

Phase II Rules – Scope and Rules

Policies (Will be same approach as Phase I with appropriate adjustments)

Approved

- Pledge
 - **Goal:** Public support for CORE and commitment to become certified
- [Phase II Test Suite](#) for Certification and Testing (conducted by independent entities)
 - **Goal:** For each stakeholder type that can receive CORE certification (health plan, vendor, clearinghouse and large provider), Test Suite provides objective, standardized method to conduct non-exhaustive testing for each Phase II rule

Rules (new rules for Phase II)

Approved

Related to 270/271 Eligibility

1. [*Data Content Rule](#)
 - **Goal:** Provides reporting of patient liability information (remaining deductible amount, plus static co-pay and co-insurance information) in response to a generic or explicit eligibility inquiry; along with 43 additional service type codes beyond the nine service type codes provided in Phase I
2. Infrastructure-related Rules
 - [*Connectivity Rule](#)
Goal: Provides a comprehensive “Safe Harbor” connectivity rule to facilitate connectivity standardization and interoperability across healthcare information exchange, including message envelope standards and metadata requirements
 - Patient Identification Rules
Goal: Provides enhanced patient matching and better information on why a match did not occur in an eligibility request
 - [Normalizing Patient Last Name](#)
 - [Use of AAA Error Codes for Reporting Errors in Subscriber/Patient IDs & Names](#)

*Related to 276/277 Claims Status

1. [CORE Phase II Claim Status Rule](#)
 - **Goal:** Promotes increased availability and usage of the claims status transaction through application of Phase I infrastructure rules to the 276/277 claims status transactions, including rules for real-time and batch response times, system availability, connectivity, and acknowledgements

** Enhancing/expanding upon Phase I rules*