



CAQH CORE Operating Rule Update

NCVHS Recommendation

Bob Bowman & Erin Weber, CORE

August 15, 2023

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Agenda

- CAQH CORE Overview
- NCVHS Process and Recommendations
- Overview of Recommended Rules
- Next Steps
- Questions

CORE Overview

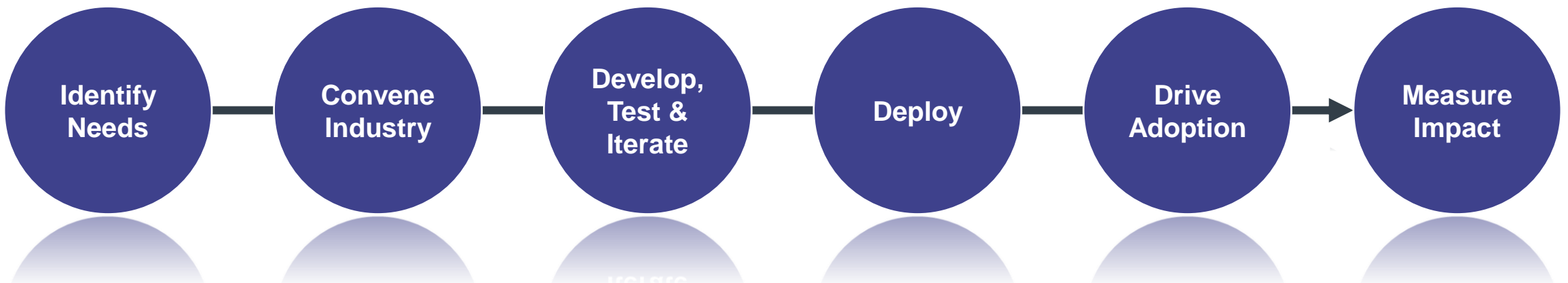
Erin Weber
Vice President, CORE

Mission

Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

Vision

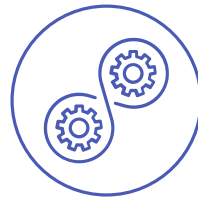
An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.



Committee on Operating Rules for Information Exchange



Federally Designated by the Department of Health and Human Services (HHS) as the National Operating Rule Authoring Entity for all HIPAA mandated administrative transactions.



Develop business rules to help industry effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.



Multi-stakeholder Board Members include health plans, providers, vendors, and government entities. Advisors to the Board include SDOs.

More than 100 CAQH CORE Participating Organizations

Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Averhealth
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduit
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

Account for 75% of total American covered lives.

CAQH CORE Operating Rule Sets

Support Electronic Transactions Across the Revenue Cycle

Rule Set	Infrastructure	Connectivity Rule	Data Content	Other	
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.1.0 Connectivity Rule vC2.2.0	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data Rule	
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.2.0			
Payment & Remittance	Claim Payment/Advice (835) Infrastructure Rule*		EFT/ERA (835/CCD+) Reassociation Rule	EFT/ERA Enrollment Data Rules	Uniform Use of CARCs and RARCs (835) Rule
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule*	Connectivity Rule vC4.0.0**	Prior Authorization (278) Data Content Rule	Prior Authorization Web Portal Rule	Attachments Prior Authorization Rules*
Health Care Claims	Health Care Claim (837) Infrastructure Rule*		Health Care Claims Data Content Rule***		Attachments Health Care Claims Rules*
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule*		Attributed Patient Roster (834) Data Content Rule		
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule*				
Premium Payment	Premium Payment (820) Infrastructure Rule*				
Value-based Payment***					

Rules in **blue** boxes are federally mandated.

* Rule is new or updated as of February 2022.

** Connectivity Rule vC4.0.0 can be used to support all rule sets for CORE Certification.

*** Rules being developed in 2023.

NCVHS Process and Recommendations

Erin Weber
Vice President, CORE

Operating Rule Path to Federal Mandate



CAQH CORE Sends Letter to NCVHS*:

- On 5/23/22 the CAQH CORE Board sent a [letter](#) to the HHS** Federal Advisory Committee (NCVHS) proposing a set of new and updated operating rules for federal adoption.



NCVHS Collects Industry Feedback:

- NCVHS Standards Subcommittee published a [Request for Comment](#) due by 12/15/22 and held an [industry hearing](#) on 1/19/23 to review and solicit feedback on the proposed rules.



NCVHS Makes Recommendation to HHS:

- [NCVHS sent a letter to the HHS Secretary](#) on 6/30/23 recommending the proposed operating rules for adoption under HIPAA except those for attachments.



Expedited HHS Interim Final Rule Making

- If a federal adoption is the approach, HHS will issue an Interim Final Rule (IFR) to the industry with a public comment period. With no major objections, HHS then adopts the final rule and mandates the operating rules.*** Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

*National Committee on Vital and Health Statistics (NCVHS) | ** Department of Health and Human Services (HHS) | ***HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

CORE Proposal to NCVHS

On **May 23, 2022**, CORE submitted a letter to NCVHS asking them to recommend a set of new and updated operating rules to HHS for federal adoption.

Proposed Operating Rules	
Updated	CORE Eligibility and Benefits (270/271) Infrastructure Rule CORE Claim Status (276/277) Infrastructure Rule CORE Payment and Remittance (835) Infrastructure Rule
Updated	CORE Connectivity Rule vC4.0.0
Updated	CORE Eligibility and Benefits (270/271) Data Content Rule
New	CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule
New	CORE Attachments Health Care Claims Infrastructure Rule CORE Attachments Health Care Claims Data Content Rule CORE Attachments Prior Authorization Infrastructure Rule CORE Attachments Prior Authorization Data Content Rule

Content and benefit of each operating rule was presented at an NCVHS hearing on **January 19, 2023**.

NCVHS Recommendation to HHS

On **June 30, 2023** NCVHS made the following rulemaking recommendation to HHS:

Proposed Operating Rules		NCVHS Rulemaking Recommendation
Updated	CORE Eligibility and Benefits (270/271) Infrastructure Rule CORE Claim Status (276/277) Infrastructure Rule CORE Payment and Remittance (835) Infrastructure Rule	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
Updated	CORE Connectivity Rule vC4.0.0	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
Updated	CORE Eligibility and Benefits (270/271) Data Content Rule	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
New	CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
New	CORE Attachments Health Care Claims Infrastructure Rule CORE Attachments Health Care Claims Data Content Rule CORE Attachments Prior Authorization Infrastructure Rule CORE Attachments Prior Authorization Data Content Rule	<ul style="list-style-type: none"> • Do not conduct rulemaking to adopt
	CORE Certification Requirement Language	<ul style="list-style-type: none"> • Do not conduct rulemaking to adopt (consistent with past recommendations)

Overview of Recommended Rules

Updated: CAQH CORE Connectivity Rule vC.4.0.0

Bob Bowman

Principal, Interoperability & Standards

Newest Version of CORE Connectivity



Overview: The **CAQH CORE Connectivity Rule vC4.0.0** is a single, uniform Connectivity Rule that supports administrative and clinical data exchange. The rule updates and aligns CAQH CORE connectivity & security requirements to support REST and other API technology, building upon prior versions of CAQH CORE Connectivity.

Existing: HIPAA-mandated Connectivity Rule

Key Requirements:

- Use of **public internet** connection and **HTTP transport** standards to establish an industry **Safe Harbor**
- Employs **Username and Password** with optional use of **digital certificate** for authentication
- Use of both **SOAP and MIME** messaging standards
- **Defined metadata** to relieve burden of implementation and reduce variances across industry
- Supports **batch** and **real time** interactions meeting industry needs
- Specifies **error handling** processes and messaging requirements
- Requires development and implementation of a **capacity plan**

Updates: NCVHS Recommended Connectivity Rule

Updates:

- Continues **Safe Harbor** Connectivity requirements to support **SOAP messaging standards**
- Incorporation of HTTPS and more stringent security standards – **TLS 1.2 or higher**
- Requirement to use digital certificate for authentication – **X.509**
- Implementation of stronger authorization standards – **OAuth 2.0**
- Add support for the exchange of **Attachments transactions** – including **X12 275, HL7 C-CDA, FHIR, etc.**

and

Addition of REST standards in vC4.0.0:

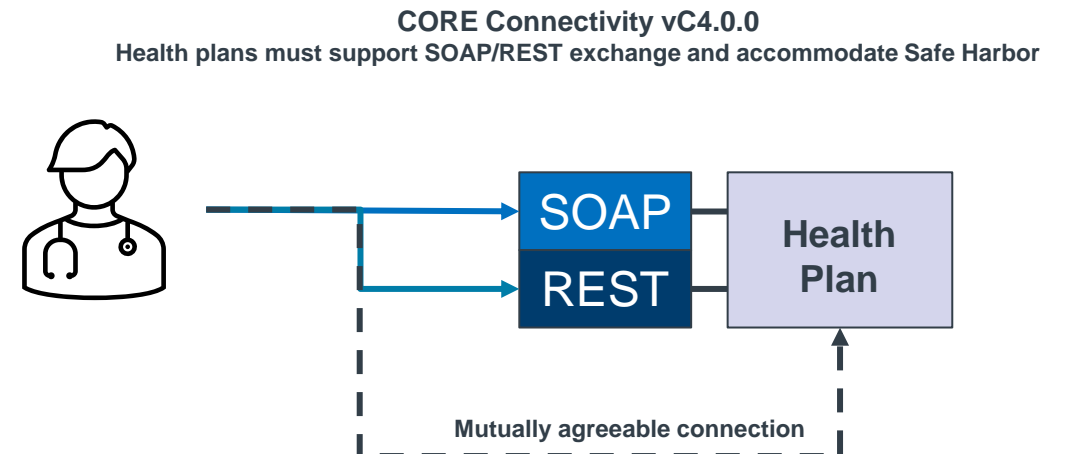
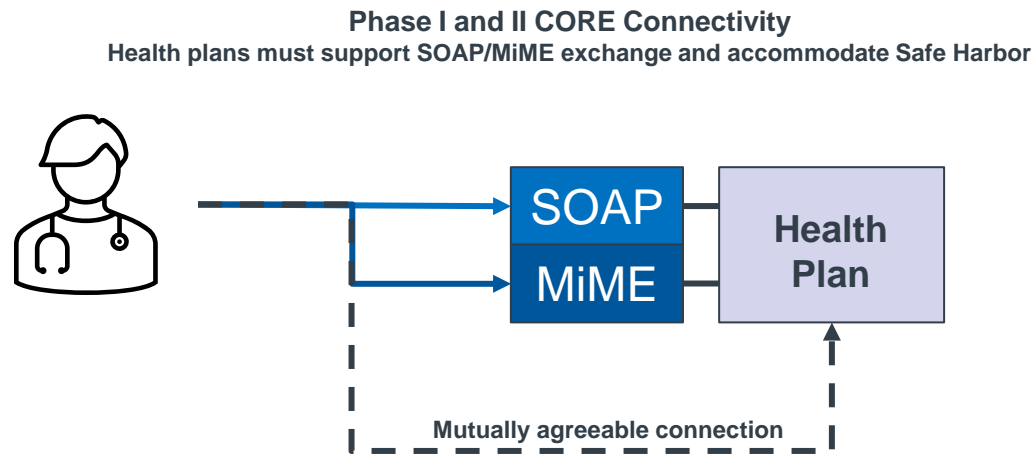
- Support for standard-agnostic REST style web resources
- Messaging in human-readable JAVA format
- Support for API integration and versioning standards for CORE Connectivity

Impact of Updated Connectivity Requirements on Transaction Workflows

Reflects the Evolution of Best Practice Connectivity Methods Over Time

The CAQH CORE Connectivity Rule vC4.0.0 is a **Safe Harbor** and updates conformance requirements for implementing organizations.

- ✓ Health plans or Clearinghouses must support **all** connectivity methods, SOAP **and** REST.
- ✓ Providers or Vendors must support **at least one** connectivity method, SOAP **or** REST.



Trading partners may also use a mutually agreeable connection to facilitate the exchange of information; however, if a trading partner **requests SOAP or REST exchange**, that method must be accommodated.

Newest Version of CORE Connectivity

Benefits to Industry



Aligning technical requirements on how data is transmitted and received between providers and health plans reduces administrative burden across the industry.

CONNECTIVITY

- ✓ Aligns the CAQH CORE Connectivity Rule vC4.0.0 to support frameworks proposed in the **CMS and ONC interoperability rules**, including the use of REST and other API technology.
- ✓ Establishes a **Safe Harbor** that aligns with existing IT implementations and supports emerging approaches for exchanging data by **continuing to support SOAP** as an exchange method and **adding support for data exchanged using REST**.
- ✓ Supports the intersection of administrative and clinical data exchange by adding support for the attachments transaction and publishing a **single updated rule to include all transactions that are addressed in CAQH CORE Operating Rules**, including those in development.
- ✓ **Updates the national floor** guiding connectivity communication in the industry.

Overview of Recommended Rules

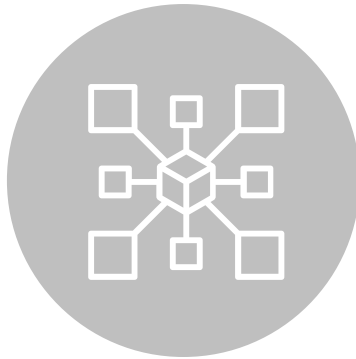
Updated: CAQH CORE Infrastructure Rules

Bob Bowman

Principal, Interoperability & Standards

Infrastructure

Definitions and Operating Rule Overview



Infrastructure Operating Rules

Infrastructure rules apply across transactions – establishing basic expectations on how the US data exchange “system” works; e.g., ability to track response times across all trading partners.

Note: Infrastructure rules can be used with any version of a standard.



Rule Requirements

Each set of CAQH CORE Operating Rules includes an infrastructure rule with requirements including processing mode, response time, system availability, connectivity, acknowledgements, and companion guides, by transaction.

Updated CORE Infrastructure Rules

Eligibility, Claim Status & Remittance



Overview: The mandated CAQH CORE Infrastructure Rules* for eligibility, claim status, and remittance advice provide safe harbor connectivity and security standards and dictate requirements for system availability, uniform use of acknowledgements and processing time requirements. Updates provide enhanced security, greater system availability, flexibility to accommodate multiple payloads and conformance with the most current CORE Connectivity Rules.

Existing: HIPAA-mandated Infrastructure Rules

86% per calendar week
N/A: Current Mandated CAQH CORE Infrastructure Rules do not include a quarterly system availability requirement
Phase I & II Connectivity Rules (vC.1.1.0 & vC.2.2.0)
Companion guides must follow format and flow of CORE Master Companion Guide

Weekly System Availability
Quarterly System Availability
Connectivity
Companion Guide

Updates: NCVHS Recommended Infrastructure Rules.

90% per calendar week
Health plans and their agents may use 24 additional hours of system downtime per calendar quarter to accommodate larger system updates and maintenance
Most current CAQH CORE Connectivity Rule (vC.4.0.0)
Updates include support for the non-X12 transactions to accommodate multiple standards

*CAQH CORE Eligibility & Benefits (270/271) Infrastructure Rule; CAQH CORE Claims Status (276/277) Infrastructure Rule; CAQH CORE Payment & Remittance (835) Infrastructure Rule

Updated CORE Infrastructure Rules

Benefits to Industry



Updated infrastructure rules allow for increased system availability for providers, aligning with modern day business needs.

INFRASTRUCTURE

- ✓ **Aligns with today's technology** given the 24/7 nature of healthcare and stakeholder needs to exchange data outside of regular business hours. Updates to system availability requirements increase **up-time by 364 hours annually**.
- ✓ The quarterly system downtime supports overall greater system availability while **allowing for longer, less frequent periods of downtime** in recognition that today's systems are more integrated than in the past.
- ✓ Providers will have **improved access to needed data to better serve the patient at the time of service** - improving the revenue cycle, immediacy of care, and the patient experience.
- ✓ **Aligns requirements to use the CORE Connectivity Rule v4.0.0** to encourage use of both existing and emerging technology.

Overview of Recommended Rules

Updated and New: CAQH CORE Eligibility & Benefits Operating Rules

Bob Bowman
Principal, CORE

Eligibility & Benefits

Definition and Impact of Operating Rules

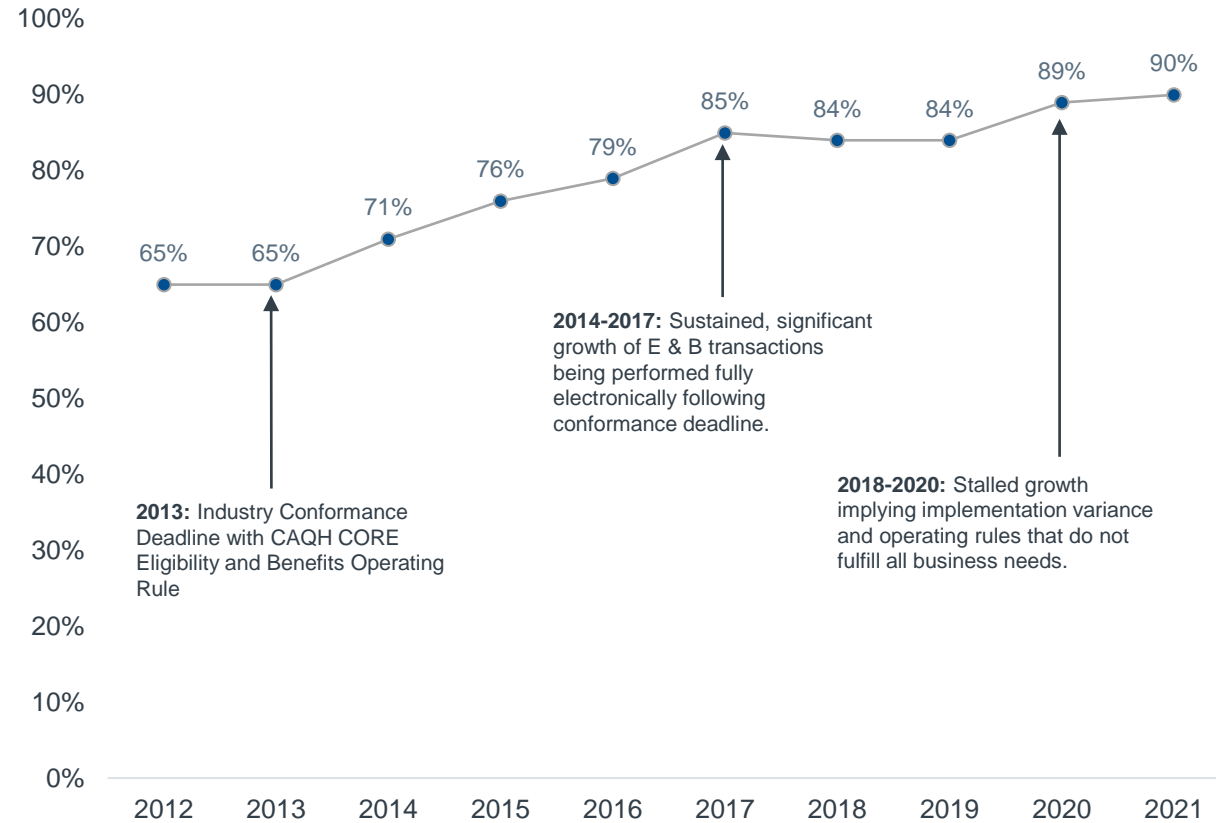
Eligibility and Benefit Verification Definition

An inquiry from a provider to a health plan or from one health plan to another to obtain eligibility, coverage or benefits associated with the plan and a response from the health plan to the provider.

The CAQH CORE Eligibility & Benefits Data Content Rule

Requires the submission and return of certain uniform data elements in real time for electronic eligibility, coverage and benefit transactions.

Percent of Fully Electronic Eligibility and Benefit Transactions 2012 - 2021



Updated and New CORE Eligibility & Benefits Data Content Rule



Overview: The **CAQH CORE Eligibility & Benefits Data Content Rule Update** enhances the exchange of eligibility information between health plans and providers through requirements including providing financial information, especially co-insurance, co-payment, deductible, remaining deductible amounts, and coverage information for a set of service types in real time.

Existing: HIPAA-mandated Eligibility & Benefits Data Content Rule

Respond in **real-time response** (20 seconds or less) or next day for a batch response time.

Support detailed responses for **52 Service Type Codes (STCs)**.

Return **patient financial responsibility** for co-pay, co-insurance and deductible.

Return benefit information at **least 12 months into the past**, up to the end of the current month.

Use **standard characters**, cases, prefixes and suffixes for last names.

Follow defined reporting of errors using **AAA error codes**.

Updates and New NCVHS Recommended Eligibility & Benefits Data Content Rules

Return detailed eligibility and benefit information for **tiered benefit coverage**.

Support **126 additional STCs**.

Return **maximum and remaining benefits** for 10 STCs.

Indicate if included STCs or procedure codes require **prior authorization** or certification.

Use CMS place of service codes when service is available through **telehealth**.

Return eligibility and benefit information at the **procedure code level** for PT, OT, surgery, and imaging.

New: Single Patient Attribution Data Content Rule requires returning **patient attribution status and effective dates of attribution**.

Updated and New CORE Eligibility & Benefits Data Content Rules

Benefits to Industry



By addressing today's business needs, the updated eligibility & benefits operating rules encourage adoption of electronic transactions which provides time and cost savings across the industry.

ELIGIBILITY & BENEFITS

- ✓ Updates to the CAQH CORE Eligibility and Benefit Operating Rules ensure pressing industry needs are met while supporting the opportunity to achieve **significant cost and time savings**.
- ✓ According to the 2022 CAQH Index, industry has an opportunity to save **\$11.78** per eligibility and benefit verification transaction when switching from manual to fully electronic transactions.
- ✓ If new versions of standards are introduced, Eligibility and Benefit Operating Rules will be updated, reflecting **ongoing coordination between CORE and standards development organizations**.
- ✓ Confronts emerging industry needs by addressing **telemedicine, prior authorization, and dictating the provision of more granular data** about enrollee benefits and involvement with **value-based payment models**.

Next Steps

Erin Weber
Vice President, CORE

Final Step to Federal Mandate

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CORE will be launching a dedicated website for all NCVHS recommended rules to keep industry up to date and informed.

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Reminder: Ask our speakers your questions by typing in the “Questions” pane on the lower right hand corner of your screen.



Call to Action



Become a CAQH CORE Participant: *E-mail* [**CORE@CAQH.ORG**](mailto:CORE@CAQH.ORG)



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