Analysis & Planning Guide for Adopting the CAQH CORE Eligibility & Claim Status Operating Rules

March 27, 2012

CAQH Committee on Operating Rules for Information Exchange (CORE)
Analysis & Planning Guide for Adopting the CAQH CORE Eligibility & Claim Status Operating Rules
March 27, 2012

Table of Contents

CAQH Committee on Operating Rules for Information Exchange (CORE)
Analysis & Planning Guide for Adopting the CAQH CORE Eligibility & Claim Status Operating Rules
March 27, 2012

1. Introduction: Analysis & Planning for CAQH CORE Rule Adoption

This CAQH CORE Analysis & Planning Guide provides a resource for entities preparing to adopt the Phase I and II CAQH CORE Eligibility & Claim Status Operating Rules (hereafter CAQH CORE Operating Rules).[1] A solid understanding of the CAQH CORE 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 Operating Rule requirements to your organization's systems that conduct eligibility and/or claim status transactions (e.g., need for internal testing, project management, eligibility and benefits resources, etc.)
- Identify and inventory all impacted external and internal systems and outsourced vendors that process eligibility and/or claim status transactions
- Conduct a detailed rule requirements gap analysis to identify system(s) that may require remediation in order to conform to the CAQH CORE Operating Rule requirements and to identify business process which may be impacted by the CAQH CORE Operating Rules

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

- Stakeholder & Business Type Evaluation: Use to determine your stakeholder type(s) and understand the role of your intermediaries that conduct the eligibility and/or claim status transactions
- Systems Inventory & Impact Assessment Worksheet: Use to conduct a high-level inventory of all external and internal systems that conduct the eligibility and/or claim status transactions and are impacted by the CAQH CORE Operating Rules
- Gap Analysis Worksheet: Use to determine the level of system(s) remediation necessary for adopting the business requirements of the CAQH CORE Operating Rules
- A user-friendly, Excel workbook containing all of the analysis & planning forms is available HERE.

NOTES:

- This document is for educational purposes only; in the case of a question between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take precedence.
- This Analysis & Planning Guide is scoped to *general* adoption of the CAQH CORE Eligibility & Claim Status Operating Rules and can assist with compliance with ACA Section 1104 mandate or detailed voluntary CORE Certification (*however* these are separate projects requiring analysis and planning beyond that described in this document).

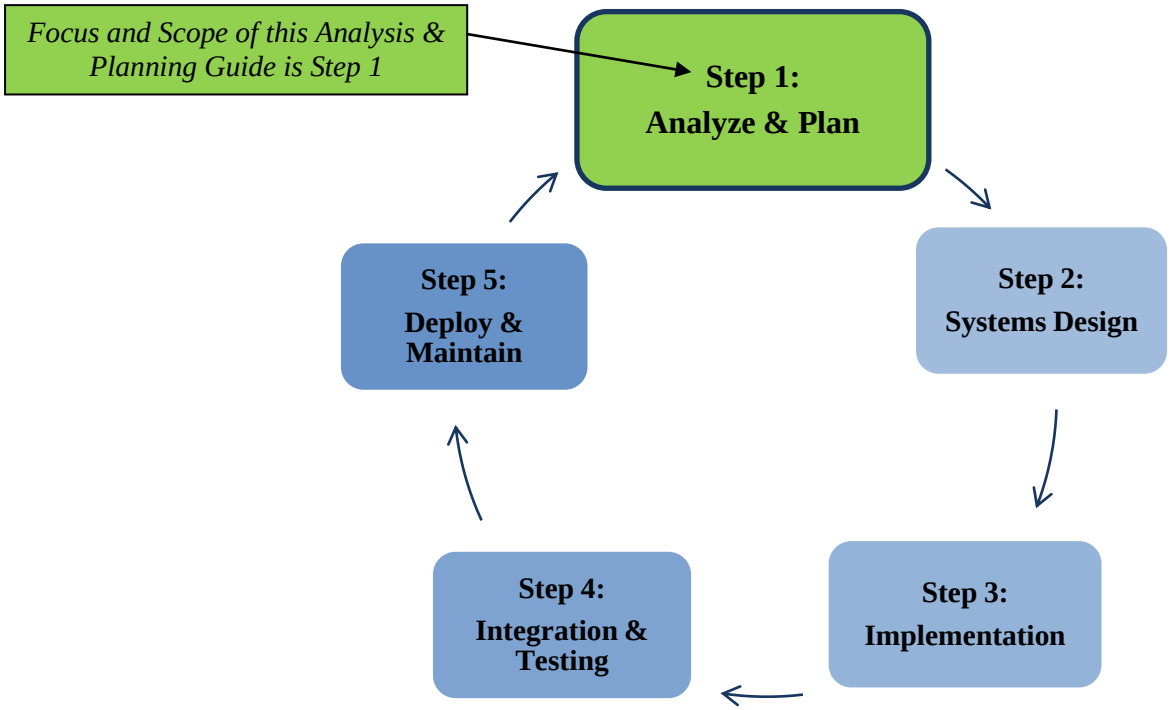
[1] **NOTE:** The HHS Final Rule for operating rules for the eligibility and claim status transactions adopts all the Phase I and II CAQH CORE Operating Rules for the Eligibility and Claim Status transactions **except** those requirements pertaining to the use of Acknowledgements. ACA amends HIPAA, therefore the *all HIPAA covered entities* must be in compliance with operating rules by their effective dates.

- The CAQH CORE Operating Rules were initially developed in two phases (Phase I and Phase II); however, most entities are implementing both phases simultaneously. Therefore, for ease of use, the tools included in this document present the CAQH CORE Operating Rules by transaction addressed and rule type (e.g., data content and infrastructure rules) rather than by phase.

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 you in the first step of an SDLC for the adoption of the CAQH CORE Operating Rules given Step 1 sets the stage for all other steps.

Typical Systems Development Life Cycle



3. Analysis & Planning for the CAQH CORE 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 the CAQH CORE Operating Rule requirements.

<table>
<tr><th colspan="2">Analysis and Planning: Key Tasks</th></tr>
<tr><th>Task</th><th>Activity</th></tr>
<tr><td>Task A - Complete Staff Education and Training on the CAQH CORE Operating Rules</td><td>• Thoroughly review and understand the CAQH CORE Eligibility & Claim Status Operating Rules
• Conduct general education and awareness of the CAQH CORE Operating Rules for the impacted areas in your organization (see Section 4 of this document for additional resources available to educate staff on the CAQH CORE Operating Rules)</td></tr>
<tr><td rowspan="4">Task B -Determine Your Organization’s Stakeholder & Business Type(s) (Stakeholder & Business Type Evaluation)

CAQH CORE Operating Rule requirements are tied to applicable stakeholder type(s): provider, health plan, clearinghouse, and vendor</td><td>• Determine your stakeholder and business type(s) to understand which CAQH CORE Operating Rules apply to your organization
• Understand the role of intermediaries that conduct eligibility and/or claim status transactions
• Consider the following based on your stakeholder type(s):</td></tr>
<tr><td>• If your organization is a health plan:
– The majority of the CAQH CORE Operating Rule requirements will apply to your systems.
– Health plans that outsource to a clearinghouse or other intermediary to process the eligibility transactions from providers on their behalf may have some unique implementation considerations. Depending on the scenario between the health plan and its clearinghouse/intermediary, the health plan may not need to implement some rule requirements directly and the clearinghouse/intermediary will need to implement them on behalf of the health plan.</td></tr>
<tr><td>• If your organization is a provider:
– You likely are outsourcing some of the CAQH CORE Operating Rule requirements to a clearinghouse or your software vendor. Provider organizations using a clearinghouse or software vendor to send and receive eligibility transactions with health plans may have some unique implementation considerations since the clearinghouse/software vendor is performing some functions on behalf of the provider.</td></tr>
<tr><td>• If your organization is a clearinghouse:
– You are responsible for implementing the CAQH CORE Operating Rule requirements applicable to you as a clearinghouse.
– Additionally, if a health plan and/or provider outsources certain functions to you to perform on their behalf, you are responsible for implementing all CAQH CORE Operating Rule requirements which have been outsourced to you. In this instance, your organization will need to work with your business partners to determine applicable rule requirements.</td></tr>
</table>

Analysis and Planning: Key Tasks	
Task	**Activity**
	• If your organization is a software or services vendor: – You are responsible for implementing many of the CAQH CORE Operating Rule requirements into your services or software. – Note, if your services or software are provider-facing you will have a unique set of requirements to implement that are different than a health plan-facing vendor's 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 external and internal systems and outsourced vendors that process the V5010 270/271 and/or V5010 276/277 transactions • Determine which functions for each identified impacted system/outsourced vendor are in-house developed and maintained, commercial off the shelf (COTS) system, or outsourced to a third party • Determine potential options for addressing the CAQH CORE Operating Rule requirements applicable to your stakeholder type(s) (e.g., remediate an in-house developed system, replace or upgrade any COTS system, or work with third party vendor to ensure they meet CAQH CORE 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 Operating Rules • Determine 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 each CAQH CORE Rule requirement and to what extent the process is impacted
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 Operating Rules – Implement necessary system(s) enhancements – Test impacted systems to ensure conformance to the requirements set in the Functional Requirements Document – Deploy (i.e., implement system(s) into production environment) – Conduct trading partners implementation testing

Analysis and Planning: Key Tasks	
Task	**Activity**
	• Consider voluntary CORE Certification as part of your project plan[2] – CAQH CORE offers voluntary CORE Certification to the four stakeholder types that create, transmit or use eligibility and claim status data: health plans, providers, software/services vendors, and clearinghouses. Currently, nearly 60 organizations are CORE-certified with an additional 30 in the pipeline. – Key benefits to completing voluntary CORE Certification include: ▪ Certification testing provides an on-line mechanism for a stakeholder to test its systems ability to exchange eligibility and claim status data with its trading partners using the CAQH CORE Operation Rules ▪ Demonstrates via a recognized industry "Seal" your organization's adoption of the CAQH CORE Operating Rules to the industry ▪ Encourages trading partners to work together on transaction data content, infrastructure and connectivity needs ▪ Promotes maximum ROI when all stakeholders in the information exchange are known to conform with the CAQH CORE Operating Rules • More information on the voluntary CORE Certification process is available on the CAQH website HERE.

[2] **NOTE:** The voluntary CORE Certification Program offered by CAQH CORE is separate from the CMS Federal operating rules compliance program mandated by the ACA. Information on the CMS compliance program regarding operating rules is under development and can be found HERE.

4. Additional Resources

Beyond the information provided in this CAQH CORE Analysis & Planning Guide, the CAQH website provides additional resources for entities preparing to implement the CAQH CORE Operating Rules:

- CAQH CORE Eligibility & Claim Status Operating Rules
- PowerPoint Overview of the CAQH CORE Eligibility & Claim Status Operating Rules
- Past CAQH CORE Education Sessions for further clarification on rule requirements
- CAQH CORE FAQs address typical questions regarding the CAQH CORE Eligibility & Claim Status Operating Rules
  - If question not listed as an FAQ, email question to core@caqh.org
- CORE Certification Master Test Suites (initially developed for voluntary CORE Certification but same concepts, e.g. role of trading partners, apply for general adoption of the CAQH CORE Operating Rules)
  - Phase I CORE Certification Master Test Suite
  - Phase II CORE Certification Master Test Suite
- HHS Final Rule for Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions
- CMS FAQs (FAQs related to Federally mandated operating rules are #10958-10971)

5. Notes for Implementers

Entities seeking to implement the CAQH CORE Operating Rules are encouraged to note the following:

- The CAQH CORE Operating Rules assume that any HIPAA-covered entity implementing the operating rules is compliant with the most recently mandated version of HIPAA; HIPAA compliance is not defined by CAQH CORE.
- The CAQH CORE Operating Rule requirements are tied to the applicable stakeholder type(s). The applicability of a specific CAQH CORE 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 Operating Rules in regard to your stakeholder type(s); gap analysis and systems remediation are the responsibility of the implementing entities.

Appendices

Appendix A: CAQH CORE Stakeholder & Business Type Evaluation

Purpose: After becoming educated on the CAQH CORE Operating Rules, you will need to determine your stakeholder type(s). The *CAQH CORE Stakeholder & Business Type Evaluation* below will assist you in determining which CAQH CORE 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. Some example business models include:

- Provider direct-to-health plan connection:
  - Health plan implements all requirements of the CAQH CORE Rules
- Single/dual clearinghouse-to-health plan connection:
  - Health plan outsources infrastructure and connectivity functions to a clearinghouse[3]
  - Health plan-facing clearinghouse acts as a proxy for health plan's CAQH CORE conformance for the contracted services
- Provider-to-clearinghouse/vendor connection:
  - Provider outsources eligibility and claims status request submission function to clearinghouse/vendor
  - Provider-facing clearinghouse or vendor solution acts as a proxy for provider's CAQH CORE conformance for the contracted services

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

[3] In some cases clearinghouse may offer full outsourcing services for eligibility and benefit verification (and/or claim status) functions, inclusive of data hosting.

A user-friendly, Excel workbook containing the *Stakeholder & Business Type Evaluation* is available HERE.

Stakeholder & Business Type Evaluation		
Question	**Points for Consideration**	**Your Response**
1. What is your stakeholder type(s) (e.g. health plan, provider vendor, clearinghouse)?	The CAQH CORE Operating Rules define four stakeholder types that implement the operating rules: health plan, clearinghouse, provider, and vendor; the applicability of specific CAQH CORE Operating Rule requirements vary according to stakeholder type.	
2. What role and responsibilities does my organization have for implementing the CAQH CORE Operating Rules, given our stakeholder type(s) (e.g. claims processing, conduct of the eligibility and/or claim status transactions)?	The CAQH CORE Operating Rules outline the specific roles and responsibilities for each stakeholder type, review CAQH CORE Operating Rule text for more detail.	
3. Does my organization rely on trading partners (e.g., vendors or clearinghouses) to assist with claim processing and/or conduct of the eligibility and/or claim status transactions?	The applicability of a specific CAQH CORE 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 to meet any of the CAQH CORE 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 or clearinghouse. See Section 4 of this document for additional resources that provide guidance on working with trading partners.	

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 eligibility and/or claim status transactions.

This assessment worksheet will help you identify your systems impacted by the adoption of the CAQH CORE Operating Rules, including in-house developed and maintained systems, COTS systems, those functions outsourced to a third party. While completing this analysis you should also consider potential options for addressing applicable CAQH CORE Operating Rule requirements (e.g., remediate an in-house developed system, replace or upgrade any COTS 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 system, or an outsourced solution from a third party.
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 (Task D of the Key Analysis & Planning Tasks in Section 3 of this document).

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

A user-friendly, Excel workbook containing the *Systems Inventory & Impact Assessment Worksheet* is available HERE.

CAQH CORE Systems Inventory & Impact Assessment Worksheet			
CAQH CORE Operating Rule	**Is One or More Systems Impacted?** *(Yes/No; Name of Impacted System)*	**Is the System In-house, COTS, 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 system, or work with third party vendor to ensure they meet CAQH CORE Operating Rule requirements)*
Eligibility/Benefits Transactions Data Content Rules			
154: 270/271 Data Content Rule (static co-pay, base deductible and co-insurance, in/out of network variances)			
260: 270/271 Data Content Rule (YTD remaining deductible, in/out of network variances, explicit financials 48 Service Type codes)			
258: Normalizing Patient Last Name Rule (Suffix and special characters)			
259: AAA Error Code Reporting Rule (Specific code usage)			
Eligibility/Benefits Infrastructure Rules			
150: Batch Acknowledgements Rule (999) [4]			
151: Real Time Acknowledgements Rule (999)[5]			
152: Companion Guide Rule (flow and format)			

[4] See footnote on page 3 for detail on the Federal mandate and requirements pertaining to the use of Acknowledgements.
[5] Ibid.

CAQH CORE Systems Inventory & Impact Assessment Worksheet			
CAQH CORE Operating Rule	**Is One or More Systems Impacted?** *(Yes/No; Name of Impacted System)*	**Is the System In-house, COTS, 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 system, or work with third party vendor to ensure they meet CAQH CORE Operating Rule requirements)*
155: Batch Response Time Rule (Approximately 10 hours)			
156: Real Time Response Rule (<20 seconds)			
157: System Availability Rule (86% per week, publish schedule, down times, etc.)			
153: Connectivity Rule (HTTPS Safe Harbor)			
270: Connectivity/Security Rule (HTTPS Safe Harbor, with two envelope options: SOAP with WSDL and MIME Multi-part; two authentication modes: digital certification and username/password)			
Claim Status Transactions Infrastructure Rule			
250: 276/277 Claim Status Rule (All of the above infrastructure requirements for eligibility/benefits)			

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 requirements of the CAQH CORE 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 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 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 system, or an outsourced solution from a third party.
2. In the third column note if the system currently meets the CAQH CORE Operating Rule Requirement or not.
3. In the fourth column, briefly describe any gap between the CAQH CORE 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 associates 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 (Task E of the Key Analysis & Planning Tasks in Section 3 of this document).

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

A user-friendly, Excel workbook containing the *Gap Analysis Worksheet* is available HERE.

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
Eligibility/Benefits Transactions Data Content Rules							
154: 270/271 Data Content Rule							
	CORE requirements for v5010 271 Eligibility Inquiry Response:						
1	When the individual is located in the system, the health plan must return: a. The health plan name (if one exists within the health plan's or information source's system) in EB05-1204 Plan Coverage Description. Neither the health plan or information source is required to obtain such a health plan name from outside its own organization (§1.1) b. The patient financial responsibility for co-insurance, co-payment and deductibles (§1.2)						
	To specify the co-insurance responsibility:						
2	Use code "A" Co-Insurance in EB01-1390 Eligibility or Benefit Information data element and use EB08-954 Percent data element for each reported type of service (§1.2.1)						
3	If the patient financial responsibility amounts differ for in and out of network, two occurrences of the EB segment must be returned using EB12-1073 with codes N and Y as appropriate (§1.2.1)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
4	The health plan (or information source) may, at its discretion, elect not to return co-insurance information for the following services specified in EB03-1365: 1 – Medical Care; 30 – Health Plan Benefit Coverage; 35– Dental Care; 88 – Pharmacy; AL – Vision (Optometry); MH – Mental Health. This optional reporting does not preempt the health plan's (or information source's) requirement to report patient co-payment responsibility for the remaining 7 CORE required service types (33 – Chiropractic, 48 – Hospital Inpatient, 50 – Hospital Outpatient, 86 – Emergency Services, 98 – Professional (Physician) Visit– Office), 47 – Hospital, UC – Urgent Care that must be reported in a generic request for eligibility (Service Type Code 30) or a service type not supported by the health plan (§1.2.1)						
	To specify the co-payment responsibility:						
5	Use code "B" Co-Payment in EB01-1390 Eligibility or Benefit Information data element and use EB07-782 Monetary Amount element for each reported type of service (§1.2.2)						
6	If the patient financial responsibility amounts differ for in and out of network, two occurrences of the EB segment must be returned using EB12-1073 with codes N and Y as appropriate (§1.2.2)						
7	The health plan (or information source) may, at its discretion, elect not to return co-payment information for the following services specified in EB03-1365: 1 – Medical Care; 30 – Health Plan Benefit Coverage; 35– Dental Care; 88 – Pharmacy; AL – Vision (Optometry), MH – Mental Health. This optional reporting does not preempt the health plan's (or information source's) requirement to report patient co-payment responsibility for the remaining 7 CORE required service types (33– Chiropractic, 48 – Hospital Inpatient, 50 – Hospital Outpatient, 86 – Emergency Services, 98 – Professional (Physician) Visit– Office), 47 – Hospital, UC – Urgent Care that must be reported in a generic request for eligibility (Service Type Code 30) or a service type not supported by the health plan (§1.2.2)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	To specify the deductible responsibility:						
8	Use code "C" Deductible in EB01-1390 Eligibility or Benefit Information data element and use EB07-782 Monetary Amount to indicate the dollar amount of the deductible for the type of service specified in EB03-1365 service type code (§1.2.3)						
9	If the patient financial responsibility amounts differ for in and out of network, two occurrences of the EB segment must be returned using EB12-1073 with codes N and Y as appropriate (§1.2.3)						
10	If the deductible amount varies by the benefit coverage level specified in EB02-1207 Coverage Level Code, place the appropriate code in EB02 and use additional occurrences of the EB Eligibility or Benefit Information segment as necessary for each benefit coverage level for each type of service, e.g., individual or family coverage (§1.2.3)						
11	The health plan (or information source) may, at its discretion, elect not to return deductible information for the following services specified in EB03 -1365: 1 – Medical Care; 30 – Health Plan Benefit Coverage; 35– Dental Care; 88 – Pharmacy; AL – Vision (Optometry), MH – Mental Health. This optional reporting does not preempt the health plan's (or information source's) requirement to report patient deductible responsibility for the remaining 7 CORE required service types (33 – Chiropractic, 48 – Hospital Inpatient, 50 – Hospital Outpatient, 86 – Emergency Services, 98 – Professional (Physician) Visit – Office), 47 – Hospital, UC – Urgent Care that must be reported in a generic request for eligibility (Service Type Code 30) or a service type not supported by the health plan (§1.2.3)						
	Eligibility dates:						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
12	The X12 270 eligibility inquiry may request a benefit coverage date 12 months in the past or up to the end of the current month. If the inquiry is outside of this date range and the health plan (or information source) does not support eligibility inquiries outside of this date range, the v5010 X12 271 response must include the AAA segment with code "62" Date of Service Not Within Allowable Inquiry Period in the AAA03-901 Reject Reason Code data element (§1.3)						
260: 270/271 Data Content Rule							
	Requires a Health Plan (or Information Source) to:						
1	Respond to an explicit inquiry for a CORE-required service type with patient financial responsibility (§4.1.3 through §4.1.3.3)						
2	Specify when a service type covered by this rule is a covered benefit only for in-network providers and not a covered benefit for out-of-network providers (§4.1.3.1 through §4.1.3.3)						
3	Specify the Health Plan base deductible amount only on the EB segment where EB03=30-Health Benefit Plan Coverage (§4.1.3.1.1)						
4	Specify the Health Plan remaining deductible amount that is the patient's financial responsibility only on the EB segment where EB03=30-Health Benefit Plan Coverage (§4.1.3.1.2)						
5	Return the benefit-specific (service type) remaining deductible amount for each benefit (service type) only when the amount is different than for the health plan (§4.1.3.1.4)						
6	Return the benefit-specific (service type) base deductible amount for each benefit (service type) only when the amount is different than for the health plan (§4.1.3.1.3)						
7	Return patient liability information (co-pay, co-insurance, and deductible information) for a CORE-required explicit v5010 X12 270 inquiry.						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
8	Return both family and individual Health Plan base and remaining deductible amounts as applicable to the health plan coverage (§4.1.3.1.1 and §4.1.3.1.2)						
9	Not return base and remaining deductible amounts for a specific benefit (service type) when the amount is not different than for the health plan. (§4.1.3.1.1 and §4.1.3.1.2)						
10	Return deductible amounts only in U.S. amounts (§4.1.3.1)						
11	Return the date(s) for the Health Plan base deductible only if different than the Health Plan Coverage date (§4.1.4)						
12	Return the date(s) for a Benefit-specific base deductible only if different than the Health Plan Coverage date (§4.1.5)						
	Prohibits a Health Plan (or Information Source) from:						
13	Redundantly returning the Health Plan base and remaining deductible amounts on any EB segment where EB03≠30-Health Benefit Plan Coverage when these amounts are not different for that specific service type (§4.1.3.1.1 and §4.1.3.1.2)						
	Allows a Health Plan (or Information Source) to:						
14	Return patient liability information (co-pay, co-insurance, and deductible information) at its discretion for 9 specified Service Type Codes (§4.1.3)						
	Specifies that:						
15	Only Code 29-Remaining can be used in EB06 data element to specify the remaining deductible amount (§4.1.3.1.2 and §4.1.3.1.4)						
16	An additional 39 service type codes that must be supported for an explicit inquiry in addition to the 12 required codes in CAQH CORE 154: 270/271 Data Content Rule (§4.1.1.2)						
	Requires a Receiver of the V5010 271 Response to:						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
17	Detect and extract all data elements to which the rule applies (§4.2)						
18	Display to the end user text that appropriately describes these data elements (§4.2)						
258: Normalizing Patient Last Name							
	Requires a Health Plan (or Information Source) to:						
1	Normalize the last name submitted on the v5010 X12 270 before using submitted last name (§4.2.1)						
2	Normalize internally-stored last name before using internally-stored last name. (§4.2.1)						
3	Return the v5010 X12 271 response with AAA segment using appropriate error code(s) as required by the CAQH CORE 259: AAA Error Code Reporting Rule when normalized names are not successfully matched or validated. (§4.3)						
4	Return the un-normalized internally-stored last name when it does not match the un-normalized submitted last name in the NM103-1035 data element and return the INS segment as specified in Table 4.3-1. (§4.3)						
5	Return the v5010 X12 271 response as required by the CAQH CORE 260: 270/271 Data Content Rule when normalized names are successfully matched or validated. (§4.2.1)						
	Requires a Receiver of the v5010 X12 271 Response to:						
6	Detect all data elements addressed by the rule as returned in the v5010 X12 271 response (§4.4)						
7	Display to the end user text uniquely describing the specific error condition(s) and data elements returned in the v5010 X12 271 (§4.4)						
8	Ensure that displayed text accurately represents the Follow Up Action without changing meaning and intent of the Follow Up Action (§4.4)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Recommendations for Submitters of the v5010 X12 270:						
9	Submit a person's name suffix in the NM107-1039 data element when submitter's system enables capture and storage of a name suffix in a separate data field (§4.1.1)						
10	Separate a person's name suffix from the last name using either a space, comma or forward slash when the submitter's system does not enable the capture and storage of a name suffix in a separate data field (§4.1.2)						
11	Attempt to identify and parse the last name data element to extract any name suffix and to submit the suffix in the NM107-1039 data element (§4.1.2)						
259: AAA Error Code Reporting Rule							
	Requires a Health Plan (or Information Source) to:						
1	Return a AAA segment for each error condition detected (§4.1, §4.5)						
2	Return code "N" in the AAA01 Valid Request Indicator data element (§4.1)						
3	Return the specified Rejection Reason Code in AAA03 as specified for the error condition detected (§4.1)						
4	Return code "C" in the AAA04 Follow-up Action Code data element (§4.1)						
5	Return submitted data elements used (§4.1)						
6	Return a AAA segment for each error condition detected along with submitted data elements used when conducting a pre-query evaluation (§4.3)						
7	Return a AAA segment for each missing and required data element when conducting a pre-query evaluation (§4.3.1)						
8	Return a AAA segment for an invalid MID when conducting a pre-						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	query evaluation (§4.3.2)						
9	Return a AAA segment for an invalid DOB when conducting a pre-query evaluation (§4.3.2)						
10	Return a AAA segment for each error condition detected along with submitted data elements used when conducting a post-query evaluation (§4.4)						
	Requires a Receiver of the v5010 X12 271 to:						
11	Detect all combinations of error conditions from the AAA segments in the v5010 X12 271 response (§4.2)						
12	Detect all data elements addressed by the rule as returned in the v5010 X12 271 response (§4.2)						
13	Display to the end user text uniquely describing the specific error condition(s) and data elements returned in the v5010 X12 271 (§4.2)						
14	Ensure that displayed text accurately represents the AAA03 error code and corresponding Error Condition Description without changing meaning and intent of the Error Condition Description (§4.2, §4.5)						
	Defines:						
15	Pre-query evaluation of patient identification elements (§3.2)						
16	Post-query evaluation of patient identification elements (§3.2)						
17	Query using one or more of submitted patient identification data elements (§3.2)						
Eligibility/Benefits Infrastructure Rules							
150: Batch Acknowledgments Rule[6]							

[6] See footnote on page 3 for detail on the Federal mandate and requirements pertaining to the use of Acknowledgements.

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
1	A v5010 X12 999 is returned to indicate either acceptance of the batch or rejection of a Functional Group (including the enclosed Transaction Set) error resulting in the rejection of the entire Functional Group (§1.1)						
2	A v5010 X12 999 must ALWAYS be returned if there are no errors in the Functional Group and enclosed Transaction Set (§1.1)						
3	A v5010 X12 271 eligibility response transaction must ALWAYS be returned for an Interchange, Functional Group and Transaction Set that complies with ASC X12 TR3 implementation guide requirements (§1.1)						
4	A v5010 X12 271 eligibility response transaction may contain either the appropriate AAA Validation Request segment(s) or the data segments containing the requested eligibility and benefit status details (§1.1)						
5	A v5010 X12 999 must not be returned during the initial communications session in which the X12 270 batch is submitted (§2)						
151: Real-time Acknowledgments Rule[7]							
1	A v5010 X12 999 is returned ONLY to indicate a Functional Group (including the enclosed Transaction Set) error resulting in the rejection of the entire Functional Group (§1.1)						
2	A v5010 X12 999 must NOT be returned if there are no errors in the Functional Group and enclosed Transaction Set (§1.1)						
3	A v5010 X12 271 eligibility response transaction must ALWAYS be returned for an Interchange, Functional Group and Transaction Set that complies with ASC X12 TR3 implementation guide requirements (§1.2)						

[7] Ibid.

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
4	A v5010 X12 271 eligibility response transaction may contain either the appropriate AAA Validation Request segment(s) or the data segments containing the requested eligibility and benefit status details (§1.2)						
152: Companion Guide Rule							
1	All entities' Companion Guides covering the v5010 270/271 eligibility inquiry and response transactions must follow the format/flow as defined in the CORE Master Companion Guide Template for HIPAA Transactions. This rule does not require any entity to modify any other existing companion guides that cover other HIPAA-adopted transaction implementation guides.						
155: Batch Response Time Rule							
1	Maximum response time when processing in batch mode for the receipt of a v5010 X12 271 response to a v5010 X12 270 inquiry submitted by a provider or on a provider's behalf by a clearinghouse/switch by 9:00 pm Eastern time of a business day must be returned by 7:00 am Eastern time the following business day. A business day consists of the 24 hours commencing with 12:00 am (Midnight or 0000 hours) of each designated day through 11:59 pm (2359 hours) of that same designated day. The actual calendar day(s) constituting business days are defined by and at the discretion of each health plan or information source (§1)						
2	v5010 X12 999 responses must be available to the submitter within one hour of receipt of the batch: to the provider in the case of a batch of v5010 X12 270 inquiries and to the health plan (or information source) in the case of a batch of v5010 X12 271 responses (§2)						
3	Conformance with this maximum response time rule shall be considered achieved if 90 percent of all required responses as specified in the CAQH CORE 150: Eligibility and Benefit Batch Acknowledgement Rule version 1.0.0 are returned within the specified maximum response time as measured within a calendar						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	month (§3)						
4	Each entity must demonstrate its conformance with this maximum response time rule by demonstrating its ability to capture, log, audit, match and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners (§4)						
156: Real-time Response Rule							
1	Maximum response time when processing in real time mode for the receipt of a v5010 X12 271 (or in the case of an error, a v5010 X12 999 response from the time of submission of a v5010 270 inquiry must be 20 seconds (or less). v5010 X12 999 response errors must be returned within the same response timeframe (§1)						
2	Conformance with this maximum response time rule shall be considered achieved if 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month (§1)						
3	Each entity must demonstrate its conformance with this maximum response time rule by demonstrating its ability to capture, log, audit, match and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners (§1)						
157: System Availability Rule							
	System Requirements						
1	System availability must be no less than 86 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 24 hours per calendar week for						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	regularly scheduled downtime (§1)						
	Reporting Requirements						
2	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 companion guides) such that the healthcare provider can determine the health plan's system availability so that staffing levels can be effectively managed (§2.1)						
3	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 (§2.1)						
4	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 (§2.3)						
	Other Requirements						
5	No response is required during scheduled downtime(s) (§2.4)						
6	Each health plan, (or other information source) clearinghouse/switch or other intermediary will establish its own holiday schedule and publish it (§3)						
153: Connectivity Rule							
	Real Time Requests:						
1	Must include a single inquiry or submission, e.g., one eligibility inquiry to one information source for one patient (§2)						
	Batch Requests:						
2	Are sent in the same way as real time requests (§3)						
	Batch Submissions:						
3	Response must be only the standard HTTP message indicating whether the request was accepted or rejected (see below for error						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	reporting) (§3)						
4	Message receivers must not respond to a batch submission with an ASC X12 response such as a v5010 X12 999 as described in the CAQH CORE **150:** Batch Acknowledgments Rule in the HTTP response to the batch request, even if their systems' capabilities allow such a response. (See CAQH CORE 155: Batch Response Time Rule for the response time requirements for v5010 X12 999) (§3)						
	Batch Responses:						
5	Should be picked up after the message receiver has had a chance to process a batch submission (see the CAQH CORE 155: Batch Response Time Rule for details on timing.) (§3.1)						
	Required Data Elements:						
6	Certain business data elements: authorization information, a payload identifier, and date and time stamps, must be included in the HTTP message body outside of the ASC X12 data (§4.1)						
7	Information Sources must publish their detailed specification for the message format in their publicly available Companion Guide (§4.1)						
8	In order to comply with the CORE 155 and 156: Response Time Rules version 1.1.0, message receivers will be required to track the times of any received inbound messages, and respond with the outbound message for that payload ID (§4.1)						
9	Message senders must include the date and time the message was sent in the HTTP Message Header tags (§4.1)						
	Date and Time Requirements:						
10	Date must be sent and logged using 8 digits (YYYYMMDD) (§4.2)						
11	Time must be sent and logged using a minimum of 6 digits (HHMMSS) (§4.2)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Security:						
12	The HTTP/S protocol, all information exchanged between the sender and receiver is encrypted by a session-level private key negotiated at connection time (§5)						
	User ID and Password:						
13	Entities will employ User ID and Password as the default minimum criteria authentication mechanism. (§5.1)						
14	Issuance, maintenance and control of password requirements may vary by implementer and should be issued in accordance with the organizations' HIPAA Security Compliance policies (§5.1)						
15	The User ID and Password authentication must be encrypted by the HTTP/S protocol, but passed outside of the ASC X12 payload information as described in the HTTP Message format section (§5.1)						
16	The receiver may require the message sender to register the IP address for the host or subnet originating the transaction, and may refuse to process transactions whose source is not registered or does not correspond to the ID used (§5.1)						
17	Due to programming requirements of POSTing over HTTP/S, use of a digital certificate is required to establish communications. Entities will make available information on how to obtain the receiver's root public certificate (§5.1)						
18	No additional security for file transmissions, such as the separate encryption of the ASC X12 payload data, is required in this CAQH CORE Operating Rule for connectivity. By mutual consent, organizations can implement additional encryption, but HTTP/S provides sufficient security to protect healthcare data as it travels the Internet (§5.1)						
	Response Time, Time Out Parameters, and Re-transmission:						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
19	If the HTTP Post Reply Message is not received within the 60 second response period, the provider's system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent (§6)						
20	If no response is received after the second attempt, the provider's system should submit no more than 5 duplicate transactions within the next 15 minutes (§6)						
21	If the additional attempts result in the same timeout termination, the provider's system should notify the provider to contact the health plan or information source directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay (§6)						
	Authorization Errors:						
22	At the message acknowledgement level, a message receiver must send back a response with a status code of HTTP 202 Accepted once the message has been received. This does not imply that the ASC X12 content has been validated or approved (§7.2)						
	Batch Submission Acknowledgements:						
23	At the message acknowledgement level, a message receiver must send back a response with a status code of HTTP 202 Accepted once the message has been received. This does not imply that the ASC X12 content has been validated or approved (§7.2)						
	Real Time Response or Response to Batch Response Pickup:						
24	When a message receiver is responding to a real time request or a batch response pickup request, assuming that the message authorization passed, the receiver must respond with an HTTP 200 Ok status code and the ASC X12 data content as specified by CAQH CORE 150 and 151 Eligibility and Benefits Batch and Real Time Acknowledgements Rules version 1.1.0 (§7.3)						
	Server Errors:						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
25	It is possible that the HTTP server is not able to process a real time or batch request. In this case, the message receiver must respond with a standard HTTP 5xx series error such as HTTP 500 Internal Server Error or HTTP 503 Service Unavailable (§7.2)						
26	If a sender receives a response with this error code, they will need to resubmit the request at a later time, because this indicates that the message receiver will never process this message (§7.2)						
270: Connectivity Rule							
	Requires a Health Plan and Health Plan Vendor to implement a server and to:						
1	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified in the rule for Real Time (§4.1.1, §4.2, §6.3.1)						
2	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified for Batch if Batch is offered (§4.1.1, §4.2, §6.3.2)						
3	Implement Server capability and enforce one of two specified Submitter Authentication Standards for both Real Time and/or Batch (§4.1.1)						
4	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 (§4.3.5.1)						
5	Have the capability to receive and process large batch transaction files if batch is supported (§4.3.5.2)						
6	Publish detailed specifications in a Connectivity Companion Guide on its public web site as required by the appropriate CAQH CORE Companion Guide Rule (§4.3.7)						
	If a Health Plan and Health Plan Vendor elects to optionally implement a client, it is required to:						
7	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified in the rule						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	for Real Time (§4.1.1, §4.2, §6.3.1)						
8	Implement Client capability to support Message Envelope Standards and Message Exchanges specified for Batch if Batch is offered (§4.1.1, §4.2, §6.3.2)						
9	Implement Client capability to support Submitter Authentication Standards for both Real Time and/or Batch (§4.1.1)						
	Requires a Clearinghouse and Other Intermediaries to implement a server and to:						
10	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified in the rule for Real Time (§4.1.1, §4.2, §6.3.1)						
11	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified for Batch if Batch is offered (§4.1.1, §4.2, §6.3.2)						
12	Implement Server capability and enforce one of two specified Submitter Authentication Standards for both Real Time and/or Batch (§4.1.1)						
13	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 (§4.3.5.1)						
14	Have the capability to receive and process large batch transaction files if batch is supported (§4.3.5.2)						
15	Publish detailed specifications in a Connectivity Companion Guide on its public web site as required by the appropriate CAQH CORE Companion Guide Rule (§4.3.7)						
	Requires a Clearinghouse and Other Intermediaries to implement a client and to:						
16	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified in the rule for Real Time (§4.1.2, §4.2, §6.3.1)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
17	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified for Batch if Batch is offered (§4.1.2, §4.2, §6.3.2)						
18	Implement Client capability to support both specified Submitter Authentication Standards for both Real Time and/or Batch (§4.1.2)						
	Requires a Provider and Provider Vendor to implement a client and to:						
19	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified in the rule for Real Time (§4.1.2, §4.2, §6.3.1)						
20	Implement Client capability to support one of two Message Envelope Standards and Message Exchanges specified for Batch if Batch is offered (§4.1.2, §4.2, §6.3.2)						
21	Implement Client capability to support both specified Submitter Authentication Standards for both Real Time and/or Batch (§4.1.2)						
	If a Provider and Provider Vendor elects to optionally implement a server, it is required to:						
22	Implement Server capability to support both Message Envelope Standards and Message Exchanges specified in the rule for Real Time. (§4.1.3, §4.2, §6.3.1)						
23	Implement Server capability to support one of two Message Envelope Standards and Message Exchanges specified for Batch if Batch is offered. (§4.1.3, §4.2, §6.3.2)						
24	Implement Server capability and enforce one of two both specified Submitter Authentication Standards for both Real Time and/or Batch. (§4.1.3)						
	Requires all Message Receivers to:						
25	Track the times of any received inbound messages (§4.3.4.1)						
26	Respond with the outbound message for the received inbound message (§4.3.4.1)						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
27	Include the date and time the message was sent in HTTP+MIME or SOAP+WSDL Message Header tags (§4.3.4.1)						
	Specifies:						
28	Message Enveloping specifications for HTTP MIME Multipart (Envelope Standard A) (§4.2.1)						
29	HTTP MIME Multipart payload attachment handling (§4.2.1.8)						
30	Message Enveloping specifications for SOAP+WSDL (Envelope Standard B) (§4.2.2)						
31	XML Schema specification for SOAP (§4.2.2.1)						
32	Web Services Definition Language (WSDL) specification (§4.2.2.2)						
33	SOAP payload attachment handling (§4.2.2.11)						
34	Request and response handling for real time, batch, and batch response pickup (§4.3.1)						
35	Submitter authentication and authorization handling (§4.3.2)						
36	Error handling for both Envelope Messaging Standards (§4.3.3)						
37	Envelope metadata fields, including descriptions, intended use syntax and value-sets applicable to both Enveloping Messaging Standards (§4.4)						
Claim Status Transactions Infrastructure Rule							
250: 276/277 Claims Status Rule							
	Batch Acknowledgements:[8]						
1	The receiver of a v5010 X12 276 or a v5010 X12 277 must always return a v5010 X12 999 implementation acknowledgement to indicate that the Functional Group was either accepted, accepted						

[8] Ibid.

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	with errors, or rejected (§4.3.1)						
2	The v5010 X12 999 must not be returned during the initial communications session in which the v5010 X12 276 batch is submitted (§4.3.2)						
	Real-Time Acknowledgements:[9]						
3	A v5010 X12 999 is returned only to indicate a v5010 X12 276 Functional Group (including the enclosed Transaction Set) error resulting in the rejection of the entire Functional Group (§4.2.1.1) a) A v5010 X12 999 must not be returned if the v5010 X12 276 Functional Group and enclosed Transaction Set is not rejected (§4.2.1.1)						
4	A v5010 X12 277 must always be returned for an Interchange, Functional Group and Transaction Set that complies with X12 v5010 276 requirements (§4.2.1.2)						
	Companion Guide:						
5	All entities' Companion Guides covering the v5010 276/277 claim status inquiry and response transactions must follow the format/flow as defined in the CAQH CORE v5010 Master Companion Guide Template for HIPAA Transactions (§4.7.1)						
6	This rule does not require any entity to modify any other existing companion guides that cover other HIPAA-adopted transaction implementation guides						
	Batch Response Time:						

[9] Ibid.

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
7	Maximum response time when processing in batch mode for the receipt of a v5010 X12 277 response to a v5010 X12 276 inquiry submitted by a provider or on a provider's behalf by a clearinghouse/switch by 9:00 pm Eastern time of a business day must be returned by 7:00 am Eastern time the following business day. A business day consists of the 24 hours commencing with 12:00 am (Midnight or 0000 hours) of each designated day through 11:59 pm (2359 hours) of that same designated day. The actual calendar day(s) constituting business days are defined by and at the discretion of each health plan or information source (§4.5)						
8	v5010 X12 999 responses must be available to the submitter within one hour of receipt of the batch: to the provider in the case of a batch of v5010 X12 276 inquiries and to the health plan (or information source) in the case of a batch of v5010 X12 277 responses (§4.5.1)						
9	Conformance with this maximum response time rule shall be considered achieved if 90 percent of all required responses as specified in the CAQH CORE 250: 276/277 Claims Status Rule Batch Acknowledgement version 2.1.0 are returned within the specified maximum response time as measured within a calendar month (§4.5.2)						
10	Each entity must demonstrate its conformance with this maximum response time rule by demonstrating its ability to capture, log, audit, match and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners (§4.5.2)						
	Real Time Response Time:						
11	Maximum response time when processing in real time mode13 for the receipt of a v5010 X12 277 (or in the case of an error, a v5010 X12 999 response from the time of submission of a v5010 X12 276 inquiry must be 20 seconds (or less). v5010 X12 999 response						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	rejections must be returned within the same response timeframe (§4.4)						
12	Conformance with this maximum response time rule shall be considered achieved if 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month (§4.4)						
13	Each entity must demonstrate its conformance with this maximum response time rule by demonstrating its ability to capture, log, audit, match and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners (§4.4.1)						
	I. System Availability: System Requirement						
14	System availability must be no less than 86 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 24 hours per calendar week for regularly scheduled downtime (§4.6.1)						
	II. System Availability: Reporting Requirements						
15	Scheduled Downtime: 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 companion guides) such that the healthcare provider can determine the health plan's system availability so that staffing levels can be effectively managed (§4.6.2.1)						
16	Non-Routine Downtime: 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 (§4.6.2.2)						
17	Unscheduled Downtime: For unscheduled/emergency downtime (e.g., system crash), an information source will be required to						

Rule Req. #	CAQH CORE Operating Rule Requirement	System Impacted *(Based on results from System Inventory and Impact Analysis Worksheet-if no impact enter N/A)*	System Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	provide information within one hour of realizing downtime will be needed (§4.6.2.3)						
	III. System Availability: Other Requirements						
18	No response is required during scheduled downtime(s) (§4.6.2.4)						
19	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 above (§4.6.2.5)						