

# CORE Trading Partner Recruitment Tool: Getting Vendors And Clearinghouses Involved



## What is CORE?

The Committee on Operating Rules for Information Exchange (CORE) is a multi-stakeholder (health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and others) initiative organized and facilitated by CAQH, a nonprofit healthcare industry alliance working to simplify healthcare administration. CORE participants maintain eligibility/benefits data for more than 125 million Americans (approximately 74 percent of all commercially insured lives) plus Medicaid and Medicare beneficiaries. Working in collaboration they are building consensus on operating rules that will:

1. Enhance interoperability between providers and payers
2. Streamline eligibility and benefits data transactions
3. Reduce the amount of time and resources providers spend on administrative functions – time better spent with patients

Operating rules build on existing standards to make electronic transactions more predictable and consistent, regardless of the technology. Rights and responsibilities of all parties, security, transmission standards and formats, response time standards, liabilities, exception processing, error resolution and more must be clearly defined in order to facilitate successful interoperability. Beyond reducing cost and administrative hassles, operating rules foster trust among all participants.

CORE is solely focused on creating operating rules and will not develop software solutions, a switch, a database or central repository of administrative information.

CORE's vision: provider access to healthcare administrative information before or at the time of service using the electronic system of their choice for any patient or health plan.

## CORE Phase I Operating Rules

A multi-phase initiative, CORE completed Phase I activities in April 2006. CORE developed operating rules that cover a focused number of key eligibility and benefits data elements and the processes required to exchange them. They will help providers:

- Determine whether a health plan covers the patient
- Determine patient benefit coverage
- Confirm coverage of certain service types and the patient's co-pay amount, coinsurance level and base deductible levels (as defined in the member contract) for each of those types

Phase I rules and policies developed to govern exchange of this data include:

- System connectivity safe harbor standard (HTTP/S)
- Standard inquiry acknowledgements
- Maximum response times (batch and real-time)
- Minimum hours a system must be available (system availability)

- Standard 270/271 companion guide flow and format
- Data content: service type codes and patient financial responsibility
- Standard testing, certification and enforcement processes to ensure CORE compliance

Additional eligibility components and business transactions will be addressed by CORE in Phase II (2006-2007) and later phases (2007-and beyond).

### **Who Can Become CORE-certified?**

Any entity that creates, transmits or uses eligibility data (clearinghouses, health plans, providers, IT vendors) is eligible to become CORE-certified and receive the CORE Seal. The CORE Seal indicates a company has successfully completed certification testing with a CORE-authorized testing vendor, ensuring its compliance with all the CORE Phase I rules.

Entities that do not create, transmit or use eligibility data, or are small providers, are eligible to become a CORE Endorser. Endorsing organizations are not eligible to become certified, but can demonstrate their support for the CORE mission and the Phase I rules by applying for and using the CORE Phase I Endorser Seal.

### **Adopting The CORE Phase I Rules: Vendors & Clearinghouses**

Participating vendors and clearinghouses will need to adjust their products to include the agreed-upon CORE Phase I rules. The CORE Phase I certification process has four components:

- Pre-certification planning and evaluation
- Signing and submitting the CORE Pledge
- CORE certification testing
- Applying for the CORE Seal

#### **CORE Phase I Rules: Benefits To Vendors & Clearinghouses**

Expanded and improved product offerings

Access to standard and reliable payer eligibility and benefit information that can be easily transmitted to the provider.

Cost savings from not having to design and maintain multiple plan interfaces.

Increased provider adoption of IT solutions.

Each of the components has key steps which must be completed prior to moving on to the next component.

See the attached [CORE Phase I Certification: A Step-By-Step Process](#) document for more information. The CORE documents required to complete each component step are indicated and accessible through the CAQH website ([www.caqh.org](http://www.caqh.org)). The key contact to answer your questions about specific steps also is indicated at the end of each component.

Click [here](#) to access all required documents.

NOTE: CORE certification is different than participation in the CORE rules development process. To participate in CORE please contact CAQH at [CORE@caqh.org](mailto:CORE@caqh.org) or call (202) 861-6380.