CAQH Committee on Operating Rules for Information Exchange (CORE)
FAQs Part F: ACA Section 1104 Certification, CORE Certification, Proposed CORE HIPAA Credential, and CORE Endorsement

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CAQH CORE is the authoring entity for two sets of ACA Section 1104 mandated national operating rules.

This document is for informational purposes only; in the case of a discrepancy between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take(s) precedence.
I. Background on ACA Section 1104 Certification

1. What entities are required to certify with HHS that their data and information system are in compliance with the HIPAA-mandated transaction standards and associated operating rules?

As the ACA Administrative Simplification provisions build on and update the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), ACA Section 1104 requires all HIPAA covered entities to comply with the HIPAA-mandated transaction standards and associated operating rules.

Beyond general HIPAA compliance, ACA Section 1104 requires health plans to file a statement with HHS certifying that their data and information systems are in compliance with any applicable standards and associated operating rules for the following 9 healthcare administrative and financial transactions:

- Eligibility for a health plan
- Health claim status
- Electronic funds transfers
- Healthcare payment and remittance advice
- Health claims or equivalent encounter information
- Enrollment and disenrollment in a health plan
- Health plan premium payments
- Health claims attachments
- Referral certification and authorization

On December 31, 2013, HHS issued a Notice of Proposed Rulemaking (NPRM) proposing requirements for the first health plan certification addressing four of nine the transactions: eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) transactions. To date, HHS has not issued regulations regarding health plan certification for the remaining five transactions. The NPRM specifies that HHS will adopt certification requirements for these transactions in subsequent rulemaking.

**Please Note:** CAQH CORE is not authorized to determine if an organization or individual is a HIPAA covered entity. CMS provides charts to help organizations determine if they are a HIPAA covered entity. HHS also provides FAQs on whether an organization constitutes a covered entity.

2. Has HHS issued any guidance on the ACA-mandated process by which health plans must certify their compliance with the HIPAA-mandated transaction standards and associated operating rules?

Yes. On December 31, 2013, HHS issued a Notice of Proposed Rulemaking (NPRM) on the ACA-mandated health plan certification. The NPRM (RIN 0938-AQ85) address certification requirements for: eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA). The NPRM specifies that HHS will adopt certification requirements for the remaining five transactions addressed in ACA Section 1104 in subsequent rulemaking.

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3. What options does the HHS Notice of Proposed Rule Making (NPRM) propose for health plans to meet the certification requirements for the eligibility, claim status, electronic funds transfer (EFT), and electronic remittance advice (ERA) transactions?

The December 31, 2013 NPRM proposes **two potential options** for health plans to meet the requirements for this first ACA-mandated health plan certification:

- **Option 1: Obtain a HIPAA Credential:** The NPRM proposes that health plans may apply to receive a HIPAA Credential by attesting that they have successfully tested the applicable HIPAA transaction standards and associated operating rules for eligibility, claim status, electronic funds transfers (EFT) and electronic remittance advice (ERA) with trading partners.

- **Option 2: Complete CORE Certification:** The NPRM proposes receipt of a Phase III CORE Certification Seal as the second option for health plans to meet the HHS-required certification. Health plans that successfully complete certification testing with a CORE-authorized testing vendor and submit the required documentation will receive a Phase III CORE Certification Seal demonstrating their compliance.

HHS is accepting public comments on the NPRM through April 3, 2014. For information on the CAQH CORE efforts in response to the Public Comment Period see FAQ #13 below, “Will CAQH CORE be submitting a comment letter on the HHS Notice of Proposed Rule Making (NPRM) on the first ACA-mandated health plan certification to HHS?”

4. When is the proposed timeframe for health plans to comply with the first ACA-mandated health plan certification addressing the eligibility, claim status, electronic funds transfer (EFT), and electronic remittance advice (ERA) transactions?

Per the HHS NPRM, it is proposed **most** health plans must complete the requirements for the first ACA-mandated certification by **December 31, 2015.** The NPRM proposes requirements for Controlling Health Plans (CHPs) to complete the health plan certification on behalf of their Subhealth Plans (SHPs) using the CHP Health Plan ID (HPID). **Please Note:** The CMS website provides guidance [HERE](#) on the HPID and the differentiation between CHPs and SHPs.

Section II(A)(3)(e)(7)(a)(ii) of the NPRM proposes the following timeline for CHPs to submit the certification documentation:

- **CHPs that obtain an HPID before January 1, 2015:**
  - Can begin to meet HHS submission requirements on January 1, 2015; documentation must be submitted by December 31, 2015
  - The NPRM specifies that January 1, 2015 “is the ‘start date’ by when we [HHS] will be ready to accept the submission of documents. This does not mean a CHP must obtain a CORE Phase III Seal or HIPAA Credential during the period of January 1, 2015 through December 31, 2015, as the CHP could be awarded either one earlier.”

- **CHPs that obtain an HPID January 1, 2015 through December 31, 2016:**
  - Required to meet the submission requirements for the first certification of compliance within 365 calendar days of obtaining an HPID

- **CHP that obtains an HPID after December 31, 2016:**
  - Certification requirements for these CHPs may be addressed in later rulemaking

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5. **What is the Health Plan Identifier (HPID)?**

The **HIPAA Administrative Simplification provisions** included a requirement for the HHS Secretary to establish a HPID for the purpose of identifying health plans in the HIPAA-mandated transaction standards. **ACA Section 1104(c)(1)** further requires the HHS Secretary to promulgate a Final Rule establishing a unique standard HPID to be effective not later than October 1, 2012.

In September 2012, HHS announced a **Final Rule** (RIN 0938–AQ13) that specifies requirements for a HPID that must be used to identify health plans in the HIPAA-mandated transaction standards. Section I(A)(1)(a) of the Final Rule notes that “*The adoption of the HPID […] will increase standardization within HIPAA standard transactions and […] will allow for a higher level of automation for health care provider offices, particularly for provider processing of billing and insurance related tasks, eligibility responses from health plans, and remittance advice that describes health care claim payments.*” The CMS website provides guidance [HERE](#) on the Final Rule and the process for health plans to obtain and use a HPID.

**Please Note:** CAQH CORE is not authorized to provide guidance on the HHS HPID Final Rule. CMS is the **HHS designated authority** on any decisions regarding interpretation, implementation, and enforcement of the regulations adopting the HIPAA and ACA Administrative Simplification standards and provisions. Within CMS, the Office of E-Health Standards and Services (OESS) enforces the regulations addressing the HIPAA and ACA-mandated transactions, national identifiers (Employer, Provider, and Health Plan identifiers), operating rules, health plan certification, and additional standards (see CMS FAQ#1793). As the authority, questions on the regulations should be directed to CMS OESS.

6. **My organization is a health plan. Can CAQH CORE provide guidance on how we can obtain a Health Plan Identifier (HPID) and/or how the HPID should be used?**

The September 2012 HHS **Final Rule** (RIN 0938–AQ13) establishing the HPID includes requirements for:

- “An HPID as the standard for the unique identifier for health plans…
- Instructions and guidance concerning how health plans may obtain an HPID…
- Requirements that covered entities will have to meet to use the unique health plan identifier in standard transactions”

For details on the provisions of the Final Rule, see Section II, **Provisions of the Proposed Rule to Adopt a Standard for a Unique Health Plan Identifier**. CAQH CORE is not authorized to provide guidance on the HHS Final Rule adopting the HPID. The CMS website provides guidance [HERE](#) on the Final Rule and the process for health plans to obtain and use a HPID.

**Please Note:** CMS is the **HHS designated authority** on any decisions regarding interpretation, implementation, and enforcement of the regulations adopting the HIPAA and ACA Administrative Simplification standards and provisions. Within CMS, the Office of E-Health Standards and Services (OESS) enforces the regulations addressing the HIPAA and ACA-mandated transactions, national identifiers (Employer, Provider, and Health Plan identifiers), operating rules, health plan certification, and additional standards (see CMS FAQ#1793). As the authority, questions on the regulations should be directed to CMS OESS.

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7. Can penalties be assessed against health plans that fail to complete the ACA-mandated health plan certification with HHS?

Yes. ACA Section 1104 directs the HHS Secretary to conduct periodic audits to ensure that health plans, including entities that have service contracts with health plans, are in compliance with any HIPAA-mandated standards and associated operating rules. Additionally, ACA Subsection 1104(b)(2) mandates the following requirements regarding penalties to be against health plans that fail to certify compliance with HHS:

- HHS Secretary shall assess a penalty fee against a health plan that has failed to meet the requirements for certification and documentation of compliance with the HIPAA-mandated transaction standards and associated operating rules.
- The penalty fee will be $1 per covered life until certification is complete. The penalty shall be assessed per person covered by the plan for which its data systems for major medical policies are not in compliance and shall be imposed against the health plan for each day that the plan is not in compliance.
- A health plan that knowingly provides inaccurate or incomplete information in a statement of certification or documentation of compliance shall be subject to a penalty fee that is double the amount that would otherwise be imposed.
- The amount of the penalty fee imposed shall be increased on an annual basis by the annual percentage increase in total national health care expenditures, as determined by the HHS Secretary.
- A penalty fee assessed against a health plan shall not exceed, on an annual basis, either: 1) $20 per covered life under such plan OR 2) $40 per covered life under the plan if such plan has knowingly provided inaccurate or incomplete information.

For more information on the ACA-mandated health plan certification, see the CMS website.

Please Note: CMS is the HHS designated authority on any decisions regarding interpretation, implementation, and enforcement of the regulations adopting the HIPAA and ACA Administrative Simplification standards and provisions. Within CMS, the Office of E-Health Standards and Services (OESS) enforces the regulations addressing the HIPAA and ACA-mandated transactions, national identifiers (Employer, Provider, and Health Plan identifiers), operating rules, health plan certification, and additional standards (see CMS FAQ#1793). As the authority, questions on the regulations should be directed to CMS OESS.

8. ACA Section 1104 requires the HHS Secretary to adopt standards and operating rules addressing nine electronic healthcare administrative and financial transactions. Why does the December 31, 2013 HHS Notice of Proposed Rulemaking (NPRM) on the ACA-mandated health plan certification address only four of the transactions?

ACA Section 1104 requires health plans to file a statement with HHS certifying that their data and information systems are in compliance with the HIPAA-mandated transaction standards and associated operating rules for nine healthcare administrative and financial electronic transactions.

Per ACA Section 1104, this certification will occur in two stages. The first certification addresses the first four transactions: eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA). The second certification addresses the: health claims or equivalent encounter information, health plan enrollment/disenrollment, health plan premium payment, referral certification and authorization, and claims attachments transactions. The HHS NPRM states that HHS will adopt certification requirements for these transactions in subsequent rulemaking.

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9. Has HHS issued guidance on the health plan certification requirements for the remaining transactions addressed by ACA Section 1104?

No. To date, HHS has only issued proposed regulations for the first certification of ACA-mandated health plan certification addressing the eligibility, claim status, electronic funds transfers, and healthcare payment and remittance advice transactions. The HHS Notice of Proposed Rulemaking (NPRM) on the first certification specifies that HHS will adopt certification requirements for the remaining five transactions in subsequent rulemaking.

10. My organization is a HIPAA covered health plan. We currently do not support some of the HIPAA-mandated transactions addressed by the first ACA-mandated health plan certification. As we do not use the transaction standards, are we exempt from compliance with the ACA-mandated certification for these transactions?

Under the HIPAA Administrative Simplification provisions, health plans are “required to have the capacity to accept and/or send (either itself, or by hiring a health care clearinghouse to accept and/or send on its behalf) a standard transaction that it otherwise conducts but does not currently support electronically” (see CMS FAQ #8121). This requirement applies to all of the HIPAA-mandated transaction standards. As the ACA Administrative Simplification provisions build on and update the HIPAA provisions, ACA Section 1104 requires all HIPAA covered entities, including health plans, to comply with any associated mandated operating rules for the HIPAA-mandated transaction standards.

Beyond general HIPAA compliance, ACA Section 1104 requires health plans to file a statement with HHS certifying that their data and information systems are in compliance with any applicable HIPAA-mandated transaction standards and associated operating rules for the following 9 healthcare administrative and financial transactions:

- Eligibility for a health plan
- Health claim status
- Electronic funds transfers
- Healthcare payment and remittance advice
- Health claims or equivalent encounter information
- Enrollment and disenrollment in a health plan
- Health plan premium payments
- Health claims attachments
- Referral certification and authorization

On December 31, 2013, HHS issued a Notice of Proposed Rulemaking (NPRM) proposing requirements for the first health plan certification addressing four of the nine transactions: eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) transactions. To date, HHS has not issued regulations regarding health plan certification for the remaining five transactions. The NPRM specifies that HHS will adopt certification requirements for these transactions in subsequent rulemaking.

In Sum: Under the HIPAA and ACA Administrative Simplification provisions, HIPAA covered health plans must both: 1) Have the capability to accept and/or send the HIPAA-mandated transaction standards and 2) Certify with HHS that their data and information systems are in compliance with the HIPAA-mandated transaction standards and associated operating rules.

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11. My organization is a Third Party Administrator (TPA) that is contracted to process claims on behalf of a health plan (i.e., a contracted business associate of a health plan). Are we required under ACA Section 1104 to certify compliance with HHS?

ACA Section 1104 requires all HIPAA covered entities to comply with the HIPAA-mandated transaction standards and associated operating rules. Beyond general HIPAA compliance, ACA Section 1104 requires health plans to certify their compliance with HHS. As part of this documentation of compliance, ACA Subsection 1104(b)(1)(c) specifies that “a health plan shall be required to ensure that any entities that provide services pursuant to a contract with such health plan shall comply with any applicable certification and compliance requirements (and provide the Secretary with adequate documentation of such compliance).”

On December 31, 2013, HHS issued a Notice of Proposed Rulemaking (NPRM) on the first ACA-mandated health plan certification addressing the eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) transactions. Section I(B)(5) of the NPRM specifies that “the [Social Security] Act extends the certification and submission requirements to entities that have service contracts with health plans, though the compliance onus remains on the health plan” (emphasis added).

In Sum: As a TPA, you will need to determine if your organization is a HIPAA covered health plan or a contracted business associate in order to determine appropriate certification and compliance requirements. CAQH CORE is not authorized to make this determination.

Please Note: CAQH CORE is not authorized to determine if an organization or individual is a HIPAA covered entity. CMS provides charts to help organizations determine if they are a HIPAA covered entity. HHS also provides FAQs on whether an organization constitutes a covered entity.

12. Where can I obtain a copy of the HHS Notice of Proposed Rule Making (NPRM) on the first ACA-mandated health plan certification?

On December 31, 2013, HHS issued an NPRM proposing requirements for the first ACA-mandated health plan certification addressing the eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) transactions. The HHS NPRM, RIN 0938–AQ85, is available online in the Federal Register HERE.

13. Will CAQH CORE be submitting a comment letter on the HHS Notice of Proposed Rule Making (NPRM) on the first ACA-mandated health plan certification to HHS?

Yes. HHS is accepting public comments on the NPRM through April 3, 2014. CAQH CORE developed a timeline to collect industry input and submit a comment letter on the NPRM to HHS. On February 21, 2014 CAQH CORE issued a Final Model Comment Letter that both CORE and non-CORE Participants may customize and use as they deem appropriate in submitting comments on the NPRM to HHS. The Model Comment Letter is available on the CAQH CORE website HERE.
II. Introduction to CORE Certification

A. CORE Certification: Overview & Policies

i. CORE Certification Overview

1. What does it mean to be CORE-certified?

CORE Certification is offered by CAQH CORE. CORE Certification means an entity has demonstrated its conformance with the CAQH CORE Operating Rules by signing the CORE Certification Pledge and successfully completing the certification testing requirements for a phase of CAQH CORE Operating Rules with a CAQH CORE-authorized Testing Vendor. Successful CORE Certification testing demonstrates an entity’s conformance with the rules for a particular phase of CAQH CORE Operating Rules.

Entities pursuing CORE Certification can become certified on the Phase I CAQH CORE Operating Rules, both the Phase I & II CAQH CORE Operating Rules, or the Phase I, II, and III CAQH CORE Operating Rules.

Phase I CORE Certification:

Any entity that creates, transmits, or uses eligibility/benefits data can become CORE-certified on the Phase I CAQH CORE Rules. An entity that becomes certified on the Phase I CAQH CORE Eligibility Rules is expected to exchange eligibility and benefits information, per the requirements of the Phase I CAQH CORE Rules and Policies, with all of its trading partners.

Phase II CORE Certification:

Any entity that becomes certified on the Phase II CAQH CORE Eligibility & Claim Status Rules will be expected to exchange eligibility and benefits information and/or claim status information, per the requirements of the Phase II CAQH CORE Rules and Policies, with all of its trading partners – dependent upon whether one or both of these transactions are offered.

Phase III CORE Certification:

Any entity that becomes certified on the Phase III CAQH CORE EFT & ERA Rules will be expected to exchange Healthcare Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) information per the requirements of the Phase III CAQH CORE Rules and Policies, with all of its trading partners – dependent upon whether one or both of these transactions are offered.

After an entity successfully completes the CORE Certification process, it can market itself as Phase I, Phase II, and/or Phase III CORE-certified, as appropriate. For more information about CORE Certification, please refer to the CORE Certification: Step-By-Step Process webpage.

NOTES:

1. CORE Certification does not replace trading partner relationships.
2. To ensure providers experience the benefits that arise from the adoption of the CAQH CORE Operating Rules, CAQH CORE encourages small providers to consider requesting/requiring that their vendor is

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2. Does my organization need to complete earlier phases of CORE Certification prior to becoming CORE-certified on a later phase?

Yes. To become certified on a higher phase of CAQH CORE Operating Rules an entity must be CORE-certified on the earlier phases. CAQH CORE represents a phased approach to developing operating rules for healthcare administrative transactions. Each subsequent CAQH CORE phase builds and expands on the previous phase(s):

- The Phase II CAQH CORE Operating Rules build on and expand the requirements of the X12 v5010 270/271 eligibility data content operating rules and specify more prescriptive requirements for connectivity and security beyond the Phase I Connectivity/Security rule. In Phase II, new X12 v5010 270/271 eligibility data content rules were also added to enhance patient identification matching and error reporting and the application of the Phase I infrastructure rules conduct of the X12 v5010 276/277 claim status transaction.

- Phase III CAQH CORE builds on the Phase I & II foundation by adopting new infrastructure rules for exchange of the HIPAA-mandated Healthcare EFT Standards (the NACHA CCD+ and the ASC X12 v5010 835 TR3 TRN Segment) and the X12 v5010 835 Electronic Remittance Advice transactions, including applying the Phase I & II connectivity/security, companion guide, and batch acknowledgement requirements to the conduct of the X12 v5010 835. The Phase III Rules also include data content requirements uniform and consistent use of the Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) in the X12 v5010 835.

CORE Certification on phases of the CAQH CORE Operating Rules can be completed concurrently or successively. An entity may choose to test and become certified for Phase I, then Phase II, and later Phase III or undergo combined CORE Certification testing for all three phases concurrently. See the CAQH CORE Certification Policies (Phase I, Phase II, & Phase III).

NOTE: The only exception to this policy applies to vendors and clearinghouses, given their products may only address certain transactions (unlike health plans and providers). Vendors/clearinghouses/practice management systems that offer only one of the applicable transaction sets may become CORE-certified on only the relevant CAQH CORE Operating Rules phase. For example, vendors/clearinghouses that offer only the X12 v5010 276/277 claim status transactions can become CORE-certified on only the Phase II CAQH CORE Operating Rules for the claim status transactions while vendors/clearinghouses that offer only the X12 v5010 835 &/or Healthcare EFT Standards can become CORE-certified on only the applicable Phase III CAQH CORE EFT & ERA Operating Rules.

3. Will CAQH CORE continue to offer CORE Certification on earlier CAQH CORE phases or will earlier phases cease to be supported after some time?

Yes, CORE Certification for earlier phases of CAQH CORE Operating Rules will continue to be available as there is no currently established policy for withdrawing or deprecating previous phases of CAQH CORE Operating Rules.

CAQH CORE represents a phased approach to developing operating rules for healthcare administrative transactions. As CAQH CORE moves to future rule phases, CORE-certified entities and entities wishing to become CORE-certified are encouraged to adopt and become certified at the highest, most recently-approved, phase of CAQH CORE Operating Rules. Broader adoption of advanced CAQH CORE Operating Rules will

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enhance the usability and content of various administrative transactions while decreasing associated administrative costs and resources.

To become certified on a higher phase of CAQH CORE Operating Rules an entity must be CORE-certified on the earlier phases. An entity may choose to test and become certified for Phase I, then Phase II, and later Phase III or undergo combined CORE Certification testing for all three phases concurrently.

4. **Does an organization need to comply with all requirements of a specific phase of CAQH CORE Operating Rules (e.g., data, connectivity) in order to become CORE–certified on the phase or is CORE Certification available on individual requirements?**

An entity seeking CORE Certification must comply with all of the CAQH CORE Operating Rules applicable to its stakeholder type in order to become certified on the CAQH CORE Operating Rules phase, with the following exceptions:

- **Connectivity Rule:** CORE Certification is available for both real time and batch processing. However, if an entity does not support batch transactions, it is not required to conform to the batch rules. An entity supporting both real time and batch is required to comply with rules for both. Conformance is only required for the transaction(s) offered by the certifying entity.
- **If a vendor or clearinghouse does not offer a product/service for which CORE Certification exists in a specific phase, it may be certified after submitting an attestation to this fact. For example, when a vendor or clearinghouse does not conduct eligibility X12 v5010 270/271 transactions, but rather offers only X12 v5010 276/277 or the Healthcare EFT Standards and X12 v5010 835 transactions, it will not have to comply with the CAQH CORE Operating Rules applicable to eligibility.**

5. **How does my organization achieve CORE Certification?**

The CORE Certification process has four components. Each component has multiple steps which must be completed prior to moving on to the next component:

### Component 1. **Pre-certification Planning and Systems Evaluation**

**Step 1.** Obtain and review the applicable CAQH CORE Rules and Policies

**Step 2.** Obtain and review the applicable CAQH CORE Certification Policy(ies)

**Step 3.** Obtain and review the applicable CAQH CORE Testing Policy(ies)

**Step 4.** Obtain and review the applicable CAQH CORE Master Test Suite(s)

**Step 5.** Obtain and review the applicable CAQH CORE Master Test Bed Data if completing Phase I or Phase II CORE Certification

**Step 6.** Identify systems/software gaps between the CAQH CORE rule requirements and your organization’s current systems capabilities and create a project plan to eliminate any gaps.

- CAQH CORE offers Analysis & Planning Guides that can help entities to identify system/software gaps create a project plan to complete system remediation:
  - [Analysis & Planning Guide for CAQH CORE Eligibility & Claim Status Operating Rules](#)
  - [Analysis & Planning Guide for CAQH CORE EFT & ERA Operating Rules](#)

**Step 7.** Determine if your organization is eligible for the CORE Health Plan IT System Exemption. If your organization qualifies for this exemption, obtain and complete the Health Plan IT Exemption Request Form.

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Step 8. Determine when your organization is ready to sign the CORE Pledge.

Component 2. **Signing and Submitting the CORE Pledge**

Step 1. Sign the appropriate CORE Pledge (Phase I, Phase II, and/or Phase III).
Step 2. Submit the signed CORE Pledge to CAQH.

Component 3. **CORE Certification Testing**

Step 1. Schedule CORE certification testing with your selected CORE-authorized testing vendor.
Step 2. Complete CORE certification testing within the 180-day pledge window.
Step 3. RemEDIATE all systems/software issues identified by the CORE-authorized testing entity and, if necessary, repeat the certification testing.

Component 4. **Applying for the CORE Certification Seal**

Step 1. Determine your CORE Seal fee by reviewing the CORE Certification Seal fee scale
Step 2. Complete the appropriate CORE Seal Application form(s)
Step 3. Submit the completed CORE Seal Application with required paperwork and a check for the appropriate CORE Seal fee to CAQH CORE.

Additional information on completing each component is available on the [CORE Certification: Step-By-Step Process](#) webpage

6. **What is the level of effort, time commitment, and length of time to become CORE-certified?**

The effort level/time commitment/length of time will depend upon how many adjustments an organization needs to make to its IT system(s) in order to become conformant with the CAQH CORE Operating Rules on which an entity is testing and thus be prepared to complete CORE Certification testing. If an entity completes a thorough gap analysis and makes the appropriate IT changes before beginning CORE Certification testing, the certification testing period could be anywhere from 20-60 days, depending on the resources the entity puts toward the certification testing effort.

Please see the [CORE Certification Step-by-Step Process](#) for an overview of all steps required to be completed to obtain a CORE Certification Seal. Please contact CAQH CORE at [CORE@caqh.org](mailto:CORE@caqh.org) if you would like to be put in touch with others who have completed or begun certification testing.

7. **Why sign the CORE Pledge to become CORE-certified?**

Signing the CORE Certification Pledge ([CAQH CORE 101](#) for Phase I, [CAQH CORE 201](#) for Phase II, or [CAQH CORE 301](#) for Phase III) is the first step in the CORE Certification Process. By signing the CORE Pledge, an entity agrees to be publicly recognized as a supporter of CAQH CORE’s mission and operating rules. In addition, the entity is demonstrating its commitment to adopt, implement, and conform to the CAQH CORE Operating Rules and to use reasonable efforts to encourage its trading partners to use the CAQH CORE Operating Rules.

Signing the CORE Certification Pledge commits the organization to ensure its IT system(s) conform to the CAQH CORE Operating Rules. If seeking CORE Certification, an entity must complete certification testing within 180 days of signing the CORE Certification Pledge.

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8. Is the CORE Certification Pledge binding?

Organizations may sign the CORE Certification Pledge (Phase I, Phase II, or Phase III) at any time after the CAQH CORE Operating Rules are developed and approved by the Full CORE Voting Membership, and may withdraw from the Pledge at any time. However, an organization signing the CORE Certification Pledge is committing to completing CORE Certification testing within 180 days of signing.

9. What does it mean to have 180 days to complete CORE Certification?

After signing the CORE Certification Pledge, an entity pursuing CORE Certification has 180 days to complete CORE Certification testing by working with a CAQH CORE-authorized testing vendor and submitting its CORE Certification application to CAQH. It is expected that entities will take all necessary steps into consideration when determining their work plan for becoming CORE-certified. Per the CORE Certification Policies, CAQH has 30 business days to process the application.

10. What is the necessary paperwork required to submit with the CORE Certification Seal Application?

- Certification Seal Application Form
- Stakeholder-specific CORE Certification Seal fee (if applicable)
  - The CORE Certification Seal Fee is a one-time cost per phase of CORE Certification being sought.
- Documentation of successful completion of CORE Certification testing with a CAQH CORE-authorized testing vendor
- HIPAA Attestation Form
- Health Plan IT Exemption Form (if applicable)

All of the required documents are available on the CORE Certification: Step-By-Step Process webpage.

11. What is the CORE Certification HIPAA Attestation Form, and who has to sign it?

CAQH CORE will not test for HIPAA compliance for entities pursuing CORE Certification. All organizations that operate under the CAQH CORE Operating Rules are assumed to be HIPAA compliant. Organizations pursuing certification on the CAQH CORE Operating Rules will be asked to attest to this fact when applying for the CORE Certification Seal by completing and signing the CORE HIPAA Attestation Form (Phase I, Phase II, &/or Phase III). The form must be signed by an appropriate senior-level executive. Vendors and other non-HIPAA covered entities will have to sign the form as well.

12. What is the cost of the CORE Certification Seal and CORE Certification testing?

Entities successfully completing CORE Certification testing will be charged a fee to obtain an appropriate CORE Certification Seal based on the entity’s net annual revenues. CORE Certification Seal fees range from free for government entities to $6,000 for entities with $75 million and above in net revenue. The Seal cost is a one-time cost per phase (and per vendor product, if applicable).

Health Plans:
- Below $75 million in net annual revenue: $4,000 fee
- $75 million and above in net annual revenue: $6,000 fee

Clearinghouses:

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- Below $75 million in net annual revenue: $4,000 fee
  - EHNAC HNAP-EHN accreditation - apply 10% ($400) discount
- $75 million and above in net annual revenue: $6,000 fee
  - EHNAC HNAP-EHN accreditation - apply 10% ($600) discount

Vendors:
- Below $75 million in net annual revenue: $4,000 fee
- $75 million and above in net annual revenue: $6,000 fee

Providers:
- Up to $1 billion in net annual revenue: $500 fee
- $1 billion and above in net annual revenue: $1,500 fee

Endorsers: *(Only for entities that do not create, transmit, or use eligibility or claim status data.)*
- No fee

NOTES:

1. There is no charge to Federal or State government entities to receive the CORE Certification Seal.
2. There is no charge to CAQH Member Health Plans to receive the CORE Certification Seal.
3. This fee is a one-time cost for each phase of CORE Certification, unless an entity becomes de-certified or if major changes to the rules are approved by the Full CAQH CORE voting Membership (Reference CORE Certification Policies: Phase I, Phase II, & Phase III).
4. CAQH CORE-authorized testing vendors may also charge a fee for CORE Certification testing, as determined by each of the authorized vendors. Please discuss this with your CAQH CORE-authorized testing vendor.

13. Once the required paperwork for CORE Certification has been submitted to CAQH, how long does it take to receive the CORE Certification Seal?

Per the CORE Certification Policies (Phase I, Phase II, & Phase III), CAQH will complete its processing of the paperwork in no more than 30 business days. All entities will be informed of their queue status at the time of submission if CAQH has a large number of applications.

14. What entities are CORE-certified?

See the CORE Certification lists for further information.

15. For CORE-certified vendors, how can I find out what product is certified?

See the list of pending and currently CORE-certified entities/products which specifically lists vendor product CORE Certification.

16. Can I put the CORE Certification Seal up on my organization’s website?

Yes. After processing your CORE Certification application, CAQH CORE will send you an electronic copy of your CORE Certification Seal for the appropriate phase for which certification has been achieve. This Seal can be

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used in your communication tools/materials. Please refer to the CAQH CORE Marketing Guidelines for more information.

ii. CORE Certification Policies

1. Why would an entity have to re-certify for a CORE phase for which it had previously been CORE-certified?

CORE re-certification will be required if an entity’s CORE Certification Seal is revoked. Such a revocation would result from a validated complaint of non-conformance against a CORE-certified entity following CAQH CORE’s review of a submission of a Request for Review of Possible Non-Compliance Form. See the appropriate CAQH CORE Enforcement Policy for Phase I, Phase II, or Phase III, respectively, for more information.

The only exception to CAQH CORE’s re-certification policy is CORE-certified vendors. If a vendor issues an upgraded/new version of their CORE-certified product, and this product includes a major change to the transactions applicable to the product’s CORE Certification (e.g., addition of eligibility) the vendor will need to undergo re-certification for that product.

2. My company is seeking CORE Certification but has many subsidiaries. Do they all have to be conformant with the CAQH CORE Operating Rules?

Per the CAQH CORE policies on certification, a parent corporation seeking CORE Certification will not be certified unless all subsidiaries of the corporation are in conformance with the CAQH CORE Operating Rules. Otherwise, each subsidiary of the parent must individually seek certification and thus would receive its own CORE Certification Seal for the appropriate phase of CAQH CORE Operating Rules.

Vendors must complete the CORE Certification process and pay the required fee for each product they want to be CORE-certified. For vendors, CORE Certification will apply only to vendor products rather than to corporate entities.

3. What happens if a CORE-certified organization buys an entity that is not CORE-certified?

Per the CAQH CORE policies on certification (see Phase I, Phase II, & Phase III), if a CORE-certified entity acquires an entity that is not CORE-certified, the acquiring parent company will only be allowed to retain their CORE Certification if the acquired company is not involved in eligibility or claim status transactions, or other applicable administrative transactions, and its business is not applicable to the phase of CAQH CORE Operating Rules for which the parent company is CORE-certified.

However, if the acquired company has business that is applicable to the phase of CAQH CORE Operating Rules for which the parent company is CORE-certified, the acquiring parent company will have to complete re-certification for a new CORE Certification Seal or apply for a health plan exemption, if appropriate. Previously CORE-certified separate subsidiaries may retain their existing CORE Certification.

4. What happens if an entity that is not CORE-certified buys a CORE-certified entity?

Per the CAQH CORE policies on certification (see Phase I, Phase II, & Phase III), if a CORE-certified entity is acquired by an entity that is not CORE-certified, that new company will only be allowed to remain CORE-certified if the acquired company is the only business that is applicable to the CAQH CORE Operating Rules. If

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the acquired company continues to operate as a separate subsidiary, it may retain its CORE Certification. If this is not the case, then the newly merged company will be required to re-complete CORE Certification testing to maintain its CORE Certification.

5. Who can file a complaint of non-conformance with the CAQH CORE Operating Rules against a CORE-certified entity?

Under the CORE Certification program, two types of entities may file a complaint of non-conformance against a CORE-certified entity with CAQH CORE:

- Any healthcare provider that is an end-user of a CORE-certified product/service may lodge a complaint against a CORE-certified entity if the provider believes the CORE-certified entity is not conforming to the CAQH CORE Operating Rules and/or Policies. The complaint must be made by submitting a CAQH CORE Request for Review of Possible Non-Compliance Form to CAQH CORE. See the appropriate CORE Enforcement Policy (Phase I, Phase II, or Phase III) for more information.
- Beyond provider end-users, CORE-certified organizations involved in the alleged non-conpliant transactions may file a complaint, e.g., vendors, health plans, etc.

6. What happens if a CORE-certified company believes that a CORE-certified trading partner is not conforming to the CAQH CORE Operating Rules?

Under the CORE Certification Enforcement Policy, CORE-certified entities are encouraged to privately resolve disputes before submitting a formal complaint of possible non-conformance to CAQH CORE. CAQH CORE enforcement is a complaint-driven process that requires documentation (electronic or paper) demonstrating multiple instances of non-conformance with the CAQH CORE Operating Rules at the specific phase of CORE Certification. Please see the CAQH CORE Enforcement Policy for Phase I, Phase II, or Phase III for further details.

7. What happens if an organization becomes de-certified?

If a CORE-certified entity is found to be in actual violation of a CAQH CORE Operating Rule(s) and the violation is not remedied per the CAQH CORE enforcement timeline, the entity’s certification will be terminated and its name removed from the CAQH CORE website. De-certified organizations are entitled to seek re-certification by re-completing the CORE Certification process and paying all required fees again. De-certified entities can no longer use the CORE Certification Seal and the entity’s name will be removed from all CAQH CORE listing of CORE-certified entities.

8. Is the CAQH CORE complaint process for CORE-certified entities confidential?

Per the CAQH CORE Enforcement Policies, Phase I, Phase II, or Phase III, the details of specific complaints against non-conforming CORE-certified entities remain confidential. Names or other identifying information will not be publicly released by CAQH CORE. This information will only be used and disclosed by CAQH CORE for its non-conformance review by the CAQH CORE Enforcement Committee.

9. What is the CAQH CORE Enforcement Committee?

The CAQH CORE Enforcement Committee, composed of a diverse group of CORE Participants, reviews verified complaints of non-conformance against CORE-certified entities and is responsible for providing any extension to

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the grace period to remediate an issue. Enforcement Committee members will be appointed by the CAQH CORE Board from nominations made by the CORE Participants.

10. What is the CAQH CORE Exemption Policy?

The CAQH CORE Exemption Policies (Phase I Version 1.1.0, Phase II Version 2.1.0, and Phase III Version 3.0.0) allow a health plan seeking CORE Certification to request that a scheduled migration of an existing IT system(s), that represents less than 30 percent of a payer's market share, be exempt from being CORE conformant only if the remainder of the health plan’s IT systems are CORE conformant. The policy requires the new IT system to be CORE conformant by the end of the exemption period, which lasts for 12 months.

11. What criteria must be met for a health plan to be eligible for an exemption?

Any health plan seeking the CAQH CORE Exemption must meet the following criteria:

- No more than 30 percent of a health plan’s total membership can be processed by the IT system(s) to be covered by the exemption.
- Migration must be scheduled for completion no later than 12 months from the date of when the health plan is granted CORE Certification.

See the CAQH CORE Exemption Policy (Phase I, Phase II, or Phase III) and CAQH CORE Health Plan IT Exemption Request Form for more information.

B. CORE Certification: Stakeholder Specific Questions

i. Questions Specific to Health Plans

1. Is completion of Phase III CORE Certification the only proposed option for health plans to meet the requirements for the first ACA-mandated certification addressing the eligibility, claim status, electronic funds transfer (EFT), and electronic remittance advice (ERA) transactions?

No. The December 31, 2013, HHS Notice of Proposed Rulemaking (NPRM) proposes two potential options for health plans to meet the HHS certification requirements:

- **Option 1: Obtain a HIPAA Credential:** The NPRM proposes that health plans may apply to receive a HIPAA Credential by attesting that they have successfully tested the applicable HIPAA transaction standards and associated operating rules for eligibility, claim status, electronic funds transfers (EFT) and electronic remittance advice (ERA) with trading partners.
- **Option 2: Complete CORE Certification:** The NPRM proposes receipt of a Phase III CORE Certification Seal as the second option for health plans to meet the HHS-required certification. Health plans that successfully complete certification testing with a CORE-authorized testing vendor and submit the required documentation will receive a Phase III CORE Certification Seal demonstrating their compliance.

HHS is accepting public comments on the NPRM through April 3, 2014. For information on the CAQH CORE efforts in response to the Public Comment Period see, “Will CAQH CORE be submitting a comment letter on the HHS Notice of Proposed Rule Making (NPRM) on the first ACA-mandated health plan certification to HHS?”

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2. **The HHS NPRM proposes completion of Phase III CORE Certification as one option for health plans to meet the ACA-mandated certification requirements. My organization is a health plan that is currently not CORE-certified for any Phase(s). If we choose CORE Certification to meet the HHS requirements, are we required to complete Phase I and II CORE Certification in addition to Phase III CORE Certification?**

Yes. Per [CORE Certification Policy](#), to achieve **Phase III** CORE Certification a health plan must be CORE-certified on both the **Phase I** and **Phase II** CAQH CORE Operating Rules.

In accordance with this CAQH CORE policy, Section II(A)(3)(b) of the [HHS Notice of Proposed Rulemaking (NPRM)](#) on the first stage of health plan certification specifies that: “A health plan must be awarded a CORE Seal in a previous phase to be eligible for a subsequent phase’s Seal. For example, a health plan must be awarded a CORE Seal for Phase I and II Operating Rules in order to be eligible for a CORE Seal for Phase III Operating Rules.”

**Please Note:** CORE Certification on phases of the CAQH CORE Operating Rules can be completed concurrently or successively. A health plan, or other entity, seeking Phase III CORE Certification may choose to test and become certified for Phase I, then Phase II, and later Phase III or undergo combined CORE Certification testing for all three phases concurrently.

3. **How will the CORE Certification process be affected for a clearinghouse/vendor and a health plan/provider if the clearinghouse/vendor acts on behalf of the health plan/provider for some CAQH CORE Operating Rules?**

Any health plan seeking [CORE Certification](#) must undergo certification testing for all functions it offers that are covered by the phase of CAQH CORE Operating Rules for which the health plan is seeking certification. When a health plan outsources some functions to a clearinghouse, both the health plan and the clearinghouse to which the functions are outsourced will need to undergo CORE Certification testing in order for the health plan to become CORE-certified.

In this case, a health plan (and/or provider) can choose the “Not Applicable” option for any certification testing requirement for which it has outsourced the function, provided it uploads a rationale statement explaining why a certain test script is not applicable. For example, if a vendor offers connectivity services for a health plan, the rationale statement would include that Vendor X will be providing this functionality on the health plan’s behalf, so the plan does not need to undergo testing. Vendor X must then undergo CORE Certification testing for this function as a health plan clearinghouse. Both the health plan and the vendor may each test independently using different [CAQH CORE-authorized testing vendors](#).

4. **If a health plan outsources some functions to a clearinghouse, will the two entities have to use the same CAQH CORE-authorized testing vendor? If not, can test data or results be exchanged between the two testing vendors?**

Organizations that share functions, including the entity that has outsourced some functions, may conduct certification testing with different [CAQH CORE-authorized testing vendors](#) when seeking CORE Certification.

When an entity outsources some or all of the capabilities required by the CAQH CORE Operating Rules, it can choose the “Not Applicable” choice for any certification testing requirement, provided the entity uploads a rationale statement explaining why they do not feel a certain test script is applicable. In this case, the entity must

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indicate which entity is performing that function on its behalf. For example, if a vendor offers connectivity services for a health plan, the rationale statement would include that Vendor X will be providing this functionality on the health plans behalf, so the plan does not need to undergo testing. Vendor X must then undergo certification testing for this function as a health plan clearinghouse. Both the health plan and the vendor may each test independently using different CAQH CORE-authorized testing vendors.

ii. Questions Specific to Non-Health Plans

1. My organization is a provider office. Are we Federally required to complete any Phase of CORE Certification?

No. ACA Section 1104 mandates a certification process for health plans only. Specifically, ACA Section 1104 requires health plans to file a statement with HHS attesting that their data and information systems are in compliance with any applicable standards and associated operating rules for the following nine electronic transactions:

- Eligibility for a health plan
- Health claim status
- Electronic funds transfers
- Healthcare payment and remittance advice
- Health claims or equivalent encounter information
- Enrollment and disenrollment in a health plan
- Health plan premium payments
- Health claims attachments
- Referral certification and authorization

This said, as the ACA Administrative Simplification provisions build on and update the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), ACA Section 1104 requires all HIPAA covered entities to comply with the HIPAA-mandated transaction standards and associated operating rules. Please Note: The HIPAA Administrative Simplification provisions do not require providers to send or receive any of the HIPAA-mandated transaction standards. A provider becomes a HIPAA covered provider if s/he chooses to transmit the HIPAA-mandated transaction standards (see CMS FAQ #1809).

2. Is CORE Certification available for stakeholder entities that are not health plans?

Yes. CAQH CORE offers CORE Certification on the Phase I, II, & III Operating Rules to healthcare providers, clearinghouses, and vendor products, including Practice Management Systems, that process the X12 v5010 270/271, X12 v5010 276/277, &/or X12 v5010 835 and Healthcare EFT Standard transactions. Pursuing CORE Certification offers an entity a mechanism to test its ability to exchange transaction data with its trading partners in accordance with a specific phase of CAQH CORE Operating Rules. A CORE-certified Seal is awarded to an entity or vendor product that successfully completes stakeholder specific CORE Certification testing with a CAQH CORE-authorized testing vendor.
3. As a Phase I CORE-certified entity, is my organization required to become Phase II or Phase III CORE-certified?

No. Healthcare providers, clearinghouses, and vendor products that become CORE-certified on earlier phases of CAQH CORE Rules are not required to become certified on successive phases. CORE-certified organizations are encouraged to become certified on successive phases of CAQH CORE Operating Rules as CORE Certification:

- Provides all organizations across the trading partner network useful, accessible, and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
- Encourages trading partners to work together on data flow and content needs
- Offers vendors practical means for informing potential and current clients about which health plans are offering operating rules
- Achieves maximum ROI because all entities in data exchange follow the rules; once CORE-certified, organizations need to follow the rules with all trading partners

4. If we are CORE-certified on a phase of CAQH CORE Operating Rules, do we stand to lose the certification if we don't also certify on successive CAQH CORE phases?

No. It is up to individual entities to determine when and if it is feasible to become certified on each phase of CAQH CORE Rules. Healthcare providers, clearinghouses, and vendor products that become CORE-certified on earlier phases of CAQH CORE Rules are not required to become certified on successive phases. An entity’s CORE Certification is active unless the entity loses its Certification Seal and is independent of whether or not the entity chooses to certify on successive CAQH CORE phases.

Loss of a CORE Certification Seal is based upon the CAQH CORE Enforcement Policies (Phase I, Phase II, & Phase III). The CAQH CORE Enforcement Policies dictate that complaints of an entity’s non-conformance with CAQH CORE Operating Rules must be filed against the entity, the complaints must be verified, and the issues must be resolved within a 5 month period before CORE Certification is lost.

5. What version of the CAQH CORE Operating Rules, CORE Test Suite, and CORE Master Test Bed Data should my entity use to achieve CORE Certification?

Your organization should use the CAQH CORE Test Suite and Master Test Bed Data corresponding to the phase of CAQH CORE Operating Rules for which your organization is pursuing CORE Certification. The most current versions of these documents are available on the CAQH website.

6. My organization is not CORE-certified. Which phase of CORE Certification is applicable to us?

Both an entity’s decision to become CORE-certified and determination on which phase of certification is applicable is an internal business decision. An entity’s decision should be based on a review of its business requirements and system capabilities (and those of its trading partners) as well as the scope and functionality of the phase of CAQH CORE Operating Rules being considered.

NOTES:

1. Organizations must complete CORE Certification testing in succession (i.e., must be CORE-certified on the earlier phases to become certified on a higher phase of CAQH CORE Operating Rules). An entity may also undergo combined CORE Certification testing for all phases concurrently.

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2. CORE-certified entities must demonstrate conformance with all applicable CAQH CORE Operating Rules of the phase for which they are certifying.

7. Will my organization have to complete the CORE Certification process for each phase of CAQH CORE Operating Rules?

For each phase of CAQH CORE Operating Rules, it is up to individual entities to determine when and if it is feasible to become certified on the phase. Entities that become CORE-certified on earlier phases of CAQH CORE Rules are not required to become certified on successive CAQH CORE phases. However, CORE-certified organizations are encouraged to become CORE-certified on successive phases of CAQH CORE Operating Rules as CORE Certification:

- Provides all organizations across the trading partner network (e.g., health plans, vendors, clearinghouses, providers) useful, accessible, and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
- Encourages trading partners to work together on data flow and content needs
- Offers vendors practical means for informing potential and current clients about which health plans are offering operating rules
- Achieves maximum ROI because all entities in data exchange follow the rules; once CORE-certified, organizations need to follow the rules with all trading partners

NOTE: To become certified on a higher phase of CAQH CORE Operating Rules an entity must be CORE-certified on the earlier phases. All entities that wish to become certified for a new phase of CAQH CORE Operating Rules will need to complete the CORE Certification testing for that phase and pay all applicable fees. For more information, see the CORE Certification Policy Policies (Phase I, Phase II, & Phase III).

8. My organization has achieved CORE Certification; however, none of my trading partners are CORE-certified. Do we have to comply with the CAQH CORE Operating Rules?

If your organization becomes CORE-certified it is expected to comply with the applicable CAQH CORE Rule requirements for your phase of CORE Certification. In some cases CORE Certification requires an entity to coordinate with trading partners in order to achieve and maintain an entity’s own certification.

9. What items do providers need to accomplish to become CORE-certified?

Providers who wish to become CORE-certified must comply with all of the CAQH CORE Operating Rules that apply to providers and complete the CORE Certification tests for each rule that applies to providers. (See the appropriate CAQH CORE Certification Test Suite, Phase I, Phase II, & Phase III, for a list of the provider-specific certification tests). Providers can satisfy the certification requirements by either using a vendor solution or building an in-house solution.

10. How will the CORE Certification process be affected for a clearinghouse/vendor and a health plan/provider if the clearinghouse/vendor acts on behalf of the health plan/provider for some CAQH CORE Operating Rules?

Any health plan seeking CORE Certification must undergo certification testing for all functions it offers that are covered by the phase of CAQH CORE Operating Rules for which the health plan is seeking certification. When a health plan outsources some functions to a clearinghouse, both the health plan and the clearinghouse to which the

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functions are outsourced will need to undergo CORE Certification testing in order for the health plan to become CORE-certified.

In this case, a health plan (and/or provider) can choose the “Not Applicable” option for any certification testing requirement for which it has outsourced the function, provided it uploads a rationale statement explaining why a certain test script is not applicable. For example, if a vendor offers connectivity services for a health plan, the rationale statement would include that Vendor X will be providing this functionality on the health plan’s behalf, so the plan does not need to undergo testing. Vendor X must then undergo CORE Certification testing for this function as a health plan clearinghouse. Both the health plan and the vendor may each test independently using different CAQH CORE-authorized testing vendors.

11. If a health plan outsources some functions to a clearinghouse, will the two entities have to use the same CAQH CORE-authorized testing vendor? If not, can test data or results be exchanged between the two testing vendors?

Organizations that share functions, including the entity that has outsourced some functions, may conduct certification testing with different CAQH CORE-authorized testing vendors when seeking CORE Certification.

When an entity outsources some or all of the capabilities required by the CAQH CORE Operating Rules, it can choose the “Not Applicable” choice for any certification testing requirement, provided the entity uploads a rationale statement explaining why they do not feel a certain test script is applicable. In this case, the entity must indicate which entity is performing that function on its behalf. For example, if a vendor offers connectivity services for a health plan, the rationale statement would include that Vendor X will be providing this functionality on the health plan’s behalf, so the plan does not need to undergo testing. Vendor X must then undergo certification testing for this function as a health plan clearinghouse. Both the health plan and the vendor may each test independently using different CAQH CORE-authorized testing vendors.

12. As an EHNAC accredited clearinghouse, do I qualify for any discounts?

Any clearinghouse/EHN entity actively seeking CORE Certification as of June 1, 2009 or later that has already achieved EHNAC HNAP-EHN accreditation can take advantage of the partnership program discount. The clearinghouse/EHN must indicate that it holds a current EHNAC HNAP-EHN accreditation when submitting a CORE Certification Seal application (CAQH staff will confirm EHNAC-EHN accreditation status independently). The clearinghouse/EHN will submit its application and apply a 10% discount to the CORE Certification Seal application fee.

NOTE: If your organization earned a CORE Certification Seal on any CAQH CORE Operating Rules phase prior to June 1, 2009, your organization is not eligible for a retroactive discount for that CORE Certification Seal application fee.

C. CORE Certification: Testing

i. CORE Certification Testing Overview

1. Who should undergo CORE Certification testing?

All entities seeking CORE Certification that create, transmit, or use the administrative transactions addressed by the CAQH CORE Operating Rules will have to undergo certification testing to obtain a CORE Certification Seal.

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for a specific phase of CAQH CORE Operating Rules. All parties essential to the success of the transactions are addressed in the CORE Certification testing process: providers, health plans, clearinghouses, and vendors. CORE Certification testing varies by stakeholder type. See the CORE Certification Testing Policies (Phase I, Phase II, & Phase III).

Entities that do not create, transmit, or use administrative data, such as associations and medical societies, are not eligible for CORE Certification. However, such entities may demonstrate their support for CAQH CORE’s mission and operating rules by signing the CORE Endorser Pledge and applying for and using the CORE Endorser Seal. See “What does it mean to be a CORE Endorser?” for more information on CORE Endorsement.

2. Why is testing required for CORE Certification?

CORE Certification testing is required to confirm that entities comply with all of the CAQH CORE Operating Rules for the phase for which they are being certified. Successful completion of stakeholder-specific testing, demonstrated through proper documentation from a CAQH CORE-authorized testing vendor, is the prerequisite for obtaining a stakeholder-specific CORE Certification Seal.

3. What and who are CAQH CORE-authorized testing vendors?

CAQH CORE-authorized testing vendors are IT companies that have expertise in healthcare transaction testing. They are chosen by CAQH CORE to conduct CORE Certification testing for all of the CAQH CORE Operating Rules using the CORE-approved Test Suite after a rigorous selection process by CAQH CORE, especially the CORE Certification/Testing Subgroup. Alpha and Beta testing of their CORE Certification Testing Platform is checked by CORE Participants to ensure it aligns with the CAQH CORE Master Test Suites, which have test scripts for each rule that are developed and finalized by the CORE Participants.

NOTE: CORE Certification and certification testing are separate activities. Certification testing is performed by entities seeking CORE Certification and supported by CAQH CORE-authorized testing vendors. CORE Certification is completed by CAQH CORE after an entity has successfully completed certification testing with a CAQH CORE-authorized testing vendor.

4. Can any organization become a CAQH CORE-authorized testing vendor?

Yes. CAQH CORE conducts a review and selection process with interested organizations prior to approval as a CAQH CORE-authorized testing vendor. Interested entities should contact CORE@caqh.org.

5. What is the process for an organization to become a CAQH CORE-authorized testing vendor?

An organization that wishes to achieve the distinction of being a CAQH CORE-authorized Testing Vendor must complete the following four steps:

   Step 1. Learn. Develop a thorough understanding of the:
   
   • CORE Certification Step-by-step Process
   • Phase I, Phase II, & Phase III CAQH CORE Operating Rules
   • Phase I, Phase II, and Phase III CAQH CORE Policies
   • CAQH CORE Master Test Suites for Phase I, Phase II, and Phase III

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This document is for informational purposes only; in the case of a discrepancy between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take(s) precedence.
• CAQH CORE Master Test Bed for Phase I and Phase II (Note: Master Test Bed Data is not provided for Phase III)

Step 2. **Build.** Develop an on-line testing tool that uses the CAQH CORE Master Test Suites and the appropriate Master Test Bed Data where applicable. The timeframe for the build is based on the vendor’s resource allocation and commitment to the project.

Step 3. **Service.** Develop a customer service plan with established staffing and service levels. It is essential that staffing and service levels meet or exceed best market practices.

Step 4. **CAQH CORE Review.** The functionality of the vendor’s CORE site is tested by both CAQH CORE staff and CORE Participating Organizations through a formal testing process which includes two weeks each of Alpha and Beta Testing.

For more information on the steps above, as well as additional considerations for entities seeking to become a CAQH CORE-authorized Testing Vendor, please see HERE or contact core@caqh.org.

6. **How much does CORE Certification testing cost?**

Certification testing costs are determined by each CAQH CORE-authorized testing vendor and are subject to change. See [here](#) for a list of the CAQH CORE-authorized testing vendors and links to their web pages which list their respective certification testing fees. Separately, CAQH charges a one-time fee, per phase, for the CORE Certification Seal.

7. **What do I do with my successful CORE Certification testing results?**

The CORE Certification testing results provided to you by the CAQH CORE-authorized testing vendor are required to apply for a CORE Certification Seal. When your organization has successfully completed CORE Certification testing, submit the results to CAQH CORE, along with other required documentation, when applying for your desired CORE Certification Seal. Please see the CORE Certification Seal Application Form for more information.

8. **Is CORE Certification testing a “one shot” test or are there several iterations?**

An organization can perform all or specific parts of the CORE Certification testing requirements as many times as needed. To see the tests required, view the [CORE Certification Test Suites](#). Per the CORE Certification Policy, the number of times each test is undertaken by any entity is confidential information between the entity and the CAQH CORE-authorized testing vendor.

9. **When a provider does not wish to load test information into their system (e.g., the provider names, etc.) as shown in the CAQH CORE Master Test Bed Data, can valid information about their organization be used instead when generating the required X12 270 inquiries during CORE Certification testing?**

Yes, a provider should have no difficulty substituting currently valid data such as their own provider name, address information, including identifiers into the 270 documents submitted to a CAQH CORE-authorized testing vendor for CORE Certification testing. Some of the Phase I and Phase II CAQH CORE Master Test Bed Data element values can be modified. These modifiable data elements and how they may be modified are specified in the CAQH CORE Master Test Bed Data for both Phase I and Phase II CORE Certification testing.

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ii. Phase I CORE Certification Testing

1. What is the purpose of the Phase I CAQH CORE Certification Master Test Suite?

The Phase I CAQH CORE Certification Master Test Suite Version 1.1.0 defines specific certification testing requirements and detailed test scripts for each of the CAQH CORE Operating Rules to be completed by entities seeking CORE Certification. These detailed test scripts are not intended to exhaustively and comprehensively test all requirements of the CAQH CORE Operating Rules; rather, they focus on a key subset of each rule’s requirements. CAQH CORE-authorized testing vendors use the scenarios and test scripts from the Phase I CAQH CORE Certification Test Suite in their CORE Certification testing products.

2. Does the Phase I CAQH CORE Certification Master Test Suite have to be used for certification on all Phase I CAQH CORE Operating Rules?

Yes, the Phase I CORE Certification Master Test Suite addresses each rule in the Phase I CAQH CORE Operating Rules set. The CORE Certification Master Test Suite is used in order to maintain uniform testing processes and results and to gauge CAQH CORE Operating Rules conformance.

3. Do the test scripts in the Phase I CAQH CORE Certification Master Test Suite address all of the Phase I CAQH CORE Operating Rules?

Yes, each Phase I CAQH CORE Operating Rule has its own set of CORE Certification test scripts in the Phase I CAQH CORE Certification Master Test Suite.

4. What is the purpose of the Phase I CAQH CORE Master Test Bed Data?

The scope of the CAQH CORE Master Test Bed Data is limited to data needed for the entity seeking Phase I CORE Certification to create and populate its internal files and/or databases for internal pre-certification testing and CORE Certification testing for the CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule and the CAQH CORE 150 and 151 Acknowledgements Rules.

Thus, CAQH CORE-authorized certification testing vendors will use only the CAQH CORE Master Test Bed Data to conduct CORE Certification testing for the CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule and the CAQH CORE 150 and 151 Acknowledgements Rules.

5. Can my organization use internal health plan test data for CORE Certification testing purposes?

No. The CORE Certification Test Suite requires that all organizations seeking CORE Certification be tested using the same Master Test Bed Data. The CAQH CORE Master Test Bed Data is distributed in the standard X12 format so that organizations may easily extract the key data elements and load them into their internal test databases. The CAQH CORE-authorized testing vendors will only use the CAQH CORE Master Test Bed Data to conduct CORE Certification testing for the CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule and CAQH CORE 150: Batch Acknowledgements and 151: Real Time Acknowledgements Rules.

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6. Can the CAQH CORE Master Test Bed Data be modified (length/format/datatype) in order to load into my organization’s internal system?

Yes. Refer to the Phase I CAQH CORE Certification Testing Suite Version 1.1.0 Appendix for the specific data elements which can be modified and detailed instructions on use and loading of Master Test Bed Data.

7. Where can my organization obtain the test data required for Phase I CORE Certification?

The CAQH CORE Master Test Bed Data is available on the CAQH website.

8. I am a health plan. The group number used in the CAQH CORE Master Test Bed Data does not align with my organization’s eligibility system requirements for format requirements (length/format/datatype).

The Group number is not validated by either of the CAQH CORE-authorized testing vendors in any of the CORE Certification test scripts. Therefore the Group number can be modified, or not used, by any health plan or information source based on its eligibility system requirements for Group number when undergoing certification testing. This permits health plans or information sources to modify the CAQH CORE Master Test Bed Data Group numbers, and as a consequence any revisions performed by a health plan to the Group number in the CAQH CORE Master Test Bed Data will not be validated during CORE certification testing.

9. I am a health plan. The Member ID (MID) in the CAQH CORE Master Test Bed Data does not align with my organization’s eligibility system requirements (length/format/datatype).

CAQH CORE-authorized testing vendors can accommodate health plan or information source needs regarding Member ID (MID) in their testing products. Please contact CAQH CORE to inquire about how each vendor deals with this issue. Thus, a health plan or information source may modify the MID in the CAQH CORE Master Test Bed Data in order to load the test data into its eligibility system.

Refer to the Phase I CAQH CORE Certification Testing Suite Version 1.1.0 Appendix for specific data elements which can be modified and detailed instructions on use and loading of Master Test Bed Data. If your plan modifies the CAQH CORE Master Test Bed Data, you will need to report to CAQH how you adjusted the data so lessons learned can be applied to future CAQH CORE Phases.

10. I am a health plan. My organization’s eligibility system assigns/associates the same Member ID to all individuals in a family, including the subscriber and cannot handle a unique Member ID for a dependent that is different from that assigned to the associated subscriber.

CAQH CORE-authorized testing vendors can accommodate health plan or information source needs regarding loading dependents in the CAQH CORE Master Test Bed Data with a unique Member ID (MID) into the health plan or information source eligibility systems as follows:

- A health plan or information source may load the subscriber in its eligibility system using the MID as specified in the CAQH CORE Master Test Bed Data for the subscriber and then separately load the dependent from the CAQH CORE Master Test Bed Data into its eligibility system as a subscriber using the MID as specified in the CAQH CORE Master Test Bed Data for the dependent.

Or alternatively:

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• A health plan or information source may modify the dependent’s MID in the CAQH CORE Master Test Bed Data to correspond to the subscriber’s MID as specified in the Master Test Bed Data and then load the dependent appropriately in its eligibility system.

If your plan modifies the Master Test Bed Data, you will need to report to CAQH CORE how you adjusted the data so lessons learned can be applied to future CAQH CORE Phases.

11. I am a health plan. My organization’s eligibility system does not support identification of a plan number as specified in the REF segment in the CAQH CORE Master Test Bed Data.

The Plan number is not validated by either of the CAQH CORE-authorized testing vendors in any of the certification test scripts. Therefore the Plan number can be modified, or not used, by any health plan or information source based on its eligibility system requirements for Plan number when undergoing certification testing. This permits health plans or information sources to modify the CAQH CORE Master Test Bed Data Plan numbers, and as a consequence any revisions performed by a health plan to the Plan numbers in the Master Test Bed Data will not be validated during CORE certification testing.

If your plan modifies the Master Test Bed Data, you will need to report to CAQH CORE how you adjusted the data so lessons learned can be applied to future CAQH CORE phases.

12. I am a health plan. The CAQH CORE Master Test Bed Data has specific payer names expected to be returned, e.g., “PlanA” certification payer, but my organization uses specific plan names.

The name “PlanA” appears only in the ISA/GS sender/receiver fields and the NM103 segment in the 2100A Information Source loop in the CAQH CORE Master Test Bed Data. The ISA/GS sender/receiver fields as well as the name of the Information Source in loop 2100A are not validated by the CAQH CORE-authorized testing vendors in any of the certification test scripts. Therefore these values can be modified by any health plan or information source based on its eligibility system requirements when undergoing certification testing.

Refer to the Phase I CAQH CORE Certification Test Suite Version 1.1.0 Appendix for specific data elements which can be modified and detailed instructions on use and loading of Master Test Bed Data. If your plan modifies the Master Test Bed Data, you will need to report to CAQH CORE how you adjusted the data so lessons learned can be applied to future CAQH CORE phases.

13. I am a health plan. Coverage level is listed in the CAQH CORE Master Test Bed Data; however it is listed for at least one test case as employee only. My organization’s eligibility system does not support employee only coverage level and instead uses IND for individual.

CAQH CORE-authorized testing vendors can accommodate a health plan or information source modifying the EB02 Coverage Level Code from EMP to IND as needed in order to load the benefit into its eligibility system. Therefore the EB02 Coverage Level Code can be modified, or not used, by any health plan or information source based on its eligibility system requirements for coverage level when undergoing CORE Certification testing.

Data coverage level codes, and as a consequence any revisions performed by a health plan to the coverage level codes in the CAQH CORE Master Test Bed Data will not be validated during CORE Certification testing.

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14. I am a health plan. The employee ID used in the CORE Master Test Bed Data does not align with my organization’s eligibility system format requirements (length/format/datatype).

The Employee ID is not validated by either of the CAQH CORE-authorized testing vendors in any of the certification test scripts. Therefore the Employee ID can be modified, or not used, by a health plan or information source based on its eligibility system requirements for Employee ID when undergoing certification testing. This permits health plans or information sources to modify the CAQH CORE Master Test Bed Data Employee IDs, and as a consequence any revisions performed by a health plan or information source to the Employee ID in the CAQH CORE Master Test Bed Data will not be validated during CORE certification testing.

If your plan modifies the Master Test Bed Data, you will need to report to CAQH CORE how you adjusted the data so lessons learned can be applied to future CAQH CORE Phases.

15. Do providers have to test for all of the Phase I CAQH CORE Operating Rules?

Providers who wish to become Phase I CORE-certified must comply with all of the provider-specific CAQH CORE Operating Rules and complete the CORE Certification test scripts for each rule that apply to providers (See Phase I CAQH CORE Certification Test Suite Version 1.1.0). Providers can satisfy the certification requirements by either using a provider/vendor's solution or a combination of a provider/vendor's solution plus some in-house work.

16. I am a health plan. My Organization’s eligibility system does not support identification of a primary care provider as specified in the CAQH CORE Master Test Bed Data, as we do not support products with primary care providers. Therefore are we required to return this information?

The primary care provider is not validated by the CAQH CORE-authorized testing vendors in any of the CORE Certification test scripts. Therefore the primary care provider can be modified, or not used, by any health plan or information source based on its eligibility system requirements when undergoing CORE Certification testing. This permits health plans or information sources to modify the CAQH CORE Master Test Bed Data Health Plan data, and, as a consequence, any revisions performed by a health plan to the primary care provider data in the CAQH CORE Master Test Bed Data will not be validated during CORE Certification testing.

Refer to the Phase I CAQH CORE Certification Testing Suite Version 1.1.0 Appendix for specific data elements which can be modified and detailed instructions on use and loading of CAQH CORE Master Test Bed Data. If your plan modifies the CAQH CORE Master Test Bed Data, you will need to report to CAQH CORE how you adjusted the data so lessons learned can be applied to future CAQH CORE Phases.

17. I am a health plan. It appears that in much of the base data the member's address, city, state, zip have been included, which is currently not included in our X12 271 responses. Is this data required or is it okay if the response does not include this information?

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Any entity seeking Phase I CORE Certification must attest that it is HIPAA compliant. Since the member address information is included in the CAQH CORE Master Test Bed Data, it is expected that health plans will not only load the address information for CORE Certification testing but will also use it to create the appropriate HIPAA-compliant X12 271 response even though the CAQH CORE Operating Rule does not deal with the address information. On the other hand, if your production eligibility system does not currently maintain any member address information then, according to the X12 270/271 Implementation Guide, you would not be required to return it on a X12 271 response.

18. When a health plan indicates it does not support dependents, is it necessary for the dependent test cases to be loaded into the health plan’s eligibility system?

If a health plan indicated that it did not support Subscribers w/ Dependents then they would be taken through the tasks using the CAQH CORE Master Test Bed Cases 1 through 16, and they should not receive any data using the Cases 17 through 24.

The only exception to that rule is entities who select to do the non-HTTP/s testing, then the test cases provided to all users come from the Subscriber Only Case 1 through 16 set. This was a default selection made to quickly accommodate the non-HTTP/s testing, and the assumption that even entities who can support Subscribers w/ Dependents can also handle cases where the membership is Subscriber Only.

iii. Phase II CORE Certification Testing

1. Does the Phase II CAQH CORE Certification Master Test Suite have to be used for certification on all Phase II CAQH CORE Operating Rules?

Yes, the Phase II CORE Certification Master Test Suite addresses each rule in the Phase II CAQH CORE Operating Rules set. The CORE Certification Master Test Suite is used in order to maintain uniform testing processes and results and to gauge CAQH CORE Operating Rules conformance.

2. Where can my organization obtain the test data required for Phase II CORE Certification?

The Phase II CAQH CORE Master Test Bed Data is available on the CAQH website.

3. Is the Phase II CAQH CORE Master Test Bed Data different than the Phase I data?

The Phase II CAQH CORE Master Test Bed Data includes all of the Phase I CAQH CORE Master Test Bed Data along with additional data necessary for appropriate testing of the Phase II CAQH CORE 260: Data Content (X12 270/271) Rule.

Both Phase I and Phase II CAQH CORE Master Test Bed Data are available in an Excel spreadsheet format. The Phase I and Phase II CAQH CORE Master Test Bed Data are available on the CAQH website as two separate files.

4. In terms of modifying data, are there allowable exceptions for loading the Phase II CAQH CORE Master Test Bed Data?

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Yes, the exceptions are the same as for the Phase I CAQH CORE Master Test Bed Data. Allowable exceptions relate to the modification or non-use of some of the test data elements. In general, CORE Certification testers are not permitted to modify dates and patient demographic data. The Phase II CAQH CORE Master Test Bed Data also includes deductible and co-pay amounts explicitly shown as zero (0$) dollar amounts that are NOT modifiable.

Refer to the Phase II CAQH CORE Certification Testing Suite Version 2.1.0 Appendix for the specific data elements which can be modified and detailed instructions on use and loading of CAQH CORE Master Test Bed Data.

5. My organization is conducting concurrent Phase I and Phase II CAQH CORE Certification testing. Can I load all 32 Master Test Bed members as subscribers?

Yes. Refer to the Phase II CAQH CORE Certification Testing Suite Version 2.1.0 Appendix for detailed instructions on use and loading of the CAQH CORE Master Test Bed Data.

iv. Phase III CORE Certification Testing

1. Is CORE Certification available for the Phase III CAQH CORE EFT & ERA Operating Rules?

Yes. Phase III CORE Certification is available for entities that use, conduct, or process the applicable X12 v5010 835 and Healthcare EFT Standards transactions. All necessary and relevant documents for Phase III CORE Certification are available on the CORE Certification webpage.

NOTES:
- Organizations must complete CORE certification testing in succession (i.e., must be CORE-certified on the earlier phases to become certified on a higher phase of CAQH CORE Operating Rules). An entity may also undergo combined CORE Certification testing for all phases concurrently.
- Entities seeking Phase III CORE Certification must demonstrate conformance with all applicable CAQH CORE EFT & ERA Operating Rules.

2. What is the purpose of the Phase III CAQH CORE Certification Master Test Suite?

The Phase III CAQH CORE Certification Master Test Suite Version 1.1.0 defines specific certification testing requirements and detailed test scripts for each of the CAQH CORE EFT & ERA Operating Rules to be completed by entities seeking CORE Certification. These detailed test scripts are not intended to exhaustively and comprehensively test all requirements of the CAQH CORE EFT & ERA Operating Rules; rather, they focus on a key subset of each rule’s requirements. CAQH CORE-authorized testing vendors use the scenarios and test scripts from the Phase III CAQH CORE Certification Master Test Suite in their CORE Certification testing products.

3. Does the Phase III CAQH CORE Certification Master Test Suite have to be used for certification on all Phase III CAQH CORE Operating Rules?

Yes, the Phase III CORE Certification Master Test Suite addresses each rule in the Phase III CAQH CORE EFT & ERA Operating Rules set. The CORE Certification Master Test Suite is used in order to maintain uniform testing processes and results and to gauge CAQH CORE Operating Rules conformance.

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III. Introduction to Proposed CORE HIPAA Credential

1. What are the requirements of the proposed CORE HIPAA Credential for the eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) transactions?

As proposed in the HHS Notice of Proposed Rulemaking (NPRM) on the first ACA-mandated health plan certification, the HIPAA Credential would be administered by CAQH CORE and would demonstrate that a controlling health plan (CHP) has:

1. Attested to compliance with the HIPAA-mandated standards and associated operating rules for the eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) transactions AND
2. Conducted a certain level of testing with trading partners.

Unlike CORE Certification, the HIPAA Credential will only encompass the HIPAA-mandated transaction standards and operating rules. As HHS has not adopted a HIPAA-mandated transaction standard for Acknowledgements, the CORE HIPAA Credential will not require CHPs to attest to compliance with the CAQH CORE Operating Rules pertaining to use of Acknowledgements (e.g., CAQH CORE 150 Rule, CAQH CORE 151 Rule, and the Acknowledgement requirements in Section 4.2 of the CAQH CORE 350 Rule) given they are not mandated but are “highly recommended” by CMS as “without Acknowledgements, it is difficult for the sender to know whether the intended recipient received the transmission, which often results in the sender repeatedly querying the intended receiver as to the status of the transmission.” (See RIN 0938–AR01)

2. What will be CAQH CORE’s role as administrator of the proposed CORE HIPAA Credential for the eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) HIPAA-mandated transactions and associated operating rules?

As proposed in Section II(A)(3)(a) of the HHS Notice of Proposed Rulemaking (NPRM) on the first ACA-mandated health plan certification, as the administrator of the two options (proposed HIPAA Credential and CORE Certification), CAQH CORE would be responsible for reviewing HIPAA Credential applications to identify obvious errors and missing required information. Per the NPRM, CAQH CORE would not be responsible for investigating the intent on the part of the health plan regarding any application errors or missing information. That is, CAQH CORE would not:

- Investigate what a health plan knew, or didn’t know, when it submitted an inaccurate HIPAA Credential Application
- Address claims that a health plan knowingly provided inaccurate or incomplete information in its HIPAA Credential application

3. My organization is a health plan. What documentation is required if we choose the proposed CORE HIPAA Credential to meet the HHS certification requirements for the eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) HIPAA-mandated transactions and associated operating rules?

As proposed in Section II(A)(3)(a) of the HHS Notice of Proposed Rulemaking (NPRM) on the first ACA-mandated health plan certification, to obtain the HIPAA Credential a controlling health plan (CHP) will have to submit the following materials to CAQH CORE:

"CAQH CORE is the authoring entity for two sets of ACA Section 1104 mandated national operating rules."

"This document is for informational purposes only; in the case of a discrepancy between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take(s) precedence."
CAQH Committee on Operating Rules for Information Exchange (CORE)
FAQs Part F: ACA Section 1104 Certification, CORE Certification, Proposed CORE HIPAA Credential, and CORE Endorsement

- A HIPAA Attestation Form
- A HIPAA Credential Application Form requiring a signature verifying that all forms have been submitted to CAQH CORE and that HHS may view the application and associated forms
- A Trading Partner Testing Attestation Form in which the health plan:
  - Confirms that it has successfully tested the HIPAA-mandated transaction standards and operating rules for eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) with trading partners
  - Provides contact information, including, but not limited to, name, phone number, and email address, for each of the listed trading partners

Samples of the draft HIPAA Credential documentation, as outlined above, are available on the CAQH CORE website [HERE](#). Once HHS publishes a Final Rule on the ACA-mandated health plan certification, CAQH CORE will offer the ability to complete the necessary HIPAA Credential documentation. Prior to publication of the Final Rule,

4. **My organization is a HIPAA covered health plan. If we choose the CORE HIPAA Credential to meet the HHS requirements, are we required to complete end-to-end certification testing with a third-party testing vendor?**

The HIPAA Credential would not require Controlling Health Plans (CHPs) to complete external testing with a third-party testing vendor, as is required for CORE Certification. While health plans will be required to complete external testing with trading partners in order to obtain the HIPAA Credential, it does not require a specific approach to external testing. The HHS NPRM notes that “we [HHS] view the HIPAA Credential as an initial step toward a consistent testing framework for CHPs that decide not to undergo the certification testing for a CORE Phase III Seal.”

5. **Is obtaining the proposed CORE HIPAA Credential the only proposed option for health plans to meet the requirements for the first ACA-mandated certification addressing the eligibility, claim status, electronic funds transfer (EFT), and electronic remittance advice (ERA) transactions?**

No. The December 31, 2013, HHS [Notice of Proposed Rulemaking](#) (NPRM) proposes two potential options for health plans to meet the HHS certification requirements:

- **Option 1: Obtain a HIPAA Credential:** The NPRM proposes that health plans may apply to receive a HIPAA Credential by attesting that they have successfully tested the applicable HIPAA transaction standards and associated operating rules for eligibility, claim status, electronic funds transfers (EFT), and electronic remittance advice (ERA) with trading partners.
- **Option 2: Complete CORE Certification:** The NPRM proposes receipt of a Phase III CORE Certification Seal as the second option for health plans to meet the HHS-required certification. Health plans that successfully complete certification testing with a CORE-authorized testing vendor and submit the required documentation will receive a Phase III CORE Certification Seal demonstrating their compliance.

HHS is accepting public comments on the NPRM through April 3, 2014.

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This document is for informational purposes only; in the case of a discrepancy between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take(s) precedence.
6. Is the CORE HIPAA Credential available to stakeholder entities that are not health plans?

No. Unlike CORE Certification, the second option proposed by the HHS Notice of Proposed Rulemaking (NPRM) on the first ACA-mandated health plan certification, the CORE HIPAA Credential will only be available to health plans.
IV. Introduction to CORE Endorsement

NOTE: CORE Endorsement is available only to organizations that do not create, transmit, or use healthcare administrative and financial transactions and therefore are ineligible for CORE Certification.

1. What does it mean to be a CORE Endorser?

Entities that do not create, transmit, or use administrative healthcare transactions, and therefore cannot implement the CAQH CORE Operating Rules, are eligible to become CORE Endorsers.

CORE Endorser Organizations demonstrate their support for the CAQH CORE mission and the CAQH CORE Operating Rules by signing the CORE Endorser Pledge for the appropriate phase (see below) and applying for the respective CORE Endorser Seal.

- Endorsement of the CAQH CORE Mission and Phase I CAQH CORE Operating Rules requires signing the CAQH CORE 101: Pledge Version 1.1.0
- Endorsement of the CAQH CORE Mission and Phase II CAQH CORE Operating Rules requires signing the CAQH CORE 201: Pledge Version 2.1.0 and Phase II CAQH CORE Pledge Addendum
- Endorsement of the CAQH CORE Mission and Phase III CAQH CORE Operating Rules requires signing the CAQH CORE 301: Pledge Version 3.0.0 and Phase II & Phase III CAQH CORE Pledge Addendums

CORE-endorsing organizations may participate in CAQH CORE public relations campaigns, provide feedback and input when requested to do so by CAQH CORE, and encourage their members/partners to consider becoming CORE-certified. Please refer to the CORE Endorsement Application Process for information on how to obtain a Phase I or Phase II CORE Endorser Seal.

NOTE: CORE Endorsers may or may not be CORE Participating Organizations; there is no fee to obtain the CORE Endorser Seal.

2. How do I become a CORE Endorser?

Please refer to the CORE Endorsement Application Process for more information on the CORE Endorser Seal application process.

3. What entities are CORE Endorsers?

See the CORE Endorsement lists for further information.

4. Can I put the CORE Endorser Seal up on my organization’s website?

Yes. After processing your CORE Endorsement application, CAQH CORE will send you an electronic copy of your CORE Endorser Seal for the appropriate phase for which endorsement has been achieved. This Seal can be used in your communication tools/materials. Please refer to the CAQH CORE Marketing Guidelines for more information.
V. Related Resources and Links

1. CAQH Contact Information

CAQH
1900 K Street, NW
Suite 650
Washington, DC 20006
E: info@caqh.org
T: (202) 517 - 0400
F: (202) 517- 0397

2. CORE Contact Information

CAQH Re: CORE
1900 K Street, NW
Suite 650
Washington, DC 20006
E: CORE@caqh.org
T: (202) 517 - 0400

3. CORE Certification: Step by Step Process

Please see link for detailed steps to complete CORE Certification.

4. CORE Endorsement: Step by Step Process

Please see link for detailed steps to complete CORE Endorsement.

5. CORE Certification Master Test Suites

Phase I - CORE Master Test Suite Version 1.1.0
Phase II - CORE Master Test Suite Version 2.1.0
Phase III - CORE Master Test Suite Version 3.0.0

6. CORE Certification Master Test Bed Data (Applies to Phase I and Phase II CORE Certification only)

Phase I - CORE Master Test Bed Data Version 1.1.0
Phase II - CORE Master Test Bed Data Version 2.1.0

7. CORE Seal Application Materials

CAQH CORE Pledge (Phase I, Phase II, Phase III)
CAQH CORE Seal Application (Phase I, Phase II, Phase III)
CAQH CORE HIPAA Attestation Form (Phase I, Phase II, Phase III)
CAQH CORE Health Plan IT Exemption Request Form (Phase I, Phase II, Phase III)

CAQH CORE is the authoring entity for two sets of ACA Section 1104 mandated national operating rules.

This document is for informational purposes only; in the case of a discrepancy between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take(s) precedence.
8. CAQH CORE-Authorized Testing Vendor Contact Information

Please see link for full contact information for all CAQH CORE-authorized testing vendors.

9. List of CORE-Certified Entities

Please click here for a listing of CORE-certified entities on CAQH CORE’s website.

10. List of CORE Endorsers

Please click here for a listing of Endorsers on CAQH CORE’s website.

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