TR3 transactions https://x12.org/products/transaction-sets
- CDex Implementation Guide: 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 Karuna Relwani karuna.Relwani@bcbsa.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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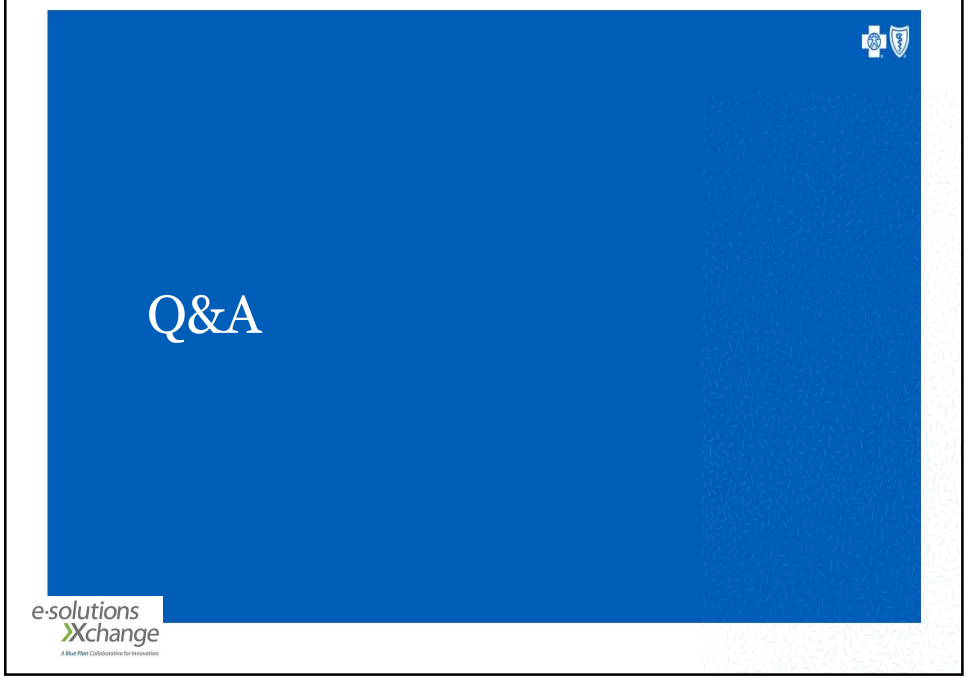

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