Draft Phase V CAQH CORE Operating Rules Package

Contents at a Glance | March 2019 Final Vote

Draft Phase V CAQH CORE Operating Rules Package Contents to Review

Draft Phase V CAQH CORE Operating Rules Set

The **Draft Phase V CAQH CORE Prior Authorization (278) Request / Response Data Content Rule** targets one of the most significant problem areas in the prior authorization process: requests for medical services that are pended due to missing or incomplete information, primarily medical necessity information. These rule requirements reduce the unnecessary back and forth between providers and health plans and enable shorter adjudication timeframes and fewer staff resources spent on manual follow-up.

The **Draft Phase V CAQH CORE Prior Authorization Web Portal Rule** builds a bridge toward overall consistency for referral and prior authorization requests and responses by addressing fundamental uniformity for data fields, ensuring confirmation of the receipt of a request and providing for system availability.

Draft Phase V CAQH CORE Certification Test Suite

The Draft Phase V CAQH CORE Certification Test Suite contains the requirements that must be met by an entity seeking CORE Certification on the Phase V CAQH CORE Operating Rules to be awarded a CORE Certification Seal.

Spotlight on the Draft Phase V CAQH CORE Operating Rule Requirements & Scope

	278 Request / Response Data Content Rule	Prior Authorization Web Portal Rule
Key Rule Requirements	▪ Consistent patient identification and verification to reduce common errors and denials. ▪ Return of specific AAA error codes and action codes when certain errors are detected on the Request. ▪ Return of Health Care Service Decision Reason Codes to provide the clearest explanation to the submitter. ▪ Use of PWK01 Code (or Logical Identifiers Names and Codes and a PWK01 Code) to provide clearer direction on status and what is needed for adjudication. ▪ Detection and display of all code descriptions to reduce burden of interpretation.	▪ Use of the 5010X217 278 Request / Response TR3 Implementation Names or Alias Names for the web portal data field labels to reduce variation. ▪ System availability requirements for a health plan to receive requests, to enable predictability for providers. ▪ Confirmation of receipt of request to reduce manual follow up for providers. ▪ Adherence to the requirements outlined in the 278 Request / Response Data Content Rule when the portal operator maps the collected data from the web portal to the 5010X217 278 transaction.
In Scope	▪ Applies to the 5010X217 278 Request / Response transactions for prior authorizations for procedures, laboratory testing, medical services, devices, supplies or medications within the medical benefit. ▪ Applies when any HIPAA covered entity, conducts or processes the 5010X217 278 Request / Response transaction.	▪ Applies to any web portal used to submit a referral as well as prior authorizations for procedures, laboratory testing, medical services, devices, supplies or medications within the medical benefit. ▪ Applies when any entity and its agent make available a web portal to a provider to submit a prior authorization request or referral.
Out of Scope	▪ Prior authorizations covered by retail pharmacy benefit. ▪ Prior authorization specific to emergency / urgent requests. ▪ Referral requests.	▪ Prior authorizations covered by retail pharmacy benefit. ▪ Does not require any entity to conduct, use or process a prior authorization or referral via a web portal if it does not currently do so.