Committee on Operating Rules For Information Exchange (CORE®)

A CAQH CORE Open Mic Session With OESS
- Implementing Mandated Operating Rules -

December 13, 2012
3:30 pm – 5:00 pm ET
Participating in Today’s Interactive Event

• Download a copy of today’s presentation
• The phones will be muted upon entry and during the presentation portion of the session
• At any time throughout today’s session, you may communicate with our panelists via the web
  – Submit your questions on-line at any time by entering them into the Q&A panel on the right-hand side of the WebEx desktop
  – On-line questions will be addressed first
• At scheduled intervals during this education session, the audience will be invited to submit questions through the telephone
  – Ask your question by phone at the designated time by pressing * followed by the number one(1) on your keypad
Agenda / Question & Answer Topics

• Welcome and Introductions
• ACA Section 1104: Mandated Operating Rules
  – Compliance Requirements
• Federally Mandated Eligibility and Claim Status Operating Rules
  – CAQH CORE Infrastructure Operating Rule Requirements
    • Companion Guide, Response Time, System Availability
    • Connectivity and Security
  – CAQH CORE Eligibility Data Content Operating Rules
    • Eligibility Verification Plus Financials
    • Enhanced Error Reporting & Patient Identification
• Trading Partner Collaboration and Conformance Testing
  – General Implementation
• Wrap-Up
ACA Section 1104: Mandated Eligibility and Claim Status Operating Rules

Timeline and Compliance
ACA Mandated Operating Rules Compliance Dates: Required for all HIPAA Covered Entities

Operating rules encourage an interoperable network and, thereby, are vendor agnostic

Implement by January 1, 2013
- Eligibility for health plan
- Claims status transactions

Implement by January 1, 2014
- Electronic funds transfer (EFT) transactions
- Health care payment and remittance advice (ERA) transactions

Implement by January 1, 2016
- Health claims or equivalent encounter information
- Enrollment and disenrollment in a health plan
- Health plan premium payments
- Referral certification and authorization
- Health claims attachments
Three dates are critical for industry implementation of the first set of ACA mandated Operating Rules. There are two types of penalties related to compliance.

<table>
<thead>
<tr>
<th>Key Area</th>
<th>HIPAA Mandated Implementation</th>
<th>ACA-required Health Plan Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>First Date</td>
<td>Second Date</td>
</tr>
<tr>
<td></td>
<td>January 1, 2013</td>
<td>December 31, 2013</td>
</tr>
<tr>
<td></td>
<td>Compliance Date</td>
<td>Health Plan Certification Date</td>
</tr>
<tr>
<td>Description</td>
<td>Who: All HIPAA covered entities</td>
<td>Who: Health plans</td>
</tr>
<tr>
<td></td>
<td>Action: Implement CAQH CORE Eligibility &amp; Claim Status Operating Rules</td>
<td>Action: File statement with HHS certifying that data and information systems are in compliance with the standards and operating rules²</td>
</tr>
<tr>
<td>Applicable Penalties</td>
<td>Amount: Due to HITECH, penalties for HIPAA non-compliance have increased, now up to $1.5 million per entity per year</td>
<td>Amount: Fee amount equals $1 per covered life³ until certification is complete; penalties for failure to comply cannot exceed on an annual basis an amount equal to $20 per covered life or $40 per covered life for deliberate misrepresentation</td>
</tr>
</tbody>
</table>

¹ CMS OESS is the authority on the HIPAA and ACA Administrative Simplification provisions and requirements for compliance and enforcement. The CMS website provides information on the ACA compliance, certification, and penalties and enforcement process.
² According to CMS, regulation detailing the health plan certification process is under development, and they will release details surrounding this process later this year; CAQH CORE will continue to offer its voluntary CORE Certification program and will share lessons learned with CMS as the Federal process is developed.
³ Covered life for which the plan’s data systems are not in compliance; shall be imposed for each day the plan is not in compliance
Mandated Eligibility & Claim Status Operating Rules: Scope – *19 Days to Compliance Effective Date*

<table>
<thead>
<tr>
<th>Type of Rule</th>
<th>Addresses</th>
<th>CAQH CORE Eligibility &amp; Claim Status Operating Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Content: Eligibility</strong></td>
<td>Need to drive further industry value in transaction processing</td>
<td>More Robust Eligibility Verification Plus Financials</td>
</tr>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Industry needs for common/accessible documentation</td>
<td>Companion Guides</td>
</tr>
<tr>
<td></td>
<td>Industry-wide goals for architecture/performance/connectivity</td>
<td>Response Times</td>
</tr>
</tbody>
</table>

Voluntary Eligibility & Claim Status Operating Rule

“"We are addressing the important role acknowledgements play in EDI by strongly encouraging the industry to implement the acknowledgement requirements in the CAQH CORE rules we are adopting herein."

HHS Interim Final Rule

Acknowledgements*

*Please Note: In the Final Rule for Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transaction, CORE 150 and CORE 151 are not included for adoption. HHS is not requiring compliance with any operating rules related to acknowledgement, the Interim Final Rule.*
Federally Mandated CAQH CORE Connectivity Rules: 
*Requirements Scope for HIPAA Covered Entities*

Mandated healthcare operating rules build upon a range of standards – healthcare-specific (e.g., ASC X12) and industry-neutral (e.g., OASIS, W3C, ACH CCD+).

<table>
<thead>
<tr>
<th>Rule Types</th>
<th>Transactions</th>
<th>Rule Areas</th>
<th>CAQH CORE Rule Numbers</th>
<th>Key Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure</strong></td>
<td>X12 270/271 Eligibility &amp; Benefits and X12 276/277 Claims Status</td>
<td>Response Time Rules (Batch &amp; Real-Time) &amp; System Availability Rule</td>
<td>155, 156, 157, &amp; 250*</td>
<td>Interdependencies of the CAQH CORE Infrastructure Rules must be considered during implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Connectivity Rules</td>
<td>153, 270 &amp; 250*</td>
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<tr>
<td></td>
<td></td>
<td>Companion Guide Rule</td>
<td>152 &amp; 250*</td>
<td></td>
</tr>
<tr>
<td><strong>Data Content</strong></td>
<td>X12 270/271 Eligibility &amp; Benefits</td>
<td>Patient Financial Data Content Rules</td>
<td>154 &amp; 260</td>
<td>Data Content Rules apply only to the Eligibility &amp; Benefits transaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normalizing Patient Last Name &amp; AAA Error Code Reporting Rules</td>
<td>258 &amp; 259</td>
<td></td>
</tr>
</tbody>
</table>

*CAQH CORE Rule 250 applies the CAQH CORE Infrastructure Rules to the X12 276/277 Claims Status transaction.
Available CMS OESS Implementation Tools: 

*Examples*

- **HIPAA Covered Entity Charts**
  - Determine whether your organization is a HIPAA covered entity
- **CMS FAQs**
  - Frequently asked questions about the ACA, operating rules, and other topics
- **Affordable Care Act Updates**
  - Updates on operating rules; compliance, certification, and penalties; and engagement with standards and operating rules
- **Additional Questions**
  - Questions regarding HIPAA and ACA compliance can be addressed to:
    - Chris Stahlecker, OEM/OESS/ASG Acting Director, Administrative Simplification Group, Christine.Stahlecker@cms.hhs.gov
    - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov
Q&A

ACA Federal Compliance

Please submit your question:
• By Phone: Press * followed by the number one (1) on your keypad
• Via the Web: Enter your question into the Q&A pane in the lower right hand corner of your screen
Q&A Program Agenda:

- **Infrastructure Topics #1**
  - Companion Guides
  - Response Time
  - System Availability

- **Infrastructure Topics #2**
  - Connectivity
  - Security

- **Eligibility Data Content Topics**
  - Eligibility Verification
  - Patient Financials
  - Enhanced Error Reporting
  - Patient Identification

- **General Implementation**
  - Trading Partner Collaboration and Conformance Testing
Polling Question: Audience Q&A Focus Areas

Which answer best describes the operating rule category about which your organization has the most eligibility and claim status implementation questions?

- ACA Federal Compliance
- Eligibility Data Content Operating Rules
- Response Time and System Availability Operating Rules
- CORE Connectivity or Security Operating Rules
- Trading partner implementation
- Not Applicable
CAQH CORE Eligibility & Claim Status

Federally Mandated Infrastructure Operating Rules
CAQH CORE Eligibility & Claim Status: 

Federally Mandated Infrastructure Operating Rules

- **Companion Guide**
  - Specify flow and format in health plan companion guide following the CORE v5010 Master Companion Guide Template

- **Response Time**
  - Require entities to conduct real-time processing; Batch processing is optional; however, if entity performs batch processing, then they must conform to requirements for batch
  - Specify maximum response time for both real-time and batch processing
    - Real-time: Maximum response time from submission must be 20 seconds (or less)
    - Batch: Response to transaction submitted by 9 pm E.T. must be returned by 7AM E.T. on the following business day

- **System Availability Rule**
  - Require minimum of 86 percent system availability per calendar week

- **Connectivity Rules**
  - Establish “Safe Harbor” connectivity rule using internet as delivery option to standardize transaction flow between health plan and provider; common transport and envelope standards

**NOTE:** Many of the Federally mandated CAQH CORE Infrastructure Rules also apply to the ASC X12 v5010 835 per CMS-0028-IFC.
The CAQH CORE Companion Guide Rule and Claim Status Rule require that Companion Guides covering v5010 270/271 and v5010 276/277 transactions follow the format and flow of the CORE v5010 Master Companion Guide Template.

The Companion Guide Template* organizes information into distinct sections:

- General Information
- Connectivity with the payer
- Transaction-Specific Information
- Key contact information
- Testing with the payer
- Control segment details
- Payer specific business rules
- Allows health plans (information sources) to tailor the document to meet their particular needs while still maintaining a standard template/common structure

*For more detail, see CORE Rules 152 and 250
The CAQH CORE System Availability Rule and the Claim Status Rule establish guidelines for system availability and provider support for health plan eligibility and claim status transactions including:

- Minimum of **86 percent system availability** (per calendar week)
- Publish regularly scheduled downtime
- Provide one week advance notice on non-routine downtime
- Provide information within one hour of emergency downtime

*For more detail, see CORE Rules 157 and 250*
FAQs: Infrastructure Operating Rules

Response Time Requirements

- When processing in real time, maximum response time for receipt of a v5010 X12 271 or X12 276 by the provider in response to a v5010 X12 270 or X12 276 must be 20 seconds.

- To conform to response time requirement, 90 percent of all transactions, as measured within a calendar month, must be returned within the 20-second maximum response time.

NOTE: The rules hold the health plan and its contracted business associates responsible for the conduct of the transaction that is applicable to them.

CAQH CORE Rules 156 & 250

When Do the 20-Seconds Begin and End?

- The 20-second requirement is the duration for the entire round trip of the transaction.
  - The 20 seconds begin when the v5010 X12 270 Inquiry or X12 276 Request is first submitted by the provider, and end when the X12 271 or X12 277 Response is received by the provider.
  - All ensuing hops between the provider and the health plan are included in these 20 seconds.

- ACA Administrative Simplification provisions require all HIPAA covered entities (i.e., health plans, providers, clearinghouses, etc.) to comply with the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules.
  - Each HIPAA covered entity within the transaction flow is bound by the CAQH CORE requirements for meeting the 20-second round trip of the transaction.

- CAQH CORE recommends a maximum of 4 seconds per hop to meet the 20-second round trip requirement.
CAQH CORE Real Time Processing:
Potential Real Time Transaction Paths

Path #1: Direct Connection: A+B = 20 seconds or less

Path #2: Single Clearinghouse: A+B+C+D = 20 seconds or less

Path #3: Dual Clearinghouse: A+B+C+D+E+F = 20 seconds or less

End-to-End: 20-Second Round Trip
(CAQH CORE recommends no more than 4 seconds per hop)

At starred receipt and transmit points each entity must capture, log, audit, match, & report date, time, and control numbers from its own internal systems and corresponding data received from its trading partners.
Q&A

Companion Guide
Response Time
System Availability

Please submit your question:
• **By Phone**: Press * followed by the number one (1) on your keypad
• **Via the Web**: Enter your question into the Q&A pane in the lower right hand corner of your screen
Entities must support HTTP/S 1.1 over the public Internet as a transport method for both batch and real-time eligibility inquiry and response transaction, and claim status; they must follow:

- Real-time and/or batch request submission and response pickup guidelines
- Security and authentication requirements
- Response message options and error notification
- Response time, time out parameters and re-transmission guidelines
- Prescriptive submitter authentication, envelope specifications, etc.
- Payload-agnostic, can use to send any type of data

For more detail, see CORE Rules 153, 250 and 270

Phase I & II CAQH CORE Connectivity Rules constitute a “Safe Harbor” rule which provides for a uniform method of exchanging administrative transaction data between health plan and provider—but other methods may be used. The rules:

- Apply to information sources performing the role of an HTTP/S server and information receivers performing the role of an HTTP/S client
- Apply to real-time transactions (and batch, if offered; batch NOT required)
- Do not require trading partners to remove existing connections that do not match the rule
- Include prescriptive submitter authentication, envelope specifications, etc., (SOAP and WSDL, Name/Password or X.509 Certificate)

For more detail, see CORE Rules 153, 250 and 270

*Specifically designed to align with key Federal efforts, e.g., NwHIN.
## Federally Mandated CAQH CORE Connectivity Rules:
### High Level Rule Requirements

<table>
<thead>
<tr>
<th>RULE AREA</th>
<th>KEY RULE REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network</strong></td>
<td>Internet</td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td>HTTP</td>
</tr>
<tr>
<td><strong>Transport Security</strong></td>
<td>SSL, TLS <em>(optional)</em></td>
</tr>
<tr>
<td><strong>Submitter (Originating System or Client)</strong></td>
<td>Name/Password</td>
</tr>
<tr>
<td><strong>Authentication</strong></td>
<td>X 509 Certificate <em>(subject to conformance requirements)</em></td>
</tr>
<tr>
<td><strong>Envelope and Attachment Standards</strong></td>
<td>SOAP 1.2 + WSDL and MTOM <em>(for Batch)</em> or HTTP + MIME <em>(subject to conformance requirements)</em></td>
</tr>
<tr>
<td><strong>Envelope Metadata</strong></td>
<td>Metadata defined <em>(Field name, values)</em></td>
</tr>
<tr>
<td><strong>Message Interactions/Routing</strong></td>
<td>New Payload Types for HIPAA and non-HIPAA Payloads</td>
</tr>
<tr>
<td><strong>Acknowledgements, Errors</strong></td>
<td>Real time</td>
</tr>
<tr>
<td><strong>Basic Conformance Requirements</strong></td>
<td>Batch <em>(Optional if used)</em></td>
</tr>
<tr>
<td><strong>Response Time</strong></td>
<td>Specified</td>
</tr>
<tr>
<td><strong>System Availability</strong></td>
<td>Specified</td>
</tr>
<tr>
<td><strong>Companion Implementation Guide</strong></td>
<td>Specified</td>
</tr>
</tbody>
</table>
Federally Mandated CAQH CORE Connectivity Rules: Stakeholder Conformance Guidelines

- CAQH CORE Connectivity Rules apply to health plans (HTTP/S server) and health care providers (HTTP/S client)
  - The rules define conformance requirements for stakeholders based on typical role (client, server) for envelope and authentication standards
  - Diagram illustrates the typical (minimal) roles played by stakeholders (e.g., providers typically clients, health plans typically servers, clearinghouses can act as client or server)

<table>
<thead>
<tr>
<th>If your organization is a:</th>
<th>then your minimum technical role is a:</th>
<th>and CAQH CORE defines technical requirements for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Provider</td>
<td>Client</td>
<td>Client Conformance Requirements</td>
</tr>
<tr>
<td>Clearinghouse/Switch</td>
<td>Client and Server</td>
<td>Client Conformance Requirements Server Conformance Requirements</td>
</tr>
<tr>
<td>Health Plan</td>
<td>Server</td>
<td>Server Conformance Requirements</td>
</tr>
</tbody>
</table>
Federally Mandated CAQH CORE Connectivity Rules: 
**Envelope Standards**

- Stakeholders in server role (e.g., health plans and clearinghouses/switches) must implement both envelope standards (SOAP+WSDL and HTTP MIME Multipart)
- Stakeholders in client role (e.g., healthcare providers or provider vendors) must implement one of the envelope standards

<table>
<thead>
<tr>
<th>If your organization is a:</th>
<th>then you must implement both of these envelope standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>HTTP Multipart, MIME, SOAP</td>
</tr>
<tr>
<td>Clearinghouse/Switch</td>
<td></td>
</tr>
<tr>
<td>Server Conformance</td>
<td></td>
</tr>
<tr>
<td>Requirements</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Provider</th>
<th>then you must implement one of these envelope standards</th>
</tr>
</thead>
<tbody>
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<td>Client Conformance</td>
<td>HTTP Multipart, MIME, SOAP</td>
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<tr>
<td>Requirements</td>
<td></td>
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</tbody>
</table>

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Federally Mandated CAQH CORE Connectivity Rules: Submitter Authentication

- CAQH CORE Connectivity Rules support two methods for Submitter Authentication:
  - Username/Password, using CORE-conformant Envelope to send CORE-conformant Envelope Metadata Username and Password
  - X.509 Certificate based authentication over SSL standard for client certificate based authentication
- Stakeholders in server role (e.g., health plans) choose to implement one of the standards
- Stakeholders in client role (e.g., healthcare providers/provider vendors and clearinghouse components handling submissions to plans) must implement both standards

If your organization is a:

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Server Conformance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>then implement one of these authentication standards</td>
</tr>
<tr>
<td>Health Plan</td>
<td>Username/Password</td>
</tr>
<tr>
<td>Health Plan</td>
<td>X.509 Certificate over SSL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clearinghouse/Switch</th>
<th>Healthcare Provider</th>
</tr>
</thead>
<tbody>
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<td>Clearinghouse/Switch</td>
<td>Client Conformance Requirements</td>
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<tr>
<td>Clearinghouse/Switch</td>
<td>then you must implement both of these authentication standards</td>
</tr>
<tr>
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<td>Username/Password</td>
</tr>
<tr>
<td>Clearinghouse/Switch</td>
<td>X.509 Certificate over SSL</td>
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</tbody>
</table>
Q&A

Connectivity
Security

Please submit your question:
• **By Phone:** Press * followed by the number one (1) on your keypad
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CAQH CORE Eligibility & Claim Status

*Data Content Operating Rules*
Building on the requirements of the ASC X12 standards and industry neutral standards, CAQH CORE Operating Rules add value as industry stakeholders gain the additional benefits of using a consistent infrastructure to deliver and receive robust and important patient eligibility and benefit data.

**ASC X12 270/271 Requirements in v5010**
- Eligibility Status (yes/no)
- Date
- Health Plan Name (if known)

**CAQH CORE Rule Requirements**
- Health Plan Name (if available in responding system)
- Patient financials (deductible, co-pay, co-insurance)
  - In and out of network variances
  - Family and individual
  - Health Plan and benefit variances
- Enhanced Patient Name Verification
- Standard use of AAA Error Codes

PLUS infrastructure rules to generate data flow: response time, connectivity, system availability
CAQH CORE Eligibility & Claim Status
Key Requirements: *Data Content Operating Rules*

- An ASC X12 271 eligibility response to a *generic & explicit* ASC X12 270 eligibility request must include health plan name and patient financials for co-insurance, co-payment, base & remaining deductibles (with network variance if applicable), e.g.,
  - Must return CORE-required data for explicit inquiry requests including one of 51 total CORE-required Service Type Codes (STCs):

<table>
<thead>
<tr>
<th>STC</th>
<th>Service Description</th>
<th>STC</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Care</td>
<td>48</td>
<td>Hospital – Inpatient</td>
</tr>
<tr>
<td>2</td>
<td>Surgical</td>
<td>50</td>
<td>Hospital – Outpatient</td>
</tr>
<tr>
<td>4</td>
<td>Diagnostic X-Ray</td>
<td>51</td>
<td>Hospital – Emergency Accident</td>
</tr>
<tr>
<td>5</td>
<td>Diagnostic Lab</td>
<td>52</td>
<td>Hospital – Emergency Medical</td>
</tr>
<tr>
<td>6</td>
<td>Radiation Therapy</td>
<td>53</td>
<td>Hospital – Ambulatory Surgical</td>
</tr>
<tr>
<td>7</td>
<td>Anesthesia</td>
<td>62</td>
<td>MRI/CAT Scan</td>
</tr>
<tr>
<td>8</td>
<td>Surgical Assistance</td>
<td>65</td>
<td>Newborn Care</td>
</tr>
<tr>
<td>12</td>
<td>Durable Medical Equipment Purchase</td>
<td>68</td>
<td>Well Baby Care</td>
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<tr>
<td>13</td>
<td>Facility</td>
<td>73</td>
<td>Diagnostic Medical</td>
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<tr>
<td>18</td>
<td>Durable Medical Equipment Rental</td>
<td>76</td>
<td>Dialysis</td>
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<td>20</td>
<td>Second Surgical Opinion</td>
<td>78</td>
<td>Chemotherapy</td>
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<td>Chiropractic</td>
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<td>Routine Physical</td>
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<td>Oral Surgery</td>
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<td>Family Planning</td>
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<td>42</td>
<td>Home Health Care</td>
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<td>Emergency Services</td>
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<td>Hospital</td>
<td>93</td>
<td>Podiatry</td>
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<td></td>
<td></td>
<td>98</td>
<td>Professional (Physician) Visit – Office</td>
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<td></td>
<td></td>
<td>99</td>
<td>Professional (Physician) Visit – Outpatient</td>
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<td>Professional (Physician) Visit – Inpatient</td>
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<td>A3</td>
<td>Professional (Physician) Visit – Home</td>
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</tbody>
</table>

- Health plan must normalize submitted and stored last names; if normalized name is not validated, must return a specified AAA code
- Health plans must return specified AAA Error Codes with submitted patient identifying data elements to communicate certain error conditions

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Q&A

Eligibility Verification Plus Financials
Enhanced Error Reporting
Patient Identification

Please submit your question:
• **By Phone:** Press * followed by the number one (1) on your keypad
• **Via the Web:** Enter your question into the Q&A pane in the lower right hand corner of your screen
Implementing Mandated Operating Rules: The Importance of Trading Partner Collaboration

- Providers, health plans and clearinghouses work together in a variety of ways to exchange transaction data.
- The scope of an entity’s mandated operating rules implementation project will depend upon the electronic data flows between trading partners; understand your agreements.
- Vendors play a crucial role in enabling provider clients to realize the benefits of industry adoption of CAQH CORE Operating Rules; engage them.
Testing and Certification: Trading Partner Listing and Voluntary CORE Certification

• Testing with your trading partners is a critical aspect to making your operating rules implementation a success
  – HIPAA covered entities can quickly communicate their organization’s readiness* to testing their conformance with trading partners by adding their company information to the CORE Partner Testing page of the CAQH website
  – If you are ready to test with trading partners, take 5 minutes and add your organization to the CAQH CORE list!

• Since its inception, CAQH CORE has offered a voluntary CORE Certification to health plans, vendors, clearinghouses, and providers
  – Learn more about voluntary CORE Certification here
  – Voluntary CORE Certification provides verification that your IT systems or product operates in accordance with the federally mandated operating rules

* Includes other key IT system/service vendors that support them, such as Practice Management Systems
Q&A

General Implementation

Please submit your question:
• **By Phone:** Press * followed by the number one (1) on your keypad
• **Via the Web:** Enter your question into the Q&A pane in the lower right hand corner of your screen
CAQH CORE Implementation Tools: Examples

- **Trading Partner Readiness Site**: Discover which organizations are ready to test their implementation of operating rules with trading partners.
- **FAQs**: CAQH CORE has a list of FAQs to address typical questions regarding the operating rules; updated FAQs being loaded to website as appropriate given mandates.
- **Request Process**: Contact technical experts as needed at CORE@caqh.org.
- **Voluntary CORE Certification**: Phase I & Phase II CORE Certification. Master Test Suites provide guidance on the stakeholder types to which the rules apply and working with trading partners; enable conformance testing for implementers.
Free CAQH CORE Education Events

- CAQH and NeHC Joint Session: *Countdown to Compliance*
  - Tuesday, December 18, 3:00pm - 4:30pm ET
  - Learn more. [Register Here](#).

- *Coming Soon!* …our [2013 Calendar](#) with a focus on EFT and ERA Operating Rules

- Upcoming CAQH CORE Town Hall Calls
  - January 22, 2013, 3-4 PM ET
  - March 12, 2013, 3-4 PM ET

- Listen to past education sessions including:
  - [CAQH CORE and ASC X12 Webinar: Implementing ACA Mandated Operating Rules Related to Eligibility Data Content](#)
  - [CORE Infrastructure Operating Rules - Ask Any Question](#)
Thank You for Joining Us
Mandated Eligibility & Claim Status Operating Rules

CAQH CORE Eligibility & Claim Status Operating Rules were initially developed in two phases; for ease of use the rules are presented here by transaction addressed and rule type rather than by phase.

• Rules Addressing the **ASC X12 270/271 Eligibility & Benefits Transactions**
  – Data Content Related Rules
    • CAQH CORE 154 & 260: Eligibility & Benefits Data Content Rules
    • CAQH CORE 258: Normalizing Patient Last Name Rule for Eligibility
    • CAQH CORE 259: AAA Error Code Rule for Eligibility
  – Infrastructure Related Rules
    • CAQH CORE 150: Batch Acknowledgements Rule for Eligibility (999)*
    • CAQH CORE 151: Real Time Acknowledgements Rule for Eligibility (999)*
    • CAQH CORE 152: Companion Guide Rule
    • CAQH CORE 155: Batch Response Time Rule for Eligibility
    • CAQH CORE 156: Real Time Response Rule for Eligibility
    • CAQH CORE 157: System Availability Rule
    • CAQH CORE 153 & CAQH CORE 270: Connectivity Rules

• Rules Addressing the **ASC X12 276/277 Claim Status Transactions**
  • CAQH CORE 250: 276/277 Claim Status Infrastructure Rule*

*NOTE: In the **Final Rule for Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transaction**, requirements pertaining to use of Acknowledgements are NOT included for adoption. Although HHS is not requiring compliance with any operating rule requirements related to Acknowledgements, the Final Rule does note “we are addressing the important role acknowledgements play in EDI by strongly encouraging the industry to implement the acknowledgement requirements in the CAQH CORE rules we are adopting herein.”