
# Analysis & Planning Guide for Implementing the CAQH CORE Health Care Claims Operating Rules

## May 2022

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**CAQH Committee on Operating Rules for Information Exchange (CORE)**
**Analysis & Planning Guide for Implementing CAQH CORE Health Care Claims Operating Rules**

## 1. Introduction: Analysis & Planning for CAQH CORE Health Care Claims Operating Rule Implementation

This CAQH CORE Health Care Claims Analysis & Planning Guide is a resource for entities preparing to implement the CAQH CORE Health Care Claims Operating Rules. A solid understanding of the CAQH CORE Health Care Claims 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 Health Care Claims Operating Rules requirements to your organization's systems and business processes that support the X12 v5010X222 Health Care Claim (837) Professional, X12 v5010X223 Health Care Claim (837) Institutional, and X12 v5010X224 837 Health Care Claim Dental transactions and their respective errata (collectively hereafter referenced as X12 v5010 837 Claim)
- Identify and inventory all impacted internal systems, business processes (manual and automated) and functions/processes outsourced to an agent[1] (e.g., Business Associate) that process the transactions or perform other requirements of the CAQH CORE Health Care Claims Operating Rules
- Perform a detailed rule requirements gap analysis to identify system(s) that may require remediation in order to conform to the CAQH CORE Health Care Claims Operating Rule requirements and to identify business processes which may be impacted by the CAQH CORE Health Care Claims Operating Rules (e.g., need for internal testing, project management, additional resources, etc.)

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

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

**NOTES:**

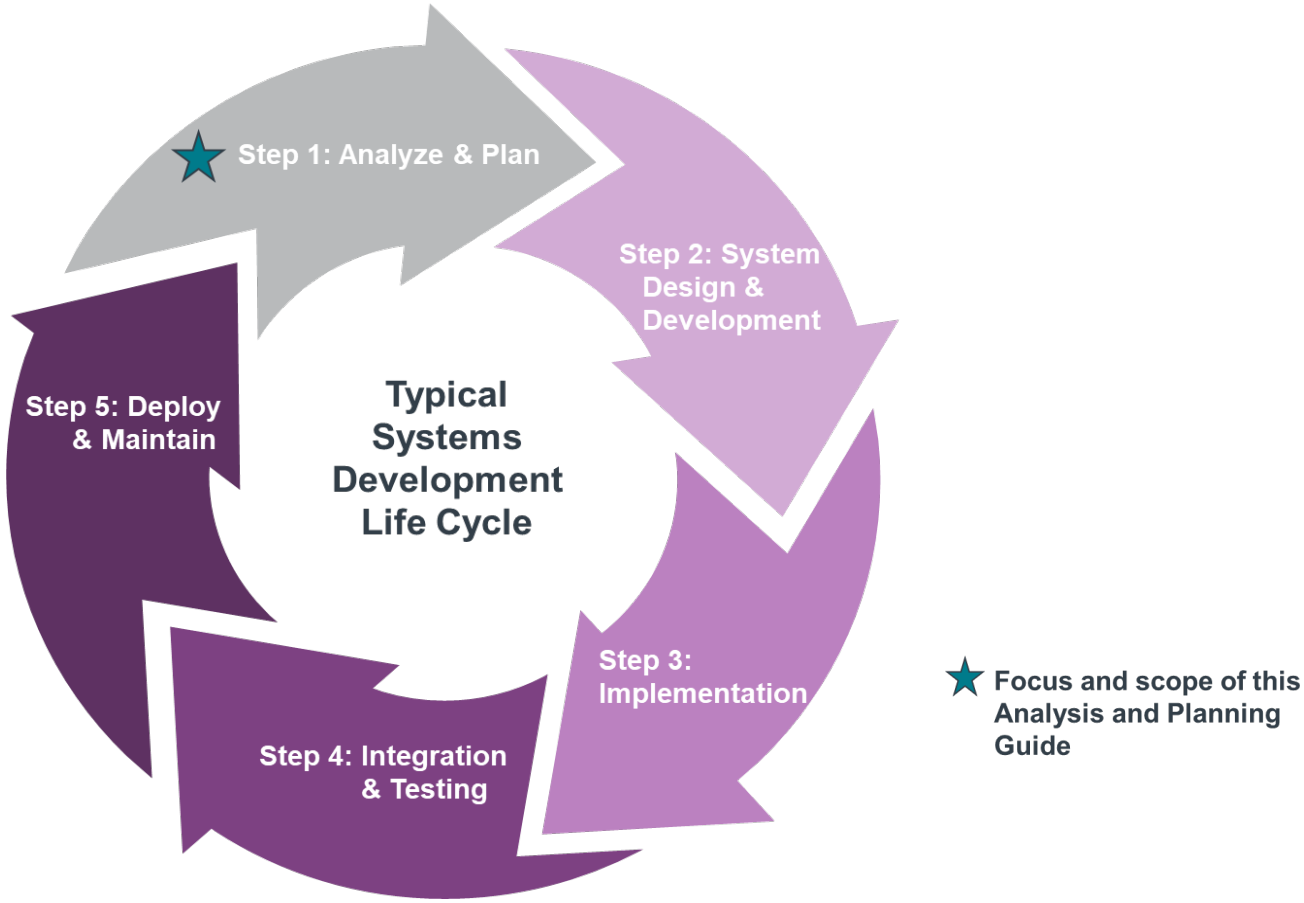
- This document is for educational purposes only. In the case of a question between this document and CAQH CORE Operating Rule text or Federal regulations, the latter takes precedence.
- This Analysis & Planning Guide is scoped to general implementation planning of the CAQH CORE Health Care Claims Operating Rules and can assist with compliance with a potential Federal Regulation pursuant to ACA Section 1104 or CORE Certification; these are, however, separate projects requiring analysis and planning beyond that described in this document.[2]
- The CAQH CORE Operating Rules reference three stakeholder categories: HIPAA-covered Provider and/or its agent; HIPAA-covered Health Plan or its agent; HIPAA-covered Entity or its agent. This document references examples of these stakeholder categories to assist with applicability and implementation; these examples include clearinghouses and vendors. Please note that some stakeholder types are not necessarily a HIPAA-covered entity. Some stakeholders (e.g., software or service vendors) may not be directly required to implement the rule requirements but may need to as a result of being an agent of a HIPAA-covered entity.

[1] One who agrees and is authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship. Source: West's Encyclopedia of American Law, edition 2. Copyright 2008 The Gale Group, Inc. All rights reserved. The term "agent" as used in this document describes entities that provide outsourced functions/activities on behalf of HIPAA-covered health plans or providers, (e.g., Business Associate). The full definition of Business Associate can be found in the Electronic Code of Federal Regulations (Title 45, Subtitle A, Subchapter C, Part 160.103).
[2] The CAQH CORE Health Care Claims Operating Rules have not been mandated by HHS at the time of publishing of this guide.

## 2. Systems Development Life Cycle

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

**Typical Systems Development Life Cycle**



## 3. Analysis & Planning for the Health Care Claims CAQH CORE Operating Rules: Key Tasks

The following table outlines the key tasks necessary to complete Step 1: Analyze & Plan 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 Health Care Claims Operating Rules requirements.

| Analysis and Planning: Key Tasks | |
|---|---|
| **Task** | **Activity** |
| **Task A – Complete Staff Education and Training on the CAQH CORE Health Care Claims Operating Rules** | • Thoroughly review and understand the CAQH CORE Health Care Claims Operating Rules<br>• Conduct general education and awareness of the CAQH CORE Health Care Claims 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) |
| **Task B – Determine Your Organization's Stakeholder & Business Type(s) (Stakeholder & Business Type Evaluation)**<br><br>*CAQH CORE Health Care Claims Operating Rule requirements are tied to applicable stakeholder type(s): HIPAA-covered provider, HIPAA-covered health plan, a HIPAA-covered entity, or their respective agents.*<br><br>*Please note that some stakeholder types that are part of the entities involved in exchanging the Health Care Claim transaction are not necessarily a HIPAA-covered entity. Some stakeholders (software or service vendors) may not be directly required to implement the rule requirements, but may need to as a result of being an agent of a HIPAA-covered entity.* | • Determine your stakeholder and business type(s) to understand which CAQH CORE Health Care Claims Operating Rules apply to your organization<br>• Understand the role of agents that provide services or process the transactions on your behalf<br>• Consider the following based on your stakeholder type(s): |
| | • If your organization is a health plan that receives X12 v5010 837 Claim:<br>– The majority of the CAQH CORE Health Care Claims Operating Rule requirements will apply to you<br>– Health plans that outsource a portion or all of the CAQH CORE Health Care Claim Operating Rules requirements to an agent to process may have some unique implementation considerations. Depending on the scenario between the health plan and its agent(s), the health plan may not need to implement some rule requirements directly while the agent will need to implement them on behalf of the health plan. For other transactions, agents may include other types of entities not involved in the implementation of the existing ACA-mandated CAQH CORE Operating Rules and the CAQH CORE Health Care Claims Operating Rules. The health plan, therefore, might have a different agent(s) to consider when implementing the Health Care Claims CAQH CORE Operating Rules. (See Appendix D for a diagram of potential stakeholders involved in the transactions addressed in the CAQH CORE Health Care Claims Operating Rules that may assist with identifying all entities involved.) |
| | • If your organization is a provider:<br>- You likely are outsourcing some of the CAQH CORE Health Care Claims Operating Rule requirements to an agent. Provider organizations using a clearinghouse, a software vendor, or a third-party billing/collection service to process the transactions with health plans may have some unique implementation considerations, as the clearinghouse/software vendor/billing/collection services is performing some functions on behalf of the provider as an agent |

| **Analysis and Planning: Key Tasks** | |
|---|---|
| **Task** | **Activity** |
| | • If your organization is a clearinghouse:<br>- If a health plan and/or provider outsource(s) certain functions to you to perform on their behalf, you are responsible for implementing all CAQH CORE Health Care Claims Operating Rule requirements which have been outsourced to you. In this scenario, your organization will need to work with your business partners to determine applicable rule requirements |
| | • If your organization is a software or services vendor:<br>– You may be responsible for incorporating many of the CAQH CORE Health Care Claims Operating Rule requirements into your services or software as a result of providing software or services solutions to a HIPAA-covered entity even though you are not considered an agent of a HIPAA-covered entity. A review of the CAQH CORE Health Care Claims Certification Test Suite Section 2.2.4 may provide some insight<br>– Note: If your services or software are provider-facing, you will have a unique set of requirements to implement that are different than health plan-facing services or software |
| **Task C – Conduct a Systems Inventory (Systems Inventory & Impact Assessment Worksheet)** | *Relative to your stakeholder type(s):*<br>• Identify and inventory all impacted internal systems, business processes (manual and automated) and functions/processes outsourced to an agent that processes the transactions<br>• Determine which functions for each identified impacted system and business process are in-house developed and maintained, commercial-off-the-shelf (COTS)/cloud-based system, or outsourced to an agent<br>• Determine potential options for addressing the CAQH CORE Health Care Claims Operating Rule requirements applicable to your stakeholder type(s) (e.g., remediate an in-house developed system, replace or upgrade any COTS/cloud-based system, or work with the vendor to ensure they meet CAQH CORE Health Care Claims 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 Health Care Claims Operating Rules<br>• Identify and document any gaps between the existing system's capability and each rule requirement<br>• Identify and document any business process which may also be impacted by each CAQH CORE Health Care Claims Operating Rule requirement and to what extent the process is impacted |

| Analysis and Planning: Key Tasks | |
|---|---|
| **Task** | **Activity** |
| **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:<br>– Determine required resources to complete the project (i.e., estimate resources, time, system release schedules, and money)<br>– Develop a detailed Functional Requirements Document<br>– Create a detailed Systems Design Document describing, in detail, the required functions and capabilities necessary to implement the CAQH CORE Health Care Claims Operating Rules<br>– Implement necessary system(s) enhancements<br>– Test impacted systems to ensure conformance to the requirements set forth in the Functional Requirements Document<br>– Deploy (i.e., implement system(s) into production environment)<br>– Conduct trading partners implementation testing |
| **Other Considerations – CORE Certification** | • Consider CORE Certification as part of your project plan[3]<br>– CAQH CORE offers CORE Certification to the four stakeholder types that create, transmit or use the transactions: health plans, providers, software/services vendors, and clearinghouses<br>– Key benefits to completing CORE Certification include:<br>▪ Certification testing provides an online mechanism for a stakeholder to test its system's ability to exchange eligibility and claim status data with its trading partners using the CAQH CORE Health Care Claims Operating Rules<br>▪ Demonstrates via a recognized industry "Seal" your organization's adoption of the CAQH CORE Health Care Claims Operating Rules to the industry<br>▪ Encourages trading partners to work together on transaction data content, infrastructure and connectivity needs<br>▪ Promotes maximum ROI when all stakeholders in the information exchange are known to conform with the CAQH CORE Health Care Claims Operating Rules<br>• More information on the CORE Certification process is available on the CAQH website HERE. |

[3] **NOTE:** A CORE Certification Program is offered by CAQH CORE. Information on the CMS compliance program regarding standards and operating rules is under development and can be found HERE.

## 4. Additional Resources

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

- CAQH CORE Health Care Claims Operating Rules
- Operating Rules Implementation Resources from CAQH CORE and its partners to help you implement the CAQH CORE Operating Rules (developed for CORE Certification but same concepts, e.g., role of trading partners, apply for general adoption of the CAQH CORE Operating Rules)
- CAQH CORE FAQs address typical questions regarding the CAQH CORE Operating Rules
    - If your question is not answered by the FAQ, email question to CORE@caqh.org to have it entered into the formal CAQH CORE Request Process
- Upcoming CAQH CORE Education Sessions (Upcoming CAQH CORE Education Sessions (as well as presentations and recordings from previous sessions) for further clarification on rule requirements
- CMS Administrative Simplification/Affordable Care Act FAQs (FAQs on a wide range of other topics, as well)
- X12 Interpretation Portal Information related to the meaning, use, and interpretation of X12 Standards, Guidelines, and Technical Reports, including implementation guidelines for the transactions can be obtained from X12

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

- The CAQH CORE Health Care Claims Operating Rules assume that any HIPAA-covered entity implementing the operating rules is compliant with HIPAA; HIPAA compliance is not defined by CAQH CORE
- The CAQH CORE Health Care Claims Operating Rule requirements are specific to either a HIPAA-covered entity or its respective agent(s). The applicability of a specific CAQH CORE Health Care Claims 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 at core@caqh.org.
- CAQH CORE staff is available to assist with questions about understanding the requirements of the CAQH CORE Health Care Claims Operating Rules in regard to your stakeholder type(s); gap analysis and systems remediation are the responsibility of the implementing entities

## 5. Appendix

### Appendix A: CAQH CORE Stakeholder & Business Type Evaluation

**Purpose:** After becoming educated on the CAQH CORE Health Care Claims Operating Rules, you will need to determine your stakeholder type(s). The *CAQH CORE Health Care Claims Stakeholder & Business Type Evaluation* below will assist you in determining which CAQH CORE Health Care Claims 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.[4] Some example business models include:

- Provider direct-to-Health plan connection:
  - Health plan implements all requirements of the CAQH CORE Health Care Claims Rule Set
  - Provider receives and processes acknowledgements as required by the CAQH CORE Health Care Claim Rules
- Provider-to-agent connection:
  - Provider outsources X12 v5010 837 Claim to an agent (e.g., clearinghouse/financial services organization)
  - Agent (e.g., provider-facing clearinghouse or billing company) acts as a proxy for provider's CAQH CORE conformance for the contracted services
- Health plan-to-agent connection:
  - Health plan outsources the return or elements of X12 v5010 837 Claim to an agent (e.g., clearinghouse, business associate, or utilization management organization)
  - Health plan agent acts as a proxy for health plan's CAQH CORE Health Care Claims conformance for the contracted services
- Single/dual clearinghouse-to-health plan connection:
  - Health plan outsources infrastructure and connectivity functions to a clearinghouse
  - Health plan-facing clearinghouse acts as a proxy for health plan's CAQH CORE Health Care Claims conformance for the contracted services

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

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

| Stakeholder & Business Type Evaluation | | |
|---|---|---|
| **Question** | **Points for Consideration** | **Your Response** |
| 1. What is your stakeholder type(s)? (e.g., health plan, provider, vendor, clearinghouse; see question 3 for more information on other trading partners) | The Health Care Claims CAQH CORE Certification Test Suite defines four stakeholder types that implement the operating rules: health plan, clearinghouse, provider, and vendor; the applicability of specific CAQH CORE Health Care Claims Operating Rule requirements vary according to stakeholder type. Please reference Section 2 of the Health Care Claims CAQH CORE Certification Test Suite for further information. | |
| 2. What role and responsibilities does my organization have for implementing the CAQH CORE Health Care Claims Operating Rules, given our stakeholder type(s) | The CAQH CORE Health Care Claims Operating Rules outline the specific roles and responsibilities for each stakeholder type; review CAQH CORE Health Care Claims Operating Rule text for more detail. | |
| 3. Does my organization rely on other organizations (e.g., software vendors, clearinghouses, business associates) to assist with X12 v5010 837 processing? | The applicability of a specific CAQH CORE Health Care Claims Operating Rule requirements may vary according to trading partner relationship, contracted services, and other arrangements. If your organization relies on a software vendor or a clearinghouse or other business associate to meet any of the CAQH CORE Health Care Claims Operating Rule requirements, you will need to coordinate with that entity as part of your pre-implementation planning and outline applicability of each requirement to the vendor, clearinghouse or business associate. See Section 4 of this document (above) for additional resources.<br><br>Ensure appropriate business associate agreements are in place with necessary stakeholders | |

## Appendix B: CAQH CORE Systems Inventory & Impact Assessment Worksheet

**Purpose:** After you complete the *Stakeholder & Business Type Evaluation,* your next step is to complete the *CAQH CORE Systems Inventory & Impact Assessment Worksheet* which enables you to identify and inventory all impacted systems that process the X12 v5010 837 Health Care Claims transaction.

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

**Instructions:**

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

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

| CAQH CORE Systems Inventory & Impact Assessment Worksheet | | | |
|---|---|---|---|
| **CAQH CORE Operating Rule** | **Are One or More Systems/Processes Impacted?** *(Yes/No; Name of Impacted System/Process)* | **Is the System/Process In-House, COTS/Cloud-based, or Outsourced to a Third Party?** | **Potential Options to Address Rule Requirements** *(e.g. remediate an in-house developed system, replace or upgrade any COTS/cloud-based system, work with third party vendor to ensure they meet CAQH CORE Operating Rule requirements, or update manual processes)* |
| ***CAQH CORE Health Care Claim Infrastructure Rules*** | | | |
| CAQH CORE Health Care Claim (837) Infrastructure Rule vHC.2.0 (ability to support X12 v5010X837 claim processing) | | | |
| CAQH CORE Attachments Health Care Claims (275) Infrastructure Rule vHC.1.0 (ability to support v6020X314 275 attachment to support a claim submission) | | | |
| ***CAQH CORE Attachments Health Care Claims Data Content Rule*** | | | |
| CAQH CORE Attachments Health Care Claims Data Content Rule vHC.1.0 (ability to support v6020X314 275 attachment to support a claim submission) | | | |
| ***CAQH CORE Connectivity Rule*** | | | |
| CAQH CORE Connectivity Rule vC.4.0.0 (HTTPS Safe Harbor; continued support for SOAP and added support for REST; authorization: OAuth 2.0.; security: TLS 1.2) | | | |

## Appendix C: CAQH CORE Gap Analysis Worksheet

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

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

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
|---|---|---|---|---|---|---|---|
| **CAQH CORE Health Care Claim (837) Infrastructure Rule vHC2.0** | | | | | | | |
| | *Processing Mode Requirements (§4.1)* | | | | | | |
| **1** | HIPAA-covered health plan or its agent must implement the server requirements for Batch Processing mode. | | | | | | |
| | *Connectivity Requirements (§4.2)* | | | | | | |
| **2** | A HIPAA-covered entity must be able to support the most recently published CAQH CORE Connectivity Rule. | | | | | | |
| | *System Availability Requirements (§4.3.1.1)* | | | | | | |
| **3** | System availability must be no less than 90 percent per calendar week for both Real Time and Batch Processing Modes. | | | | | | |
| | *Reporting Requirements (§4.3.2.1, §4.3.2.2, §4.3.2.3, §4.3.2.5)* | | | | | | |
| **4** | Publication of regularly scheduled downtime in an appropriate manner. | | | | | | |
| **5** | Publication of non-routine downtime notice and method(s) at least one week in advance. | | | | | | |
| **6** | Publication of unscheduled/emergency downtime notice and method(s) for such publication within one hour of realizing downtime will be needed. | | | | | | |
| **7** | Establish and publish its own holiday schedule in an appropriate manner. | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
|---|---|---|---|---|---|---|---|
| | *Acknowledgement Requirements (§4.4.1.1.1., §4.4.1.1.2)* | | | | | | |
| **8** | HIPAA-covered health plan or its agent must return an X12 v5010 999 transaction when any Functional Group of any X12 v5010 837 Claim Transaction Set is accepted, accepted with errors, or rejected. The X12 v5010 999 transaction must report each error detected to the most specific level of detail supported by the X12 v5010 999 transaction. | | | | | | |
| **9** | A HIPAA-covered health plan or its agent must acknowledge each claim received in any Functional Group of any X12 v5010 837 Claim Transaction Set using the X12 v5010 277CA transaction only when X12 v5010 837 Claim Transaction Set is not rejected. | | | | | | |
| **10** | When any Functional Group of any X12 v5010 837 Claim Transaction Set is rejected the HIPAA-covered health plan or its agent must return an X12 v5010 999 transaction. The X12 v5010 999 transaction must report each error detected to the most specific level of detail supported by the X12 v5010 999 transaction. | | | | | | |
| **11** | An X12 v5010 999 transaction must not be returned when the Functional Group of any X12 v5010 837 Claim Transaction Set is not rejected. | | | | | | |
| **12** | A HIPAA-covered health plan or its agent must acknowledge each claim received in any Functional Group of any X12 v5010 837 Claim Transaction Set using the X12 v5010 277CA transaction only when X12 v5010 837 Claim Transaction Set is accepted. | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | *Response Requirements (§4.4.2)* | | | | | | |
| **13** | The maximum elapsed time for the availability of an X12 v5010 999 transaction or X12 v5010 277CA transaction to any X12 v5010 837 Claim transaction that is 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 no later than 7:00 am Eastern Time the second business day following submission.<br>Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month. | | | | | | |
| **14** | HIPAA-covered entity or its agent must 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. | | | | | | |
| **15** | HIPAA-covered provider or its agent receiving an X12 v5010 999 transaction and an X12 v5010 277CA transaction are required:<br>• To process any X12 v5010 999 transaction within one business day of its receipt<br>And<br>• To process any X12 v5010 277CA transaction within one business day of its receipt<br>And | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
|---|---|---|---|---|---|---|---|
| | • To recognize all error conditions that can be specified using all standard acknowledgements named in this rule<br>And<br>• To pass all such error conditions to the end user as appropriate<br>Or<br>• To display to the end user text that uniquely describes the specific error condition(s), ensuring that the actual wording of the text displayed accurately represents the error code and the corresponding error description specified in the related X12 acknowledgement specification without changing the meaning and intent of the error condition description. | | | | | | |
| | *Companion Guide Requirements (§4.5.1)* | | | | | | |
| **16** | Companion guide conforms to the flow and format of the CAQH CORE Master Companion Guide Template. | | | | | | |
| **17** | Companion guide conforms to the format for presenting each segment, data element and code flow and format of the CAQH CORE Master Companion Guide Template. | | | | | | |
| **CAQH CORE Attachments Health Care Claim (837) Infrastructure Rule vHC1.0** | | | | | | | |
| ***Infrastructure Rule Requirements for Attachments Using the X12 275 Transaction*** | | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
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| | *Processing Mode Requirements (§4.1)* | | | | | | |
| **1** | A HIPAA covered health plan and its agent must support the server requirements for Batch Processing mode. | | | | | | |
| | *Connectivity Requirements (§4.2)* | | | | | | |
| **2** | A HIPAA-covered entity and its agent must be able to support the most recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule. | | | | | | |
| | *System Availability Requirements (§4.3.1)* | | | | | | |
| **3** | System availability must be no less than 90 percent per calendar week for both Real Time and Batch Processing Modes. | | | | | | |
| | *Reporting Requirements (§4.3.2)* | | | | | | |
| **4** | A HIPAA covered health plan and its agent must publish regularly scheduled downtime, including holidays and method(s). | | | | | | |
| **5** | A HIPAA covered health plan and its agent must publish non-routine downtime notice and method(s). | | | | | | |
| **6** | A HIPAA covered health plan and its agent must publish unscheduled/emergency downtime notice and method(s). | | | | | | |
| **7** | A HIPAA covered health plan and its agent must establish and publish its own holiday schedule. | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
|---|---|---|---|---|---|---|---|
| | *Payload Acknowledgements for X12 275 Attachments (§4.4.1.1)* | | | | | | |
| **8** | A HIPAA covered health plan and its agent must return an X12 v5010X231 999 when any Functional Group of an X12 v6020X314 275 Attachment Transaction Set is accepted, accepted with errors, or rejected. | | | | | | |
| | *Batch Mode Response Time Requirements (§4.4.1.3)* | | | | | | |
| **9** | Support maximum response time requirement specifying that an X12 v6020X290 999 must be available for pick up by 7:00 am Eastern Time on the second business day following submission when an X12 v6020X314 275 has been submitted by a HIPAA covered provider and its agent in Batch Processing Mode, by 9:00 pm Eastern Time of a business day.<br>Ensure that at least 90 percent of required responses are returned within specified maximum response time as measured within a calendar month. | | | | | | |
| | *Real Time Response Time Requirement (§4.4.1.3)* | | | | | | |
| **10** | Support maximum response time requirement specifying that an X12 v6020X290 999 Response must be received within 20 seconds from the time of submissions of an X12 v6020X314 275 when processing in Real Time Processing Mode.<br>Ensure that at least 90 percent of required responses | | | | | | |

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| | are returned within specified maximum response time as measured within a calendar month. | | | | | | |
| | *Basic Requirements for Receivers of Acknowledgements (§4.4.1.5)* | | | | | | |
| **11** | The receiver of an X12 v6020X290 999 must<br>• Process any X12 v6020X290 999 within one business day of its receipt,<br>And<br>• Recognize all error conditions that can be specified using all standard acknowledgements named in this rule<br>And<br>• Pass all such error conditions to the end user as appropriate<br>Or<br>• Display to the end user text that uniquely describes the specific error condition(s) | | | | | | |
| | *Data Error Handling Requirements for Attachments using the X12 275 Transaction (§4.5, §4.5.1)* | | | | | | |
| **12** | The receiver of an X12 v6020X314 275 must return an X12 v6020X290 999 to notify providers and their agents (submitter/client) of the acceptance, acceptance with error, or rejection. | | | | | | |
| **13** | If the receiver (server) responds at the Initial Data Content Processing Layer, it must also return an X12 v6020X257 824 to notify providers and their agents (submitter/client) of the acceptance, acceptance with error, or rejection of the X12 v6020X314 275 | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
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| | transaction and the content of the Binary Data Segment (BDS) segment in the X12 v6020X314 275 transaction in addition to the X12 v6020X290 999. | | | | | | |
| **14** | The receiver of an X12 v6020X257 824 transaction must return an X12 v6020X290 999 for each Functional Group of X12 v6020X257 824 transactions to indicate that the that it was either accepted, accepted with errors or rejected. | | | | | | |
| | *File Size Requirements for X12 275 Attachments ( §4.6.1, §4.6.2, §4.6.3)* | | | | | | |
| **15** | Each HIPAA-covered entity and its agent must be able to accept a minimum 64MB of Base64 encoded data by their front end servers when the encoded data received is exchanged via the X12 v6020X316 275 transaction. | | | | | | |
| **16** | A HIPAA-covered entity and its agent must be able to accept a *minimum* of 64MB of Base64 encoded data by their front-end servers when the encoded data received is exchanged via the X12 v6020X314 275 transaction. | | | | | | |
| **17** | A HIPAA-covered entity and its agent must be able to accept a *minimum* of 64MB file size document by their internal document management systems used for holding and processing attachments. | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
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| **18** | The receiver (server) must support the capability to receive multiple LX loops per X12 v6020X314 275 when the submitter (client) chooses to send multiple LX loops for one Health Care Claim submission. | | | | | | |
| | *Companion Guide Requirements (§4.7)* | | | | | | |
| **19** | A guide covering the X12 v6020X314 275 published by a HIPAA covered health plan and its agent must follow the format defined in the CAQH CORE Master Companion Guide Template. | | | | | | |
| | *Electronic Policy Access of Required Information (§4.8)* | | | | | | |
| **20** | A health plan and its agent must offer a readily accessible electronic method to be determined by health plan and its agent for identifying the attachment-specific data needed to support a claim adjudication request by any trading partner (e.g., a healthcare provider). The information must be accurate and current and must clearly communicate to providers what supporting documentation is needed. | | | | | | |
| ***Infrastructure Rule Requirements for Additional Documentation Using the Non-X12 275 Method*** | | | | | | | |
| | *Connectivity Requirements using CORE Connectivity (§5.1)* | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
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| **21** | If a HIPAA-covered entity and its agent elect to use CORE Connectivity as their non-X12 method of additional documentation submission, the most recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule must be supported. | | | | | | |
| | *System Availability and Reporting Requirements for Additional Documentation – Non-X12 Method (§5.2.1.1, §5.2.2.1, §5.2.2.2, §5.2.2.3, §5.2.2.5)* | | | | | | |
| **22** | A HIPAA covered health plan and its agent's system availability must be no less than 90 percent per calendar week for both Real Time and Batch Processing Modes. | | | | | | |
| **23** | A HIPAA covered health plan and its agent must publish regularly scheduled system downtime in an appropriate manner. | | | | | | |
| **24** | A HIPAA covered health plan and its agent must publish the schedule of non-routine downtime at least one week in advance. | | | | | | |
| **25** | A HIPAA covered health plan and its agent must provide information within one hour of realizing downtime will be needed in the event of unscheduled/emergency downtime. | | | | | | |
| **26** | A HIPAA covered health plan and its agent must establish and publish its own holiday schedule. | | | | | | |
| | *File Size Requirements – Non-X12 Method (§5.3, §5.3.1, §5.3.2)* | | | | | | |
| **27** | A HIPAA-covered entity and its agent must support the receipt and processing of the minimum file size requirements to ensure attachments can be | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
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| | processed across varying systems. | | | | | | |
| **28** | A HIPAA-covered entity and its agent must be able to accept a *minimum* of 64MB of Base64 encoded data by their front-end servers when the encoded data received is exchanged via a non-X12 method. | | | | | | |
| **29** | A HIPAA-covered entity and its agent must be able to accept a *minimum* of 64MB file size document by their internal document management systems. | | | | | | |
| | *Electronic Policy Access of Required Information (§5.4)* | | | | | | |
| **30** | A health plan and its agent must offer an electronic method to be determined by health plan and its agent for identifying the attachment-specific data needed to support a claim adjudication request by any trading partner (e.g., a healthcare provider). | | | | | | |
| **CAQH CORE Attachments Health Care Claims Data Content Rule vHC.1.0** | | | | | | | |
| ***Data Content Rule Requirements for Attachments using the X12 275 Transaction*** | | | | | | | |
| | *Requirements to Support Reassociation (§4.1.1)* | | | | | | |
| **1** | PWK02 Code EL in Loop 2300/ Loop 2400 in the X12 v5010 837 Health Care Claim must be used to notify a HIPAA-covered health plan and its agent that additional documentation is being transmitted electronically using the Binary Data Segment (BDS) in X12 v6020X314 275 when a HIPAA-covered provider and its agent send an unsolicited X12 v6020X314 275 in support of an X12 v5010 837 Health Care Claim submission. | | | | | | |

| Rule Req. # | CAQH CORE Operating Rule Requirement | System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter N/A)* | System/ Process Currently Meets the Requirement *(Yes/No)* | Gap *(Briefly describe gap)* | Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)* | Business Processes Impacted *(Briefly describe)* | Business Processes/ Documentation Revisions Required & Effort Estimates |
|---|---|---|---|---|---|---|---|
| ***Data Content Rule Requirements for Attachments using the Non-X12 Method*** | | | | | | | |
| | *Requirements to Support Reassociation (§5.1.1)* | | | | | | |
| **2** | HIPAA-covered providers and their agents using the most recent version of CORE Connectivity to transmit a non-X12 payload must follow the appropriate header requirements to notify health plans and their agents that additional documentation is being transmitted electronically. | | | | | | |
| **3** | A provider and its agent must include all available Attachment Data Elements as part of the attachment payload when sending additional information.<br>*Table 1. Attachment Data Elements for Reassociation using Non-X12 Attachment Methods* identifies the data elements necessary for successful reassociation of the non-X12 attachment payload and the X12 v5010 837 Claim Submission. | | | | | | |

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|---|---|---|---|---|---|---|---|
| **CAQH CORE SOAP Connectivity Rule vC4.0.0** | | | | | | | |
| | *Message Envelope Requirement (§4.1)* | | | | | | |
| **1** | Requires the use of SOAP+WSDL. | | | | | | |
| | *Submitter Authentication Requirement (§4.1.1)* | | | | | | |
| **2** | Requires the use of X.509 Client Authentication (mutual authentication) over TLS 1.2 or higher. | | | | | | |
| | *Submitter Authorization Requirements (§4.1.2)* | | | | | | |
| **3** | Requires support for OAuth 2.0 Client Authorization over TLS 1.2 or higher. | | | | | | |
| | *Real Time and Batch Payload Attachment Handling (§4.1.4)* | | | | | | |
| **4** | Payload must be sent as an MTOM encapsulated object. | | | | | | |
| | *Required Transport Method (§4.2.1)* | | | | | | |
| **5** | HIPAA-covered entities or their agents must implement HTTP/S Version 1.1 over the public Internet. | | | | | | |
| **6** | Receivers must perform the role of an HTTP/S server; Senders must perform the role of an HTTP/S client. | | | | | | |
| **7** | All information exchanged between the client and server is encrypted by a session-level private key negotiated at connection time. | | | | | | |

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|---|---|---|---|---|---|---|---|
| | *Real Time Requests (§4.2.3)* | | | | | | |
| **8** | Real Time requests must include a single inquiry or submission as specified in the transaction's corresponding CAQH CORE Infrastructure Rule. | | | | | | |
| | *Batch Submission (§4.2.4)* | | | | | | |
| **9** | Batch requests are sent in the same way as Real Time requests. | | | | | | |
| **10** | Response must be only the standard HTTP message indicating whether the request was accepted or rejected. | | | | | | |
| **11** | Message receivers must not respond to a batch submission with an X12 response such as a 5010 X12 999 in the HTTP response to the batch request, even if their systems' capabilities allow such a response. | | | | | | |
| **12** | All X12 responses must be available for pick up by the message sender (client) in accordance with the respective CAQH CORE Infrastructure Rule for the transaction. | | | | | | |
| | *Batch Response Pickup (§4.2.5)* | | | | | | |
| **13** | Batch responses must be picked up after the message receiver has had a chance to process a Batch submission in the timeframes specified in the transaction's corresponding CAQH CORE Infrastructure Rule. | | | | | | |
| | *Error Handling (§4.2.6)* | | | | | | |
| **14** | The appropriate HTTP error or status codes and SOAP Faults as applicable to the error/status situation must be used. | | | | | | |

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|---|---|---|---|---|---|---|---|
| | *Tracking of Date and Time and Payload ID (§4.2.8)* | | | | | | |
| **15** | Servers are required to track the times of any received inbound messages, and respond with the outbound message for that Payload ID. | | | | | | |
| **16** | Clients must include the date and time the message was sent in the CORE metadata element Time Stamp. | | | | | | |
| | *Capacity Plan (§4.2.9.1, §4.2.9.2)* | | | | | | |
| **17** | A HIPAA-covered entity or its agent's messaging system must have a capacity plan such that it can receive and process a large number of single concurrent Real Time transactions via an equivalent number of concurrent connections which must be received, processed and the appropriate response provided within response time requirements specified in the transaction's corresponding CAQH CORE Operating Rule. | | | | | | |
| **18** | A HIPAA-covered entity or its agent's messaging system must have the capability to receive and process large Batch transaction files which must be received, processed and the appropriate response provided within the time specified in the applicable CAQH CORE Operating Rule. | | | | | | |
| | *Response Time, Time Out Parameters, and Re-transmission (§4.2.10)* | | | | | | |
| **19** | If the HTTP Post Reply Message is not received within the 60 second response period, the client system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent. | | | | | | |

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|---|---|---|---|---|---|---|---|
| **20** | Client system should submit no more than 5 duplicate transactions within the next 15 minutes if no response is received after the second attempt. | | | | | | |
| **21** | If the additional attempts result in the same timeout termination, the client system should notify the submitter to contact the receiver directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay. | | | | | | |
| | *Publication of Entity-Specific Connectivity Companion Document (§4.3)* | | | | | | |
| **22** | Servers must publish detailed specifications in a Connectivity Companion Document on the entity's public web site. | | | | | | |
| | *Envelope Metadata (§4.4.2)* | | | | | | |
| **23** | The Envelope Metadata specified in Table 4.4.2 pertains to the Message Envelope SOAP+WSDL. With the exception of *ErrorCode* and *ErrorMessage* fields, which are only sent in the response, the CAQH CORE required envelope metadata for the request and response are required to be identical. | | | | | | |
| | *Processing Mode (§4.4.3.1)* | | | | | | |

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

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|---|---|---|---|---|---|---|---|
| | *Authentication Requirement (§5.1.2)* | | | | | | |
| **2** | Requires the use of X.509 Client Authentication (mutual authentication) over TLS 1.2 or higher. | | | | | | |
| | *Submitter Authorization Requirements (§4.1.2)* | | | | | | |
| **3** | Requires support for OAuth 2.0 Client Authorization over TLS 1.2 or higher. | | | | | | |
| | *Transport Method (§5.2.1)* | | | | | | |
| **4** | HIPAA-covered entities and their agents must be able to implement HTTP/S Version 1.1 over the public internet. | | | | | | |
| | *Request and Response Handling (§5.2.2)* | | | | | | |
| **5** | Request and response handling for both Synchronous Real-time and Asynchronous Batch Process. | | | | | | |
| | *Error Handling (§5.2.6)* | | | | | | |
| **6** | Message receiver must notify the message sender if the request was successfully handled during the processing of HTTP headers and processing of the payload. | | | | | | |
| | *Tracking of Date and Time and Payload (§5.2.8)* | | | | | | |
| **7** | Servers are required to track the times of any received inbound messages and respond with the outbound message for that Payload. | | | | | | |

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|---|---|---|---|---|---|---|---|
| **8** | Clients must include the date and time the message was last modified. | | | | | | |
| | *Capacity Plan (§5.2.9., §5.2.11)* | | | | | | |
| **9** | A HIPAA-covered entity or its agent's messaging system must have a capacity plan such that it can receive and process a large number of single concurrent Synchronous Real Time transactions via an equivalent number of concurrent connections which must be received, processed and the appropriate response provided within response time requirements specified in the transaction's corresponding CAQH CORE Operating Rule. | | | | | | |
| **10** | A HIPAA-covered entity or its agent's messaging system must have the capability to receive and process large Batch transaction files which must be received, processed and the appropriate response provided within the time specified in the applicable CAQH CORE Operating Rule. | | | | | | |
| | *Specifications for REST API Uniform Resource Identifiers (URI) Paths* (*§5.3.1, §5.3.2)* | | | | | | |
| **11** | Servers are required to communicate the version of the CAQH CORE Connectivity Rule implemented and version of the REST API through the URI Path, per Table 5.3.1. | | | | | | |
| **12** | Requires entities to use standard naming conventions for REST API endpoints to streamline and support uniform REST implementations. | | | | | | |

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|---|---|---|---|---|---|---|---|
| | *REST HTTP Request Method Requirements (§5.4)* | | | | | | |
| **13** | Entities are required to use the metadata specified in Table 5.5 for HTTP Requests and HTTP Responses for REST Exchanges. | | | | | | |
| | *Publication of Entity-Specific Connectivity Companion Document (§5.7)* | | | | | | |
| **14** | Servers must publish detailed specifications in a Connectivity Companion Document on the entity's website. | | | | | | |