CAQH\(^\circ\) 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\(^\circ\) (CORE\(^\circ\)) 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 multi-stakeholder collaboration of more than 130 organizations – 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.
- Operating rules support a range of existing standards to make electronic data transactions more predictable and consistent, regardless of the technology. Operating rules facilitate many high-volume transactions that involve multiple parties, such as automated banking transactions and airline ticket bookings.
- The CORE process centers on an integrated model consisting of: rule development, testing and certification, and measure tracking/outreach.
- A voluntary CORE Certification program drives value and return on investment for all trading partners by ensuring that the rules are used consistently; thereby encouraging broader use of the rules. Health plans, providers, vendor/clearinghouses that create, transmit or use administrative data may become CORE-certified.

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

- **Section 1104 of the ACA addresses Administrative Simplification** by amending HIPAA to mandate healthcare operating rules addressing financial and administrative transactions.
- **Eligibility and Claim Status**: The Centers for Medicare and Medicaid Services (CMS) Final Rule, *Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions*, required adoption of most Phase I and II CAQH CORE Operating Rules by all HIPAA-covered entities in early 2013. The CAQH CORE Operating Rules drive use of electronic transactions and a corresponding reduction in claim denials. The Final Rules estimates saving providers up to $9.5 billion and health plans up to $5.8 billion over ten years.
- **Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)**: In March, 2011, the National Committee on Vital and Health Statistics (NCVHS) recommended that the Department of Health and Human Services (HHS) Secretary name CAQH CORE, in collaboration with NACHA – The Electronic Payments Association, as the designated authoring entities for EFT and ERA operating rules outlined in the ACA. In August, 2012, CMS issued an Interim Final Rule that adopts the Phase III CAQH CORE EFT & ERA Operating Rule Set.
- **Other Transactions**: In September 2012, HHS designated CAQH CORE as the author for the final set of mandated operating rules under the ACA, including health care claims, member enrollment/disenrollment, premium payments, prior authorization, and claim attachments.
- **Certification**: On January 2, 2014, HHS issued a Notice of Proposed Rulemaking (NPRM) that outlines a role for CAQH CORE as administrator of ACA-mandated operating rules certification of health plans. Comments on the NPRM are being accepted by HHS through March 3, 2014.

### Learn More

CAQH CORE hosts and partners with leading industry organizations to offer educational and interactive learning opportunities each month. Organizations are encouraged to utilize these resources and reach out to CAQH CORE for assistance with implementation efforts. Contact core@caqh.org.