

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
Phase IV Response Time Task Group (PIV TG)  
Call #4: Wednesday, August 07, 2019, 2:30-4:00 pm ET Conference Call  
Call Summary for Phase IV Response Time Task Group (PIV TG) Call #3 – 07/10/19  
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.

<i>Agenda Item</i>	<i>Key Discussion Points</i>	<i>Decisions and Actions</i>
<b>1. Antitrust Guidelines</b>	<ul style="list-style-type: none"> <li>• <b>Lina Gebremariam (CAQH CORE Manager)</b> opened the call and introduced Rhonda Starkey (Harvard Pilgrim Health Care), CAQH CORE PIV TG Co-chair, Randy Gabel (OhioHealth), CAQH CORE PIV TG Co-Chair, and Emily TenEyck (CORE Senior Associate), as co-presenters on the call.</li> <li>• <b>Lina Gebremariam (CAQH CORE Manager)</b> reviewed the Antitrust Guidelines, noting that they are published on the CAQH CORE Calendar along with the meeting materials.</li> </ul>	<i>Discussion</i>
<b>2. Roll Call and Administrative Items</b> (Slides 1-2).	<ul style="list-style-type: none"> <li>• <b>Lina Gebremariam (CAQH CORE Manager)</b> reviewed the three call documents: <ul style="list-style-type: none"> <li>○ Doc #1: PIV TG Call #3 Deck 07.10.19</li> <li>○ Doc #2: PIV TG Call #2 Summary 06.12.19</li> <li>○ Doc #3: PIV TG Straw Poll Results 07.10.19</li> </ul> </li> <li>• <b>Lina Gebremariam (CAQH CORE Manager)</b> called roll. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations].</li> <li>• <b>Lina Gebremariam (CAQH CORE Manager)</b> reviewed the focus of the call, which was to: <ul style="list-style-type: none"> <li>○ Provide level set of the timeline and focus of today's call.</li> <li>○ Review results of the Phase IV Task Group Straw Poll.</li> <li>○ Discuss next steps, including Straw Poll #2.</li> </ul> </li> </ul>	<i>Discussion</i>
<b>3. Level Set</b> (Slides 3-4).	<ul style="list-style-type: none"> <li>• <b>Emily TenEyck (CAQH CORE Senior Associate)</b> provided background on the Task Group's progress to date and upcoming milestones.</li> <li>• <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the PIV TG.</li> </ul> </li> </ul>	<i>Discussion</i>
<b>4. Phase IV Task Group Straw Poll #1 Results (Summary &amp; Scope Comments)</b> (Slides 5-8).	<ul style="list-style-type: none"> <li>• <b>Randy Gabel (OhioHealth)</b> provided a summary of the Straw Poll respondents and a breakdown of stakeholder type.</li> <li>• <b>Randy Gabel (OhioHealth)</b> reviewed two points of clarification received on the Straw Poll pertaining to the scope section and provided clarification for each of the comments.</li> <li>• <b>Randy Gabel (OhioHealth)</b> reviewed one substantive comment received on the Straw Poll pertaining to the scope of the potential draft requirements along with the CAQH CORE Staff &amp; Co-chair recommendation on how to address it.</li> </ul>	<i>Discussion</i>

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	<ul style="list-style-type: none"> <li>• <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ <b>Deb McCachern (Change Healthcare)</b> asked if a health plan would need to send a separate, unsolicited 278X217 Response for the final adjudication of a previously pended PA that was originally submitted by the provider in real time.</li> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> confirmed that Deb was correct and explained that when the 278X217 is submitted in real time or in batch processing mode, the health plan receives the transaction and, because of the necessity to pend for additional review, the health plan can return the pended response in real time. Once the PA is finalized with the final determination, the 278X217 can be made available to the provider for pick up.</li> <li>○ <b>Deb McCachern (Change Healthcare)</b> commented that if the processing mode was real time, health plans would have to submit a 840 transaction because the 278X217 Response can't be sent back without it being solicited.</li> <li>○ <b>Bruce Bellefeuille (Aetna)</b> noted that he was speaking from a WG10 perspective and stated that he didn't understand this concept because if you are talking about a 278X217 in real time the provider doesn't go pick up the response, rather it is an unsolicited response back to the trading partner. He further explained that after a provider makes the initial request, if pended with a request for additional information, the response goes back to the provider and the rule requirement stimulates that the provider has x number of business days to get the additional information/documentation back to the payer. Once the payer receives the additional information from the provider, they have x number of business days to reach a final determination. After the final determination is made, the originally pended request must change to an approval or denial in the health plan's system and the system must send an unsolicited final determination. Therefore, it is an exercise of working with the trading partners to make them aware that there will be unsolicited responses to a provider's request. He clarified that it is a proactive unsolicited response – a push and not a pull.</li> <li>○ <b>Deb McCachern (Change Healthcare)</b> suggested that we clarify this point because it is outside the typical workflow of the real time 278X217 and will need to be emphasized.</li> <li>○ <b>Bruce Bellefeuille (Aetna)</b> explained that there are values to use when a health plan sends a response back to a trading partner that confirms if it is the final EDI response. When a pended response is returned, the health plan will be required to send a subsequent final response to the provider. When the 278 Request is pended, the health plan can communicate that the request is pended for additional information, but the trading partner must expect the subsequent, unsolicited response.</li> <li>○ <b>Deb McCachern (Change Healthcare)</b> again stated that we need to emphasize this change in the process because it is not something that most people deal with.</li> <li>○ <b>Bruce Bellefeuille (Aetna)</b> noted that respondents to the straw poll may have been thinking of the batch mode process where the responses are pulled rather than pushed. However, for real time mode, it is a push rather than a pull.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> thanked everyone and noted that CAQH CORE Staff would add clarifying language to emphasize this point in the rule. He added that this topic is something we will address in the upcoming CAQH CORE Attachments Advisory Group for attachments and claims.</li> <li>○ <b>Rhonda Starkey (Harvard Pilgrim Health Care)</b> asked if the Task Group needs to look at any of the CAQH CORE Connectivity Rules related to the CORE connection and how it would work if a health plan is sending an unsolicited 278X217 Response.</li> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> replied that we have an initiative to review the CAQH CORE Connectivity Rule in regard to attachments. He stated that he doesn't believe that the Rule doesn't go into that level of specificity for the conduct of the 278, but that CAQH CORE Staff will confirm and relay their findings on the next PIV TG call.</li> </ul>	
<p><b>5. Phase IV Task Group Straw Poll #1 Results (Health Plan Response Time Requirements)</b> (Slides 9-12).</p>	<ul style="list-style-type: none"> <li>● <b>Lina Gebremariam (CAQH CORE Manager)</b> reviewed the points of clarification comments received on the Straw Poll pertaining to potential Draft Phase IV Health Plan Response Time Requirements and provided clarifying answers to the group.</li> <li>● <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ <b>Chuck Veverka (Michigan Department of Community Health)</b> explained that Michigan Medicaid manually reviews every PA and that any other requirements for PA have been greatly reduced or eliminated from their required list of PAs. He stated that because Michigan Medicaid conducts 100% of their review manually, they request some kind of exemption. He asked if anyone has any suggestions for a possible exemption that can be made for government entities that conduct 100% of their reviews manually.</li> <li>○ <b>Lina Gebremariam (CAQH CORE Manager)</b> referenced comment number two on slide 11 and CAQH CORE's response that the Task Group provide feedback on a potential carve out for State Medicaid Agencies.</li> <li>○ <b>Randy Gabel (OhioHealth)</b> asked what the state requirement is in Michigan.</li> <li>○ <b>Chuck Veverka (Michigan Department of Community Health)</b> responded that the state requirement is 15 calendar days.</li> <li>○ <b>Randy Gabel (OhioHealth)</b> asked if there were any other State Medicaid Agencies on the call and noted that Ohio Medicaid doesn't have this issue. He confirmed that the Ohio Medicaid payers respond in less than 15 days. He then reminded the Task Group that although these requirements are being developed, they are not currently federally mandated and would be voluntary to implement.</li> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> stated that CAQH CORE Staff would continue to conduct outreach and research on State Medicaid regulations. He also noted that the combined Rules Work Group and Technical Work Group would have larger roster with more participants than the PIV TG so the discussion can be continued at that level when the requirements are passed on to the Work Group.</li> <li>○ <b>Chuck Veverka (Michigan Department of Community Health)</b> commented that language such as 'at this time' and 'voluntary' are simply a prelude for voluntary to become mandatory. He again</li> </ul> </li> </ul>	<p><i>Discussion</i></p>

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	<p>requested an exception for government payers because he believes that the rules will inevitably become mandatory.</p> <ul style="list-style-type: none"> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> replied that CAQH CORE Staff would share Michigan Medicaid’s drafted exemption language with the Task Group on the August 7<sup>th</sup> call.</li> <li>○ <b>Chuck Veverka (Michigan Department of Community Health)</b> agreed that sharing the language with the group would be a good next step.</li> <li>● <b>Lina Gebremariam (CAQH CORE Manager)</b> reviewed the substantive comments received on the Straw Poll pertaining to the potential Draft Phase IV Health Plan Response Time Requirements and provided CAQH CORE Staff and Co-chair recommendations to the group.</li> <li>● <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ No questions or comments were raised by the PIV TG.</li> </ul> </li> </ul>	
<p><b>6. Phase IV Task Group Straw Poll #1 Results (Provider Plan Response Time Requirements)</b> (Slides 13-16).</p>	<ul style="list-style-type: none"> <li>● <b>Rhonda Starkey (Harvard Pilgrim Health Care)</b> reviewed the points of clarification comments received on the Straw Poll pertaining to potential Draft Phase IV Provider Response Time Requirements and provided clarifying answers to the group.</li> <li>● <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ <b>Diana Fuller (Michigan Department of Community Health)</b> asked if the close out requirement would be addressed on the next slide.</li> <li>○ <b>Rhonda Starkey (Harvard Pilgrim Health Care)</b> confirmed that it would be addressed on the following slide.</li> </ul> </li> <li>● <b>Rhonda Starkey (Harvard Pilgrim Health Care)</b> reviewed the substantive comments received on the Straw Poll pertaining to the potential Draft Phase IV Provider Response Time Requirements and provided CAQH CORE Staff and Co-chair recommendations to the group.</li> <li>● <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ <b>Diana Fuller (Michigan Department of Community Health)</b> said that the CAQH CORE Staff response addressed her prior question.</li> <li>○ <b>Deb McCachern (Change Healthcare)</b> asked how the provider would be notified that the PA was closed, if the close out requirement was pursued.</li> <li>○ <b>Randy Gabel (OhioHealth)</b> questioned if it would come in the form of a denial.</li> <li>○ <b>Deb McCachern (Change Healthcare)</b> stated that she thinks so but that there is nothing in the draft requirement language stating that a health plan must notify the provider if the PA is no longer active.</li> <li>○ <b>Chuck Veverka (Michigan Department of Community Health)</b> stated that the PA shouldn’t be considered a denial, rather it should be a closure without resolution. The beneficiary would receive notification that the supporting documentation was not submitted and therefore it was closed out, but not denied because there was not sufficient information to make a decision. The provider can then reinitiate a new PA and the original PA should be closed with no action taken by the health plan/payer.</li> <li>○ <b>Randy Gabel (OhioHealth)</b> commented that if this was the case, he would want a message back knowing that the close out happened so he as a provider could react to it.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ <b>Rhonda Starkey (Harvard Pilgrim Health Care)</b> asked for confirmation that the intent of the requirement is for a health plan to send back an unsolicited 278 Response with the final determination at the end of the close out period.</li> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> stated that she is correct.</li> <li>○ <b>Rhonda Starkey (Harvard Pilgrim Health Care)</b> suggested clarifying that there are options in the 278 that can state that the request has been cancelled or not certified.</li> <li>○ <b>Bob Bowman (CAQH CORE Director)</b> agreed that there are status codes within the 278 Response that can be used to respond the originating requester. He noted that this is a key requirement that the Task Group should weigh in on in order to determine how the response can be sent most effectively for the providers. He further stated that this lines up with a recent WG10 discussion.</li> <li>○ <b>Bruce Bellefeuille (Aetna)</b> replied that usually the PA is not just voided but may be marked as an administrative denial. He agreed that the pended PA should be changed in the health plan's system to either an approval or denial and recommended that after the designated timeframe, the health plan pushes out a final response with a denial including information that there was not enough documentation to make a final determination.</li> <li>○ <b>Lina Gebremariam (CAQH CORE Manager)</b> noted that these are great suggestion and that CAQH CORE Staff will take the feedback from this call and modify the requirement language before it appears on the next straw poll.</li> </ul>	
<p><b>7. PIV Task Group Next Steps: Straw Poll #2</b> (Slides 17-19).</p>	<ul style="list-style-type: none"> <li>● <b>Randy Gabel (OhioHealth)</b> provided instructions, guidelines and a due date for Straw Poll #2.</li> <li>● <b>Summary of Phase IV Task Group Discussion:</b> <ul style="list-style-type: none"> <li>○ <b>Susan Langford (BCBS TN)</b> asked for an extension on the straw poll.</li> <li>○ <b>Lina Gebremariam (CAQH CORE Manager)</b> agreed to give an extension to Friday 07/26/19.</li> </ul> </li> </ul>	<p><b><u>Actions/Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>● Agreed to next steps</li> </ul>

<b>Call Documentation</b>
<b>Doc 1:</b> Phase IV TG Call #4 Deck 08.07.19.pdf
<b>Doc 2:</b> Phase IV TG Call 3 Summary 07.10.19.pdf
<b>Doc 3:</b> Phase IV Straw Poll 2 Results 08.07.19.pdf

**CAQH CORE Contact Information**

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**Phase IV Response Time Task Group Call #3 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	
Aetna	Lawyer	Amy	X
American College of Physicians	Rockwern	Brooke	
American Medical Association (AMA)	Scheid	Tyler	
American Medical Association (AMA)	McComas	Heather	
American Medical Association (AMA)	Otten	Robert	
American Medical Association (AMA)	Celine	Lefebvre	X
Ameritas	Ninneman	Kyle	
Anthem	Cioff	Chris	
Anthem	Gwinn	Kena	
Anthem	Reddick	Ryan	
athenahealth	Prichard	Emily	X
athenahealth	Holtschlag	Joe	
athenahealth	Pooler	Nikki	
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	

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CAQH CORE Participating Organization	Last Name	First Name	Attendance
CMS	Calvert	Emily	
CMS	Keyes	Katrina	
CMS	Combs-Dyer	Melanie	
Change Healthcare	McCachern	Deb	X
Change Healthcare	Denison	Mike	
CIGNA	Maisano	Marci	
CIGNA	Soccorso	Megan	
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	
Marshfield Clinic	Weik	Kari	
Marshfield Clinic	Foemmel	Sara	
MGMA	Tennant	Robert	
Medical Mutual of Ohio	Headland	Carla	
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	
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	
OhioHealth	Gabel	Randy	X
Premera Blue Cross Blue Shield	McJannet	Kate	
Unitedhealthcare	Reigel	Jordan	
URAC	Merrick	Donna	
URAC	Adams	Robin	
Wells Fargo	St. John	June	
Wells Fargo	Birgenheier	Jason	X