CAQH Committee on Operating Rules for Information Exchange (CORE)
Phase IV Response Time Task Group
Call #3: Wednesday, July 10, 2019, 2:30-4:00 pm ET Conference Call

Call Summary for Phase IV Response Time Task Group (PIV TG) Call #2 – 06/12/19
Co-Chairs:
Randy Gabel, *OhioHealth*
Rhonda Starkey, *Harvard Pilgrim Health Care*

This document contains:
- Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call attendance.

Agenda Item	Key Discussion Points	Decisions and Actions
1. Antitrust Guidelines	• Erin Weber (CAQH CORE Director) opened the call and introduced Rhonda Starkey (Harvard Pilgrim Health Care), CAQH CORE PIV TG Co-chair, Lina Gebremariam, CORE Manager, and Emily TenEyck, CORE Senior Associate, as co-presenters on the call. • Erin Weber (CAQH CORE Director) reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials.	*Discussion*

2. Roll Call and Administrative Items (Slides 1-2)	• Erin Weber (CAQH CORE Director) reviewed the three call documents:
	  o Doc #1: PIV TG Call #2 Deck 06.12.19
	  o Doc #2: PIV TG Call #1 Summary 05.15.19
	  o Doc #3: PIV TG Workbook Results 06.12.19
	• Erin Weber (CAQH CORE Director) called roll. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations].
	• Erin Weber (CAQH CORE Director) reviewed the focus of the call, which was to:
	  o Provide Level Set of the Scope and Potential Draft Phase IV Rule Enhancements.
	  o Review Results of the Phase IV Task Group Impact Assessment Workbook.
	  o Discuss Next Steps, including Straw Poll #1.
		Discussion

3. Level Set (Slides 3-6).	• Emily TenEyck (CAQH CORE Senior Associate) provided background on the Task Group's progress to date and upcoming milestones. • Emily TenEyck (CAQH CORE Senior Associate) reviewed the Proposed Scope and Potential Adjusted and New Phase IV PA Response Time Enhancements that were presented on Task Group's first call on 05/15/19. • **Summary of Phase IV Task Group Discussion:** o No questions or comments were raised by the PIV TG.	*Discussion*
4. Phase IV Task Group Impact Assessment Workbook Results	• Rhonda Starkey (Harvard Pilgrim Health Care) provided a summary of the Impact Assessment Workbook respondents and a breakdown of stakeholder type.	*Discussion*

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(Summary & Points of Clarification Comments) (Slides 7-10).	• Rhonda Starkey (Harvard Pilgrim Health Care) reviewed nine points of clarification received on the Impact Assessment Workbooks and provided clarification for each of the comments.
	• Erin Weber (CAQH CORE Director) noted that HHS mandated that a health plan *must* offer the 278 Request / Response Transaction, if requested by a provider organization.
	• **Summary of Phase IV Task Group Discussion:**
	    o Diana Fuller (Michigan Department of Community Health) stated that for Michigan Medicaid, any request that is an automatic approval still requires a PA. Therefore, anything that requires a PA has a manual review and it takes more than 2 days to go through all of the information and respond back to the provider with the final status of the PA.
	    o Rhonda Starkey (Harvard Pilgrim Health Care) noted that when a health plan receives a request, they already know the benefits for the patient and should be able to provide an initial response within 2 days, even if there is a subsequent manual review.
	    o Diana Fuller (Michigan Department of Community Health) explained that the only way to achieve the two-day response time would be to increase staff levels, which are set by legislature and not by Michigan Medicaid. Diana noted that she understands that allowing 15 days for a health plan to respond won't move the industry forward, but that Michigan Medicaid can't comply with a shorter timeframe.
	    o Erin Weber (CAQH CORE Director) clarified that the update to the Phase IV 278 Infrastructure Rule only applies if and when a health plan is using the 278 transaction to process a PA. Additionally, Erin noted that this rule is currently voluntary for the industry. While there may be a time when/if the rule becomes federally mandated, there would be significant implementation time during which Michigan Medicaid could request additional staff, budget allowances, etc.
	    o Bob Bowman (CAQH CORE Director) added that the additional process for manual review that Michigan Medicaid referenced typically requires reaching out to the provider. He clarified that all of the back and forth between the provider and health plan would only start once the provider had submitted all necessary information, including peer review results.
	    o Lori Hinkle (Michigan Department of Community Health) asserted that no one uses the 278 transaction because it doesn't have the capability to submit documentation (attachments) from the provider to the health plan. Lori asked for confirmation that if this update were to be implemented, any PA received via the 278 would automatically be prioritized above all other PAs received by other methods (web portal, mail or fax) because health plans would have to meet the response time requirements for PAs coming through the 278 transaction. However, PAs received using the other methods would not have to adhere to the requirements and would be de-prioritized. She also stated that Michigan Medicaid would not know if they had all the documentation needed from the provider until after a complete review the submitted PA.	

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	o Bob Bowman (CAQH CORE Director) explained that Michigan Medicaid's specific use case (not conducting the 278) is distinct and separate from most cases and may not be representative of the entire industry. o Lori Hinkle (Michigan Department of Community Health) clarified that Michigan Medicaid can accept and respond using the 278 transaction, but that no provider uses the 278 because they don't have the ability to attach any documentation. She further clarified that Michigan Medicaid has no automatic approvals, rather they have services that are covered without a PA and the remainder do require a PA; those that require a PA always require a manual review. o Bob Bowman (CAQH CORE Director) stated that the PA process just described is typical for commercial plans as well - there are service that require PAs and some that do not. Providers are informed of the services that do not require a PA through a variety of methods depending on the health plan. Bob then explained that many commercial plans also require a manual review of the PA, but they may have all the data needed to complete the request in-house and don't need to request additional documentation. Bob asked for clarification that Michigan Medicaid needs to request additional documentation for every PA. o Lori Hinkle (Michigan Department of Community Health) said that they do not always need to request additional documentation - they do specify in their policy what documentation would be required from the provider. However, Lori reiterated that Michigan Medicaid does not know if all necessary documentation needed to complete the PA is present until the PA is fully reviewed. This is because Michigan Medicaid allows the providers who document medical necessity to use whatever documentation method they choose; there is no standard documentation form for services. o Bob Bowman (CAQH CORE Director) discussed how it is a similar process for commercial plans - there are going to be certain services that require differing levels of review. He explained that the backend business functions are separate and unique for each category that the requests are put into, but whatever the backend process is, the potential requirements being proposed would pertain to whether the PA came in on a 278 transaction, was adjudicated within the specified timeframe and was then pended for review. The health plan can then request additional documentation, if necessary. o Bob Bowman (CAQH CORE Director) reiterated that CAQH CORE understands that states have varying requirements and that Michigan's requirement is 15 days, however, as a group we are trying to find a middle ground not just between state regulation or federal guidelines, but to see what can we do as a voluntary group to define the time frame how long should a plan should have to complete an evaluation and return the response once the health plan has all the required information, including necessary reviews. o Erin Weber (CAQH CORE Director) reminded the group that there would be the opportunity to respond with further feedback in the Straw Poll that is being distributed on Monday 06/17/19.	

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	o Chuck Veverka (Michigan Department of Community Health) stated that Michigan Medicaid does not have a process that supports a 48 hour turn-around to communicate to the provider what additional documentation/information would be needed to complete a pended PA. o Diana Fuller (Michigan Department of Community Health) asked if the two-day turn around to communicate to the provider what additional information/documentation is needed would include the manual review process or if that would be scoped out of the response time. o Rhonda Starkey (Harvard Pilgrim Health Care) responded that the Harvard Pilgrim Health Care currently adheres to a two-day time frame for all PAs that require medical necessity review, including communicating what additional documentation is needed from the provider. If the PA is going to be denied, the two-day time frame also includes a manual review and a review from the medical director of the health plan. o Chuck Veverka (Michigan Department of Community Health) inquired about Harvard Pilgrim Health Care's PA volume. o Rhonda Starkey (Harvard Pilgrim Health Care) responded that she couldn't make an accurate guess on the spot as to how many PAs Harvard Pilgrim Health Care conducts.	
5. **Phase IV Task Group Impact Assessment Workbook Results (Substantive Comments)** (Slides 11-12).	• Lina Gebremariam (CORE Senior Manager) reviewed the substantive comments received on the potential Draft Phase IV Health Plan Response Time Requirements and reminded the group that they will be straw polled on these comments and recommendations. • **Summary of Phase IV Task Group Discussion:** o Heather McComas (AMA) asked for clarification that the peer review process is part of the PA process and provider response time requirement includes time for a peer review. She explained that peer reviews often don't occur until the PA is denied and the appeal process is initiated. Therefore, she wanted to confirm that this was a peer medical review to make an initial determination. o Lina Gebremariam (CAQH CORE Manager) responded that yes, the peer medical review being referenced would be used to make an initial determination. Since appeals are out of scope for this update to the Phase IV 278 Infrastructure Rule, the rule only pertains to peer medical reviews needed to make an initial determination. • Lina Gebremariam (CORE Senior Manager) then reviewed the substantive comments received on the potential Draft Phase IV Provider Response Time Requirements. • **Summary of Phase IV Task Group Discussion:** o Heather McComas (AMA) asked how the provider organization would submit the clinical documentation necessary to complete a pended PA since it is not possible to attach documentation using the 278. She noted that one of the substantive comments from the health plans asked how the provider requirement would be part of the rule if the provider isn't using the 278 transaction.	*Discussion*

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	o Erin Weber (CAQH CORE Director) confirmed that Heather was correct, providers are submitting the necessary information/documentation via methods other than the 278 because there is not an attachments standard. Therefore, as organizations are completing the upcoming Straw Poll they should consider if the proposed provider requirement should be included in the rule or placed on hold until an attachments standard is developed. o Rhonda Starkey (Harvard Pilgrim Health Care) asked if sufficient information is not submitted by the provider organization within x number of days, should health plans be allowed to deny the PA request? She noted that in Massachusetts, providers have 45 days to submit the information before the health plan automatically denies the PA. She asked if there isn't a timeframe for providers to submit, should there be a timeframe established for when health plans are able to automatically deny the PA? o Heather McComas (AMA) agreed and clarified that she believes that most health plans do close PAs out, but wants to know the consequences are if the timelines are not met. o Lina Gebremariam (CAQH CORE Manager) confirmed that most health plans do define a 'time out' timeframe for themselves. Lina noted that CAQH CORE has not historically addressed consequences or time out response times, but that not complying with the rules, including response times, jeopardizes an organization's CORE Certification Seal. o Heather McComas (AMA) asked how this potential requirement would impact a health plan's internal processes if there was no provider requirement? o Erin Weber (CAQH CORE Director) stated that this was a good point and that if there is no requirement on providers the time out requirement for the health plans could be an effective alternative. Erin recommended adding a question on the upcoming Straw Poll asking Task Group members to indicate their support or non-support for a potential time out requirement.	
6. **PIV Task Group Next Steps: Straw Poll #1** (Slides 13-15)	• Rhonda Starkey (Harvard Pilgrim Health Care) provided instructions, guidelines and due date for Straw Poll #1. • **Summary of Phase IV Task Group Discussion:** o No questions or comments were raised by the PIV TG; next steps were confirmed.	**Actions/Responsibilities:** • Agreed to next steps

Call Documentation
Doc 1: Phase IV TG Call #3 Deck 07.10.19.pdf
Doc 2: Phase IV TG Call 2 Summary 06.12.19.pdf
Doc 2: Phase IV Straw Poll Results 07.10.19.pdf

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CAQH CORE Contact Information

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Phase IV Response Time Task Group Call #2 Attendance

CAQH CORE Participating Organization	Last Name	First Name	Attendance
Accenture	Anderson	Lisa	
Accenture	Marker	Todd	
Aetna	Bellefeuille	Bruce	X
Aetna	Egebergh	Heidi	
Aetna	Bakos	Janice	X
American Medical Association (AMA)	Scheid	Tyler	X
American Medical Association (AMA)	McComas	Heather	X
American Medical Association (AMA)	Otten	Robert	
Ameritas	Ninneman	Kyle	
Anthem	Cioff	Chris	
Anthem	Gwinn	Kena	
Anthem	Reddick	Ryan	
athenahealth	Prichard	Emily	X
athenahealth	Holtschlag	Joe	
athenahealth	Pooler	Nikki	X
Blue Cross Blue Shield Association (BCBSA)	Kocher	Gail	
Blue Cross Blue Shield Association (BCBSA)	Cullen	Rich	
Blue Cross Blue Shield of Michigan	Turney	Amy	
Blue Cross Blue Shield of Michigan	McNeilly	Ann	
Blue Cross Blue Shield of Michigan	Larson	Carol	
Blue Cross Blue Shield of Michigan	Monarch	Cindy	
Blue Cross Blue Shield of Michigan	Long	Susan	
Blue Cross Blue Shield of North Carolina	Hillman	Barry	
Blue Cross Blue Shield of North Carolina	Maness	Christine	
Blue Cross Blue Shield of North Carolina	Wheatly	James	
Blue Cross Blue Shield of North Carolina	Zarate	Sal	X
Blue Cross Blue Shield of North Carolina	Howard	Wanda	
Blue Cross Blue Shield of Tennessee	Poteet	Brian	
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
CMS	Meisheid	Anna	
CMS	Green	Denesecia	
CMS	Calvert	Emily	
CMS	Keyes	Katrina	
CMS	Combs-Dyer	Melanie	
Change Healthcare	McCachern	Deb	X
Change Healthcare	Denison	Mike	

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CAQH CORE Participating Organization	Last Name	First Name	Attendance
CIGNA	Maisano	Marci	
CIGNA	Soccorso	Megan	X
DST Health Solutions	Lynam	Mary	
Harvard Pilgrim Health Care	Starkey	Rhonda	X
Health Care Service Corp	Harley	Melanie	
Health Care Service Corp	Washburn	Racheal	
HFMS	Koopman	Chris	
Humana	Zutterman	Michelle	
ioHealth	Marlow	Kristian	X
Marshfield Clinic	Weik	Kari	
Marshfield Clinic	Foemmel	Sara	
MGMA	Tennant	Robert	
Medical Mutual of Ohio	Headland	Carla	X
Medical Mutual of Ohio	Conklin	Deborah	
Michigan Department of Community Health	Veverka	Chuck	X
Michigan Department of Community Health	Fuller	Diana	X
Michigan Department of Community Health	Hinkle	Lori	X
Montefiore Medical Center	Wasp	Eric	X
Montefiore Medical Center	Kaufhold	Cynthia	
Montefiore Medical Center	Kelly-Manza	Sandra	
Montefiore Medical Center	Siena	Giuseppe	
NextGen Healthcare Information Systems	Hurgeton	George	
OhioHealth	Stratton	LeAnne	X
OhioHealth	Gabel	Randy	
Premera Blue Cross Blue Shield	McJannet	Kate	
Unitedhealthcare	Reigel	Jordan	
URAC	Merrick	Donna	X
URAC	Adams	Robin	