



**Leveraging
Electronic Attachments to
Reduce Administrative Burden
and Strategies to
Enhance Interoperability**

Agenda

- Leveraging Attachments - Data Information Exchange
- Electronic Attachments - Stakeholder Successes
 - Reducing Administrative Burden & Operational Friction
- Steps to Enhance Interoperability Strategies
 - Industry Level Setting
 - Interoperability Examples
- How to Get Engaged
- Q&A (interactive – discussion polling results)

Speakers



Mary Lynn Bushman, EDI Agile Product Manager



Sofia Fayazdeen, Product Director, EDI Product



Christol Green, E-Solutions Sr Business Consultant/ Advisor



Rhonda Sapereira, Sr Product Manager



Rose Hodges, Senior Manager, Project Management



Sherry Wilson, Executive Vice President, Chief Compliance Officer



Beth Davis, PMP, Sr Manager, Veradigm Payerpath



Tina Greene, Research and Industry Standards Director



Leveraging Electronic Attachments – Data Information Exchange

Claim Attachments – X12 275 Additional Information to Support a Health Care Claim or Encounter

Payer	Claim Type			Attachment Model		HL7 CCDA		Non HL7 Unstructured	Version		Acknowledgments (999)		Acknowledgement (824)		
	P	I	D	Unsolicited (275)	Solicited (277RFAI)	Unstructured	Structured		5010	6020	5010	6020	5010	6020	8020
NGS	X	X		X	X	X	X			X	X				Roadmap
ELEVANCE HEALTH	X	X	X	X	X			X	X		X		X		
UNITED HEALTHCARE	X	X		X	Q1 2024			X		X		X		X	
AETNA	X	X	X	X	Q1 2024	X				X		X		X	
HUMANA	X	X		X	X			X	X		X		X		

Summary Outline

- 100% Unsolicited
- 80% Solicited
- 40% Unstructured HL7 CCDA
- 20% Structured HL7 CCDA
- 60% Non HL7 Unstructured

NOTE: Provider technology vendors enable interoperability solutions to accommodate stakeholder EDI readiness (low to high tech)

Polling Questions

1. **Organization Type: Provider, Payer, Third Party Vendor, other (specify)**
2. **What Claim Attachment Methodology do you use?**
3. **Have you implemented Unsolicited Attachment Model (275)?**
4. **Have you implemented Solicited Attachment Model (277RFAI)?**
5. **Have you implemented HL7/CCDA?**
If so, Unstructured, Structured, Both or None?
6. **Have you implemented Non HL7 Unstructured?**
7. **What other method or capability are you using for attachments or supporting documentation? (specify)**

Leveraging Electronic Attachments – Data Information Exchange

Prior Authorization Attachments – X12 275 Additional Information to Support a Health Care Services Review

Payer	Health Care Services Type	Attachment Model		HL7 CCDA		Non HL7 Unstructured	Version (275)		Acknowledgment (999)		Acknowledgement (824)		
		Unsolicited (275)	Solicited (278 X217) Response (275)	Unstructured	Structured		5010	6020	5010	6020	5010	6020	8020
NGS	X	X		X	X			X	X				Roadmap
ELEVANCE HEALTH	X	X	X			X	X		X		X		
AETNA	X	X	X	X				X		X		X	
HUMANA	X		X			X	X		X		X		
* UNITED HEALTHCARE	X	Roadmap											

Summary Outline

- 75% Unsolicited
- 50% Solicited
- 50% Unstructured HL7 CCDA
- 20% Structured HL7 CCDA
- 50% Non HL7 Unstructured

NOTE: Provider technology vendors enable interoperability solutions to accommodate stakeholder EDI readiness (low to high tech)

Electronic Attachments Stakeholder Successes

- Reduction of Administrative Burden



Reduction of Administrative Burden	Results
Improve Payment Cycle	• 43 Days to 19 Days
Reduced Denials	• Decreased 20% in past 18 months
Reduced Claim Status Phone Calls	• Reduced 7% in the past 18 months
Match Rate Documents to Claims %	• We are now at 96% match rate for both commercial and government business claims/attachments
Reduced Solicited Attachment Response Times	• 60 days to 14 days
Digital RFAI	• Has strongly contributed to reduction in denied claims • Faster payment
Portal and EDI X12	• 700,000 attachments per month 66% Portal and 34% EDI

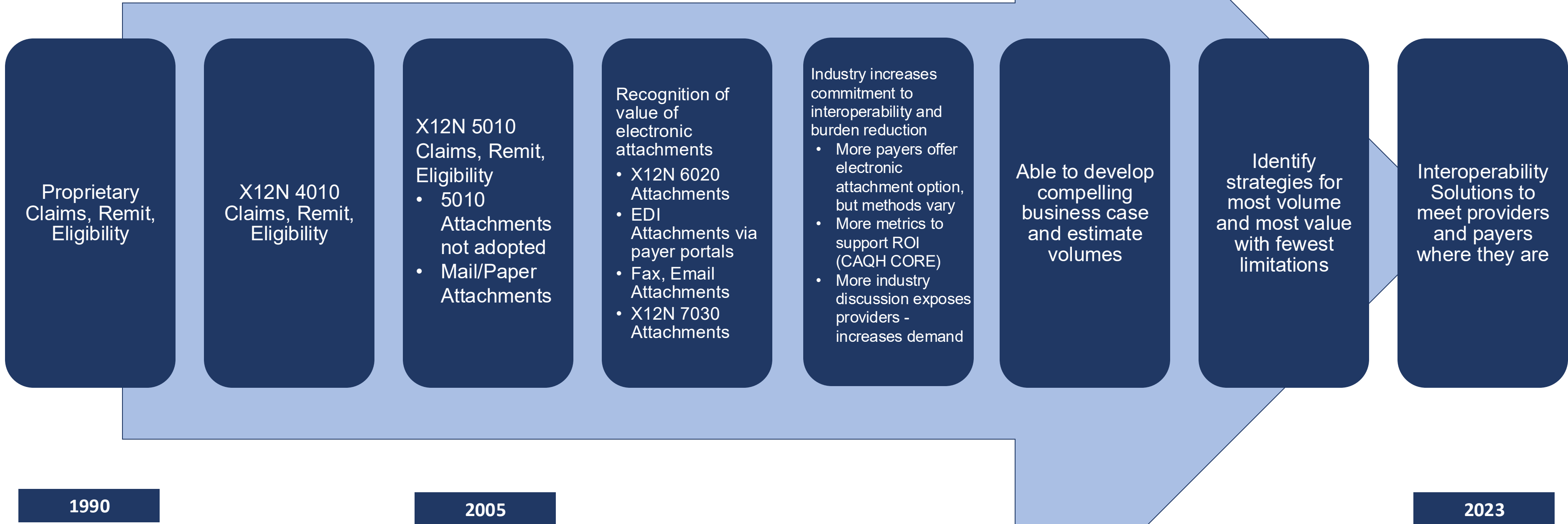


Reduction of Administrative Burden	Results
Improve Payment Cycle	35 days to 17 days
EDI Adoption Ratio	Increased 320% over the past three years
% of Medical Records Documentation Sent via X12	15% (does not include portal) - Paper, Fax and Portal volume is decreasing
Average Claim Dollar Amount that requires attachments	\$3,000 to \$4,000
Reduced Solicited Attachment Response Times	- Expected to Decrease response times - Still measuring due to limited use - Unsolicited model is highest adoption
Implementation Timeframe	6 months to implement X12 275 with embedded HL7

Reduction of Administrative Burden	Planned Success Matrix
Improved Payment Cycle	Goal: • Increase First-Pass Claim Adjudication
Reduced Denials	Goal: • Reduce missing attachment-driven denials by 5 – 10%
EDI Adoption Ratio	Goals: • 15% 2024; 30% 2025; 40% 2026; 50% 2027
275 Attachment to 837 Claim Match	• 27.68k (as of 4/16/2023); 290k (as of 10/25/2023)
* Planned measurements originally based on 275 Attachment solution; currently reevaluating with the planned implementation of the 277RFAI	

Onboarding Status	275 X12 version 6020	277RFAI X12 version 6020
Trading Partner Onboarding	2 Trading Partners Contracted and Onboarded	TBD
	4 Trading Partners Contracted; Onboarding in progress	TBD
	2 Trading Partners in Contracting	TBD

Reduction of Administrative Burden	Planned Success Matrix
Improved Payment Cycle	Analyze periodically
Reduced Denials	Analyze periodically
Reduced Appeals	Analyze periodically
Reduce Support Phone Calls	Analyze monthly
EDI Adoption Ratio	Analyze monthly
275 Attachment to 837 Claim Match	Analyze monthly



Reduction of Administrative Burden	Results
Improved Average Days to Remittance for Claims	• We are about to begin early adopter (monitored go-live prior to GA) so do not yet have data available for this metric.
Reduction in Administrative Cost & Burden	• Again, no data yet but we expect this to be significant. Burden reduction in reduced handling of the attachment; cost reduction in labor savings and postage.
Ease of Onboarding	• Onboarding new providers is simple. • The bulk of the training curve will be to ensure users identify unsolicited attachment opportunities and can identify the required attachments; we expect those challenges to be overcome early in each provider's implementation. • Leverages existing infrastructure.
Provider Interest	• Significant provider interest and we anticipate expanding the scope of the solution over time.

Reduction of Administrative Burden	Stakeholders Reported Results
Denials due to missing attachments (Unsolicited Model)	35% Reduced to 5%
Solicited Requests due to missing attachments	25% Reduced to 5%
Appeals due to missing attachments	80% Reduction
Payment Revenue Cycle	35 days Reduced to 16
Payer Status Follow Ups	75% Reduction
Onboarding Provider Timeframe - Variables: Attachment Model/EDI Readiness	83% reduction from weeks to days - Leverage existing IT connectivity and workflow processes (Workers' Compensation, Auto, Commercial and Government) - Adding a Payer ID
EDI Adoption Ratio	- Processing over 3.5 million attachments per month across all lines of healthcare business 109% increase in Commercial and Government attachments over the past year.

Steps to Enhance Interoperability Strategies

- Industry Level Setting
- Interoperability Examples





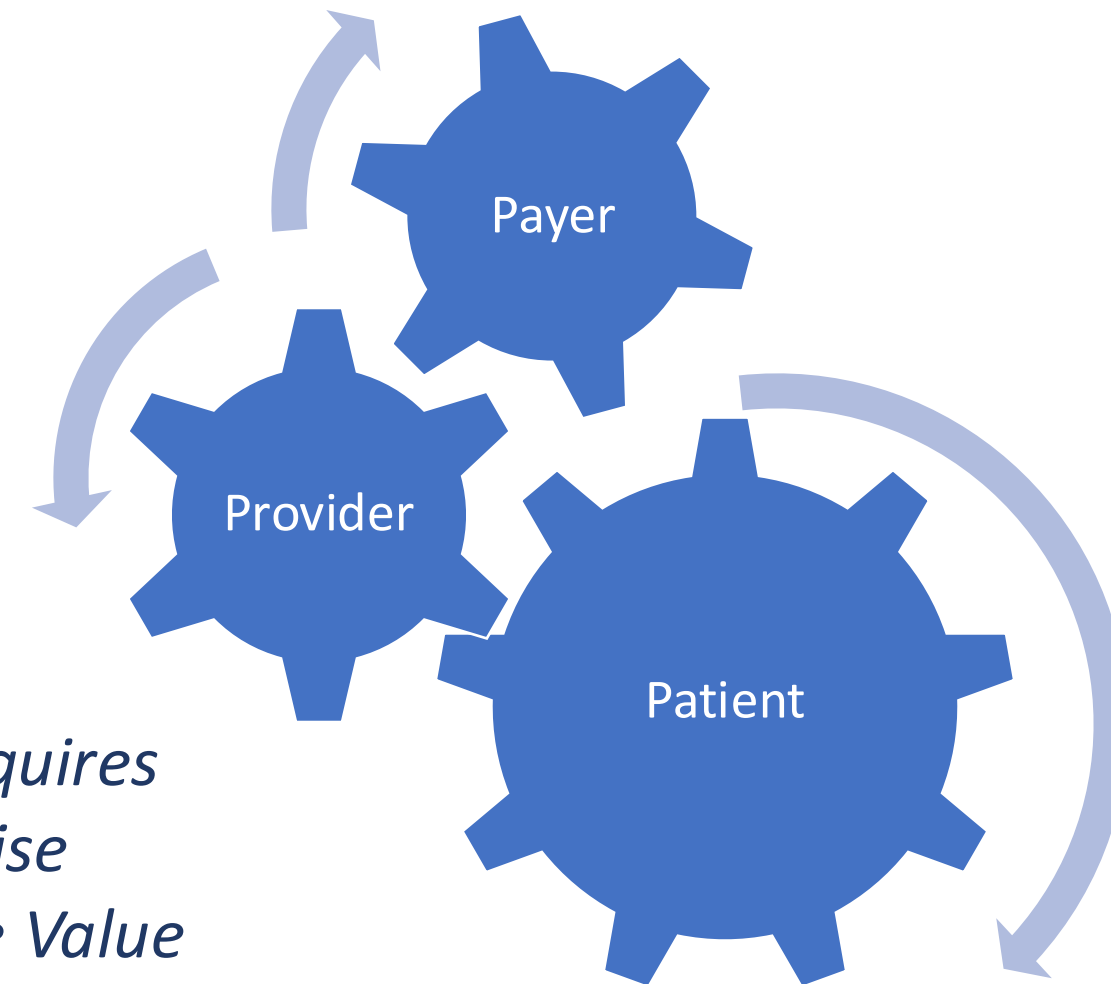
Industry Collaboration

- Core technical standards and functions;
- Certification to support adoption and optimization of health IT products and services;
- Privacy and security protections for health information;
- Supportive business, clinical, cultural, and regulatory environments; and
- Rules of engagement and governance

- **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.

Healthcare is a Process Community

Healthcare is undergoing a transformation that is forcing the industry to take a closer look at the entire community. We are engaging in more complex relationships based upon the need of interoperable information exchange.



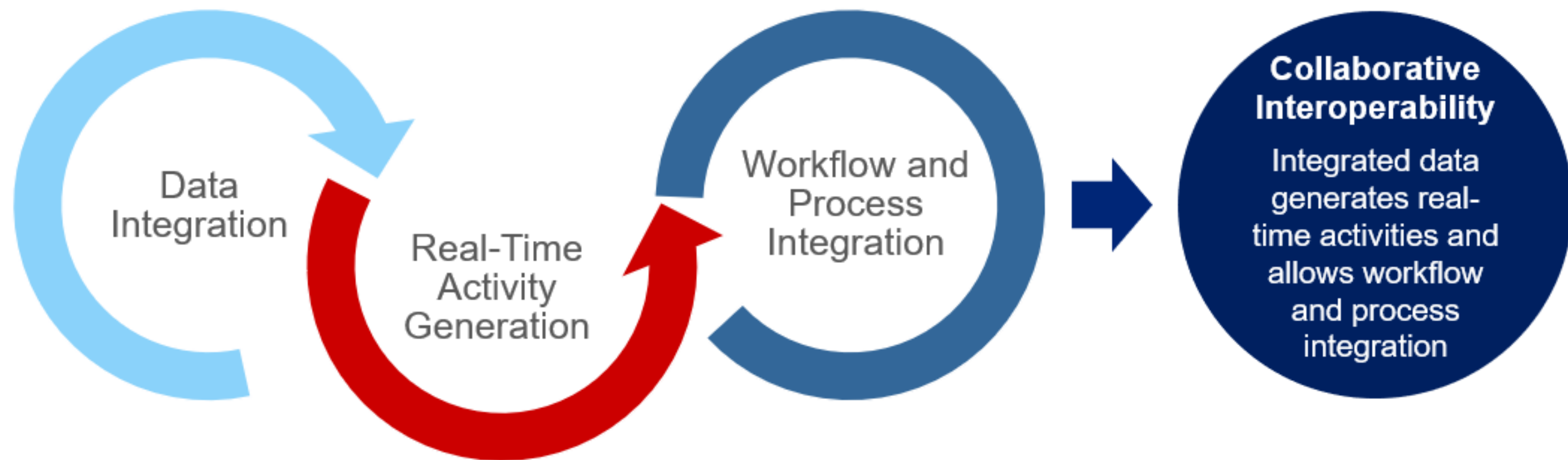
The Healthcare “Process Community” Requires End-to-End Workflows that Cross Enterprise Boundaries if the Industry is to realize the Value of Standardized Data Exchange.

Shifting the Interoperability Paradigm - “Process Community”

- Healthcare is siloed
- Value based care models
- Payer performance based on quality measures
- Emerging consumer and population health solutions
- Social Determinants of Health
- Business driving industry changes not regulations
- Community workflow integration is the key to future success
- Remove provider and patient/member abrasion



Placing the accurate actionable information in the right location within the workflow when it is to be acted upon spanning across stakeholders



The Internet Infrastructure Full On

Walking in the footsteps:

- Banking
- Retail
- Airlines
- Telecom
- Stock Market
- Healthcare



Same Foundation – ONC 5 Core Set Building Blocks
Community Enterprise Interoperability

Interoperability Examples



-
- The Convergence of Administrative and Clinical Data
 - Stakeholders external and internal
 - Move to the left to leverage innovation to remove our pillars for sharing data
 - Working to streamline processes
 - (ex: SmartRFI, EMR Integration, Payer to Payer, Prior Auth, Clinical Data Exchange)
 - Meeting providers where they are
 - Rule should not be limited

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

Focus and Goal of 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 measures

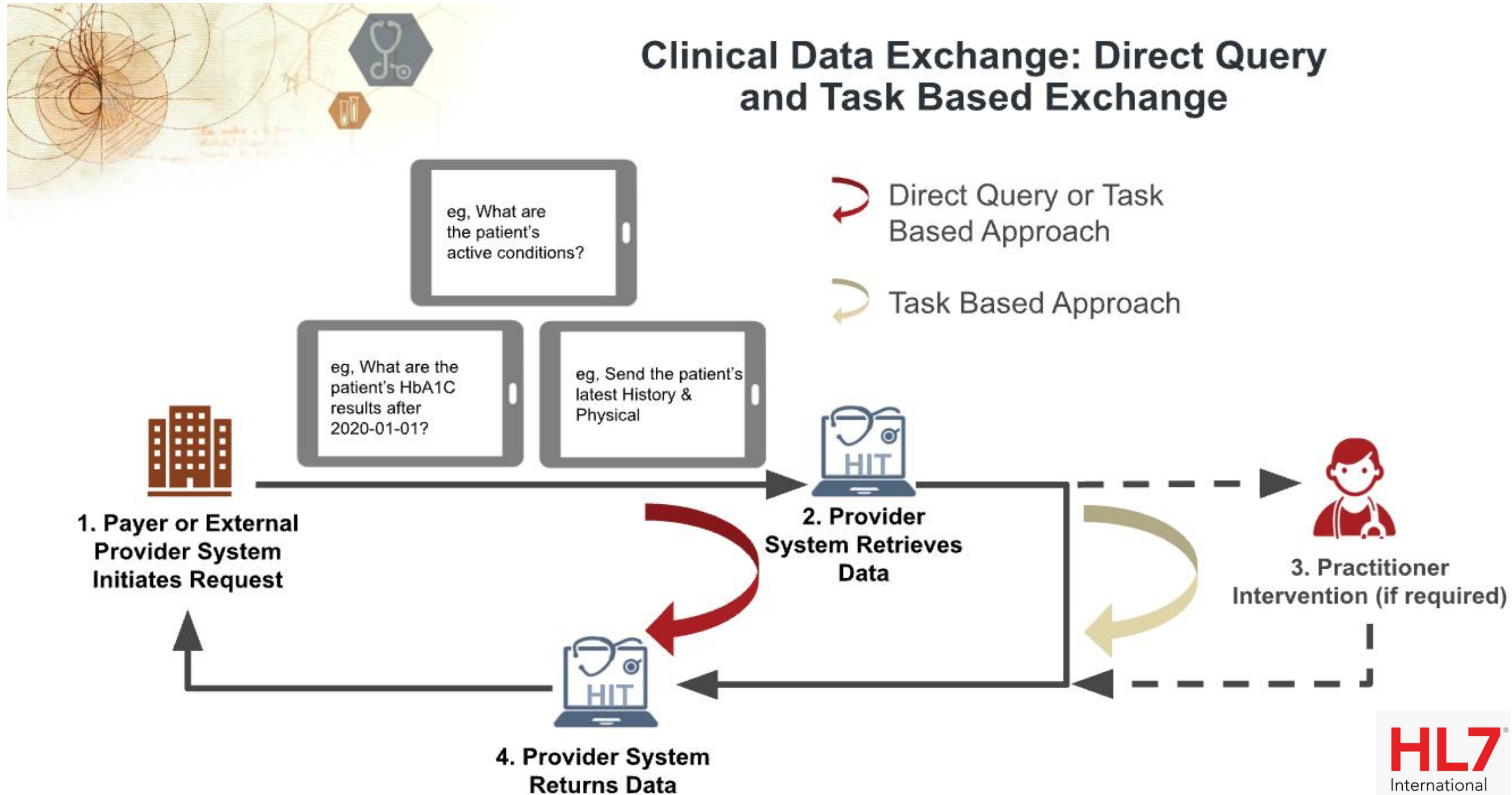
Clinical Data Exchange (CDex)

The [CDex implementation guide](#) documents three types of transactions for requesting and sending information.

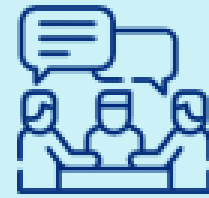
- Direct Query - Access to Provider system(EMR)
- Task Based - sending a request and asking for provider system to respond back to payer
- Attachments for Claims and Prior Authorization
 - Using [LOINC Attachment Codes](#)
 - Using Questionnaires:
 - Static
 - Adaptive form. Questions and what to ask next.
 - *Combined with Da Vinci PAS (Burden Reduction) for "pended" PA Claims*

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



UHG offers API solutions for providers and provider entities using a self service and secure tool with the governance in place for the consumers to access APIs.



**Service Providers for
their Needs**



**Shield Consumers from
LOB Differences**



Promote Innovation

In action

2024

2025 and Beyond

Rest API

- Eligibility
- Claims Status
- Referrals
- Prior Auth

FHIR API

- Provider Demographics
- Prior Auth and Notifications

Rest API

- Additional Provider Capabilities

FHIR API

- Eligibility
- Claims Status
- Referrals

Note: Based on provider adoption, 2025 beyond roadmap may be reevaluated



Strong foundation with opportunities to innovate

Internal campaign on evaluation of newly combined assets in Optum's Medical Network (**Optum Commercial Clearinghouse**) solutions. Strategically working through internal system integration opportunities that will best serve client objectives.



Thought leadership

Understand our **client's business, population and objectives** helps us better understand market trends and bring fresh ideas to improve service and achieve better outcomes.

Our focus are the pain points and unmet needs of consumers in order to expose **services and solutions in support of interoperability**.



- **Optum Gateway...**
 - Continues to support exclusive inbound EDI Attachments for 8 Payer IDs for UHC
 - Development wrapping up for UHC 277RFAI for production release Q1 2024
 - Expand EDI Attachment processing through to UMR January 2024 (4 Payer IDs)
 - Additional UHG Payers on Roadmap for EDI Attachments in 2024
 - Assess broader internal system integration opportunities; strategically maximize transaction processing using existing EDI Rails

- Gaps in Care
 - Clinical
 - Financial
- Attachment continuous improvement to upstream workflows
- Prior Authorization
- Price estimation GFE/AEOB solutions
- Veradigm Payer - Provider Platform
 - Electronic Chart Retrieval, EHR Integration, and Bidirectional Connectivity
 - Pulling data and pushing alerts electronically to close risk and quality gaps more efficiently
 - Building an interoperable Payer - Provider Platform to connect all stakeholders across the Care Continuum

Interoperability Data Information Exchange



Flexible Attachment Solutions

- Enabling interoperability
- Supports stakeholder EDI readiness (low to high tech)
- Upfront Business Validation Edits



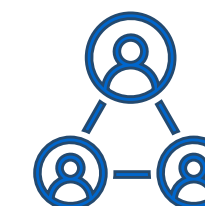
Leveraging Existing Infrastructure

- IT Investments
- Connectivity/Resources
- Automate End-to-End workflow processes “*straight through processing*”
- Across all lines of business
 - Workers’ Compensation
 - Auto
 - Healthcare



APIs/FHIR/AI, Other Applications

- Optimize business processes
- Enhance scalability
- Increase automation of tasks
 - Claims Attachments
 - Prior Authorization
 - Triage/Exception Processing
 - Appeals and other applications



Jopari Industry Collaboration

- Interoperability infrastructure foundation
- Improve healthcare delivery and patient outcomes

Polling Questions

1. What are your barriers delaying enterprise integration for your organization?
 - Lack of regulatory standards
 - Budget Restraints
 - Proof of Concept/ROI
 - Resources
 - Technology Readiness
 - Competing Regs
 - Competing internal initiatives
 - Other (specify)

How to Get Engaged



How To Get Engaged



Organization Name	Web URL	Phone	Comments
Aetna	Aetna's EDI Clearinghouses	NA	Providers must contact the clearinghouse vendor or their Aetna provider network representative
Elevance Health	www.availity.com	800-282-4548 (1-800-Availity)	
National Government Services (NGS)	www.NGSMedicare.com	J6 - 877-273-4334 JK - 888-379-9132	Providers should contact their clearinghouse vendors
Humana	www.availity.com	800-282-4548 (1-800-Availity)	
United Healthcare/Optum	https://www.uhcprovider.com/en/resource-library/edi/edi-contacts.html	supportedi@uhc.com or 800-842-1109 612-632-6347	Clearinghouses contact Glenda Dershem, Sr Account Manager
Veradigm	www.Payerpath.com https://veradigm.com/payerpath-provider-payer-solutions/	Payerpath.Info@Veradigm.com	
athenahealth	athenahealth.com	800-981-5084	
Jopari Solutions	www.Jopari.com	800-630-3060 Info@jopari.com	
Waystar	www.waystar.com		

Industry Resource References



Industry Resource/References

Industry Resources	References
 https://www.wedi.org/	White paper: <i>‘Guidance on Implementation of Standard Electronic Attachments for Healthcare Transactions’</i> https://workgroupforelectronicdatainterchangewedi.growthzoneapp.com/MIC/4568695/4573403/#/ResourceDetail/6284/GuidanceonImplementation
 https://x12.org/	https://x12.org/
 https://www.hl7.org/	- Payer/Provider Information Exchange Work Group (PIE WG) https://confluence.hl7.org/pages/viewpage.action?pageId=34440389 - Da Vinci Clinical Data Exchange (CDex) https://confluence.hl7.org/pages/viewpage.action?pageId=40738757
 https://www.caqh.org/	CAQH CORE:CAQH CORE Attachments Health Care Claims Operating Rules CAQH CORE Attachments Prior Authorization Operating Rules - CAQH CORE Issue Brief - Keeping it Together: Lack of Uniformity for Exchanging Medical Documentation Costs the Industry Time, Money and Frustration (November 2020) - CAQH CORE Report - A Bridge to a Fully Automated Future to Share Medical Documentation (May 2019) - For more Information on the CAQH CORE Operating Rules – email CORE@caqh.org
 https://www.healthit.gov/isa/	https://www.healthit.gov/isa/

Questions?



Questions & Discussions

1. **Organization Type: Provider, Payer, Third Party Vendor, other (specify)**
2. **What Claim Attachment Methodology do you use?**
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