

## High-Level Overview of CAQH CORE Operating Rules Proposed to NCVHS in May 2022

### Introduction

The tables below include a listing of all [operating rules proposed to NCVHS for federal adoption](#) by the CAQH CORE Board in May 2022. The tables indicate if a current version of the rule is federally mandated, the rule requirements of the current mandated version, the proposed updated/new rule, the updated/new requirements, and the benefits of the updated/new version. Direct links to each rule is also included to access the full text. Any questions about the proposed operating rules should be directed to Erin Weber, Vice President of CAQH CORE, at [eweber@caqh.org](mailto:eweber@caqh.org).

Operating Rules Proposed to NCVHS by CAQH CORE - 2022				
1. Claim Status Infrastructure Rule (UPDATE)				
Current Mandated Version	High-Level Requirements of Current Mandated Version	Proposed Updated/New Version	Updates from Prior Version/New Requirements	Benefits of Updated/New Version
<p><a href="#">Phase II CAQH CORE 250: Claim Status Rule v2.1.0*</a></p> <p><small>*All requirements adopted except those pertaining to acknowledgements.</small></p>	<ul style="list-style-type: none"> <li>Safe harbor connectivity</li> <li>20 seconds or less real time response time</li> <li>Next day batch response time</li> <li>86% system availability and downtime reporting requirements</li> <li>CORE v5010 Companion Guide template</li> </ul>	<p><a href="#">CAQH CORE Claim Status (276/277) Infrastructure Rule vCS2.0</a></p>	<ul style="list-style-type: none"> <li>Requires support of latest version of CORE Connectivity</li> <li>90% system availability + 24-hour quarterly downtime</li> <li>Updated, version agnostic <a href="#">CAQH CORE Master Companion Guide</a> to support non-5010 transactions</li> </ul> <p><b><i>All other requirements maintained</i></b></p>	<ul style="list-style-type: none"> <li>Increases annual system up-time by 364 hours addressing 24/7 aspect of healthcare</li> <li>Quarterly system downtime supports overall greater system availability while allowing for longer, less frequent periods of downtime in recognition that today's systems are more integrated than in the past</li> <li>Supports greater uniformity across companion guides</li> <li>Enhances security and information sharing</li> </ul>

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<b>2. Electronic Remittance Advice Infrastructure Rule (UPDATE)</b>				
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<p><a href="#">Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule v3.0.0*</a></p> <p>*All requirements adopted except those pertaining to acknowledgements.</p>	<ul style="list-style-type: none"> <li>• Safe harbor connectivity</li> <li>• CORE v5010 Companion Guide template</li> <li>• Dual delivery of X12 v5010 835 and proprietary paper claim remittance advices during 835 implementation testing</li> </ul>	<p><a href="#">CAQH CORE Payment &amp; Remittance (835) Infrastructure Rule vPR2.0</a></p>	<ul style="list-style-type: none"> <li>• Requires support of latest version of CORE Connectivity</li> <li>• Updated, version agnostic <a href="#">CAQH CORE Master Companion Guide</a> to support non-5010 transactions</li> </ul> <p><b><i>All other requirements maintained</i></b></p>	<ul style="list-style-type: none"> <li>• Supports greater uniformity across companion guides</li> <li>• Enhances security and information sharing</li> </ul>

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<b>3. Eligibility &amp; Benefits Infrastructure Rules (UPDATE)</b>				
<b>Current Mandated Version</b>	<b>High-Level Requirements of Current Mandated Version</b>	<b>Proposed Updated/New Version</b>	<b>Updates from Prior Version/New Requirements</b>	<b>Benefits of Updated/New Version</b>
<a href="#">Phase I CORE 152: Eligibility and Benefit Real Time Companion Guide Rule v1.1.0</a>	<ul style="list-style-type: none"> <li>• CORE v5010 Companion Guide template</li> </ul>	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Infrastructure Rule vEB.2.0</a>	<ul style="list-style-type: none"> <li>• Requires support of latest version of CORE Connectivity</li> <li>• 90% system availability + 24-hour quarterly downtime</li> <li>• Updated, version agnostic <a href="#">CAQH CORE Master Companion Guide</a> to support non-5010 transactions</li> </ul> <p><b><i>All other requirements maintained and merged into a single infrastructure rule</i></b></p>	<ul style="list-style-type: none"> <li>• Increases annual system up-time by 364 hours addressing 24/7 aspect of healthcare</li> <li>• Quarterly system downtime supports overall greater system availability while allowing for longer, less frequent periods of downtime in recognition that today's systems are more integrated than in the past</li> <li>• Supports greater uniformity across companion guides</li> <li>• Enhances security and information sharing</li> </ul>
<a href="#">Phase I CORE 155: Eligibility and Benefits Batch Response Time Rule v1.1.0</a>	<ul style="list-style-type: none"> <li>• Next day batch response time</li> </ul>			
<a href="#">Phase I CORE 156: Eligibility and Benefits Real Time Response Time Rule v1.1.0</a>	<ul style="list-style-type: none"> <li>• 20 seconds or less real time response time</li> </ul>			
<a href="#">Phase I CORE 157: Eligibility and Benefits System Availability Rule v1.1.0</a>	<ul style="list-style-type: none"> <li>• 86% system availability and downtime reporting requirements</li> </ul>			

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<b>4. Eligibility &amp; Benefits Data Content Rules (UPDATE)</b>				
Current Mandated Version	High-Level Requirements of Current Mandated Version	Proposed Updated/New Version	Updates from Prior Version/New Requirements	Benefits of Updated/New Version
<a href="#">Phase I CORE 154: Eligibility and Benefits 270/271 Data Content Rule v1.1.0</a>	<ul style="list-style-type: none"> <li>• Eligibility response must include health plan name and patient financial responsibility (co-insurance, co-payment, and deductibles) for 12 CORE-required Service Type Codes (STC)</li> <li>• Date range for eligibility inquiries (12 months in the past or up to the end of the current month)</li> </ul>		<ul style="list-style-type: none"> <li>• Must indicate whether included CORE STCs or procedure codes require prior authorization or certification</li> <li>• Return maximum benefit limitations and remaining benefits for 10 CORE-required STCs</li> <li>• Coding requirements using CMS place of service codes when service is available through telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• Increased STC support and procedure code level return of benefits will result in more accurate pricing and billing practices</li> </ul>
<a href="#">Phase II CAQH CORE 260: Eligibility &amp; Benefits Data Content (270/271) Rule v2.1.0</a>	<ul style="list-style-type: none"> <li>• Response must include health plan name and patient financial responsibility (co-insurance, co-payment, and deductibles) for 9 discretionary and 43 mandatory STCs</li> <li>• Eligibility response must include <i>base and remaining</i> deductible amounts for CORE-required STC codes</li> <li>• Provider or provider vendor (receiver of the eligibility response) must display patient financial data to end user</li> </ul>	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Data Content Rule vEB.2.0</a>	<ul style="list-style-type: none"> <li>• 71 new Discretionary STC codes and 55 new Mandatory STC codes for a total of 178 CORE-required STC codes</li> <li>• Return eligibility and benefit information at the procedure code level for PT, OT, surgery, and imaging</li> <li>• Indicate tiered benefits, including coverage status, patient financial responsibility, remaining benefit coverage, authorization/certification status, and in/out of network determination</li> </ul> <p style="text-align: center;"><b><i>All other requirements maintained and merged into a single data content rule</i></b></p>	<ul style="list-style-type: none"> <li>• Appropriate patient financials can be determined at the time of service in real time</li> <li>• Indication of prior authorization and determining whether a specific service is covered for GFE or AEOB generation can improve the patient provider exchange and improve care delivery</li> <li>• Supporting procedure codes for specific categories of service allows the industry to take meaningful steps in closing the data gaps that cause inefficiencies and adds costs to administration of healthcare</li> </ul>
<a href="#">Phase II CAQH CORE 258:</a>	<ul style="list-style-type: none"> <li>• Requirements to normalize a person’s last name during</li> </ul>			

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<a href="#">Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule v2.1.0</a>	<p>any name validation or matching process by the health plan to support unique identification of an individual</p>			
<a href="#">Phase II CAQH CORE 259: Eligibility and Benefits 270/271 AAA Error Code Reporting Rule v2.1.0</a>	<ul style="list-style-type: none"> <li>• Specifies a standard and consistent method for reporting patient identification validation errors (AAA errors)</li> </ul>			
		<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0</a>	<ul style="list-style-type: none"> <li>• Requires the return of the member’s explicit attribution status and effective dates of attribution</li> </ul>	<ul style="list-style-type: none"> <li>• Provider knows in real-time if patient is in their attributed population to immediately address care gaps and value-based reporting/contract requirements</li> </ul>

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<b>5. Connectivity Operating Rules (UPDATE)</b>				
<b>Current Mandated Version</b>	<b>High-Level Requirements of Current Mandated Version</b>	<b>Proposed Updated/New Version</b>	<b>Updates from Prior Version/New Requirements</b>	<b>Benefits of Updated/New Version</b>
<p><a href="#">Phase I CORE 153: Eligibility and Benefits Connectivity Rule v1.1.0</a></p> <p>and</p> <p><a href="#">Phase II CAQH CORE 270: Connectivity Rule v2.2.0</a></p>	<ul style="list-style-type: none"> <li>• Use of public internet connection and HTTP transport standards to establish an industry Safe Harbor</li> <li>• Employs Username and Password with optional use of digital certificate for authentication</li> <li>• Use of both SOAP and MIME messaging standards</li> <li>• Defined metadata to relieve burden of implementation and reduce variances across industry</li> <li>• Supports batch and real time interactions meeting industry needs</li> <li>• Specifies error handling processes and messaging requirements</li> <li>• Requires development and implementation of a capacity plan</li> </ul>	<p><a href="#">CAQH CORE Connectivity Rule vC4.0.0</a></p>	<ul style="list-style-type: none"> <li>• Continues Safe Harbor Connectivity requirements to support SOAP messaging standards</li> <li>• Incorporation of HTTPS and more stringent security standards – TLS 1.2 or higher</li> <li>• Requirement to use digital certificate for authentication – X.509</li> <li>• Implementation of stronger authorization standards – OAuth 2.0</li> <li>• Add support for the exchange of Attachments transactions – including X12 275, HL7 C-CDA, FHIR, etc.</li> <li>• Support for REST standard including standard-agnostic REST style web resources, messaging in human-readable JAVA format, support for API integration and versioning standards for CORE Connectivity</li> </ul>	<ul style="list-style-type: none"> <li>• Updates decade-old connectivity requirements that do not meet current best practice security and authentication protocols (e.g., eliminates use of username and password for machine-to-machine connectivity)</li> <li>• Maximizes security and authorization controls and expands support for the use of API data exchange through REST protocols in addition to maintaining support for EDI data exchange</li> <li>• Aligns with current and future business practices, advancing innovation and interoperability</li> </ul>

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<b>6. Health Care Claims Attachments Operating Rules (NEW)</b>				
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		<a href="#">CAQH CORE Attachments Health Care Claims Infrastructure Rule vHC.1.0</a>	<ul style="list-style-type: none"> <li>• X12 v6020X316 275 Attachment/Non-X12 Methods:                             <ul style="list-style-type: none"> <li>- 90% system availability + 24-hour quarterly downtime</li> <li>- References the most current version of CORE Connectivity</li> <li>- Capability to accept 64MB of data</li> </ul> </li> <li>• X12 v6020X316 275 Attachment Only:                             <ul style="list-style-type: none"> <li>- Batch and Real Time Processing Modes</li> <li>- Version agnostic <a href="#">CAQH CORE Master Companion Guide</a> to support non-5010 transactions</li> <li>- Acknowledgements &amp; data error handling</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Establishes key infrastructure requirements that promote uniform, electronic attachments implementation across multiple proposed standards supporting EDI and API</li> <li>• Ensures consistent security and authorization standards through CORE Connectivity</li> <li>• Enable consistent, electronic exchange of needed supporting documentation leading to quicker coverage decisions to support patient care</li> </ul>
		<a href="#">CAQH CORE Attachments Health Care Claims Data Content Rule vHC.1.0</a>	<ul style="list-style-type: none"> <li>• Establishes common codes and data elements that should be used to assist with reassociation for prior authorization and healthcare claims transactions for X12 and non-X12 methods</li> </ul>	<ul style="list-style-type: none"> <li>• Promotes uniformity for X12 and non-X12 data exchange methods</li> <li>• Provide a standards-agnostic solution for complicated and wasteful attachments reassociation efforts in support of prior authorization and healthcare claims adjudication</li> <li>• Simplify reassociation of a claim or prior authorization to an attachment reducing the need for manual intervention</li> </ul>

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<b>7. Prior Authorization Attachments Operating Rules (NEW)</b>				
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		<a href="#">CAQH CORE Attachments Prior Authorization Infrastructure Rule vPA.1.0</a>	<ul style="list-style-type: none"> <li>• X12 v6020X316 275 Attachment/Non-X12 Methods:                             <ul style="list-style-type: none"> <li>- 90% system availability + 24-hour quarterly downtime</li> <li>- References the most current version of CORE Connectivity</li> <li>- Capability to accept 64MB of data</li> </ul> </li> <li>• X12 v6020X316 275 Attachment Only:                             <ul style="list-style-type: none"> <li>- Batch and Real Time Processing Modes</li> <li>- Version agnostic <a href="#">CAQH CORE Master Companion Guide</a> to support non-5010 transactions</li> </ul> </li> </ul> Acknowledgements & data error handling	<ul style="list-style-type: none"> <li>• Establishes key infrastructure requirements that promote uniform, electronic attachments implementation across multiple proposed standards supporting EDI and API</li> <li>• Ensures consistent security and authorization standards through CORE Connectivity</li> <li>• Enable consistent, electronic exchange of needed supporting documentation leading to quicker coverage decisions to support patient care</li> </ul>
		<a href="#">CAQH CORE Attachments Prior Authorization Data Content Rule vPA.1.0</a>	<ul style="list-style-type: none"> <li>• Establishes common codes and data elements that should be used to assist with reassociation for prior authorization and healthcare claims transactions for X12 and non-X12 methods</li> </ul>	<ul style="list-style-type: none"> <li>• Promotes uniformity for X12 and non-X12 data exchange methods</li> <li>• Provide a standards-agnostic solution for complicated and wasteful attachments reassociation efforts in support of prior authorization and healthcare claims adjudication</li> <li>• Simplify reassociation of a claim or prior authorization to an attachment reducing the need for manual intervention</li> </ul>