Analysis & Planning Guide for Implementing the CAQH CORE Prior Authorization & Referrals Operating Rules

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1. Introduction: Analysis & Planning for Prior Authorization & Referrals Operating Rule Implementation

This CAQH CORE Prior Authorization & Referrals Analysis & Planning Guide is a resource for entities preparing to implement the CAQH CORE Prior Authorization & Referrals Operating Rules. A solid understanding of the CAQH CORE Prior Authorization & Referrals Operating Rules, combined with an effective planning effort, is the basis for a successful implementation project.

This document provides guidance for project managers, business analysts, system analysts, architects, and other project staff to complete the first step of a typical systems development life cycle: Systems Analysis & Planning. The purpose of this guide is to enable project managers and other staff to:

- Understand the applicability of the CAQH CORE Prior Authorization & Referrals Operating Rules requirements to your organization's systems and business processes that support the use of the X12 v5010X217 278 Health Care Services Review – Request for Review and Response transaction
- Identify and inventory all impacted internal systems, business processes (manual and automated) and functions/processes outsourced to an agent[1] (e.g., Business Associate) that process the transactions, support web portals, or perform other requirements of the CAQH CORE Prior Authorization & Referrals Operating Rules
- Perform a detailed rule requirement gap analysis to identify system(s) that may require remediation in order to conform to the CAQH CORE Prior Authorization & Referrals Operating Rule requirements and to identify business processes which may be impacted by the CAQH CORE Prior Authorization & Referrals Operating Rules (e.g., need for internal testing, project management, additional resources, etc.)

The appendices of this Analysis & Planning Guide include the following:

- Stakeholder & Business Type Evaluation: Use to determine your stakeholder type(s) and understand the role of your agents (Business Associates) that process the transactions and will be affected by the Prior Authorization & Referrals Operating Rule requirements
- Systems Inventory & Impact Assessment Worksheet: Use to perform a high-level inventory of all internal systems, business processes (manual and automated) and functions/processes outsourced to an agent that process the transactions, support web portals, and are impacted by the CAQH CORE Prior Authorization & Referrals Operating Rules
- Gap Analysis Worksheet: A deep-dive analysis used to determine the level of system(s) remediation necessary for implementing the business requirements of the CAQH CORE Prior Authorization & Referrals Operating Rules

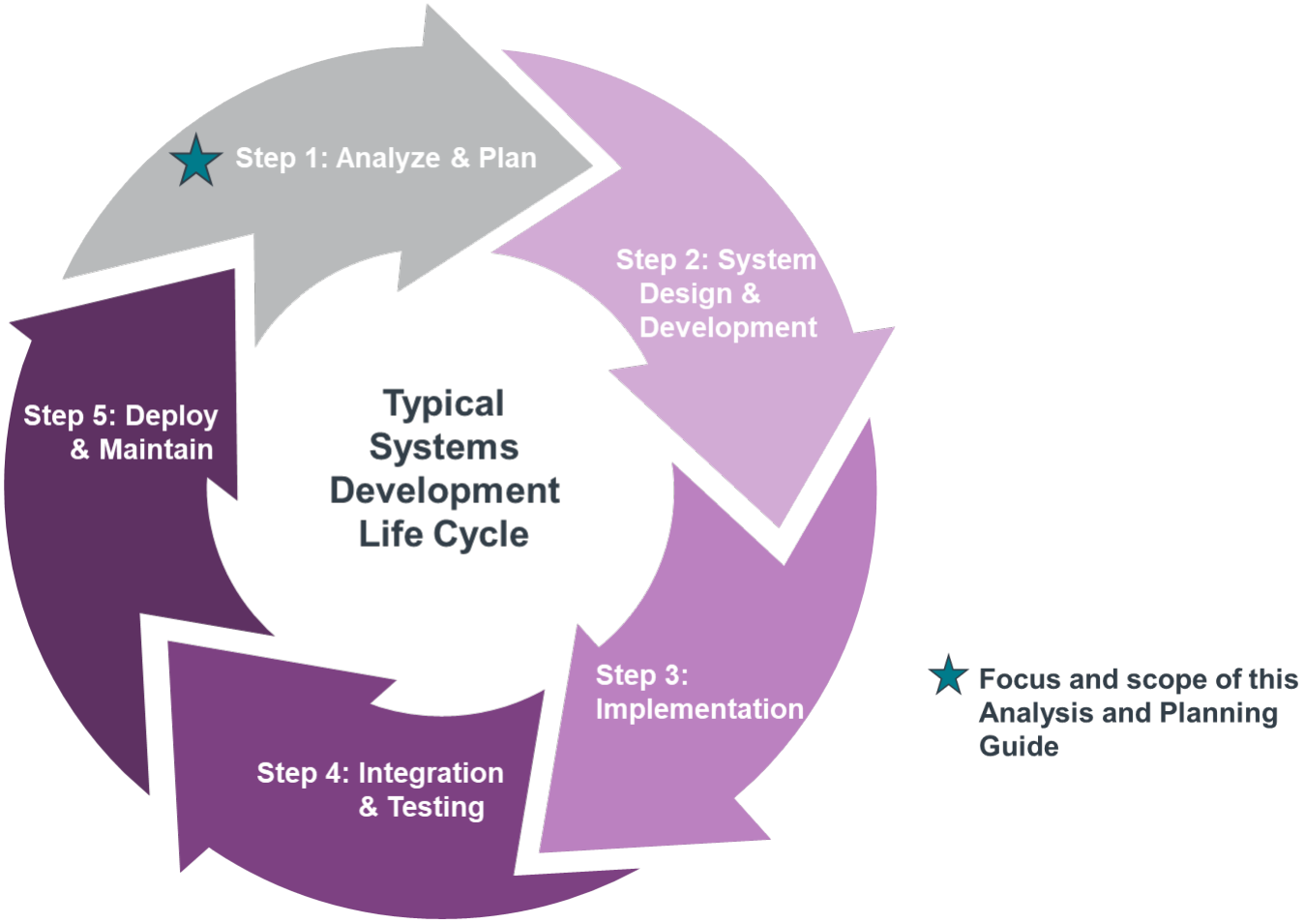
NOTE:

- The CAQH CORE Prior Authorization & Referrals Operating Rules reference three stakeholder categories: Provider or its agent; Health Plan or its agent; HIPAA-covered entity or its agent. This document references examples of these stakeholder categories to assist with applicability and implementation; these examples include clearinghouses and vendors. Please note that some stakeholder types are not necessarily a HIPAA-covered entity. Some stakeholders (e.g., software or service vendors) may not be directly required to implement the rule requirements but may need to as a result of being an agent of a HIPAA-covered entity.

[1] One who agrees and is authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship. Source: West's Encyclopedia of American Law, edition 2. Copyright 2008 The Gale Group, Inc. All rights reserved. The term "agent" as used in this document describes entities that provide outsourced functions/activities on behalf of HIPAA-covered health plans or providers, (e.g., Business Associate). The full definition of Business Associate can be found in the Electronic Code of Federal Regulations (Title 45, Subtitle A, Subchapter C, Part 160.103).

2. Systems Development Life Cycle

The diagram below illustrates a typical systems development life cycle (SDLC) for developing or remediating information systems. SDLC includes five key steps, beginning with analysis and planning through deployment and ongoing maintenance. This Analysis & Planning Guide is scoped to assist your organization in the first step of an SDLC for the implementation of the CAQH CORE Prior Authorization & Referrals Operating Rules given Step 1 sets the stage for all other steps. Note: The impacted system(s) may include an in-house developed system, commercial off the shelf (COTS)/cloud-based system, or a solution outsourced to a third party. The "system" in certain cases may also be a manual process or even include activities performed on your behalf by one or more agents.



3. Analysis & Planning for the CAQH CORE Prior Authorization & Referrals Operating Rules: Key Tasks

The following table outlines the key tasks necessary to complete Step 1, Analyze & Plan, of a Systems Development Life Cycle. When the analysis and planning is completed, you will have created a high-level systems impact analysis and developed a detailed project plan for adopting CAQH CORE Prior Authorization & Referrals Operating Rules requirements.

Analysis and Planning: Key Tasks	
Task	**Activity**
Task A – Complete Staff Education and Training on the CAQH CORE Prior Authorization & Referrals Operating Rules	• Thoroughly review and understand the CAQH CORE Prior Authorization & Referrals Operating Rules. • Conduct general education and awareness of the CAQH CORE Prior Authorization & Referrals Operating Rules for the impacted areas in your organization (see the additional resources section of this document for the tools available to educate staff on the CAQH CORE Prior Authorization & Referrals Operating Rules).
Task B – Determine Your Organization's Stakeholder & Business Type(s) (Stakeholder & Business Type Evaluation) *CAQH CORE Prior Authorization & Referrals Operating Rule requirements are tied to applicable stakeholder type(s): provider, health plan, a HIPAA-covered entity, or their respective agents.* *Please note that some stakeholder types that are part of the entities involved in exchanging the Prior Authorization & Referrals transactions are not necessarily a HIPAA-covered entity. Some stakeholders (software or service vendors) may not be directly required to implement the rule requirements but may need to as a result of being an agent of a HIPAA- covered entity.*	• Determine your stakeholder and business type(s) to understand which CAQH CORE Prior Authorization & Referrals Operating Rules apply to your organization. • Understand the role of agents that provide services or process the transactions on your behalf. • Consider the following bullets in the sections below based on your stakeholder type(s):
	• If your organization is a health plan that receives X12 v5010X217 278 Transaction or prior authorizations via web portals: – The majority of the CAQH CORE Prior Authorization & Referrals Operating Rule requirements will apply to you. – Health plans that outsource a portion or all of the CAQH CORE Prior Authorization & Referrals Operating Rule requirements to an agent to process may have some unique implementation considerations. Depending on the scenario between the health plan and its agent(s), the health plan may not need to implement some rule requirements directly while the agent will need to implement them on behalf of the health plan. The health plan may have a different agent(s) to consider when implementing the CAQH CORE Prior Authorization & Referrals Operating Rules.
	• If your organization is a provider: - You likely are outsourcing some of the CAQH CORE Prior Authorization & Referrals Operating Rules requirements to an agent. Provider organizations using a clearinghouse, a software vendor, or a third-party billing/collection service to process the X12 v5010X217 278 transaction with health plans may have some unique implementation considerations, as the clearinghouse/software vendor/billing/collection services is performing some functions on behalf of the provider as an agent.

Analysis and Planning: Key Tasks	
Task	**Activity**
	• If your organization is a clearinghouse: - If a health plan and/or provider outsource(s) certain functions to you to perform on their behalf, you are responsible for implementing all CAQH CORE Prior Authorization & Referrals Operating Rule requirements which have been outsourced to you. In this scenario, your organization will need to work with your business partners to determine applicable rule requirements.
	• If your organization is a software or services vendor: – You may be responsible for incorporating many of the CAQH CORE Prior Authorization & Referrals Operating Rule requirements into your services or software as a result of providing software or services solutions to a HIPAA-covered entity even though you are not considered an agent of a HIPAA-covered entity. A review of the Prior Authorization & Referrals CAQH CORE Certification Test Suite Section 2.2.4 may provide some insight. – Note: If your services or software are provider-facing, you will have a unique set of requirements to implement that are different than health plan-facing services or software.
Task C – Conduct a Systems Inventory (Systems Inventory & Impact Assessment Worksheet)	*Relative to your stakeholder type(s):* • Identify and inventory all impacted internal systems, business processes (manual and automated) and functions/processes outsourced to an agent that processes the transactions. • Determine which functions for each identified impacted system and business process are in-house developed and maintained, commercial-off-the-shelf (COTS)/cloud-based system or outsourced to an agent. • Determine potential options for addressing the CAQH CORE Prior Authorization & Referrals Operating Rule requirements applicable to your stakeholder type(s) (e.g., remediate an in-house developed system, replace or upgrade any COTS/cloud-based system, or work with the vendor to ensure they meet CAQH CORE Prior Authorization & Referrals Operating Rule requirements).
Task D – Conduct Detailed Rule Requirements Gap Analysis (Gap Analysis Worksheet)	• Identify the impacted systems (identified via the *Systems Inventory & Impact Assessment Worksheet*) responsible for satisfying each requirement of the CAQH CORE Prior Authorization & Referrals Operating Rules. • Identify and document any gaps between the existing system's capability and each rule requirement. • Identify and document any business process which may also be impacted by the CAQH CORE Prior Authorization & Referrals Operating Rule requirements and to what extent the process is impacted. - For example, in the case of submitting patient identifying information, a provider must submit patient last name, first name and date-of-birth in Loop ID 2010C Subscriber Name NM1 and DMG segments. A health plan and its agent must remove the specified character strings and punctuation values in Loop ID 2010C Subscriber Name NM1 segment prior to using last name for subscriber matching or verification when the health plan and its agent is using the X12 Basic Character Set and Member identification and last name is submitted in Loop ID 2010C Subscriber name and Last name is used in the search and match logic of the health plan and its agent.

Task E – Develop a Detailed Project Plan	• A detailed project plan typically outlines steps for completion of the following key activities as Steps 2-5 of the System Development Life Cycle: – Determine required resources to complete the project (i.e., estimate resources, time, system release schedules, and money). – Develop a detailed Functional Requirements Document. – Create a detailed Systems Design Document describing, in detail, the required functions and capabilities necessary to implement the CAQH CORE Prior Authorization & Referrals Operating Rules. – Implement necessary system(s) enhancements. – Test impacted systems to ensure conformance to the requirements set forth in the Functional Requirements Document. – Deploy (i.e., implement system(s) into production environment). • Conduct trading partners implementation testing.
Other Considerations – CORE Certification	• Consider CORE Certification as part of your project plan to test, assure, and demonstrate implementation of the CAQH CORE Prior Authorization & Referrals Operating Rules. – CAQH CORE offers CORE Certification to the four stakeholder types that create, transmit or use the X12 v5010X217 278 transaction and that may use web portals: health plans, providers, software/services vendors, and clearinghouses. – Key benefits to completing CORE Certification include: ▪ Certification testing provides an online mechanism for a stakeholder to test its system's ability to exchange prior authorization request/response data and web portal functionality with its trading partners using the CAQH CORE Prior Authorization & Referrals Operating Rules. ▪ Demonstrates via a recognized industry "Seal" your organization's adoption of the CAQH CORE Prior Authorization & Referrals Operating Rules to the industry. ▪ Encourages trading partners to work together on transaction data content needs. ▪ Promotes maximum ROI when all stakeholders in the information exchange are known to conform with the CAQH CORE Prior Authorization & Referrals Operating Rules. • More information on the CORE Certification process is available on the CAQH website HERE.

4. Additional Resources

Beyond the information provided in this CAQH CORE Analysis & Planning Guide, there are additional resources for entities preparing to implement the CAQH CORE Prior Authorization & Referrals Operating Rules:

- CAQH CORE Prior Authorization & Referrals Operating Rules.
- Operating Rules Implementation Resources from CAQH CORE and its partners to help you implement the CAQH CORE Operating Rules.
- Prior Authorization & Referrals CAQH CORE Certification Test Suite (developed for CORE Certification but the same concepts, e.g., role of trading partners, apply for general adoption of the CAQH CORE Operating Rules).
- CAQH CORE FAQs.
    - If your question is not answered by the FAQ, email question to CORE@caqh.org to have it entered into the formal CAQH CORE Request Process.
- Upcoming CAQH CORE Education Sessions (as well as presentations and recordings from previous sessions).
- X12 Interpretation Portal Information related to the meaning, use, and interpretation of X12 Standards, Guidelines, and Technical Reports, including implementation guidelines for the transactions can be obtained from X12.

Entities seeking to implement the CAQH CORE Prior Authorization & Referrals Operating Rules are encouraged to note the following:

- The CAQH CORE Prior Authorization & Referrals Operating Rules assume that any HIPAA-covered entity implementing the operating rules is compliant with HIPAA; HIPAA compliance is not defined by CAQH CORE.
- The CAQH CORE Prior Authorization & Referrals Operating Rule requirements are specific to either a HIPAA-covered entity or its respective agent(s). The applicability of a specific CAQH CORE Prior Authorization & Referrals Operating Rule requirement may vary according to trading partner relationship, contracted services, and other arrangements. If you have specific questions concerning applicability, please contact CAQH CORE Staff.

CAQH CORE staff is available to assist with questions about understanding the requirements of the CAQH CORE Prior Authorization & Referrals Operating Rules in regard to your stakeholder type(s); gap analysis and systems remediation are the responsibility of the implementing entities.

5. Appendix

Appendix A: CAQH CORE Stakeholder & Business Type Evaluation

Purpose: After becoming educated on the CAQH CORE Prior Authorization & Referrals Operating Rules, you will need to determine your stakeholder type(s). The *CAQH CORE Prior Authorization & Referrals Stakeholder & Business Type Evaluation* below will assist you in determining which CAQH CORE Prior Authorization & Referrals Operating Rules apply to your organization and to generally consider which trading partners you need to work with on planning and implementation. Knowing your stakeholder type(s) will help you complete the *Systems Inventory & Assessment Worksheet.*

NOTE: Applicability of a specific rule requirement may vary according to trading partner relationship, contracted services, and other arrangements.[2] Some example business models include:

- Provider direct-to-health plan connection:
  - Health plan implements all applicable requirements of the CAQH CORE Prior Authorization & Referrals Rules.
  - Provider sends and receives the X12 v5010X217 278 transaction as required by the CAQH CORE Prior Authorization & Referrals Rules.
- Provider-to-agent connection:
  - Provider outsources X12 v5010X217 278 Request and Response to an agent (e.g., clearinghouse/financial services organization).
  - Agent (e.g., provider-facing clearinghouse or billing company) acts as a proxy for provider's CAQH CORE Prior Authorization & Referrals conformance for the contracted services.
- Health plan-to-agent connection:
  - Health plan outsources the receipt, return or elements of X12 v5010X217 278 Request and Response or management of web portal system to an agent (e.g., clearinghouse, business associate, or utilization management organization).
  - Health plan agent acts as a proxy for health plan's CAQH CORE Prior Authorization & Referrals conformance for the contracted services.
- Single/dual clearinghouse-to-health plan connection:
  - Provider outsources X12 v5010X217 278 data content to a clearinghouse.
  - Provider-facing clearinghouse acts as a proxy for provider's CAQH CORE Prior Authorization & Referrals conformance for the contracted service.
  - Health plan outsources X12 v5010X217 278 data content and web portal functions to a clearinghouse.
  - Health plan-facing clearinghouse acts as a proxy for health plan's CAQH CORE Prior Authorization & Referrals conformance for the contracted services

Key Takeaway: Understand what aspects of your business and/or outsourced functions are impacted by the CAQH CORE Prior Authorization & Referrals Operating Rules (e.g., products, business lines, etc.).

[2] The CAQH CORE Prior Authorization & Referrals Operating Rule requirements are tied to applicable stakeholder type(s): provider, health plan, a HIPAA-covered entity, or their respective agents. This document references examples of these stakeholder categories to assist with applicability and implementation. Please note that some stakeholder types that are part of the entities involved in exchanging the Prior Authorization & Referrals transaction are not necessarily a HIPAA-covered entity. Some stakeholders (software or service vendors) may not be directly required to implement the rule requirements but may need to as a result of being an agent of a HIPAA-covered entity.

Stakeholder & Business Type Evaluation		
Question	**Points for Consideration**	**Your Response**
1. What is your stakeholder type(s)? (e.g., health plan, provider, vendor, clearinghouse; see question 3 for more information on other trading partners)	The Prior Authorization & Referrals CAQH CORE Certification Test Suite defines four stakeholder types that implement the operating rules: health plan, clearinghouse, provider, and vendor; the applicability of specific CAQH CORE Prior Authorization & Referrals Operating Rule requirements vary according to stakeholder type. Please reference Section 2 of the CAQH CORE Prior Authorization & Referrals CAQH CORE Certification Test Suite for further information.	
2. What role and responsibilities does my organization have for implementing the CAQH CORE Prior Authorization & Referrals Operating Rules, given our stakeholder type(s)? (e.g., X12 v5010X217 278 transaction or web portal system for prior authorizations)	The CAQH CORE Prior Authorization & Referrals Operating Rules outline the specific roles and responsibilities for each stakeholder type; review CAQH CORE Prior Authorization & Referrals Operating Rule text for more detail.	
3. Does my organization rely on other organizations (e.g., software vendors, clearinghouses, business associates) to assist with processing the X12 v5010X217 278 transaction or with web portal system operation for prior authorizations?	The applicability of a specific CAQH CORE Prior Authorization & Referrals Operating Rule requirement may vary according to trading partner relationship, contracted services, and other arrangements. If your organization relies on a software vendor or a clearinghouse or other business associate to meet any of the CAQH CORE Prior Authorization & Referrals Operating Rule requirements, you will need to coordinate with that entity as part of your pre-implementation planning and outline applicability of each requirement to the vendor, clearinghouse or business associate. See Section 4 of this document (above) for additional resources. Ensure appropriate business associate agreements are in place with necessary stakeholders.	

Appendix B: CAQH CORE Systems Inventory & Impact Assessment Worksheet

Purpose: After you complete the *Stakeholder & Business Type Evaluation,* your next step is to complete the *CAQH CORE Systems Inventory & Impact Assessment Worksheet* which enables you to identify and inventory all impacted systems that process X12 v5010X217 278 Request and Response transaction and any entity and its agent that make available a web portal to a provider to submit a prior authorization request for any healthcare service or referral and corresponding response from the provider.

This assessment worksheet will help you identify your systems impacted by the implementation of the CAQH CORE Prior Authorization & Referrals Operating Rules, including in-house developed and maintained systems, COTS/cloud-based systems, and those functions outsourced to a third party. While completing this analysis you should also consider potential options for addressing applicable CAQH CORE Prior Authorization & Referrals Operating Rule requirements (e.g., remediate an in-house developed system, replace or upgrade any COTS/cloud-based system, or work with third-party vendor).

Instructions:

1. In the second column of the worksheet, note if one of your system(s) is impacted by each rule and list the name of the impacted system(s).
    - **NOTE**: The impacted system(s) may include an in-house developed system, COTS/cloud-based system, or a capability outsourced to a third party. The “system” in certain cases may also be a manual process.
2. In the third column, identify potential options for addressing the rule requirements for each impacted system(s).
3. Use the worksheet findings to inform completion of the *Gap Analysis Worksheet* for any identified system impacted by the rule requirements.

Key Takeaway: Understand how many of your systems/products are impacted by each CAQH CORE Prior Authorization & Referrals Operating Rule and understand with which vendors you will need to coordinate.

CAQH CORE Systems Inventory & Impact Assessment Worksheet			
CAQH CORE Prior Authorization & Referrals Operating Rule	**Are One or More Systems/Processes Impacted?** *(Yes/No; Name of Impacted System/Process)*	**Is the System/Process In-House, COTS/Cloud-based, or Outsourced to a Third Party?**	**Potential Options to Address Rule Requirements** *(e.g. remediate an in-house developed system, replace or upgrade any COTS/cloud-based system, work with third party vendor to ensure they meet CAQH CORE Operating Rule requirements, or update manual processes)*
CAQH CORE Prior Authorization Data Content Rules			
CAQH CORE Prior Authorization & Referrals (278) Data Content Rule vPA1.0			
CAQH CORE Attachments Prior Authorization Data Content Rule vPA.1.0			
CAQH CORE Prior Authorization Infrastructure Rules			
CAQH CORE Prior Authorization (278) Infrastructure Rule vPA3.0			
CAQH CORE Attachments Prior Authorization (275) Infrastructure Rule vPA.1.0			
CAQH CORE Prior Authorization & Referrals Web Portal Rule			
CAQH CORE Prior Authorization & Referrals Web Portal Rule vPA1.0			
CAQH CORE Connectivity Rule			
CAQH CORE Connectivity Rule vC4.0.0 (HTTPS Safe Harbor; continued support for SOAP and added support for REST; authorization: OAuth 2.0; security: TLS 1.2)			

Appendix C: CAQH CORE Gap Analysis Worksheet

Purpose: After the *Systems Inventory & Impact Assessment*, the next task is for entities to determine the level of system(s) remediation necessary for adopting the business and technical requirements of the CAQH CORE Prior Authorization & Referrals Operating Rules using the *CAQH CORE Gap Analysis Worksheet*. Each rule requirement in the *Gap Analysis Worksheet* includes a section reference for the corresponding operating rule for more detail.

NOTES:

- For more detail on rule requirements, refer to the actual CAQH CORE Operating Rule text, which takes precedence over this worksheet.
- If your entity has identified more than one impacted system you may need to complete a *Gap Analysis Worksheet* for each system.

Instructions:

1. The *Gap Analysis Worksheet* contains each CAQH CORE Prior Authorization & Referrals Operating Rule Requirement in the first column by CAQH CORE Operating Rule. In the second column, enter the system(s) impacted by the CAQH CORE Prior Authorization & Referrals Operating Rule Requirement. If there is no system impacted by the requirement, enter N/A.
    - **NOTE**: The impacted system(s) may include an in-house developed system, a COTS/cloud-based system, or a capability outsourced to a third party or business associate.
2. In the third column note if the system currently meets the CAQH CORE Prior Authorization & Referrals Operating Rule Requirement or not.
3. In the fourth column, briefly describe any gap between the CAQH CORE Prior Authorization & Referrals Operating Rule Requirement and the system under evaluation, if applicable. The high-level findings from the *Systems Inventory & Impact Assessment* will inform the input in this column.
4. In the fifth column estimate the effort required to remediate the impacted system(s). This can include the type of skilled resource required, the number of such resources, and the potential hours required to fill the gap identified.
5. In the sixth column identify and describe any impacted business process. These often include potential training and education of staff, clients, and other users of the system's new capabilities.
6. In the seventh column estimate and describe the effort required to revise the impacted business process. This can include the type of skilled resources required, the number of such resources, and the potential hours required to fill the gap identified.
7. The results of the completed *Gap Analysis Worksheet* will allow for the development of a detailed project plan.

Key Takeaway: Understand the level of system(s) remediation necessary for adopting each CAQH CORE Prior Authorization & Referrals Operating Rule requirement.

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
CAQH CORE Prior Authorization (278) Data Content Rule PA.1.0							
	Provider Submission Requirements (§4.1)						
1	When the patient is the subscriber, the provider and its agent must submit the Patient Last Name, First Name and Date-of-Birth in Loop ID 2010C Subscriber Name NM1 and DMG segments.						
2	When the patient is the dependent, the provider and its agent must submit the Patient Last Name, First Name and Date-of-Birth in Loop ID 2010C Subscriber Name NM1 and DMG segments and Dependent Last Name, First name and Date of Birth in Loop ID 2010D Dependent Name NM1 and DMG segments.						
	Normalizing Last Name Requirements (§4.2.1, §4.2.1.1, §4.2.1.2)						
3	Requires a health plan and its agent to normalize the last name submitted on the X12 v5010X217 278 and internally-stored last name prior to using submitted last name for matching or verification.						
	Consistent and Uniform Use of AAA Error and Action Codes Requirements (§4.2.2)						
4	When the health plan and its agent detects and error in data submitted in the Loops specified the rule, the most specific AAA Error Code AAA03 901 reject Reason Code permitted in the respective loops AAA Segment code set must be returned.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Out-of-network Requester, Service Provider or Specialty Entity (§4.2.2.1)						
5	When the requester provider, service provider or specialty entity submitted on the X12 v5010X217 278 Request is determined to be out-of-network in the specified Loops, Error Code 35-Out of Network must be returned in AAA03 901 Reject Reason Code Data Element in addition to any other AAA03 901 Reject Reason Code.						
Requesting Additional Documentation for a Pended Response (§4.2.3.1, §4.2.3.2)							
6	When the X12 v5010X217 278 Request include one or more Diagnosis code(s) in Loop 2000E Patient Event Level or Procedure or Revenue code(s) in Loop 2000F Service Level can be categorized by the health plan and its agent into one or more of the specified events, and when additional medical information is required, the health plan and its agent must return data element HCR01 306 Action Code=A4 Pended and HCR04 Industry Code 0V or HCR03 Industry Code 0P or HCR03 Industry Code 0U in Loop ID 2000E HCR Health care Services Review Segment to indicate that the review outcome is pended for additional information and either: PWK01 Attachment Report Type Code or a LOINC code AND a PWK code.						
	Using Health Care Service Decision Reason Codes (HCSDRC) (§4.2.4)						
7	When the health plan and its agent use the HCSDRC in Loop ID 2000E or Loop ID 2000F, if appropriate, one or more additional HCSDRCs should be returned in the HCR Segment in addition to the required code to provide the most comprehensive information back to the provider or submitter.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Detection and Display of 278 Response Data Elements (§4.3)						
8	The receiver of a X12 v5010X217 278 Response is required to detect and extract all data elements, data element codes and corresponding code definitions to which this rule applies as returned by the health plan and its agent in the 278 Response must display or otherwise make the data appropriate available to the end user without altering the semantic meaning of the X12 v5010X217 278 Response Content.						
CAQH CORE Prior Authorization Web Portal Rule PA.1.0							
	System Availability Requirements (§4.1)						
1	A health plan or its agent system availability must be no less than 90% per calendar week.						
2	A health plan or its agent must publish their regularly scheduled system downtime in an appropriate manner.						
3	A health plan or its agent must publish the schedule of non-routine downtime at least one week in advance.						
4	A health plan or its agent must provide information within one hour of realizing downtime will be needed in the event of unscheduled/emergency downtime.						
5	A health plan or its agent must establish and publish its own holiday schedule.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Web Form Data Request Field Label Requirement (§4.2.1)						
6	The web portal operator must apply the corresponding Loop, segment, and data element name from the X12 v5010X217 278 Request and response to all web form fields using the: IMPLEMENTATION NAME where it exists, or the ALIAS if it is available and identified when the IMPLEMENTATION NAME does not exist or is considered less common.						
	Web Form Data Response Field Labels (§4.2.2)						
7	The web portal operator receiving a 5010X217 278 Response transaction to a previously submitted prior authorization request must apply the corresponding Loop, segment, and data element name from the X12 v5010X217 278 Response transaction to all web form data fields using the: IMPLEMENTATION NAME where it exists, or the ALIAS if it is available and identified when the IMPLEMENTATION NAME does not exist or is considered less common.						
	Use of the X12/005010X217 Health Care Services Review Request for Review and Response (278) Technical Report 3 (§4.3)						
8	Data collected from the web form and mapped to the X12 v5010X217 278 Health Care Services Review – Request for Review and Response (278) transaction must comply with the CAQH CORE Prior Authorization 278 Request/Response Data Content Rule.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Confirmation of Receipt of Web Form Submission (§4.4)						
9	A submission receipt indicating to the provider that the completed prior authorization request form was successfully received, and next steps for the web portal operator.						
CAQH CORE Prior Authorization (278) Infrastructure Rule vPA3.0							
	Processing Mode Requirements (§4.1)						
1	Health plan must support server requirements for Batch processing mode **OR** support server requirements for Real Time processing mode.						
	Connectivity Requirements (§4.2)						
2	A HIPAA-covered entity must be able to support the most recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule.						
	System Availability Requirements (§4.3.1, §4.3.1.1, §4.3.1.2)						
3	System availability must be no less than 90 percent per calendar week for both real-time and batch processing modes. This will allow for health plan, (or other information source) clearinghouse/switch or other intermediary system updates to take place within a maximum of 17 hours per calendar week for regularly scheduled downtime.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Reporting Requirements (§4.3.2, §4.3.2.1, §4.3.2.2, §4.3.2.3, §4.3.2.4, §4.3.2.5)						
4	Health plans (or information sources), clearinghouses/switches or other intermediaries must publish their regularly scheduled system downtime in an appropriate manner (e.g., on websites or in the CAQH CORE Companion Guide) such that the healthcare provider can determine the health plan's system availability so that staffing levels can be effectively managed.						
5	For non-routine downtime (e.g., system upgrade), an information source must publish the schedule of non-routine downtime at least one week in advance.						
6	For unscheduled/emergency downtime (e.g., system crash), an information source will be required to provide information within one hour of realizing downtime will be needed.						
7	No response is required during scheduled downtime(s).						
8	Each health plan, (or other information source) clearinghouse/switch or other intermediary will establish its own holiday schedule and publish it in accordance with the rule requirements above.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Batch Processing Mode Response Time Requirements (§4.4)						
9	Support maximum response time requirement specifying that receipt of a X12 v5010X217 278 Response must be no later than two business days following submission of a X12 v5010X217 278 Request. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						
10	Support maximum response time requirement specifying that a X12 v5010X217 278 Request pended for additional information/documentation must receive a X12 v5010X217 278 Response specifying what additional information/documentation is needed to reach a final determination within two business days following submission of the X12 v5010X217 278 Request. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						
11	Support maximum response time requirement for final determination (approval or denial) of a X12 v5010X217 278.						
12	Request within two business days of receiving all necessary information and documentation. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Real Time Processing Mode Response Time Requirements (§4.5)						
12	Support maximum response time requirement specifying receipt of a X12 v5010X217 278 Response or 5010X231 999 response error within 20 seconds of submitting a X12 v5010X217 278 Request when processing in Real Time Processing Mode. Ensure that least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						
13	Support maximum response time requirement specifying receipt of a X12 v5010X217 278 Response within 20 seconds of submitting a X12 v5010X217 278 Request if the additional information/ documentation required to reach a final determination is immediately known at the time of the request. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						
14	Support maximum response time requirement specifying receipt of a X12 v5010X217 278 Response within two business days of submitting a X12 v5010X217 278 Request if the additional information/ documentation required to reach a final determination is not immediately known at the time of the request. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
15	Support maximum response time requirement for final determination (approval or denial) of a X12 v5010X217 278 Request within two business days of receiving all necessary information and documentation. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						
	Health Care Services Review – Request and Response Request Close Out Requirement (§4.6)						
16	A X12 v5010X217 278 Request is closed out after a minimum of 15 business days following the return of a pended X12 v5010X217 278 Response requesting additional information/documentation. (Optional Requirement)						
	Real Time Acknowledgement Requirements (§4.7)						
17	A 5010X231 999 is returned on a rejected X12 Functional Group of X12 v5010X217 278 in Real Time Processing Mode.						
18	A 5010X231 999 is not returned on an accepted X12 Functional Group of a X12 v5010X217 278 in Real Time Processing Mode.						
	Batch Acknowledgement Requirements (§4.8)						
19	A 5010X231 999 is returned on a rejected X12 Functional Group of X12 v5010X217 278 in Batch Processing Mode.						
20	A 5010X231 999 is returned on any accepted X12 Functional Group of a X12 v5010X217 278 in Batch Processing Mode.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Companion Guide Requirements (§4.9)						
21	Companion guide conforms to the flow and format of the CAQH CORE Master Companion Guide Template.						
22	Companion guide conforms to the format for presenting each segment, data element and code flow and format of the CAQH CORE Master Companion Guide Template.						
CAQH CORE Attachments Prior Authorization Infrastructure Rule Version PA.1.0							
Infrastructure Rule Requirements for Attachments Using the X12 275 Transaction							
	Processing Mode Requirements (§4.1)						
1	Health plan must support server requirements for Batch processing mode **OR** support server requirements for Real Time processing mode for X12 v6020X316 275.						
	Connectivity Requirements for X12 275 Attachments (§4.2)						
2	A HIPAA-covered entity must be able to support the most recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule.						
	System Availability Requirements for X12 275 Attachments (§4.3.1.1)						
3	A HIPAA covered health plan and its agent's system availability must be no less than 90 percent per calendar week for both Real Time and Batch Processing Modes.						
	Reporting requirements: (§4.3.2.1, §4.3.2.2, §4.3.2.3, §4.3.2.5)						
4	A HIPAA-covered health plan and its agent must publish their regularly scheduled system downtime in an appropriate manner.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
5	A HIPAA-covered health plan and its agent must publish the schedule of non-routine downtime at least one week in advance.						
6	A HIPAA-covered health plan and its agent must provide information within one hour of realizing downtime will be needed in the event of unscheduled/emergency downtime.						
7	A HIPAA-covered health plan and its agent must establish and publish its own holiday schedule.						
	Payload Acknowledgements for X12 275 Attachments (§4.4.1.1)						
8	A HIPAA covered health plan and its agent must return an X12 v6020X290 999 transaction when any Functional Group of an X12 v6020X316 275 Attachment Transaction Set is accepted, accepted with errors, or rejected.						
	Batch Mode Response Time Requirements (§4.4.1.3)						
9	Support maximum response time requirement specifying that an X12 v6020X290 999 must be available for pick up by 7:00 am Eastern Time on the second business day following submission when an X12 v6020X316 275 has been submitted by a HIPAA covered provider and its agent in Batch Processing Mode, by 9:00 pm Eastern Time of a business day. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Real Time Response Time Requirement (§4.4.1.4)						
10	Support maximum response time requirement specifying that an X12 v6020X290 999 Response must be received within 20 seconds from the time of submissions of an X12 v6020X316 275 when processing in Real Time Processing Mode. Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month.						
	Basic Requirements for Receivers of Acknowledgements (§4.4.1.5)						
11	The receiver of an X12 v6020X290 999 must • Process any X12 v6020X290 999 within one business day of its receipt And • Recognize all error conditions that can be specified using all standard acknowledgements named in this rule And • Pass all such error conditions to the end user as appropriate Or • Display to the end user text that uniquely describes the specific error condition(s).						
	Data Error Handling Requirements for Attachments using the X12 275 Transaction (§4.5, §4.5.1)						
12	The receiver of an X12 v6020X316 275 must return an X12 v6020X290 999 to notify providers and their agents (submitter/client) of the acceptance, acceptance with error, or rejection.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
13	If the receiver (server) responds at the Initial Data Content Processing Layer, it must return an X12 v6020X257 824 to notify providers and their agents (submitter/client) of the acceptance, acceptance with error, or rejection of the X12 v6020X316 275 transaction and the content of the Binary Data Segment (BDS) segment in the X12 v6020X316 275 in addition to the X12 v6020X290 999 and the X12 v5010X217 278 Response.						
14	The receiver of an X12 v6020X257 824 transaction must return an X12 v6020X290 999 for each Functional Group of X12 v6020X257 824 transactions to indicate that the that it was either accepted, accepted with errors or rejected.						
	File Size Requirements for X12 275 Attachments (§4.6.1, §4.6.2)						
15	A HIPAA-covered entity and its agent must be able to accept a Minimum 64MB of Base64 encoded data by their front-end servers when the encoded data received is exchanged via the X12 v6020X316 275 transaction.						
16	A HIPAA-covered entity and its agent must be able to accept a Minimum 64MB file size document by their internal document management systems used for holding and processing attachments.						
	Companion Guide (§4.7.1)						
17	A guide covering the X12 v6020X316 275 published by a HIPAA covered health plan and its agent must follow the format as defined in the CAQH CORE Master Companion Guide.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
Infrastructure Rule Requirements for Additional Documentation Using the Non-X12 275 Method							
	Connectivity Requirements using CORE Connectivity (§5.1)						
18	If a HIPAA-covered entity and its agent elect to use CORE Connectivity as their non-X12 method of additional documentation submission, the most recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule must be supported.						
	System Availability and Reporting Requirements – Non-X12 Method (5.2.1.1, §5.2.2.1, §5.2.2.2, §5.2.2.3, §5.2.2.5)						
19	A HIPAA covered health plan and its agent's system availability must be no less than 90 percent per calendar week for both Real Time and Batch Processing Modes.						
20	A HIPAA covered health plan and its agent must publish regularly scheduled system downtime in an appropriate manner.						
21	A HIPAA covered health plan and its agent must publish the schedule of non-routine downtime at least one week in advance.						
22	A HIPAA covered health plan and its agent must provide information within one hour of realizing downtime will be needed in the event of unscheduled/emergency downtime.						
23	A HIPAA covered health plan and its agent must establish and publish its own holiday schedule.						
	File Size Requirements – Non-X12 Method (§5.3, §5.3.1, §5.3.2)						
24	A HIPAA-covered entity and its agent must be able to accept a *Minimum* 64MB of Base64 encoded data by their front-end servers when the encoded data received is exchanged via a non-X12 method.						

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25	A HIPAA-covered entity and its agent must be able to accept a *Minimum* 64MB file size document by their internal document management systems.						
CAQH CORE Attachments Prior Authorization Data Content Rule Version PA.1.0							
Data Content Rule Requirements for Attachments using the X12 275 Transaction							
	Requirements to Support Reassociation (§4.1.1, §4.1.2)						
1	When a HIPAA-covered provider and its agent send an unsolicited X12 v6020X316 275 in support of an X12 v5010X217 278, PWK02 Code EL in Loop 2000E/Loop 2000F in the X12 v5010X217 278 Request must be used.						
2	A HIPAA-covered health plan and its agent must use PWK02 Code EL in Loop 2000E/Loop 2000F in a pended X12 v5010X217 278 Response.						
Data Content Rule Requirements for Attachments using the Non-X12 Method							
	Requirements to Support Reassociation (§5.1.1, §5.1.1.1)						
3	HIPAA-covered providers and their agents using the most recent version of CORE Connectivity to transmit a non-X12 payload must follow the appropriate header requirements to notify health plans and their agents that additional documentation is being transmitted electronically.						
4	A provider and its agent must include all available Attachment Data Elements as part of the attachment payload when sending additional information. *Table 1.*						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Attachment Data Elements for Reassociation using Non-X12 Attachment Methods identifies the data elements necessary for successful reassociation of the non-X12 attachment payload and the X12 v5010X217 278 Prior Authorization Request.						
CAQH CORE SOAP Connectivity Rule vC4.0.0							
	Message Envelope Requirement (§4.1)						
1	Requires the use of SOAP+WSDL.						
	Submitter Authentication Requirement (§4.1.1)						
2	Requires the use of X.509 Client Authentication (mutual authentication) over TLS 1.2 or higher.						
	Submitter Authorization Requirements (§4.1.2)						
3	Requires support for OAuth 2.0 Client Authorization over TLS 1.2 or higher.						
	Real Time and Batch Payload Attachment Handling (§4.1.4)						
4	Payload must be sent as an MTOM encapsulated object.						
	Required Transport Method (§4.2.1)						
5	HIPAA-covered entities or their agents must implement HTTP/S Version 1.1 over the public Internet.						
6	Receivers must perform the role of an HTTP/S server; Senders must perform the role of an HTTP/S client.						

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7	All information exchanged between the client and server is encrypted by a session-level private key negotiated at connection time.						
	Real Time Requests (§4.2.3)						
8	Real Time requests must include a single inquiry or submission as specified in the transaction's corresponding CAQH CORE Infrastructure Rule.						
	Batch Submission (§4.2.4)						
9	Batch requests are sent in the same way as Real Time requests.						
10	Response must be only the standard HTTP message indicating whether the request was accepted or rejected.						
11	Message receivers must not respond to a batch submission with an ASC X12 response such as a X12 v5010 999 in the HTTP response to the batch request, even if their systems' capabilities allow such a response.						
12	All ASC X12 responses must be available for pick up by the message sender (client) in accordance with the respective CAQH CORE Infrastructure Rule for the transaction.						
	Batch Response Pickup (§4.2.5)						
13	Batch responses must be picked up after the message receiver has had a chance to process a Batch submission in the timeframes specified in the transaction's corresponding CAQH CORE Infrastructure Rule.						

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	Error Handling (§4.2.6)						
14	The appropriate HTTP error or status codes and SOAP Faults as applicable to the error/status situation must be used.						
	Tracking of Date and Time and Payload ID (§4.2.8)						
15	Servers are required to track the times of any received inbound messages, and respond with the outbound message for that Payload ID.						
16	Clients must include the date and time the message was sent in the CORE metadata element Time Stamp.						
	Capacity Plan (§4.2.9.1, §4.2.9.2)						
17	A HIPAA-covered entity or its agent's messaging system must have a capacity plan such that it can receive and process a large number of single concurrent Real Time transactions via an equivalent number of concurrent connections which must be received, processed and the appropriate response provided within response time requirements specified in the transaction's corresponding CAQH CORE Operating Rule.						
18	A HIPAA-covered entity or its agent's messaging system must have the capability to receive and process large Batch transaction files which must be received, processed and the appropriate response provided within the time specified in the applicable CAQH CORE Operating Rule.						

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	Response Time, Time Out Parameters, and Re-transmission (§4.2.10)						
19	If the HTTP Post Reply Message is not received within the 60 second response period, the client system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.						
20	Client system should submit no more than 5 duplicate transactions within the next 15 minutes if no response is received after the second attempt.						
21	If the additional attempts result in the same timeout termination, the client system should notify the submitter to contact the receiver directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.						
	Publication of Entity-Specific Connectivity Companion Document (§4.3)						
22	Servers must publish detailed specifications in a Connectivity Companion Document on the entity's public web site.						
	Envelope Metadata (§4.4.2)						
23	The Envelope Metadata specified in Table 4.4.2 pertains to the Message Envelope SOAP+WSDL. With the exception of *ErrorCode* and *ErrorMessage* fields, which are only sent in the response, the CAQH CORE required envelope metadata for the request and response are required to be identical.						

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	Processing Mode (§4.4.3.1)						
24	A HIPAA-covered entity or its agent must support the transaction processing mode requirements specified in the *COREProcessingModePayloadTypeTables.docx* companion document when exchanging transactions in conformance with this CAQH CORE Connectivity Rule vC4.0.0.						
25	The Processing Mode requirements specified also apply when a HIPAA-covered entity or its agent are exchanging the transactions addressed by this rule using any other connectivity method as permitted by the CAQH CORE Safe Harbor.						
	Enumeration of Payload Type Fields (§4.4.3.2)						
26	A HIPAA-covered entity or its agent must support the requirements for identifying the payload (*PayloadType)* carried within the content of the Message Envelope as specified in the *COREProcessingModePayloadTypeTables.docx* companion document to this CAQH CORE Connectivity Rule v4.0.0.						
CAQH CORE REST Connectivity Rule vC4.0.0							
	API Interface Format Requirement (§5.1.1)						
1	HIPAA-covered entities and their agent must use JavaScript Object Notation (JSON) for REST Interfaces.						
	Authentication Requirement (§5.1.2)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
2	Requires the use of X.509 Client Authentication (mutual authentication) over TLS 1.2 or higher.						
	Submitter Authorization Requirements (§4.1.2)						
3	Requires support for OAuth 2.0 Client Authorization over TLS 1.2 or higher.						
	Transport Method (§5.2.1)						
4	HIPAA-covered entities and their agents must be able to implement HTTP/S Version 1.1 over the public internet.						
	Request and Response Handling (§5.2.2)						
5	Request and response handling for both Synchronous Real-time and Asynchronous Batch Process.						
	Error Handling (§5.2.6)						
6	Message receiver must notify the message sender if the request was successfully handled during the processing of HTTP headers and processing of the payload.						
	Tracking of Date and Time and Payload (§5.2.8)						
7	Servers are required to track the times of any received inbound messages and respond with the outbound message for that Payload.						
8	Clients must include the date and time the message was last modified.						
	Capacity Plan (§5.2.9., §5.2.11)						

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9	A HIPAA-covered entity or its agent's messaging system must have a capacity plan such that it can receive and process a large number of single concurrent Synchronous Real Time transactions via an equivalent number of concurrent connections which must be received, processed and the appropriate response provided within response time requirements specified in the transaction's corresponding CAQH CORE Operating Rule.						
10	A HIPAA-covered entity or its agent's messaging system must have the capability to receive and process large Batch transaction files which must be received, processed and the appropriate response provided within the time specified in the applicable CAQH CORE Operating Rule.						
	Specifications for REST API Uniform Resource Identifiers (URI) Paths (*§5.3.1, §5.3.2)*						
11	Servers are required to communicate the version of the CAQH CORE Connectivity Rule implemented and version of the REST API through the URI Path, per Table 5.3.1.						
12	Requires entities to use standard naming conventions for REST API endpoints to streamline and support uniform REST implementations.						
	REST HTTP Request Method Requirements (*§5.4)*						
13	Requires entities to use of HTTP Methods listed in Table 5.4 to indicate the desired action to be performed for a given resource.						
	REST HTTP Metadata, Descriptions, Intended Use and Values (§5.5)						

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14	Entities are required to use the metadata specified in Table 5.5 for HTTP Requests and HTTP Responses for REST Exchanges.						
	Publication of Entity-Specific Connectivity Companion Document (§5.7)						
15	Servers must publish detailed specifications in a Connectivity Companion Document on the entity's website.						