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## 1. Overview

### 1.1 Straw Poll Purpose

The purpose of the Straw Poll was to collect feedback from the CAQH CORE Phase IV Response Time Task Group (PIV TG) on the substantive updates to the [Phase IV CAQH CORE 452 Health Care Services Review – Request for Review and Response \(278\) Infrastructure Rule](#) (Phase IV 278 Infrastructure Rule).

### 1.2 Additional Background

The PIV TG launched in Q2 2019 to consider potential enhancements to the Phase IV 278 Infrastructure Rule that builds on the foundational infrastructure requirements for prior authorization (PA) established by this rule to improve timely delivery of patient care.

On its 05/15/19 call, members of the PIV TG reviewed and discussed the potential draft enhancements to the Phase IV 278 Infrastructure Rule in preparation to complete an Impact Assessment Workbook that evaluated the potential impact the draft enhancements would have on individual organizations and the industry as a whole.

On its 06/12/19 call, the PIV TG reviewed the results of the Impact Assessment Workbook and discussed ways to address key gaps identified by the group on the workbook, in preparation for the Straw Poll on the updated scope and requirements of the Phase IV 278 Infrastructure Rule.

On its 07/10/19 call, the PIV TG reviewed the results of the first task group Straw Poll and discussed substantive comments and points of clarification submitted by Task Group respondents. The Task Group agreed on updates to the draft language to be reviewed in a subsequent Straw Poll.

### 1.3 Format of Straw Poll

The second Task Group Straw Poll consisted of 3 parts:

- **PART A: Draft Updates to Scope**
  - Section 3.4: *Outside the Scope of this Rule*
- **PART B: Draft Updates to Select Rule Requirements**
  - Draft New Requirements Added to Section 4.4: *Health Care Services Review – Request and Response Real Time Processing Mode Response Time Requirements*

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- Draft New Requirements Added to Section 4.5: *Health Care Services Review – Request and Response Batch Processing Mode Response Time Requirements*
- Draft New Section 4.6: *Health Care Services Review – Request and Response Request Close Out Requirement*
- **PART C: Question on Provider Response Time Requirement**
  - Removing Draft Phase IV Provider Response Time Requirement #1

Parts A and B of the Straw Poll asked respondents to read Sections 3.4 and 4.4 - 4.6 of the Draft Phase IV 278 Infrastructure Rule Update and indicate their “Support” or “Non-Support” for the substantive edits made to the draft rule language since the first Straw Poll, as well as their organization’s selection for the timeframe of each requirement. Substantive changes to the requirements were highlighted in grey.

Part C of the Straw Poll asked respondents to indicate their “Support” or “Non-Support” to remove the Draft Phase IV Provider Response Time Requirement #1 from the update and continue pursuit of the requirement through the CAQH CORE Attachments Initiative.

## 2. Summary of Straw Poll Respondents

Responses were received from **18** respondents representing **60%** of the PIV TG participating organizations.

Number of Task Group Participating Entities	30
<b>Total Number of Individual Responses</b>	<b>18 (60% of TG Entities)</b>
Number of Provider / Provider Association / Provider Vendor Responses	4 (22% of respondents)
Number of Health Plan / Health Plan Association / Health Plan Vendor Responses	7 (39% of respondents)
Number of Dual-Facing Vendor Responses	4 (22% of respondents)
Number of Government Responses	2 (11% of respondents)
Number of ‘Other’ Responses (Includes Standards Organizations)	1 (6% of respondents)

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### 3. Part A: Draft Updates to Scope

Part A of the PIV Task Group Straw Poll asked respondents to indicate their “Support” or “Non-Support” for the substantive edits made to the draft update to Section 3.4: *Outside the Scope of this Rule*. Respondents were able to provide comments as to why their organization supports or does not support the draft updates, if applicable.

#### 3.1 Phase IV Task Group Straw Poll Results: Draft Updates to Scope

As a reminder, the following text was added to Section 3.4: *Outside the Scope of this Rule*

- Furthermore, Sections 4.4 and 4.5 of this Phase IV CAQH CORE 278 Infrastructure Rule, “Timeframe Requirements” do not apply to the following scenarios:
  - Emergent/urgent review request and associated responses<sup>9</sup>.
  - Review request and associated responses conducted retrospectively (i.e. neither prospectively<sup>10</sup> nor concurrently<sup>11</sup>).
  - Review request and associated responses undergoing the Appeals Review Process (internal or external).

<sup>9</sup>The ACA prohibits requirements for prior authorization to access emergency services under section 29 CFR 2590.715-2719A, patient protections. In line with federal law, a growing number of state laws set additional limits around prior authorizations for emergency and urgent care.

<sup>10</sup>In the context of this CAQH CORE rule “prospective review” is defined as a utilization review conducted before an admission or a course of treatment including any required preauthorization or precertification.

<sup>11</sup>In the context of this CAQH CORE rule “concurrent review” is defined as a utilization review conducted during a patient’s hospital stay or course of treatment.

As shown in Table 1 below, the draft Section 3.4 out of scope language received 94% support from Task Group respondents.

**Table 1. Support for DRAFT Updates to the Scope of the Phase IV 278 Infrastructure Rule**

Question #	PIV TG Straw Poll on <i>DRAFT Phase IV 278 Infrastructure Rule Updates</i>	“Support”	“Non-Support”	Abstain #
<b>Part A - Draft Updates to Scope</b>				
1	Section 3.4: <i>Outside the Scope of this Rule</i>	15 (94%)	1 (6%)	2

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Comments received on the PIV TG Straw Poll were grouped into three categories:

1. **Non-substantive Comments** – Pertain to typographical/grammatical errors, wordsmithing, clarifying language, addition of references; do not impact rule requirements. **NOTE:** Non-substantive comments do not require Task Group discussion, CAQH CORE staff will make these adjustments, as necessary.
2. **Points of Clarification** – Pertain to areas where more explanation for the Task Group is required; *may* require adjustments to rule but do not change rule requirements.
3. **Substantive Comments** – May impact rule requirements; some comments require Task Group discussion on potential adjustments to the draft requirements.

The table below summarizes the comments received on Part A of the Straw Poll. **Bold text** reflects CAQH CORE Staff and Co-chair recommendations.

**Table 2. Points of Clarification and Substantive Comments Received on Part A: Draft Updates to the Scope of the Phase IV 278 Infrastructure Rule**

#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
<b>Points of Clarification</b>			
1.	Section 3.4: Outside the Scope of this Rule	<p>One entity recommended adding the following language to footnote 10, the definition of prospective review, for clarity, "... or precertification, including extensions of outpatient treatment".</p> <p>The entity also recommended adding the following clarifying language to footnote 11, the definition of concurrent review, "...or course of inpatient treatment".</p>	<p><b>Adjust for clarity.</b></p> <p>CAQH CORE Staff will update the Draft Rule as recommended.</p>
<b>Substantive Comments</b>			
1.	Section 3.4: Outside the Scope of this Rule	<p>One entity suggested that the following stakeholder organizations should be exempt from the response time requirements included in the Draft Phase IV 278 Infrastructure Rule Update:</p> <p>"Health Plans/Payers who do not outsource their PA Requests/Reviews, whose PA final determinations require an</p>	<p><b>Task Group Feedback Needed.</b></p> <p>The intent of the revisions to the Phase IV 278 Infrastructure Rule is to bring consistency to the industry so that both healthcare providers and health plans can have shared expectations, build more efficient and automated systems and reduce</p>

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#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
		intensive, professional (only) review, that requires more than the XX-allotted time identified in this rule (currently 48 hours) to complete and/or recommend alternative products/services that fit the patient's needs and are less costly if requested product(s) or service(s) are denied.”	the burden of manual processes to improve timely care to patients.  As a result, CAQH CORE historically has not offered exemptions to Operating Rules in order to support moving the industry towards more predictable and efficient processes. As a reminder, the Phase IV Operating Rules, including any updates, are currently voluntary for industry adoption and no organization is required to implement the requirements.
2.	Section 3.4: Outside the Scope of this Rule	<p>One entity suggested that urgent, emergent and appeal prior authorization use cases should be considered in-scope for this update.</p> <p>The entity further recommended that footnote 9 should be connected with only emergent services rather than both emergency and urgent services since the two are separate use cases and the footnote does not apply to both cases.</p>	<p><b>Do not adjust.</b> Urgent, emergent and appeal PA use cases follow different workflows than the typical PA used for non-urgent or non-emergent PAs because they are often done retrospectively. Given that the Task Group voted to include only prospective and concurrent PA reviews within the scope of this update, these use cases would often be out of scope.</p> <p><b>Adjust for clarity.</b> CAQH CORE Staff will update the footnote in the Draft Rule as recommended.</p>

## 4. Part B: Draft Updates to Select Rule Requirements

Part B of the PIV Task Group Straw Poll asked respondents to indicate their “Support” or “Non-Support” for the substantive edits made to Sections 4.4 - 4.6 of the Draft Phase IV 278 Infrastructure Rule Update. Respondents were able to provide comments as to why their organization supports or does not support the draft updates, if applicable.

**NOTE:** Tables containing full straw poll results, including breakdown by stakeholder type, are included in the appendix of this document.

### 4.1 Phase IV Task Group Straw Poll Results: Draft Health Plan Response Time Requirements

#### REAL TIME PROCESSING MODE

- **Section 4.4.2 - Request for Additional Information/Documentation when the Requested Information/Documentation is Known Time Requirement – 83% Support on Straw Poll**

A health plan may pend an ASC X12N v5010 278 Request due to a need for additional information/documentation from the provider or its agent. When the missing information/documentation necessary to complete the ASC X12N v5010 278 Request is immediately known by the health plan or its agent, the health plan or its agent must return the pended ASC X12N v5010 278 Response specifying what additional information/documentation is needed to reach a final determination within 20 seconds from the time of submission of the ASC X12Nv5010 278 Request.

- **Section 4.4.3 - Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Time Requirement – 61% Support on Straw Poll**

**NOTE:** One organization noted that while they support the concept of the requirement as written, they could not support this requirement until a timeframe was selected, indicating that support for the requirement may be higher than 61%.

A health plan may pend an ASC X12N v5010 278 Request due to a need for additional information/ documentation from the provider or its agent. After sending the initial, pended ASC X12N v5010 278 Response within 20 seconds from the time of submission of the ASC X12N v5010 278 Request, the maximum response time for a health plan or its agent to make available an unsolicited ASC X12N v5010 278 Response specifying what additional information/documentation is needed to reach a final determination when processing ASC X12N v5010 278 Requests submitted in Real Time Processing Mode by 9:00pm Eastern Time of a business day by a provider or on a provider's behalf by a clearinghouse/switch must be no later than 7:00am Eastern Time the **[Timeframe Requirement A – Determined by PIV TG]** business day following submission.

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- **Section 4.4.4 - Final Determination after an Initial Pended Response Time Requirement – 71% Support on Straw Poll**

Once a health plan or its agent has sent an initial pended ASC X12N v5010 278 Response via Real Time Processing Mode, a final determination must be sent via an unsolicited ASC X12N v5010 278 Response. Once a health plan or its agent receives a complete prior authorization request from the provider or its agent with all information and documentation necessary, including peer to peer medical reviews, if applicable, to determine patient coverage and medical necessity, the health plan or its agent must return an unsolicited, ASC X12N v5010 278 Response containing a prior authorization approval or denial. Maximum response time for availability of ASC X12N v5010 278 Responses when processing ASC X12N v5010 278 Requests submitted in Real Time Processing Mode by 9:00pm Eastern Time of a business day by a provider or on a provider's behalf by a clearinghouse/switch must be no later than 7:00am Eastern Time **the [Timeframe Requirement B – Determined by PIV TG]** business day following submission.

#### **BATCH PROCESSING MODE**

- **Section 4.5.3 - Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Time Requirement – 71% Support on Straw Poll**

A health plan may pend an ASC X12N v5010 278 Request due to a need for additional information/documentation from the provider or its agent. Maximum response time for availability of an ASC X12N v5010 278 Response specifying what additional information/documentation is needed to reach a final determination when processing ASC X12N v5010 278 Requests submitted in Batch Processing Mode by 9:00pm Eastern Time of a business day by a provider or on a provider's behalf by a clearinghouse/switch must be no later than 7:00am Eastern Time **the [Timeframe Requirement A – Determined by PIV TG]** business day following submission.

- **Section 4.5.4 - Final Determination Response Time Requirement - 71% Support on Straw Poll**

Once a health plan or its agent receives a complete prior authorization request from the provider or its agent with all information and documentation necessary, including peer to peer medical reviews, if applicable, to determine patient coverage and medical necessity, the health plan or its agent must return an ASC X12N v5010 278 Response (either solicited or unsolicited) containing a prior authorization approval or denial. Maximum response time for availability of ASC X12N v5010 278 Responses when processing ASC X12N v5010 278 Requests submitted in Batch Processing Mode by 9:00pm Eastern Time of a business day by a provider or on a provider's behalf by a clearinghouse/switch must be no later than 7:00am Eastern Time **the [Timeframe Requirement B – Determined by PIV TG]** business day following submission.



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**Table 3. Percent Support for Health Plan Response Time Requirement Timeframes**

<b>PIV TG Straw Poll on <i>DRAFT Phase IV 278 Infrastructure Rule Updates</i></b>				
<b>Question #</b>	<b>Health Plan Response Time Requirements - Timeframes</b>	<b>2 Business Days</b>	<b>3 Business Days</b>	<b>Abstain #</b>
1	<b>[Timeframe A] – Applies to:</b> <ul style="list-style-type: none"> <li>- Section 4.4.3: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Timeframe</i></li> <li>- Section 4.5.3: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Time Requirement</i></li> </ul>	10 (67%)	5 (33%)	3
2	<b>[Timeframe B] – Applies to:</b> <ul style="list-style-type: none"> <li>- Section 4.4.4: <i>Final Determination after an Initial Pended Response Time Requirement</i></li> <li>- Section 4.5.4: <i>Final Determination Response Time Requirement</i></li> </ul>	7 (54%)	6 (46%)	5

**CAQH CORE Staff and Co-Chair Recommendation:** Given the majority of the respondents to the PIV TG Straw Poll selected 2 business days for Timeframes A and B, but support is split by stakeholder type (shown in the appendix of this document), CAQH CORE Staff and Co-chairs recommend moving forward with 2 business days. Further review and discussion will occur within the Rules and Technical Work Group review of the draft requirements.

Table 4 below summarizes comments received on the Straw Poll pertaining to updates to the Draft Health Plan Requirements. **Bold text** reflects CAQH CORE Staff and Co-chair recommendations.

**Table 4. Comments Received on Draft Health Plan Response Time Requirements**

<b>#</b>	<b>Section/Question</b>	<b>Summary of Comments (Paraphrased, not verbatim)</b>	<b>CAQH CORE Response</b>
<b>Points of Clarification</b>			
1.	Multiple Sections (4.4.2; 4.4.3; 4.4.4; 4.5.4)	One entity stated that instead of “may pend” the rule requirements should read “must pend”.	<b>Adjust for clarity.</b>  CAQH CORE Staff will adjust the rule language to: “When a health plan pends a 278 for additional information/documentation...”
2.	Multiple Sections (4.4.2; 4.4.3; and 4.5.3)	One entity noted that imposing a requirement to determine data needs related to a PA request in real-time does not	<b>Do not adjust.</b>

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#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
		<p>recognize the current state of the PA processes and clinical management tools in use by the payer community. They explained that their organization supports batch implementation with the stipulation that payers may choose the level of specificity with which to build the 278 Response.</p>	<p>While the current state of the industry is that PAs are conducted in batch mode for the majority of health plans, as the commenter suggested, the CAQH CORE Operating Rules are building pathways to a future state where the 278 transaction can be conducted in real-time.</p> <p>Though some health plans do support real-time conduct of the 278 transaction today, the Draft Phase IV 278 Infrastructure Rule Update does not require a health plan or its agent to return a 278 Response to a provider using real-time processing, if it does not already do so.</p>
3.	4.4.2 Real Time Request for Additional Documentation – Information Known Requirement	<p>One entity asked for clarity as to whether the existing Section 4.5.1 applies only to PA requests where additional information is required and noted that there is potential overlap between Sections 4.4.2 – 4.4.5 and the existing Section 4.5.1 Requirement.</p>	<p><b>Do not adjust.</b></p> <p>The existing Section 4.5.1 addresses batch processing mode, while Sections 4.4.2 - 4.4.5 address real-time processing mode, therefore there is no overlap between the sections.</p> <p>Additionally, Section 4.5.1 applies to all PA requests, as an initial response could be an approval, denial or pend based on what information was provided in the original PA submission.</p>
4.	4.4.3 Real Time Request for Additional Documentation – Information Unknown Requirement	<p>One entity commented that in line 340 of the Draft Phase IV 278 Infrastructure Rule Update, “to make available” is not clear terminology when it comes to real-time processing. They noted that the terminology holds true for batch, but not real-time.</p>	<p><b>Adjust for clarity.</b></p> <p>CAQH CORE Staff will adjust the language in Section 4.4.3 pertaining to real-time processing from ‘make available’ to ‘will return’, as recommended by the commenter.</p>
5.	Section 4.4.3 Real Time Request for Additional Information [Timeframe A]	<p>Two entities indicated that the use of business days is unclear as currently written in the rule requirements.</p>	<p><b>Do not adjust.</b></p> <p>Historically, practice management systems were built to deliver batch transactions at scheduled</p>

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#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
		<p>One entity noted that a clear example of how business days is counted should be included in the rule to provide clarity.</p> <p>One entity recommended using hours instead of business days for the response time requirements.</p>	<p>times and process the transactions overnight, allowing transactions to be available for pick up in the morning. Therefore, the definition and use of business days in the Draft Phase IV 278 Infrastructure Rule Update is both consistent with prior CAQH CORE Operating Rules, and also supports practice management systems' batch processes that are well established for eligibility and claims transactions. Further, the use of 'business days' is normative for measuring SLAs, trading partner requirements, etc.</p> <p>CAQH CORE will develop FAQs, which will include a sample scenario, to enhance industry education on the topic.</p>
6.	Section 4.4.4 Real Time Final Determination Requirement	One entity asked why the final determination requirements differ between batch and real-time processing. Specifically, why a final determination occurs only after a pending response when processing in real-time, while a final determination in batch processing mode occurs after receipt of all medical documentation.	<p><b>Do not adjust.</b></p> <p>Section titles for each requirement are meant to reflect typical steps in the PA workflow. When read in the aggregate, the requirements for real-time and batch processing are identical except when a PA can be auto-adjudicated in real-time.</p>
7.	Section 4.5.4 Batch Final Determination Requirement	<p>One entity suggested the rule language in Section 4.5.4 – Batch Final Determination Requirement, be adjusted to the following:</p> <p>"Once a health plan or its agent receives a complete prior authorization request with all information and documentation necessary, including peer to peer medical reviews, if applicable, the health plan or its agent must return a solicited or unsolicited ASC X12N v5010 278X217 response containing an approval or denial. The maximum response time when utilizing batch mode requires that requests received by a health plan or its agent by 9:00pm Eastern Time on a business day must be responded to no later than</p>	<p><b>Adjust for clarity.</b></p> <p>CAQH CORE Staff will edit Section 4.5.4 to reflect the recommended language provided by the commenter.</p>

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#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
		7:00am Eastern Time on the [Timeframe Requirement B - Determined by PIV TG] business day."	
<b>Substantive Comments</b>			
1.	Multiple Sections (4.4.2; 4.4.3)	<p>One entity recommended that CAQH CORE edit each sub-section of Section 4.4 to clarify the separate workflows for real time, batch, unsolicited and solicited requests, and suggested that a section is added that pertains to the time requirement when no PA is needed.</p> <p>They also noted health plans always know what the missing information is so the process should be automatable aside from scenarios when the provider submitted unsolicited documentation with the initial request.</p>	<p><b>Adjust for clarity.</b></p> <p>CAQH CORE Staff will adjust the sub-section (titles and order) to clarify each step in the workflow and its corresponding time requirement.</p>
2.	Multiple Sections (4.4.4; 4.5.3)	One entity suggested that any information a plan needs to complete a PA request should be delivered in real-time and that, if it is known that a peer-to-peer review will be necessary, the information should be included in the response.	<p><b>Do not adjust.</b></p> <p>While real-time adjudication of PA requests is ideal, many health plans are not able to respond to a PA request with a final determination or able to identify the necessary documentation for completion of the PA in real-time. Therefore, the Phase IV 278 Infrastructure Rule has time requirements for both batch and real-time 278 Responses.</p>

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3.	Sections 4.4.3 and 4.5.3 Real-Time & Batch Request for Additional Information Timeframe <b>[Timeframe A]</b>	One entity stated that the Request for Additional Information Timeframe – Timeframe A should be shorter than two business days.	<b>Do not adjust.</b>  Given 67% of the PIV TG selected 2 business days on the Straw Poll for Timeframe A, but support is split by stakeholder type (shown in the appendix of this document), CAQH CORE Staff and Co-chairs recommend forwarding this option to the RWG/TWG for further review and discussion. Additionally, multiple timeframes were considered on the previous straw poll and did not receive sufficient TG support.
4.	Section 4.4.4 Real Time Final Determination Requirement	One entity stated that once a final determination has been made, they can return a final response within 48 hours, but only if the response time starts after the determination has been made.	<b>Do not adjust.</b>  The response time for the final determination requirement begins once the health plan or its agent has received all information necessary, including peer to peer medical reviews, if applicable, to determine patient coverage and medical necessity. This encourages predictability to providers as to when a PA Response will be returned and decrease patient care delays.
5.	Sections 4.4.4 and 4.5.4 Real-Time & Batch Final Determination Timeframe <b>[Timeframe B]</b>	Three entities commented that the timeframe to final determination – Timeframe B, should be an option other than 2 or 3 business days.  One entity stated that the timeframe should be shorter than 2 business days.  One entity supported 14 calendar days for non-urgent requests since the same staff would be working on urgent and emergent requests simultaneous to non-urgent requests.  Finally, one entity indicated that more time is needed to review and make a final determination but did not specify a timeframe.	<b>Do not adjust.</b>  Given the majority of the respondents to the PIV TG Straw Poll selected 2 business days for Timeframe B – Final Determination, but support is split by stakeholder type (shown in the appendix of this document), CAQH CORE Staff and Co-chairs recommend forwarding this option to the RWG/TWG for further review and discussion. Additionally, multiple timeframes were considered on the previous straw poll and did not receive sufficient TG support.

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**4.2 Phase IV Task Group Straw Poll Results: Draft Close Out Requirement**

- **Section 4.6.1 - ASC X12N v5010 278 Response Close Out Due to a Lack of Requested Information/Documentation – 78% Support on Straw Poll**

In the event a health plan or its agent determines to close out an ASC X12N v5010 278 Request due to failure to submit requested additional information/documentation necessary to adjudicate the pending ASC X12N v5010 278 Request, the health plan or its agent must return a ASC X12N v5010 278 Response communicating the prior authorization has been cancelled to the provider or its agent.

- **Section 4.6.2 - ASC X12N v5010 278 Response Close Out Due to a Lack of Requested Information/Documentation Time Requirement – 88% Support on Straw Poll**

A health plan or its agent may choose to close out an ASC X12N v5010 278 Request if a provider or its agent does not respond to a request for additional information/documentation from the health plan or its agent after a minimum of [Timeframe Requirement C – Determined by PIV TG] business days following the return of a pending ASC X12N v5010 278 Response requesting the additional information/documentation necessary to adjudicate the pending ASC X12N v5010 278 Request.

**Table 5. Support for DRAFT Close Out Timeframe Requirement**

Question #	PIV TG Straw Poll on <i>DRAFT Phase IV 278 Infrastructure Rule Updates</i>			
Close Out Time Requirement - Timeframe		15 Business Days	30 Business Days	Abstain #
1	<b>[Timeframe C] – Applies to:</b> - Section 4.6.2: <i>ASC X12N v5010 278 Response Close Out Due to a Lack of Requested Information/Documentation Time Requirement</i>	8 (62%)	5 (38%)	5

**CAQH CORE Staff and Co-Chair Recommendation:** Use 15 business days for Timeframe C given majority support. If needed, further review and discussion will occur during the Rules and Technical Work Group review of the draft requirements.

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Table 6 below summarizes comments received on the Straw Poll pertaining to updates to the Draft Close Out Time Requirement. **Bold text** reflects CAQH CORE Staff and Co-chair recommendations.

**Table 6. Comments Received on Draft Close Out Time Requirement**

#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
<b>Points of Clarification</b>			
1.	Section 4.6.1 Close Out Requirement	<p>One entity suggested changing lines 399-402 to, "...due to the provider's failure to submit the requested information/documentation necessary."</p> <p>They also noted that cancelled may not be the correct terminology as some may consider it an administrative denial and return an HCR03=A3 (Not Certified) versus an HCR01=C (Cancelled).</p>	<p><b>Adjust for clarity.</b></p> <p>CAQH CORE Staff will edit the requirement language to clarify that the close out is due to non-receipt of information/documentation.</p> <p><b>Do not adjust.</b></p> <p>The Phase IV CORE Rules do not include requirements for data content and therefore does not specify a specific code for the cancelled prior authorization in the case of a Close Out.</p>
2.	Section 4.6.2 Close Out Timeframe <b>[Timeframe C]</b>	<p>Two entities suggested adding clarifying language to the Close Out Timeframe.</p> <p>One entity noted that the requirement should specify that the request must be closed out with a 278 transaction, since it could also be close out using the cancel transaction. They further recommended adding "an unsolicited" to describe the 278 Request/Response.</p> <p>One entity recommended adding language pertaining to UMOs needing to abide by state laws if they differ from CAQH timeframes.</p>	<p><b>Adjust for Clarity.</b></p> <p>CAQH CORE Staff will edit the requirement to include both solicited and unsolicited responses as options when returning a 278 Response for the Close Out Requirement.</p> <p>Additionally, while the Draft Phase IV 278 Infrastructure Rule Update aims to bring consistency to the industry so that both healthcare providers and health plans can have shared expectations and build more efficient and automated systems, the rules are currently voluntary for industry adoption. Healthcare providers and health plans who adopt the Phase IV 278 Infrastructure Rule including this update must</p>

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#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
			continue to abide by state laws that are stricter than CAQH CORE timeframes.
<b>Substantive Comments</b>			
1.	Section 4.6.1 Close Out Requirement	<p>One entity expressed their lack of support for the Close Out Requirement stating that the requirement would serve little purpose aside from penalizing the provider for some unforeseen reason while increasing administrative burdens for both health plans and providers.</p> <p>They further stated that there is a lack of guidance around next steps when the PA is closed out and suggested removing the requirement from the rule since this guidance is critical.</p>	<p><b>Do not adjust.</b></p> <p>Given the high support for the Close Out requirement by the PIV TG across all stakeholder types on the straw poll (shown in the appendix of this document), the requirement will move forward to RWG/TWG review.</p> <p>It should also be noted that the Close Out scenario is when a health plan has failed to receive supporting data/documentation in support of the requested PA and allows for the health plan to provide a final determination on each PA that has been received, thus ensuring a full accounting of all PA inquires.</p>
2.	Section 4.6.2 Close Out Timeframe [Timeframe C]	One entity stated that the Close Out Timeframe – Timeframe C should be a minimum of 60 business days.	<p><b>Do not adjust.</b></p> <p>62% of the PIV TG selected 15 business days on the Straw Poll for Timeframe C – Close Out Timeframe. Longer timeframes were considered on the previous straw poll and did not receive sufficient TG support.</p>



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## 5. Part C: Removing Provider Response Time Requirement #1

Part C of the PIV Task Group Straw Poll asked respondents to indicate their “Support” or “Non-support” for removing the Draft Provider Response Time Requirement from the Draft Phase IV 278 Infrastructure Rule Update. Respondents were able to provide comments as to why their organization supports or does not support removing the requirement, if applicable.

CAQH CORE Staff recommended the Task Group forward the proposed requirement to the CAQH CORE Attachments Initiative for further development due to the:

- Lack of an HHS adopted standard for attachments
- Task Group approval of scope language for Phase IV 278 Infrastructure Rule Update which only includes the 5010X217 278 Request/Response Transaction, and the
- Need for standard acknowledgement of receipt to track conformance

### 5.1 Phase IV Task Group Straw Poll Results: Removing Provider Response Time Requirement #1

**Table 7. Support for Removing Draft Provider Response Time Requirement #1**

Question #	PIV TG Straw Poll on <i>DRAFT Phase IV 278 Infrastructure Rule Updates</i>	“Support”	“Non-Support”	Abstain #
<b>Part C: Question on Provider Response Time Requirement</b>				
1	Remove Draft Phase IV Provider Response Time Requirement #1	13 (72%)	5 (28%)	0

**CAQH CORE Staff and Co-Chair Recommendation:** Given high support, remove Draft Phase IV Provider Response Time Requirement #1. Such a requirement can be considered as part of the CAQH CORE Attachments Initiative launching this fall.

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Table 8 below summarizes comments received on the Straw Poll pertaining to removing the Draft Phase IV Provider Response Time Requirement #1 from the Phase IV 278 Infrastructure Rule Update. **Bold text** reflects CAQH CORE Staff and Co-chair recommendations.

**Table 8. Comments Received on Part C: Removing the Draft Provider Response Time Requirement #1**

#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
<b>Substantive Comments</b>			
1.	Provider Response Time Requirement #1	<p>Two entities commented that they support pursuing Provider Response Time Requirement #1 within the Phase IV 278 Infrastructure Rule Update.</p> <p>One entity noted that providers must be accountable for PA turnaround and that the only other option is to pause the entire Phase IV update until all the stakeholders have the ability to communicate the necessary information.</p>	<p><b>Do Not Include Requirement in Update.</b></p> <p>Given 72% of the PIV TG supported removing Provider Response Time Requirement #1 from the scope of the Rule Update, CAQH CORE Staff and Co-chairs recommend not including the requirement in the Draft Phase IV 278 Infrastructure Rule Update forwarded to the RWG/TWG.</p>

## 6. Next Steps

Next steps for the Phase IV Task Group for the *Draft Phase IV 278 Infrastructure Rule Update* include:

- CAQH CORE Staff and Co-chairs will:
  - Implement adjustments to *Draft Phase IV 278 Infrastructure Rule Update* based on PIV TG discussion and comments.
  - Forward the *Draft Phase IV 278 Infrastructure Rule Update* to the combined CAQH CORE Rules Work Group/Technical Work Group (RWG/TWG) for further development.

Task Group participants are encouraged to stay engaged and participate in the RWG/TWG to further refine the *DRAFT Phase IV 278 Infrastructure Rule Update* and develop the *DRAFT Phase IV CAQH CORE Certification Test Suite – 278 Infrastructure Test Scenarios Update* by joining the RWG/TWG on their first call, **Wednesday 08/14/19, 2:30 – 4:00 PM ET.**

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## 7. Appendix

### Appendix A: Percent Support for Updates to Scope and Select Requirements, by Section

Question #	PIV TG Straw Poll on DRAFT Phase IV 278 Infrastructure Rule Updates	“Support”	“Non-Support”	Abstain #
<b>Part A: Draft Updates to Scope</b>				
1	Section 3.4: <i>Outside the Scope of this Rule</i>	15 (94%)	1 (6%)	2
<b>Part B: Draft Updates to Select Rule Requirements</b>				
2	Section 4.4.2: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Known Time Requirement</i>	15 (83%)	3 (17%)	0
3	Section 4.4.3: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Time Requirement</i>	11 (61%)	7 (39%)	0
4	Section 4.4.4: <i>Final Determination after an Initial Pended Response Time Requirement</i>	12 (71%)	5 (29%)	1
5	Section 4.5.3: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Time Requirement</i>	12 (71%)	5 (29%)	1
6	Section 4.5.4: <i>Final Determination Response Time Requirement</i>	12 (71%)	5 (29%)	1
7	Section 4.6.1: <i>ASC X12N v5010 278 Response Close Out Due to a Lack of Requested Information/Documentation</i>	14 (78%)	4 (22%)	0
8	Section 4.6.2: <i>ASC X12N v5010 278 Response Close Out Due to a Lack of Requested Information/Documentation Time Requirement</i>	14 (88%)	2 (12%)	2
<b>Part C: Question on Provider Response Time Requirement</b>				
9	Remove Draft Phase IV Provider Response Time Requirement #1	13 (72%)	5 (28%)	0

### Appendix B: Percent Support for Response Time Requirement Timeframes

Question #	PIV TG Straw Poll on DRAFT Phase IV 278 Infrastructure Rule Updates	2 Business Days	3 Business Days	Abstain #
<b>Health Plan Response Time Requirements - Timeframes</b>				
1	<b>[Timeframe A] – Applies to:</b> <ul style="list-style-type: none"> <li>- Section 4.4.3: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Timeframe</i></li> <li>- Section 4.5.3: <i>Request for Additional Information/Documentation when the Requested Information/Documentation is Initially Unknown Time Requirement</i></li> </ul>	10 (67%)	5 (33%)	3

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Question #	<b>PIV TG Straw Poll on DRAFT Phase IV 278 Infrastructure Rule Updates</b>			
2	<b>[Timeframe B] – Applies to:</b> - Section 4.4.4: <i>Final Determination after an Initial Pended Response Time Requirement</i> - Section 4.5.4: <i>Final Determination Response Time Requirement</i>	7 (54%)	6 (46%)	5
<b>Close Out Time Requirement - Timeframe</b>		<b>15 Business Days</b>	<b>30 Business Days</b>	<b>Abstain #</b>
1	<b>[Timeframe C] – Applies to:</b> - Section 4.6.2: <i>ASC X12N v5010 278 Response Close Out Due to a Lack of Requested Information/Documentation Time Requirement</i>	8 (62%)	5 (38%)	5

**Appendix C: Percent Support for Updates to Scope and Select Requirements, by Section – Stakeholder Breakdown**

Rule Section		Support	Do Not Support	Abstain #
<b>PART A: Draft Updates to Scope</b>				
<b>Sect 3.4</b>	<b>Outside the Scope of this Rule</b>	<b>15 (94%)</b>	<b>1 (6%)</b>	<b>2</b>
	Provider	2 (67%)	1 (33%)	1
	Health Plan	7 (100%)	0 (0%)	0
	Vendor	4 (100%)	0 (0%)	0
	Government	1 (100%)	0 (0%)	1
	Other	1 (100%)	0 (0%)	0
<b>PART B: Draft Updates to Select Rule Requirements</b>				
<b>Sect 4.4.2</b>	<b>Real Time: Request for Additional Info when the Requested Info is Known Time Req</b>	<b>15 (83%)</b>	<b>3 (17%)</b>	<b>0</b>
	Provider	4 (100%)	0 (0%)	0
	Health Plan	6 (87%)	1 (13%)	0
	Vendor	3 (75%)	1 (25%)	0
	Government	1 (50%)	1 (50%)	0
	Other	1 (100%)	0 (0%)	0
<b>Sect 4.4.3</b>	<b>Real Time: Request for Additional Info when the Requested Info is Initially Unknown Time Req</b>	<b>11 (61%)</b>	<b>7 (39%)</b>	<b>0</b>

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Rule Section		Support	Do Not Support	Abstain #
	Provider	3 (75%)	1 (25%)	0
	Health Plan	3 (43%)	4 (57%)	0
	Vendor	3 (75%)	1 (25%)	0
	Government	1 (50%)	1 (50%)	0
	Other	1 (100%)	0 (0%)	0
<b>Sect 4.4.4</b>	<b>Real Time: Final Determination after an Initial Pended Response Time Req</b>	<b>12 (71%)</b>	<b>5 (29%)</b>	<b>1</b>
	Provider	4 (100%)	0 (0%)	0
	Health Plan	4 (57%)	3 (43%)	0
	Vendor	3 (75%)	1 (25%)	0
	Government	0 (0%)	1 (100%)	1
	Other	1 (100%)	0 (0%)	0
<b>Sect 4.5.3</b>	<b>Batch: Request for Additional Info when the Requested Info is Initially Unknown Time Req</b>	<b>12 (71%)</b>	<b>5 (29%)</b>	<b>1</b>
	Provider	3 (75%)	1 (25%)	0
	Health Plan	5 (71%)	2 (29%)	0
	Vendor	3 (75%)	1 (25%)	0
	Government	0 (0%)	1 (100%)	1
	Other	1 (100%)	0 (0%)	0
<b>Sect 4.5.4</b>	<b>Batch: Final Determination Response Time Requirement</b>	<b>12 (71%)</b>	<b>5 (29%)</b>	<b>1</b>
	Provider	4 (100%)	0 (0%)	0
	Health Plan	4 (57%)	3 (43%)	0
	Vendor	3 (75%)	1 (25%)	0
	Government	0 (0%)	1 (100%)	1
	Other	1 (100%)	0 (0%)	0
<b>Sect 4.6.1</b>	<b>278 Response Close Out Due to Lack of Requested Info</b>	<b>14 (78%)</b>	<b>4 (22%)</b>	<b>0</b>
	Provider	3 (75%)	1 (25%)	0
	Health Plan	5 (71%)	2 (29%)	0
	Vendor	4 (100%)	0 (0%)	0
	Government	1 (50%)	1 (50%)	0
	Other	1 (100%)	0 (0%)	0

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Rule Section		Support	Do Not Support	Abstain #
Sect 4.6.2	278 Response Close Out Due to Lack of Requested Info Time Requirement	14 (88%)	2 (12%)	2
	Provider	2 (67%)	1 (33%)	1
	Health Plan	6 (86%)	1 (14%)	0
	Vendor	4 (100%)	0 (0%)	0
	Government	1 (100%)	0 (0%)	1
	Other	1 (100%)	0 (0%)	0
<b>PART C: Question on Provider Response Time Requirement #1</b>				
	Draft Provider Response Time Requirement #1	13 (72%)	5 (28%)	0
	Provider	2 (50%)	2 (50%)	0
	Health Plan	5 (71%)	2 (29%)	0
	Vendor	4 (100%)	0 (0%)	0
	Government	1 (50%)	1 (50%)	0
	Other	1 (100%)	0 (0%)	0

**Appendix D: Percent Support for Response Time Timeframe Requirements – Stakeholder Breakdown**

Rule Section		2 Business Days	3 Business Days	Abstain #
Sects 4.4.3 & 4.5.3	Health Plan Request for Additional Info when Requested Info is Initially Unknown [Timeframe Requirement A]	10 (67%)	5 (33%)	3
	Provider	4 (100%)	0 (0%)	0
	Health Plan	1 (17%)	5 (83%)	1
	Vendor	3 (100%)	0 (0%)	1
	Government	0 (0%)	0 (0%)	1
	Other	1 (100%)	0 (0%)	0
Sects 4.4.4 & 4.5.4	Final Determination [Timeframe Requirement B]	7 (54%)	6 (46%)	5

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Rule Section		2 Business Days	3 Business Days	Abstain #
	Provider	4 (100%)	0 (0%)	0
	Health Plan	0 (0%)	5 (100%)	2
	Vendor	3 (100%)	0 (0%)	1
	Government	0 (0%)	0 (0%)	1
	Other	0 (0%)	1 (100%)	0

Sect	Close Out Timeframe [Timeframe C]	15 Business Days	30 Business Days	Abstain #
<b>4.6.2</b>		<b>8 (62%)</b>	<b>5 (38%)</b>	<b>5</b>
	Provider	0 (0%)	2 (100%)	2
	Health Plan	4 (67%)	2 (33%)	1
	Vendor	2 (67%)	1 (33%)	1
	Government	1 (100%)	0 (0%)	1
	Other	1 (100%)	0 (0%)	0

**Appendix E: Non-substantive Comments Received on the Straw Poll**

**Table 1. Non-Substantive Comments Received on Part A: Draft Updates to Scope of the Phase IV 278 Infrastructure Rule**

Non-Substantive Comments			
1.	Section 3.4: Outside the Scope of this Rule	One entity noted that retrospective reviews are more commonly a claims process and asked if CAQH CORE would consider standardizing the retrospective review timeframe for a 3-5 day minimum as it is common practice to see an authorized service become a different rendered service during the course of the procedure.	<b>Do not adjust.</b>  The recommended additions are outside the scope of the update to the Phase IV 278 Infrastructure Rule.
2.	Section 3.4: Outside the Scope of this Rule	One entity recommended non-substantive adjustments to the introduction of the Phase IV 278 Infrastructure Rule in light of the development of the Phase V Operating Rules that address X12 278 data content.  They also suggested changing the language related to retail pharmacy to, "...prior authorization for drugs, biologics, and those treatments covered under a pharmacy benefit are not	<b>Adjust for clarity.</b>

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		the function of the 278” in order to clarify that the 278 and NCPDP standard have separate functionality and to remain consistent with Phase V data content language.	
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**Table 2. Non-Substantive Comments Received on Draft Health Plan Response Time Requirements**

#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
<b>Non-Substantive Comments</b>			
1.	Multiple Sections (4.4.3; 4.4.4; 4.5.3; 4.5.4)	One entity stated that they can't support any of the requirements that contain a placeholder for a time requirement, though they support the concepts.	N/A
2.	Multiple Sections (4.4.3; 4.4.4; 4.5.3; 4.5.4)	One entity recommended the Draft Phase IV 278 Infrastructure Rule Update follow state and federal guidelines for the 278 Response.	N/A
3.	Multiple Sections (4.4.3; 4.4.4; 4.5.3; 4.5.4)	One entity suggested that the timing for business days should follow the time zone the submitter is located. Therefore, a provider on the west should receive the response from the health plan at 7am PT to ensure that providers west of the eastern time zone are not penalized.	N/A
4.	4.4.2 Real Time Request for Additional Documentation – Information Known Req	Two entities indicated their support for the requirement as written.  One entity explained that prompt transfer of technology facilitates a better response and continuity before a PA request falls off the radar or is handled by a different staff member.  One entity stated that 20 seconds is realistic considering the network latency.	N/A
5.	4.4.3 Real Time Request for Additional Documentation – Information Unknown Req	One entity noted that providers/billers nor health plans/government staff work 24/7 and thus overnight processing is not feasible. They also clarified that they do not pend PA requests.	N/A



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#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
6.	Sections 4.4.3 and 4.5.3 Real Time & Batch Request for Additional Information [Timeframe A]	<p>Five entities supported their timeframe selections.</p> <p>One entity commented that their state law allows 15 business days.</p> <p>One entity stated that each day is crucial for various departments since the window for most services that require an authorization is one week.</p> <p>One entity stated that 3 business days is necessary due to the complexity of processing a PA.</p> <p>Two entities noted that 2 business days is sufficient.</p>	N/A
7.	4.5.2 Batch Request for Additional Information Requirement	<p>One entity provided support for Section 4.5.2 stating it is appropriate to suspend the timeframe while the plan is waiting on the additional information from the provider.</p>	N/A
8.	Sections 4.4.4 and 4.5.4 Real Time & Batch Final Determination Timeframe [Timeframe B]	<p>Six entities further explained their timeframe selection.</p> <p>One entity commented that their state law allows 15 business days.</p> <p>One entity stated that each day is crucial for various departments since the window for most services that require an authorization is one week.</p> <p>One entity said that the requirement does not apply in their case.</p> <p>One entity indicated that 3 business days is too long.</p> <p>Two entities noted that 3 business days is sufficient.</p>	N/A

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**Table 3. Non-Substantive Comments Received on Draft Close Out Time Requirement**

#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
<b>Non-Substantive Comments</b>			
1.	Section 4.6.1 Close Out Requirement	One entity provided further explanation for their support of the requirement stating the requestor should know that the request has been closed out via a 278 Response.	N/A
2.	Section 4.6.2 Close Out Timeframe Requirement	One entity noted that when a request is pending, additional monitoring services will be active at the payer end until the sufficient documentation is provided.	N/A
3.	Section 4.6.2 Close Out Timeframe [Timeframe C]	<p>Four entities further explained their timeframe selection.</p> <p>One entity commented that the process must account for varying clinician work schedules and that 15 business days would be too short a window.</p> <p>One entity noted that their organizations supports 15 days for Medicare but 48 days for commercial.</p> <p>Two entities stated that even though the provider may need to gather information, 15 business days seems reasonable and that if additional time is needed, the submitter can send a new request.</p>	N/A

**Table 4. Non-Substantive Comments Received on Part C: Removing the Draft Provider Response Time Requirement #1**

#	Section/Question	Summary of Comments (Paraphrased, not verbatim)	CAQH CORE Response
<b>Non-Substantive Comments</b>			
1.	Provider Response Time Requirement #1	Two entities commented that the Provider Response Time Requirement #1 should not be included in CAQH CORE Operating Rules at all, whether in the Phase IV Update or the Attachments Initiative.	N/A