



October 6, 2023

Micky Tripathi, Ph.D., MPP National Coordinator for Health IT  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C St SW, Floor 7  
Washington, DC 20201

Re: CORE Comments to the Request for Review and Comment of the 2024 Interoperability Standards Advisory (ISA)

Dear Dr Tripathi,

CORE appreciates this opportunity to add new developments and address inconsistencies during the Interoperability Standards Advisory (ISA) open comment period. This valuable undertaking reinforces the role of the ISA as a recognized source of information for standards, implementation specifications, operating rules, and other utilities that support interoperability in the exchange of healthcare information.

The CAQH Committee on Operating Rules for Information Exchange (CORE) is a non-profit, national multi-stakeholder collaborative that drives the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among provider, payers, and consumers. CORE participating organizations represent 75% insured Americans, including health plans, providers, electronic health record (EHR) and other vendors/clearinghouses, state and federal government entities, associations, and standards development organizations. CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the Operating Rule Authoring Entity for HIPAA-mandated administrative transactions. Operating rules are developed by CORE participants via a multi-stakeholder, consensus-based process.

CORE recommends several edits to the ISA that promote consistent operating rule naming conventions, address non-uniform language in the operating rule descriptions, and accommodate the inclusion of emerging updates to the operating rule set. These updates are divided into two sections.

- Section 1 aligns operating rule nomenclature on the ISA website directory with those included in the operating rule descriptions.
- Section 2 contains suggested edits to each operating rule subsection that ensure consistent use of language and reflect current developments and updates.

Thank you for your time and consideration of our suggestions. Please feel free to contact me directly at [eweber@caqh.org](mailto:eweber@caqh.org) or 202-517-0435.

Sincerely,

A handwritten signature in black ink that reads "Erin Richter Weber".

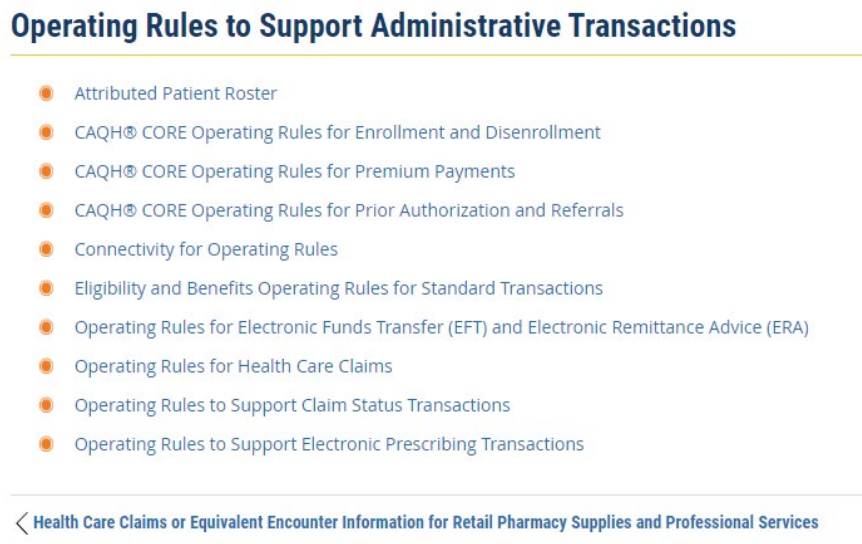
Erin Richter Weber  
Vice President, CORE

**CAQH CORE Comments to the Request for Review and Comment of the 2024 Interoperability Standards Advisory (ISA)**

**Section 1: Recommendations for Standardizing CORE Operating Rule Nomenclature on the ISA Website**

It is important for any industry resource – including CORE Operating Rules – to use consistent naming conventions that promote recognition and reduce confusion. There are several instances of inconsistent naming or labeling on the ISA Website: “[Operating Rules to Support Administrative Transactions](#).” The current state of the referenced website is shown in **Figure 1**.

**Figure 1: “Operating Rules to Support Administrative Transactions” Current Listing**



CORE recommends amending the names listed in **Figure 1** to read as the following to maintain consistency throughout the ISA resource.


- CAQH CORE Operating Rules for the Exchange of an Attributed Patient Roster
- CAQH CORE Operating Rules for Benefit Enrollment and Disenrollment
- CAQH CORE Operating Rules for Premium Payment
- CAQH CORE Operating Rules for Prior Authorization & Referrals
- CAQH CORE Operating Rules for Connectivity
- CAQH CORE Operating Rules for Eligibility & Benefits
- CAQH CORE Operating Rules for Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)
- CAQH CORE Operating Rules for Health Care Claims
- CAQH CORE Operating Rules for Claim Status

These naming conventions should be carried over as the titles for each individual CORE Operating Rule Webpage in the ISA.

**Sections 2: Line Edits and Additions to Individual CORE Operating Rule Webpages**

This appendix contains detailed content recommendations for consistency and clarity across listed operating rules.

**A. CAQH CORE Operating Rules for the Exchange of an Attributed Patient Roster**


Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH® CORE Operating Rules for the Exchange of an Attributed Patient Roster: <ul style="list-style-type: none"> <li>• <a href="#">Data Content</a></li> <li>• <a href="#">Infrastructure</a></li> </ul>	Final	<del>Feedback requested</del> Production	<del>Feedback requested</del> 	No	Free	<a href="#">Yes<sup>s</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>▪ Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.</li> <li>▪ Operating rules are intended to support and enhance the use of standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans, and to ensure a more complete set of information in the response.</li> <li>▪ Operating rules for the electronic exchange of a roster of patients attributed to the provider under a value-based contract are available for voluntary use by covered entities.</li> <li>▪ <a href="#">Testing or certification</a> with operating rules is voluntary and available through a vendor contracted to CORE the authoring entity, which also supports voluntary certification program. CAQH CORE maintains <a href="#">free tools</a> to support operating rule implementation. Additionally, CORE offers <a href="#">educational webinars</a> on its website.</li> </ul>				<ul style="list-style-type: none"> <li>▪ Feedback requested.</li> </ul>			

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**B. CAQH CORE Operating Rules for Benefit Enrollment and Disenrollment**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Benefit Enrollment and Disenrollment: • <a href="#">Infrastructure</a>	Final	Production	●●●○○	No	Free	<a href="#">Yes<sup>§</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>Operating rules for HIPAA standard transactions were included added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.</li> <li>Operating rules are intended to support and enhance the use of the adopted HIPAA standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, and to ensure a more complete set of information in the response, and more consistent use of the adopted standards.</li> <li>CAQH CORE has developed Operating Rules for Benefit Enrollment and Disenrollment which are available for voluntary use by covered entities.</li> <li>HHS has adopted operating rules for Eligibility and Benefits and Claim Status (2011), and Electronic Funds Transfer and Electronic Remittance Advice (2013).</li> <li>As of 2023<sup>2</sup>, HHS has not yet adopted Operating Rules for other HIPAA transaction standards, including Enrollment and Disenrollment, Premium Billing, Health Care Claims, and Prior Authorization.</li> <li><del>CAQH CORE has developed Operating Rules for Benefit Enrollment and Disenrollment which are available for voluntary use by covered entities.</del></li> <li><a href="#">Testing or certification</a> with operating rules is voluntary and available through a vendor contracted to CAQH CORE. There is a fee for certification, however, CAQH CORE maintains <a href="#">free tools</a> to support operating rule implementation. Additionally, CAQH CORE offers <a href="#">educational webinars</a> which are archived on its website.</li> </ul>				<ul style="list-style-type: none"> <li>Feedback requested.</li> </ul>			

**C. CAQH CORE Operating Rules for Premium Payments**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Premium Payments: • <a href="#">Infrastructure</a>	Final	Production		No	Free	<a href="#">Yes<sup>§</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>Operating rules for HIPAA standard transactions were included added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.</li> <li>Operating rules are intended to support and enhance the use of the adopted HIPAA-standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, and to ensure a more complete set of information in the response, and more consistent use of the adopted standards.</li> <li>CORE has developed Operating Rules for Premium Payments which are available for voluntary use by covered entities.</li> <li>HHS has adopted operating rules for Eligibility and Benefits and Claim Status (2011), and Electronic Funds Transfer and Electronic Remittance Advice (2013).</li> <li>As of 2023, HHS has not yet adopted Operating Rules for other HIPAA transaction standards, including Enrollment and Disenrollment, Premium Billing, Health Care Claims, and Prior Authorization.</li> <li><del>CAQH CORE has developed Operating Rules for Premium Payments which are available for voluntary use by covered entities.</del></li> <li><a href="#">Testing or certification</a> with operating rules is voluntary and available through a vendor contracted to CAQH CORE. There is a fee for certification, however, CAQH CORE maintains <a href="#">free tools</a> to support operating rule implementation. Additionally, CAQH CORE offers <a href="#">educational webinars</a> which are archived on its website.</li> </ul>				<ul style="list-style-type: none"> <li>Feedback requested.</li> </ul>			

#### D. CAQH CORE Operating Rules for Prior Authorization and Referrals

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Prior Authorization and Referrals: <ul style="list-style-type: none"> <li>• <a href="#">Data Content</a></li> <li>• <a href="#">Infrastructure</a></li> <li>• <a href="#">Web Portal</a></li> <li>• <a href="#">Attachments</a></li> <li>• <a href="#">Data Content</a></li> <li>• <a href="#">Attachments</a></li> <li>• <a href="#">Infrastructure</a></li> </ul>	<del>Baloted</del> <del>Draft-Final</del>	<del>Feedback requested</del> <del>Production</del>	<del>Feedback requested</del> 	No	Free	<a href="#">Yes<sup>§</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.</li> <li>Operating rules are intended to support and enhance the use of standard transactions. They include requirements to help implement the transaction in a more uniform way between health plans and providers and ensure a more complete set of information in the response.</li> <li>The CORE Prior Authorization and Referrals Operating Rules are available for voluntary use by covered entities.</li> <li>In 2022, the CAQH-CORE Operating Rules for Prior Authorization and Referrals were updated to support the electronic exchange of attachments and medical information.</li> <li>Additionally, updates to the CORE Operating Rules for Eligibility &amp; Benefits allow health plans to indicate whether a service requires prior authorization during eligibility verification in real-time, at the point-of-care. The updated CORE Operating Rule for Eligibility and Benefits was recommended for federal adoption by NCVHS to HHS.</li> <li>HHS has adopted operating rules for Eligibility and Benefits, Claim Status (2011), Electronic Funds Transfer and Electronic Remittance Advice (2013).</li> <li>HHS has not adopted Operating Rules for other adopted HIPAA standards, including Prior Authorization, Premium Billing, Claims, Enrollment/Disenrollment.</li> </ul>				<ul style="list-style-type: none"> <li>Feedback requested.</li> </ul>			

<ul style="list-style-type: none"> <li>▪ <del>The CAQH CORE Prior Authorization and Referrals Operating Rules are available for voluntary use by covered entities.</del></li> <li>▪ <del>In 2022, the CAQH CORE Operating Rules for Prior Authorization and Referrals were updated to support the electronic exchange of attachments and medical information.</del></li> <li>▪ <a href="#">Testing or certification</a> with operating rules is voluntary and available through a vendor contracted to CAQH CORE. There is a fee for certification, however, CAQH CORE maintains <a href="#">free tools</a> to support operating rule implementation. Additionally, CAQH CORE offers <a href="#">educational webinars</a> which are archived on its website.</li> </ul>	
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**E. CAQH CORE Operating Rules for Connectivity ~~for Operating Rules~~**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<a href="#">CAQH CORE Operating Rules for Connectivity</a>	Final	Production		<a href="#">Yes</a>	Free	<a href="#">Yes<sup>§</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>▪ Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.</li> <li>▪ Operating rules are intended to support and enhance the use of standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans and ensure a more complete set of information in the response.</li> <li>▪ The CORE Operating Rules for Connectivity support the adoption and implementation of transaction-based operating rules by establishing key requirements to maintain the secure exchange of health care information.</li> <li>▪ In 2012 and 2013 HHS adopted the Phase I, II and III of the CAQH CORE Operating Rules including two versions of the CORE Connectivity Rule embedded in these operating rules two versions of the CORE Connectivity Operating Rules, which were incorporated by reference at §162.920.</li> <li>▪ Prior versions of the CAQH CORE Operating Rules for Connectivity are available on the <a href="#">CAQH CORE Mandated Operating Rules website</a>.</li> </ul>				<ul style="list-style-type: none"> <li>▪ Feedback requested.</li> </ul>			

- ~~Adoption of operating rules for HIPAA standards is a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.~~
- In 2020, CAQH CORE has updated its Operating Rules for Connectivity to [version C4.0.0](#) to enhance security protocols, and to support REST and SOAP. ~~Updated rules~~ The updated Rule is ~~are~~ available for voluntary use by covered entities.
- CORE Connectivity Rule [vC4.0.0](#) was recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023.
- ~~Adopted operating rules are are incorporated by reference at § 162.920 and are available on the~~ [CAQH CORE Mandated Operating Rules website](#).
- ~~In 2020, CAQH CORE updated its phase-based operating structure to align with the business processes of covered entities. The phased structure was retired. HHS has not released new policies or guidance to adopt the documents or revisions.~~
- [Testing, or certification](#) with the operating rules is voluntary and available through a ~~vendor contracted to CORE the authoring entity~~. There is a fee for certification, however, CAQH CORE maintains [free tools](#) to support operating rule implementation. Additionally, CAQH CORE offers [educational webinars](#) ~~which are archived~~ on its website.
- ~~Note:~~ Portions of the ~~Updated~~ CORE Connectivity Rule are mandated for the Eligibility, Claim Status, ERA and EFT operating rules. Others may be adopted at a future date.

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**F. Eligibility and Benefits Operating Rules for Standard Transactions CAQH CORE Operating Rules for Eligibility & Benefits**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Eligibility and Benefits: <ul style="list-style-type: none"> <li>• <a href="#">Data Content</a></li> <li>• <a href="#">Infrastructure</a></li> <li>• <a href="#">Single Patient Attribution</a></li> </ul>	Final	Production	●●●●○	<a href="#">Yes</a>	Free	<a href="#">Yes<sup>§</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.</li> <li>Operating rules are intended to support and enhance the use of standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, and to ensure a more complete set of information in the response.</li> <li>In 2012 HHS adopted Phase I and II CAQH CORE Operating Rules for the X12 Eligibility and Benefits Claim Status transaction standards, which were incorporated by reference at §162.920. Some, but not all of the operating rules included in the CAQH CORE documents were adopted by HHS. Covered entities will find the details in the final rule listing the specific requirements.</li> <li>In 2020, CAQH CORE updated its phase-based operating rule structure to align with the business processes of covered entities. The phase structure was retired. HHS has not released new policies or guidance to adopt the documents or revisions. Prior versions of the adopted operating rules for Eligibility and Benefits are incorporated by reference at § 162.920 and are available on the <a href="#">CAQH CORE Mandated Operating Rules website</a> and are incorporated by reference at § 162.920.</li> <li>In 2022, The CAQH CORE Operating Rules for Eligibility and Benefits were updated to align with current industry business requirements to better support complex benefit design, telehealth, and support for the implementation of value-based payment initiatives. These operating rules may be used on a voluntary basis by covered entities.</li> </ul>				<ul style="list-style-type: none"> <li>Feedback requested.</li> </ul>			

- These updates also support the identification of prior authorization requirements for services queried during eligibility verifications in real-time, at the point of care.
- Updated and new CORE Operating Rules for Eligibility & Benefits were recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023.
- [Testing or certification](#) with operating rules is voluntary and available through a vendor contracted to CAQH CORE. ~~There is a fee for certification, however, CAQH CORE maintains [free tools](#) to support operating rule implementation. Additionally, CAQH CORE offers [educational webinars](#) which are archived on its website.~~
- ~~In the 2011 IFC, HHS determined that the NCPDP® standard provided enough detail and clarity to operationalize the standards to the point where no gaps existed and operating rules would not be needed to fill infrastructure or data content for its transactions (76 FR 40464).~~

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**G. CAQH CORE Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA): <ul style="list-style-type: none"> <li>• <a href="#">EFT Enrollment Data Content</a></li> <li>• <a href="#">ERA Enrollment Data Content</a></li> <li>• <a href="#">Infrastructure</a></li> <li>• <a href="#">Use of CARCs and RARCs</a></li> <li>• <a href="#">Reassociation</a></li> </ul>	Final	Production	●●●●○	<a href="#">Yes</a>	Free	<a href="#">Yes<sup>s</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>▪ Operating rules for HIPAA standard transactions were <del>included</del> added as a requirement of the Patient Protection and Affordable Care Act of 2010 (ACA), under section 1104, Administrative Simplification.</li> <li>▪ Operating rules are intended to support and enhance the use of the standard transactions. They include requirements to help implement the transaction in a more uniform way between health plans and providers and ensure a more complete set of information in the response.</li> <li>▪ The EFT/ERA rules support the uniform use of combinations for certain Claim and Remark Codes (<a href="#">CARCs and RARCs</a>), as well as use of certain standard data elements for <a href="#">enrolling</a> providers.</li> <li>▪ In 2013, HHS adopted the Phase III CAQH CORE Operating Rules for EFT and ERA, which were incorporated by reference at §162.920.</li> <li>▪ <del>In 2020, CAQH CORE updated its phase-based operating rule structure to align with the business processes of covered entities, and retired the phase structure. HHS has not yet released new regulations or guidance to adopt the documents or revisions to the operating rules. Prior versions of the CAQH CORE Operating Rules for EFT and ERA adopted operating rules are available on the <a href="#">CAQH CORE Mandated Operating Rules website</a>.</del></li> </ul>				<ul style="list-style-type: none"> <li>▪ Feedback requested.</li> </ul>			

<ul style="list-style-type: none"> <li>▪ Prior versions of the adopted operating rules for EFT and ERA Enrollment are available on the <a href="#">CAQH CORE Mandated Operating Rules website</a> and are incorporated by reference at § 162.920</li> <li>▪ <del>The EFT/ERA rules support the uniform use of combinations for certain Claim and Remark Codes (<a href="#">CARCs</a> and <a href="#">RARCs</a>), as well as use of certain standard data elements for <a href="#">enrolling</a> providers electronically for EFT or <a href="#">ERA</a> transactions.</del></li> <li>▪ Updated and new CORE Operating Rules for ERA were recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023.</li> <li>▪ <a href="#">Testing, or certification</a> with the operating rules is voluntary and available through a <del>vendor contracted to CORE the</del> <del>authoring entity</del>. There is a fee for certification, however, CAQH CORE maintains <a href="#">free tools</a> to support operating rule implementation. Additionally, CAQH CORE offers <a href="#">educational webinars</a> <del>which are archived</del> on its website.</li> </ul>	
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**H. CAQH CORE Operating Rules for Health Care Claims**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Health Care Claims: <ul style="list-style-type: none"> <li>• <a href="#">Infrastructure</a></li> <li>• <a href="#">Attachments</a></li> <li>• <a href="#">Data Content</a></li> <li>• <a href="#">Attachments</a></li> <li>• <a href="#">Infrastructure</a></li> </ul>	Final	Production	●●●○○	No	Free	<a href="#">Yes</a> <sup>§</sup>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>▪ Operating rules for HIPAA standard transactions were <del>included</del> added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.</li> <li>▪ Operating rules are intended to support and enhance the use of standard transactions <del>adopted under HIPAA</del>. They may include certain requirements to help implement the transaction in a more uniform way between health plans and</li> </ul>				<ul style="list-style-type: none"> <li>▪ Feedback requested.</li> </ul>			

<p>providers, and to ensure a more complete set of information in the response.</p> <ul style="list-style-type: none"> <li>▪ The CAQH CORE Health Care Claims Operating Rules are available for voluntary use by covered entities.</li> <li>▪ <del>The CAQH CORE Health Care Claims Operating Rules are available for voluntary use by covered entities.</del> In 2022, CAQH CORE updated this <del>voluntary</del> rule set to support the electronic exchange of attachments and medical information.</li> <li>▪ HHS has adopted operating rules for Eligibility and Benefits and Claim Status (2011), and Electronic Funds Transfer and Electronic Remittance Advice (2013).</li> <li>▪ HHS has not adopted Operating Rules for other HIPAA transaction standards, including Health Care Claims, Prior Authorization, Premium Billing, and Enrollment/Disenrollment.</li> <li>▪ <del>The CAQH CORE Health Care Claims Operating Rules are available for voluntary use by covered entities. In 2022, CAQH CORE updated this voluntary rule set to support the electronic exchange of attachments and medical information.</del></li> <li>▪ <a href="#">Testing or certification</a> with operating rules is voluntary and available through <del>a vendor contracted to CAQH CORE.</del> There is a fee for certification, however, CAQH CORE maintains <a href="#">free tools</a> to support operating rule implementation. Additionally, CAQH CORE offers <a href="#">educational webinars</a> <del>which are archived</del> on its website.</li> </ul>	
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**I. CAQH CORE Operating Rules for to Support Claim Status Transactions**

Type	Standard/ Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	CAQH CORE Operating Rules for Claim Status: <ul style="list-style-type: none"> <li>• <a href="#">Infrastructure</a></li> </ul>	Final	Production	● ● ● ● ○	<a href="#">Yes</a>	Free	<a href="#">Yes<sup>§</sup></a>
<b>Limitations, Dependencies, and Preconditions for Consideration</b>				<b>Applicable Security Patterns for Consideration</b>			
<ul style="list-style-type: none"> <li>▪ Operating rules for HIPAA standard transactions were <del>included</del> added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.</li> <li>▪ Operating rules are intended to support and enhance the use of the standard transactions. They may include certain requirements to help implement the transaction in a more</li> </ul>				<ul style="list-style-type: none"> <li>▪ Feedback requested.</li> </ul>			

uniform way between health plans and providers, and to ensure a more complete set of information in the response.

- In 2012 HHS adopted the ~~Phase I and Phase II~~ CAQH CORE Operating Rules for ~~Eligibility and Claim Status~~, which were incorporated by reference at §162.920.
- ~~In 2020, CAQH CORE updated its phase-based operating rule structure to align with the business processes supported by the rules. The phase structure was retired. HHS has not yet released new policies or guidance to adopt the revisions to the operating rules.~~
- Prior versions of the adopted operating rules are available on the [CAQH CORE Mandated Operating Rules website](#) and incorporated by reference at §162.920. ~~and are available on the [CAQH CORE Mandated Operating Rules website](#).~~
- Updated and new CORE Operating Rules for Claim Status were recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023.
- [Testing, or certification](#) with the operating rules is voluntary and available through ~~a vendor contracted to CORE the authoring entity~~. There is a fee for certification, however, ~~CAQH CORE maintains~~ [free tools](#) to support operating rule implementation. Additionally, ~~CAQH CORE offers~~ [educational webinars](#) ~~which are archived~~ on its website.