**CAQH Committee on Operating Rules for Information Exchange (CORE)**
**Phase IV Rules/Technical Work Group (PIV RWG/TWG)**
**Call #4 Summary: Wednesday, October 17, 2019, 2:30-4:00 pm ET Conference Call**

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* |
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| **1. Antitrust Guidelines** | • Rhonda Starkey (Harvard Pilgrim Health Care) opened the call and introduced herself and Noam Nahary (Montefiore Medical Center) as the CAQH CORE Phase IV Rules/Technical Work Group (PIV RWG/TWG) Co-chairs presenting on the call. She also introduced Bob Bowman (CAQH CORE Director), Erin Weber (CAQH CORE Director) and Emily TenEyck (CAQH CORE Senior Associate) as speakers on the call.<br>• Rhonda Starkey (Harvard Pilgrim Health Care) 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** | • Rhonda Starkey (Harvard Pilgrim Health Care) reviewed the call documents:<br>  ○ Doc #1: PIV RWG – TWG Call #4 Agenda 10.17.19<br>  ○ Doc #2: PIV RWG – TWG Call #3 Summary 09.26.19<br>  ○ Doc #3: PIV RWG – TWG SP Results 10.17.19<br>• Emily TenEyck (CAQH CORE Senior Associate) called roll. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations].<br>• Rhonda Starkey (Harvard Pilgrim Health Care) reviewed the focus of the call, which was to:<br>  ○ Share the results of the second RWG/TWG straw poll on Draft Phase IV CAQH CORE 278 Infrastructure Rule Update and Draft Phase IV Certification Test Suite Update – 278 Infrastructure Test Scenarios (Doc #3).<br>  ○ Discuss next steps, including the RWG/TWG Ballot.<br>• **Summary of PIV RWG/TWG Discussion:**<br>  ○ Megan Soccorso (CIGNA) motioned to approve the call summary.<br>  ○ Randy Gabel (OhioHealth) seconded the motion to approve the call summary. | *Discussion* |
| **3. Brief Straw Poll Overview** (Doc #3) | • Rhonda Starkey (Harvard Pilgrim Health Care) provided a summary of straw poll respondent stakeholder types and reviewed the percent support for each rule section that was straw polled.<br>• Noam Nahary (Montefiore Medical Center) reviewed the comment categorization.<br>• Noam Nahary (Montefiore Medical Center) shared the results of Part A and Part B of the straw poll and reminded the group of the requirement language.<br>• Noam Nahary (Montefiore Medical Center) reviewed the substantive comments pertaining to the scope section of the straw poll.<br>• **Summary of PIV RWG/TWG Discussion:**<br>  ○ Heather McCommas (AMA) commented that her organization is concerned about urgent prior authorizations (PA) being out of scope because patients who need care urgently won't receive | *Discussion* |

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| | it. She noted that while the AMA appreciates CORE's willingness to consider future rule making that includes urgent PAs but it would take six to seven years for future rules to be mandated.<br>○ Rob Tennant (MGMA) said it would be more like ten years until the industry has another opportunity to include urgent PAs as part of these operating rules. He emphasized the importance of getting information to the provider as quickly as possible so the patient can receive the necessary care and asked the group to discuss why urgent cases can't be considered. He also asked for clarification as to why retrospective PAs are different than the regular PA process.<br>○ Melissa Driscoll (Aetna) noted that the Department of Labor reduced the response timeframe for urgent PAs to 24 hours but bumped it back up to 72 hours and they must have had a reason to increase the response time.<br>○ Gail Kocher (BCBSA) explained that the reason urgent and emergent PAs are retrospective is because the process does not delay care for patients.<br>○ Laurie Woodrome (LabCorp) explained that most laboratory work is retrospective. After a specimen has been collected, they are required to conduct a PA. Therefore, patient care is held up until the PA is acquired.<br>○ Gail Kocher (BCBSA) replied that the situation Laurie described is different.<br>○ CAQH CORE RWG/TWG Participant asked for clarification on Laurie's comment about retrospective PAs since prior authorizations are not retrospective.<br>○ Another CAQH CORE RWG/TWG Participant said that there are instances in which the service is rendered, but the authorization still needs to be placed in the system, so it is done retroactively.<br>○ CAQH CORE RWG/TWG Participant noted that in the lab industry it isn't a true prior authorization because the service has already been established by the time the specimen has been received so it is a retrospective authorization.<br>○ Gail Kocher (BCBSA) clarified that her comment with respect to retrospective prior authorization was specific to urgent and emergent.<br>○ Noam Nahary (Montefiore Medical Center) reminded the group that the scope of the rule was widely supported by Work Group Participants and transitioned the group to the next section of the straw poll. | |
| 4. **Review Straw Poll Results: Draft Phase IV 278 Infrastructure Rule Update** (Doc #3) | • Noam Nahary (Montefiore Medical Center) reviewed the components of Part B and shared the results of the straw poll by section.<br>• Bob Bowman (CAQH CORE Director) reviewed the points of clarification comments received for all Parts B of the straw poll beginning on page 11.<br>• **Summary of PIV RWG/TWG Discussion:** | *Discussion* |

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| | ○ Diana Fuller (Michigan Medicaid) clarified that peer to peer reviews are not always conducted after a PA has been denied. She further explained that there are times when a peer to peer reviews are done during the PA determination process.<br>○ Bob Bowman (CAQH CORE Director) thanked Diana for the clarification and noted that other health plans have mentioned this in the past.<br>○ Heather McComas (AMA) asked for clarification as to whether the footnote in 4.5.2 would state that 'known' means that the health plan has a published policy that references the additional documentation that must be returned in real time.<br>○ Bob Bowman (CAQH CORE Director) replied that if the health plan knows that documentation is required at the time of request, then the health plan should reply back in real time. He explained that the response should be paired with the Phase V section specific to the PWK and LOINC codes and reminded the group that Phase IV only pertains to infrastructure requirements.<br>○ Erin Weber (CAQH CORE Director) told the group that CAQH CORE spoke quite a bit about this topic with the RWG/TWG Co-chairs and the reason this information is a footnote is because there may be instances when the information is not included in a published policy, but the health plan still knows what is required and can respond back - those instances shouldn't be excluded from this requirement.<br>○ Heather McComas (AMA) asked for clarification as to whether the response could refer the provider to a publication like a companion guide.<br>○ Erin (CAQH CORE Director) clarified that if the information is known but it is not published, they still are required to send the information in the 278 transaction in real time.<br>○ Bob Bowman (CAQH CORE Director) asked if there are any additional comments.<br>○ Diana Fuller (Michigan Medicaid) asked if the footnote would say that the health plan can either send back a PWK segment or LOINC code and the provider can find the information to return in the companion billing guides or provider manuals.<br>○ Bob Bowman (CAQH CORE Director) reminded the group that this requirement is for real time only and that the requirement states that the health plan has 20 seconds to respond in real-time.<br>○ April Todd (CAQH CORE Director) clarified that if a health plan has any document that specifies what additional information is needed to complete the PA request, they should send back a coded response in 20 seconds, but that having a published document is not the definition of 'known', it is just an example. There could be other instances when the health plan knows the information, although it isn't published. In these cases, the health plan must still send back what additional information is needed in 20 seconds.<br>○ Heather McComas (AMA) said that an example of 'known' is a published policy, but there is information the health plan may know that is not published.<br>○ Erin Weber (CAQH CORE Director) agreed.<br>○ CAQH CORE RWG/TWG Participant asked for clarification that a health plan can still close out the PA request in 45 days rather than the 15 days stated in the rule. | |

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| | ○ Bob Bowman (CAQH CORE Director) confirmed that 45 days could still be used.<br>○ Rob Tennant (MGMA) Commented that he appreciates that it is close out requirement is optional and asked if that could be a vehicle that the group could use in other areas like urgent and retrospective PAs.<br>○ Bob Bowman (CAQH CORE Director) explained that there is quite a bit of disparity on the definition of urgent. Therefore, CAQH CORE recommends additional research to establish the definition of urgent and a better understanding of retrospective prior authorizations.<br>• Erin Weber (CAQH CORE Director) reviewed the substantive comments received on straw poll Part B beginning on page 13. She noted that based on the level of support received on the straw poll CAQH CORE Co-chairs and staff recommend not adjusting any of the requirements.<br>• **Summary of PIV RWG/TWG Discussion:**<br>○ CAQH CORE RWG/TWG Participant asked for the breakdown of respondents.<br>○ Erin Weber (CAH CORE Director) replied that there is a breakdown by stakeholder type included in the appendix on page 19 of document.<br>○ Heather McComas (AMA) noted that batch Section 4.4.3. doesn't align with real time sections 4.5.2 and 4.5.3. She noted that when using batch, the health plan has up to two days to return the information, while in real time if the information is immediately know the health plan must respond in 20 seconds.<br>○ Erin Weber (CAQH CORE Director) asked if any health plans wanted to respond to Heather's comment.<br>○ Gail Kocher (BCBSA) responded that the concept of 'immediate' has to be removed from the batch process. It isn't apples to apples when talking real time vs. batch processing.<br>○ Heather McComas (AMA) explained that she was thinking about how batch time processing mode for an eligibility response is overnight and asked if that would be reasonable for this scenario. It wouldn't be immediate, but if a health plan has a published policy it could at least be done overnight, similar to what is done for eligibility.<br>○ Gail Kocher (BCBSA) reminded the group that several calls ago the group discussed the fact that there are multiple systems involved in a PA response, which is different than eligibility, which typically only has one system involved.<br>○ Sharon Faulds (United Health Care) said the group initially talked about how eligibility and PA requirements should be the same because organizations will be updating their systems anyway and the updates should be done concurrently.<br>○ Diana Fuller (Michigan Medicaid) explained that the difference between batch and real time is that real time is just one transaction whereas in batch, there are several patients and multiple health plans. She stated that there is much more to a PA than there is for eligibility, which is static and doesn't need human intervention. She noted that while everyone wants to make the | |

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| | systems the same, it is impossible to take a batch file and complete it in real time so two days makes sense as the response time requirement for batch.<br>○ Merri-Lee Stine (Aetna) reminded the group that human intervention is required for PAs because someone has to decide what happens to most of the cases. She explained that it is much different than an eligibility transaction.<br>○ Rhonda Starkey (Harvard Pilgrim Health Care) commented that Harvard Pilgrim has a rules engine for referral and authorization services that is able to respond back with what is required for a very large percentage of services where additional information is required, but if it comes in a batch, someone still has to process the batch. Additionally, even if just one is received in the system, it still must be unpacked and put back the batch. Depending on the size, it takes minutes to hours, but can't be done instantly. Real time is the only way to move your response time forward instantly.<br>○ Heather McComas (AMA) – thanked Rhonda and referred to the Phase I requirement for eligibility noting that the response timeframe for responding to eligibility in batch is the next business day. She asked why this rule couldn't have the same response timeframe for batch, especially if the information is immediately known, similar to the real time requirements.<br>○ CAQH CORE RWG/TWG Participant explained that responding immediately when it is one patient and one PA is very different than batch where there could upward of 50 PAs. She said that two days is reasonable for batch due to the volume that is in the batch and the multitude of systems. Eligibility is only hitting one system, but PAs hit up to five systems plus the number in a batch, which is why we landed two days for this requirement.<br>○ Erin Weber (CAQH CORE Director) reminded the group that we are still moving the industry forward with these requirements because the current PIV rule requires three business days to pend a PA and we are reducing it to two business days. Erin continued her review of the substantive comments beginning on row four.<br>○ Melissa Driscoll (Aetna) commented that while she may not support the 15 days for a close out, she does agree that we should expect the same provisions to apply to provider get information back to a health plan. She noted that 45 days is currently used as the close out timeframe at her organization, and they still do not get the information back from providers, so it does not make sense to shorten the timeframe and have an increase in denials.<br>○ Bob Bowman (CAQH CORE Director) asked how many 278 requests have to be cancelled after 45 days.<br>○ Melissa Driscoll (Aetna) replied that she doesn't know, but that more PAs will be closed out with no information from the providers if the timeframe is reduced to 15 business days.<br>○ Diana Fuller (Michigan Medicaid) said that if health plans are required to respond within a two day window but providers are given an unlimited amount of time that hurts patient care. She explained that health plans have a lot to do in two days to get the information turned around and providers should have the same expectations. | |

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| | ○ Laurie Woodrome (LabCorp) replied that health plans' policies are not always transparent in terms of what is needed. Additionally, it is not until a PA is submitted that a provider can set up the service for the patient. She noted that if policies were more transparent in terms of what is needed to complete the PA for the service then providers could get the information back in two days.<br>○ Rob Tennant (MGMA) expanded on Laurie's comment saying that each payer requires different information and the patient has to be scheduled to come back in so providers are often at the mercy of the patients as to when they can come in to complete everything necessary.<br>○ Diana Fuller (Michigan Medicaid) clarified that Michigan Medicaid has their policy and provider manual online.<br>○ Heather McComas (AMA) replied that it can be hard to find the information online; sometimes the plans need to be called. She noted that this adds to the burden that Laurie and Rob described.<br>○ Merri-Lee Stine (Aetna) asked if the group could find a middle ground instead of putting new burden on the health plans. She reminded the group that if the industry tries to do too much, it will adversely affect the PA process.<br>○ Melissa Driscoll (Aetna) agreed and said that she doesn't see anything that requires the providers respond in the same amount of time and that closing out a PA Request means that the health plan receives the PA again for processing.<br>○ Gail Kocher (BCBSA) responded that 15 days was chosen as the middle ground since today it is typically longer. Adding in this requirement was a way to get providers to respond a little quicker.<br>○ Erin Weber (CAQH CORE Director) noted that Gail's comment summarized some of the discussions from prior calls. She explained that additional response timeframes on the providers are being looked at within the CAQH CORE Attachments Initiative.<br>○ Erin wrapped up the review of substantive comments received in Part B of the straw poll.<br>○ Emily TenEyck (CAQH CORE Senior Associate) shared the results of Part C of the straw poll and reviewed comments pertaining to the Certification Test Suite Update.<br>• **Summary of PIV RWG/TWG Discussion:**<br>○ No questions or comments were raised by the PIV RWG/TWG. | |
| **5. Next Steps for PIV RWG/TWG** | • Emily TenEyck (CAQH CORE Senior Associate) reviewed next steps including instructions, guidelines and a due date for the RWG/TWG Ballot.<br>• **Summary of PIV RWG/TWG Discussion:**<br>○ No questions or comments were raised by the PIV RWG/TWG. | *Discussion* |

| *Call Documentation* |
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| **Doc 1:** PIV RWG - TWG Call #4 Agenda 10.17.19.pdf |
| **Doc 2:** PIV RWG - TWG Call #3 Summary 09.26.19.pdf |
| **Doc 3:** PIV RWG - TWG SP Results 10.17.19.pdf |

## *CAQH CORE Contact Information*

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**CAQH Committee on Operating Rules for Information Exchange (CORE)**
**Phase IV Response Time Rules/Technical Work Group (PIV RWG/TWG)**
**Call #4 Summary: Wednesday, October 17, 2019, 2:30-4:00 pm ET Conference Call**

**Phase IV Response Time RWG/TWG Call #4 Attendance**

| CAQH CORE Participating Organization | Last Name | First Name | Attendance |
|---|---|---|---|
| Accenture | Koul | Swati | |
| Aetna | Stine | Merri-Lee | X |
| Aetna | Bakos | Janice | |
| Aetna | Driscoll | Melissa | X |
| Aetna | Neves | Amy | |
| Aetna | O'Connor | Elizabeth | X |
| Aetna | Lawyer | Amy | |
| Aetna – X12 Representative | Bellefeuille | Bruce | X |
| American Medical Association (AMA) | Lefebvre | Celine | X |
| American Medical Association (AMA) | McComas | Heather | X |
| Ameritas Life Insurance Corp. | Wordekemper | Lori | |
| Ameritas Life Insurance Corp. | Ninneman | Kyle | |
| AthenaHealth | Holtschlag | Joe | |
| AthenaHealth | Prichard | Emily | X |
| Availity, LLC | Wallis | Jason | |
| Availity, LLC | Weed | Michele | |
| Availity, LLC | Holman | Heather | |
| Blue Cross and Blue Shield Association (BCBSA) | Kocher | Gail | X |
| Blue Cross Blue Shield of Michigan | Monarch | Cindy | X |
| Blue Cross Blue Shield of Michigan | Long | Susan | |
| Blue Cross Blue Shield of Michigan | Turney | Amy | X |
| Blue Cross Blue Shield of Michigan | Rutherford | Darlene | |
| Blue Cross Blue Shield of Michigan | McNeilly | Ann | |
| Blue Cross Blue Shield of North Carolina | Maness | Christine | X |
| Blue Cross Blue Shield of North Carolina | Wilson | Greg | |
| Blue Cross Blue Shield of Tennessee | Poteet | Brian | |
| Blue Cross Blue Shield of Tennessee | Langford | Susan | X |
| CareFirst BlueCross BlueShield | Long | Lisa | |
| CareFirst BlueCross BlueShield | Zeigler | Karen | X |
| Centers for Medicare and Medicaid Services (CMS) | Pardo | Angelo | |
| Centers for Medicare and Medicaid Services (CMS) | Doo | Lorraine | X |
| Centers for Medicare and Medicaid Services (CMS) | Watson | Charles | |
| Centers for Medicare and Medicaid Services (CMS) | Hunter | Michelle | |
| Centers for Medicare and Medicaid Services (CMS) | Kalwa | Daniel | |

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| CAQH CORE Participating Organization | Last Name | First Name | Attendance |
|---|---|---|---|
| Centers for Medicare and Medicaid Services (CMS) | Cabral | Michael | X |
| Centers for Medicare and Medicaid Services (CMS) | Green | Denesecia | |
| Cerner/Healthcare Data Exchange | Hogan | Claire | |
| Change Healthcare | McCachern | Deb | |
| Change Healthcare | Banks | Jodie | |
| CIGNA | Ikponmwosa | Davina | |
| CIGNA | Soccorso | Megan | X |
| Cognosante | Koduru | Andy | |
| Cognosante | Lambert | Dora | X |
| CSRA | Nair | Shilesh | |
| DST Health Solutions | Lynam | Mary | X |
| DXC Technology | Daniel | Connie | |
| DXC Technology | Mills | Charles | |
| Experian | Wolskij | Beth | |
| Harvard Pilgrim Health Care | Kilrain | Katherine | |
| Harvard Pilgrim Health Care | Starkey | Rhonda | X |
| Healthcare Financial Management Association | Koopman | Chris | |
| HEALTHeNET | Gracon | Christopher | X |
| HMS | Wilcox | Beth | |
| Horizon Blue Cross Blue Shield of New Jersey | Fitchett | Kiana | |
| Humana | Peterson | Amy | |
| Humana | Jamison | Sandra | |
| Kaiser Permanente | Amiryan | Arpi | |
| Kaiser Permanente | Crosby | Yolanda | |
| Kaiser Permanente | Belen | Aileen | |
| Laboratory Corporation of America | Woodrome | Laurie | X |
| Medical Group Management Association (MGMA) | Tennant | Robert | X |
| Michigan Department of Community Health | Fuller | Diana | X |
| Michigan Department of Community Health | Veverka | Chuck | X |
| Minnesota Department of Health | Haugen | David | |
| Montefiore Medical Center | Nahary | Noam | X |
| Montefiore Medical Center | Torres | Nysia | |
| National Council for Prescription Drug Programs | Strickland | Teresa | |
| National Council for Prescription Drug Programs | Weiker | Margaret | |
| New Mexico Cancer Center | McAneny | Barbara L. | |
| New Mexico Cancer Center | Bateman-Wold | Tonia | |
| OhioHealth | Gabel | Randy | X |

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| CAQH CORE Participating Organization | Last Name | First Name | Attendance |
|---|---|---|---|
| OptumInsight | Carty | Sintija | |
| Pennsylvania Department of Public Welfare | Valvo | David | |
| PNC Bank | Wood | Barbara | |
| PNT Data Corp | Wiener | Amy | |
| Premera Blue Cross Blue Shield | McJannet | Kate | |
| Tata Consultancy Services Ltd | Kumari | Sushmita | |
| TrialCard | Mendez | Chris | |
| TRICARE | Treval | Robert | X |
| TRICARE | Nawabi | Mostafa | |
| TRICARE | Wilderman | David | |
| United States Department of Veterans Affairs | Tyra | Mary | X |
| United States Department of Veterans Affairs | DeBacker | Anne | |
| United States Department of Veterans Affairs | Knapp | Katherine | |
| United States Department of Veterans Affairs | Matthews | Brian | X |
| United States Department of Veterans Affairs | Annecchini | Frank | |
| UnitedHealthGroup | Shamsideen | Janell | X |
| UnitedHealthGroup | Bleibaum | Angie | |
| Unitedhealthcare | Goel | Anupam | |
| Unitedhealthcare | Faulds | Sharon | X |
| Unitedhealthcare | Nordstrom | Alexandria | |
| Work Group for Electronic Data Interchange | Stellar | Charles | X |