

CORE Trading Partner Recruitment Tool: Getting Health Plans Involved



A CAQH Initiative

What is CORE?

The Committee on Operating Rules for Information Exchange (CORE) is a multi-stakeholder (health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and others) initiative organized and facilitated by CAQH, a nonprofit healthcare industry alliance working to simplify healthcare administration. CORE participants maintain eligibility/benefits data for more than 130 million Americans (approximately 75 percent of all commercially insured lives) plus Medicaid and Medicare beneficiaries. Working in collaboration they are building consensus on operating rules that will:

1. Enhance interoperability between providers and payers
2. Streamline patient insurance coverage data transactions
3. Reduce the amount of time and resources providers spend on administrative functions – time better spent with patients

Operating rules build on existing standards to make electronic transactions more predictable and consistent, regardless of the technology. Rights and responsibilities of all parties, security, transmission standards and formats, response time standards, liabilities, exception processing, error resolution and more must be clearly defined in order to facilitate successful interoperability. Beyond reducing cost and administrative hassles, operating rules foster trust among all participants.

CORE is solely focused on creating operating rules and will not develop software solutions, a switch, a database or central repository of administrative information.

CORE's vision: provider access to healthcare administrative information before or at the time of service using the electronic system of their choice for any patient or health plan.

CORE Operating Rules

CORE Phase I rules – CORE Phase I rules cover a number of key eligibility and benefits data elements and the processes required to exchange them. They are helping providers:

- Determine whether a health plan covers the patient
- Determine patient benefit coverage
- Confirm coverage of certain treatments and the patient's co-pay amount, coinsurance level and base deductible levels (as defined in the member contract) for each of those types.

Phase I rules and policies developed to govern exchange of this data include:

- System connectivity
- Standard inquiry acknowledgements
- Maximum response times (batch and real-time)
- Minimum hours a system must be available
- Standard 270/271 companion guide flow and format
- Standard testing, certification and enforcement processes to ensure CORE compliance

CORE Phase II Rules – CORE Phase II Rules build on those rules created in Phase I. The Phase II rules add several new rules and require reporting of patient financial responsibility for an increased number of service codes.

Phase II rules developed to govern the exchange of administrative data include:

- Patient identification
- Patient accumulators
- Claims status
- Connectivity

CORE Phase III Rules –Work on the Phase III rules is underway. Phase III rules will focus on improving the electronic delivery of additional administrative transactions, such as prior authorization and remittance advice. Rule writing for all areas takes into consideration any related 5010 requirements.

Additional eligibility components and business transactions will be addressed by CORE in later phases.

Who Can Become CORE-certified?

Any entity that creates, transmits or uses eligibility or claims status data (clearinghouses, health plans, providers, IT vendors) is eligible to become CORE-certified and receive the CORE Seal. The CORE Seal indicates a company has successfully completed certification testing with a CORE-authorized testing vendor, ensuring its compliance with all the CORE rules.

Entities that do not create, transmit or use eligibility or claims status data, or are small providers, are eligible to become a CORE Endorser. Endorsing organizations are not eligible to become certified, but can demonstrate their support for the CORE mission and the rules by applying for and using the CORE Endorser Seal.

Adopting The CORE Rules: Health Plans

Adopting the rules may mean that a health plan will need to make changes to its inquiry capabilities and the way in which it interacts with its vendors regarding coverage information.

The CORE certification process has four components:

- Pre-certification planning and evaluation
- Signing and submitting the CORE Pledge
- CORE certification testing
- Applying for the CORE Seal

Each of the components has key steps which must be completed prior to moving on to the next component.

<p>CORE Rules: Benefits To Health Plans</p> <ul style="list-style-type: none">• Increased electronic inquiries and a commensurate decrease in phone inquiries• Reduced administrative costs and resources• Improved accuracy of received claims• Improved member and provider network satisfaction

See the attached [CORE Certification: A Step-By-Step Process](#) document for more information. The CORE documents required to complete each component step are indicated and accessible through the CAQH website (www.caqh.org). The key contact to answer your questions about specific steps also is indicated at the end of each component.

NOTE: CORE certification is different than participation in the CORE rules development process. To participate in CORE, please contact CAQH at CORE@caqh.org or call (202) 861-6380.