

CAQH[®] serves as a catalyst for industry collaboration on initiatives that simplify healthcare administration, resulting in a better care experience for patients and caregivers. The Committee on Operating Rules for Information Exchange[®] (CORE[®]) is an initiative of CAQH that is bringing proven results to the industry.

CAQH CORE: *Operating Rules to Drive the Business of Healthcare*

- Established in 2005, CAQH CORE is a collaboration of more than **130** organizations – representing providers, health plans, vendors, government agencies, and standard-setting bodies – developing operating rules to simplify healthcare administrative transactions.
 - CAQH CORE participating organizations include health plans representing more than **75%** of commercially insured lives, plus Medicare and Medicaid beneficiaries.
- CAQH CORE offers a voluntary certification program to ensure its rules are facilitating interoperability between health plans and providers.
 - Health plans, providers, vendors, and clearinghouses that create, transmit or use eligibility, benefits, and claim status data may become CORE certified.
 - Organizations that actively use the CAQH CORE Operating Rules to exchange administrative healthcare data include health plans covering nearly **120 million** insured lives.

CAQH CORE and the Patient Protection and Affordable Care Act (ACA)

- Section 1104 of the ACA addresses Administrative Simplification and amends HIPAA by including the first Federal mandates for healthcare operating rules. The ACA requires the Department of Health and Human Services (HHS) Secretary to adopt and regularly update standards and operating rules for the electronic exchange and use of health information for the purposes of financial and administrative transactions. CAQH CORE is serving as an operating rules author for transactions addressed in this section of the ACA.

ACA Operating Rules Timeline

	Eligibility and Claim Status	EFT and ERA	Other Transactions
Adoption Deadline	7/1/2011	7/1/2012	7/1/2014
Effective Date	1/1/2013	1/1/2014	1/1/2016

- **Eligibility and Claim Status:** In December, 2011, the Centers for Medicare and Medicaid Services (CMS) adopted a [July 2011 interim final rule](#) as the [Final Rule](#) regarding *Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions*. The Final Rule requires adoption of the [Phase I and II CAQH CORE Operating Rules](#), with the exception of those rules for Acknowledgements. The Final Rule is in effect and industry implementation efforts are underway to meet the January 1, 2013 compliance date.
 - Based on an increased use of electronic transactions and a decrease in claim denials resulting from the use of the CAQH CORE Operating Rules, the ACA Final Rule estimates that providers will save up to **\$9.5 billion**, while health plans will save up to **\$5.8 billion** over ten years. An independent CAQH study examining the return on investment for early adopters of the CAQH CORE operating rules supports these savings.
- **Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA):** In March, 2011, the National Committee on Vital and Health Statistics (NCVHS) [recommended that HHS](#) name CAQH CORE, in collaboration with NACHA – The Electronic Payments Association, as the candidate authoring entity for EFT and ERA operating rules outlined in the ACA. In December, 2011, NCVHS issued a [letter](#) recommending HHS adopt the five [Draft CAQH CORE EFT and ERA Operating Rules](#).

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