

**CAQH Committee on Operating Rules for Information Exchange (CORE)
Review Work Group (RWG)
Call #3 Summary: Thursday, October 21, 2021, 2:00-3:30 pm ET Conference Call**

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>
1. Antitrust Guidelines	<ul style="list-style-type: none"> • Sara Williams (CAQH CORE Associate) opened the call. • Mahesh Siddanati (Centene) provided an overview of GoToMeeting and administrative items. 	<i>Discussion</i>
2. Roll Call and Administrative Items (Doc #1 slides #1-3)	<ul style="list-style-type: none"> • Sara Williams (CAQH CORE Associate) facilitated roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations]. • Mahesh Siddanati (Centene) reviewed the call documents: <ul style="list-style-type: none"> ○ Doc #1: RWG Call 3 Slide Deck 10.21.21. ○ Doc #2: RWG Call 2 Summary 09.23.21. • Mahesh Siddanati (Centene) reviewed the focus of the call, which was to: <ul style="list-style-type: none"> ○ Review results of the CAQH CORE Infrastructure Update Survey. ○ Discuss additional updates to the Infrastructure Operating Rules. ○ Provide an overview of Straw Poll #2. ○ Discuss Next Steps. • Summary of RWG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. 	<i>Discussion</i>
3. Summary of 09/23/21 RWG Call (Doc #1 slides #4-5)	<ul style="list-style-type: none"> • Summary of 09/23/21 RWG Call: <ul style="list-style-type: none"> ○ Reviewed RWG Straw Poll 1 Results ○ Reviewed Draft Updates to the CAQH CORE Eligibility & Benefits Data Content Rule ○ Agreed to next steps • Mahesh Siddanati (Centene) asked the group for motion to approve the call summary. • Summary of RWG Discussion: <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. 	Action Required: <ul style="list-style-type: none"> • Approved 09/23/21 Call Summary Motion to approve by Heather McComas (AMA) • Seconded by Megan Soccorso (CIGNA)
4. Infrastructure Operation Rule Update (Doc #1 slides #6-27)	<ul style="list-style-type: none"> • Donna Campbell (HCSC) oriented the group to the RWG timeline level set and provided an overview of the Infrastructure Operating Rules Update survey results including survey background, purpose, and format. She reviewed the respondent breakdown by stakeholder type noting 71% of RWG participants participated and there were 11 additional CORE Participating Organizations who submitted responses. • Summary of RWG Discussion - Infrastructure Operating Rule Update: <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. 	<i>Discussion</i>

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	<ul style="list-style-type: none"> • Erin Weber (CAQH CORE Director) provided an overview of the system availability requirement survey results, noting that 75% of respondents supported increasing system availability requirements with an average increase to 93% system availability. • Summary of RWG Discussion - Infrastructure Operating Rule Update Survey Results - System Availability: <ul style="list-style-type: none"> ○ Diana Fuller (State of Michigan Medicaid) noted for interoperability rules and integrated systems for system availability she supported a raised interest to 90% of system availability. She mentioned there is usually a 24/7 telephone system for downtime. ○ Dr. Barbara McAneny (New Mexico Cancer Center) explained that allowing longer system downtime when requiring prior authorizations often lead to extended delays to patient care. She also noted that she supports back-up systems to fill in for system downtime to accommodate for patient care and quick turnaround time. Finally, she noted that NMCC supports 93% system availability or higher, especially for cancer patients and other emergent concerns, such as hospital admission, which are not currently included in these requirements. ○ Susan Langford (Blue Cross Blue Shield Tennessee) mentioned there are “old fashioned” backups for downtime in place providers can use to submit prior authorizations or eligibility and benefits inquiries such as mail and fax. She argued that 93-95% system availability is not feasible from a BCBS TN system maintenance perspective. She noted her organization supports 90% system availability. ○ Merri-Lee Stine (Aetna) noted her organization also supports 90% downtime and highlighted that the most frequent straw poll response was 90% system availability, though it may not have been the average. ○ Donna Campbell (HCSC) noted it was important for the group to consider the inability of vendors and clearinghouses to take complete ownership on backend systems and maintenance due to system requirements. She explained that 90% system availability or higher does not allow for enough time to run updates and does not account for other downtimes for transactions like the X12 270, 275, and 276 updates that require the work of other departments and teams. Additionally, she cited other teams within HCSC that work on infrastructure, database, and security updates that would need to be coordinated with to enact updates. She suggested incorporating a requirement allowing for quarterly updates to increase allowable downtime with advanced notification to accommodate physicians and providers submitting prior authorizations and eligibility. ○ Kevin McDermott (AIM Specialty Health) suggested the system availability requirements should include more explicit planned versus unplanned downtime percentages. ○ Gail Kocher (BCBSA) noted the current rules proposed assume downtime is on one system when there are many additional systems impacted, resulting in a “cascade effect”. 	

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	<ul style="list-style-type: none"> ○ Bob Bowman (CAQH CORE Director) thanked the group for the robust conversation and noted that RWG Co-chairs and CORE staff will include follow up questions pertaining to system availability on the upcoming straw poll for additional feedback from the RWG participants. ● Erin Weber (CAQH CORE Director) reviewed the results and comments related to Real Time Processing Mode Response Time, including the respondent breakdown and noted 54% of respondents supported reducing the Real Time Response Time Requirement. ● Summary of RWG Discussion - Real Time Processing Mode Response Time Requirements: <ul style="list-style-type: none"> ○ Merri-Lee Stine (Aetna) asked for clarification regarding the decision to “jump” to a four second real time processing mode for direct connections. She referenced survey result discrepancies that do not appear to support this four second processing (54% support and 46% do not support reducing the processing mode response time requirement). She also noted there is often a difference in processing time for different applications. ○ Megan Soccorso (Cigna) agreed with Merri-Lee Stine. ○ Diana Fuller (State of Michigan Medicaid) noted 4 seconds is a large jump for a response time requirement. ○ Nihal Titan (Claim MD) noted from his clearinghouse perspective, the intermediary clearinghouses often need less than 4 seconds processing time. ○ Steffi Silva (Availity) asked whether the focus of the straw poll question regarding response times and their impact was for the X12 270/271 transactions. She mentioned that lowering the time from 20 seconds to 4 seconds could be difficult due to 3-4 ‘hops’ that it may take to reach a payer. ○ Erin Weber (CAQH CORE Director) noted that given the feedback on the call, RWG Co-chairs and CORE staff would adjust the recommendations and straw poll follow up questions accordingly. Additionally, she provided a summary of the Real Time Processing Mode Response Time Requirements including the six CAQH CORE Infrastructure Operating Rules with real time processing mode response requirements. ● Erin Weber (CAQH CORE Director) reviewed the results and comments related to Batch Processing Mode Response Time Requirements for Health Care Claims. ● Summary of RWG Discussion - Batching Processing Mode Response Time Requirements – Health Care Claims: <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. ● Erin Weber (CAQH CORE Director) provided reviewed results and comments related to Batch Processing Mode Requirements for Prior Authorizations. She noted that there was no clear consensus 	

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	<p>for changing the second day requirement, therefore there is no recommendation for adjusting Batch Processing Response Time Requirements for prior authorizations.</p> <ul style="list-style-type: none"> • Summary of RWG Discussion Batching Processing Mode Response Time Requirements – Prior Authorization & Referral: <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. • Erin Weber (CAQH CORE Director) reviewed results and comments related to Batch Processing Mode Requirements for Benefit Enrollment. She noted the majority of the RWG support changing response time to either the following day or second business day. • Summary of RWG Discussion: Batch Processing Mode Response Time – Benefit Enrollment: <ul style="list-style-type: none"> ○ Barbara McAneny (New Mexico Cancer Center) stated that physicians need stronger goals and ideally, electronic, and instant benefit enrollment support. • Erin Weber (CAQH CORE Director) reviewed the results and comments related to Batch Processing Mode Response Time requirements for Premium Payment. She noted the majority of the RWG support either maintaining the third business day or changing to the following business day. • Summary of RWG Discussion: Batch Processing Mode Response Time – Premium Payment: <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. • Bob Bowman (CAQH CORE Director) reviewed the non—substantive updates to the infrastructure requirements that were not included in the CAQH CORE Participant Survey, but that will be incorporated into the update across all existing Infrastructure Rules. He explained that the non-substantive updates include: <ul style="list-style-type: none"> ○ Adjustments to the referenced CORE Connectivity version, ○ Updates to the references included in the Master Companion Guide and associated requirements ○ Updates to the DRAFT CAQH CORE Attachments Operating Rules, in alignment with updates to the existing CAQH CORE Infrastructure Rules as agreed upon by the RWG. • Summary of RWG Discussion: Infrastructure Operating Rule Update – Non-Substantive Adjustments <ul style="list-style-type: none"> ○ No questions or comments were raised by RWG participants. 	

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RWG Next Steps (Doc #1 slides #28-30)	<ul style="list-style-type: none"> • Bob Bowman (CAQH CORE Director) reviewed the CAQH CORE RWG's next steps including the RWG Straw Poll #2 due by Friday, 11/5/2021. <ul style="list-style-type: none"> ○ CAQH CORE RWG Co-chairs and staff: <ul style="list-style-type: none"> - Distribute Straw Poll #2 to participants by Friday 10/22/2021 - Draft a call summary of today's call and make available on the CAQH CORE Participant Dashboard for participant review ○ RWG Participating Organizations: <ul style="list-style-type: none"> - Complete Straw Poll #2 by Friday 11/5/2021, end of day - Participate in RWG Call 4 on Thursday 11/18/2021, from 2:00-3:30pm ET where the group will review the results of Straw Poll #2. 	Action required: Agreed to Next Steps.

Call Documentation
Doc 1: RWG Call 3 Slide Deck 10.21.21.pdf Doc 2: RWG Call 2 Summary 09.23.21.pdf

CAQH CORE Contact Information

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Review Work Group (RWG) Call #3 Attendance

Organization	Last Name	First Name	Attended
Aetna	Bakos	Janice	X
Aetna	Bellefeuille	Bruce	X
Aetna	Hodges	Rose	X
Aetna	Rabuffo	Mark	X
Aetna	Stine	Merri-Lee	X
Aetna	Senato	Nancy	

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Organization	Last Name	First Name	Attended
AIM Specialty Health	Grubert	Shaun	
AIM Specialty Health	Shaw	Brian	X
AIM Specialty Health	McDermott	Kevin	X
American Medical Association (AMA)	McComas	Heather	X
American Medical Association (AMA)	Scheid	Tyler	X
American Medical Association (AMA)	Reese	Molly	
Ameritas	Pinzon	Michelle	
Ameritas	Steece	Kristina	
Anthem	Green	Christol	X
Anthem	Bushman	Mary Lynn	
Athenahealth	Fiore	Melissa	X
Availity/X12	Barry	Michelle	
Availity	Beck	Brian	X
Availity	Greer	Justin	
Availity	Howe	Justin	
Availity	Mort	Thomas	
Availity	Sacks	Jeremy	
Availity	Silva	Steffi	X
Blue Cross and Blue Shield Association (BCBSA)	Kocher	Gail	X
Blue Cross Blue Shield of Michigan	Lippert	Susan	X
Blue Cross Blue Shield of Michigan	Monarch	Cindy	
Blue Cross Blue Shield of Michigan	O'Malley	Molly	
Blue Cross Blue Shield of Michigan	Turney	Amy	
Blue Cross Blue Shield of North Carolina	Tummala	Sudheer	X
Blue Cross Blue Shield of North Carolina	Sammons	Heather	X
Blue Cross Blue Shield of North Carolina	Swain	Deborah	
Blue Cross Blue Shield of Tennessee	Langford	Susan	X
Blue Cross Blue Shield of Tennessee	Poteet	Brian	
Centene	Siddanati	Mahesh	X
Centene	Bernard	Alexandra	

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Centers for Medicare and Medicaid Services (CMS)	Haywood	Camille	
Centers for Medicare and Medicaid Services (CMS)	Collins	Diane	
Change Healthcare	Denison	Mike	X
Change Healthcare	McCachern	Deborah	X
Children's Healthcare of Atlanta	Osborn	Jamie	
Claim MD	Titan	Nihal	X
Cigna	Soccorso	Megan	X
Cognizant	Sprague	Dawn	X
Cognizant	Dahl	Nick	
Cognizant	Vanover	Bettina	
CSRA	Nair	Shilesh	X
Edifecs	Boincean	Cristina	X
Harvard Pilgrim	Buckley	Nancy	X
Harvard Pilgrim	Cole	Gary	
Harvard Pilgrim	Starkey	Rhonda	
Health Care Service Corp	Campbell	Donna	X
Health Care Service Corp	Washburn	Racheal	
HealthEdge	Letendre	Cathy	
HealthEdge	Desai	Parag	X
HealthEdge	Hanna	Douglas	X
HEALTHeNET	Gracon	Christopher	X
Humana	Jamison	Sandra	
Humana	Peterson	Amy	
LabCorp	Jeager	Linda	
LabCorp	Rosario Diaz	Gheisha-Ly	
Mayo Clinic	Brannan	Andrea	
Mayo Clinic	Venhuizen	BJ	
Medical Mutual of Ohio, Inc.	O'Neal	Jameelah	
MGMA	Haag	Kelsey	
Michigan Department of Community Health	Fuller	Diana	X

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Michigan Department of Community Health	Veverka	Chuck	
National Council for Prescription Drug Programs (NCPDP)	Weiker	Margaret	X
NEHEN	Delano	David	X
NextGen Healthcare Information Systems, Inc.	Team	Nancy	
New Mexico Cancer Center/NMOHC	Bateman	Tonia	X
New Mexico Cancer Center/NMOHC	McAneny	Barbara	X
OhioHealth	Gabel	Randy	X
OhioHealth	Tummalapalli	Krishna	
PriorAuthNow	Blasinski	Jeffery	X
Security Health Plan of Wisconsin	Koch	Steven	X
Tata Consulting Services	Robinson	Althea	X
The SSI Group, Inc.	Tillman	Tracey	
TrialCard	Randall	Dean	X
UC Davis Health	Marchant	Michael	
UHG	Kalluri	Kiran	X
UHG	Lagoutis	Maria	
UHG	May	Sonya	
UHG	Shamsideen	Janell	
UHG	Vonasek	Barbara	X
WEDI	Tennant	Robert	X
Wells Fargo	St John	June	X
X12	Barry	Michelle	X