

**CAQH Committee on Operating Rules for Information Exchange (CORE)
FAQs Part C: CAQH CORE Eligibility & Claim Status Operating Rules**

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**CAQH Committee on Operating Rules for Information Exchange (CORE)
FAQs Part C: CAQH CORE Eligibility & Claim Status Operating Rules**

I. Overview of CAQH CORE Eligibility & Claim Status Operating Rules

1. What do the Phase I and Phase II CAQH CORE Eligibility & Claim Status Operating Rules address?

The [Phase I](#) and [Phase II](#) CAQH CORE Eligibility and Claim Status Operating Rules streamline the way eligibility/benefits and claim status healthcare administrative information is exchanged electronically. Easier, more reliable access to this information at the point of care can reduce the amount of time providers spend on administration by improving the accuracy of claims submitted, providing enhanced information on patient financial responsibility, and checking the status of a patient claim electronically.

The ACA-mandated CAQH CORE Eligibility and Claim Status Operating Rules address the following:

Type of Rule	Addresses	High-Level CAQH CORE Key Requirements
<u>Data Content:</u> Eligibility	Need to drive further industry value in transaction processing	Respond to generic and explicit inquiries for a defined set of 50+ high volume services with: <ul style="list-style-type: none"> • Health plan name and coverage dates • Static financials (co-pay, co-insurance, base deductibles) • Benefit-specific and base deductible for individual and family • In/Out of network variances • Remaining deductible amounts • Enhanced Patient Identification and Error Reporting requirements
<u>Infrastructure:</u> Eligibility and Claim Status	Industry needs for common/ accessible documentation	<ul style="list-style-type: none"> • Companion Guide – common flow/format • System Availability service levels – minimum 86% availability per calendar week • Real-time and batch turnaround times (e.g., 20 seconds or less for real time and next day for batch) • Connectivity via Internet and aligned with NHIN direction, e.g., supports plug and play method (SOAP and digital certificates and clinical/administrative alignment) • Acknowledgements (transactional)*

*NOTE: The HHS Final Rule excludes rule requirements pertaining to use of Acknowledgements.

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The Phase I and Phase II CAQH CORE Rules also address standard testing, certification, and enforcement processes to ensure CAQH CORE conformance for entities seeking CORE Certification.

2. Why are the Phase I CAQH CORE Operating Rules only for the eligibility/benefits transactions?

The CORE Participants determined that the CAQH CORE Operating Rules could have the most immediate impact if Phase I focused on improving eligibility and benefits verification. CORE Participants decided to address only the X12 270/271 electronic data interchange (EDI) eligibility transactions in Phase I along with the necessary infrastructure needs including the use of the ASC X12 Implementation Acknowledgement (999) with later phases of CAQH CORE to include other types of transactions. Phase II CAQH CORE, for example, includes

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operating rules for both the X12 270/271 eligibility transaction and the X12 276/277 claims status transaction, as well as extending the use of the ASC X12 Implementation Acknowledgement (999) to the X12 276/277.

3. What entities should implement the Phase I and Phase II CAQH CORE Eligibility and Claim Status Operating Rules?

As the [ACA Administrative Simplification provisions](#) build on and update the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), ACA Section 1104 requires all [HIPAA covered entities](#) to comply with the ACA-mandated standards and applicable operating rules by their compliance dates. The CMS website provides [charts](#) to help organizations determine whether an organization or individual is a HIPAA covered entity.

The first set of Federal operating rules addresses the eligibility and claims status transactions; the compliance date for these operating rules was January 1, 2013. In [December 2011](#), HHS adopted the [Phase I](#) and [Phase II](#) CAQH CORE Eligibility and Claim Status Operating Rules to fulfill the ACA Section 1104 Federal mandate, *with the exception of rule requirements pertaining to use of Acknowledgements*. By January 1, 2013, HIPAA covered entities must meet all technical rule requirements outlined in the CAQH CORE Eligibility and Claim Status Operating Rules (both Phase I and Phase II) that apply to their organizations, *except* implementation of the rule requirements for Acknowledgements.

See [CAQH CORE FAQs Part B: ACA Section 1104 Mandate for Federal Operating Rules](#) for more information on the ACA Section 1104 Administrative Simplification provisions.

Please Note: CMS is the [HHS designated authority](#) on any decisions regarding interpretation, implementation, and enforcement of the regulations adopting the HIPAA and ACA Administrative Simplification standards and provisions. Within CMS, the Office of E-Health Standards and Services (OESS) enforces the regulations addressing the HIPAA and ACA-mandated transactions, national identifiers, operating rules, health plan certification, and additional standards. More detailed information on the provisions, as well as compliance and enforcement requirements, is available on the [CMS website](#) and via the [CMS FAQs](#).

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II. Interdependent CAQH CORE Eligibility & Claim Status Requirements

The FAQs in this section clarify global requirements of the CAQH CORE Eligibility & Claim Status Operating Rules (i.e., requirements that are not specific to a single CAQH CORE Operating Rule or Phase of CAQH CORE Operating Rules).

1. What are the CAQH CORE Eligibility and Claim Status Rule requirements for entities to support real time and/or batch processing?

The ACA-mandated CAQH CORE Eligibility & Claim Status Operating Rules require that all entities support real time processing of both the X12 270/271 and X12 276/277 transactions. Real time requirements are addressed in the following ACA-mandated CAQH CORE Eligibility & Claim Status Operating Rules:

- [CAQH CORE 153: Connectivity Rule \(Phase I\)](#)
- [CAQH CORE 156: Eligibility and Benefits Real Time Response Time Rule](#)
- [CAQH CORE 157: Eligibility and Benefits System Availability Rule](#)
- [CAQH CORE 250: Claim Status Rule](#)
- [CAQH CORE 270: Connectivity Rule \(Phase II\)](#)

The CAQH CORE Operating Rules do not require entities to support batch processing if they do not currently do so. However, if entities do currently support batch processing, they must also implement and conform to all applicable batch processing requirements outlined in the ACA-mandated CAQH CORE Eligibility & Claim Status Operating Rules. Batch requirements are addressed in the following ACA-mandated CAQH CORE Eligibility & Claim Status Operating Rules:

- [CAQH CORE 153: Connectivity Rule \(Phase I\)](#)
- [CAQH CORE 155: Eligibility and Benefits Batch Response Time Rule](#)
- [CAQH CORE 157: Eligibility and Benefits System Availability Rule](#)
- [CAQH CORE 250: Claim Status Rule](#)
- [CAQH CORE 270: Connectivity Rule \(Phase II\)](#)

NOTE: The [HHS Final Rule](#) adopting the Phase I and Phase II CAQH CORE Eligibility and Claim Status Operating Rules to fulfill the ACA Section 1104 Federal mandate excludes rule requirements pertaining to the use of Acknowledgements. However, entities seeking [Phase I &/or Phase II CORE Certification](#) must implement *all* of the CAQH CORE Eligibility and Claim Status Operating Rules applicable to their stakeholder type, *including* those rule requirements pertaining to use of Acknowledgments.

2. Are there any CAQH CORE Eligibility and Claim Status Operating Rules that provide requirements regarding how often claim status inquiries or eligibility transactions should be submitted? (E.g., do CAQH CORE Operating Rules either support or exclude a provider or vendor from sending daily batches of claim status inquiries for every outstanding claim, regardless of the status response received the previous day?)

No. Neither the Phase I nor Phase II CAQH CORE Eligibility and Claim Status Operating Rules address the frequency of submission for either eligibility inquiries or claim status inquiries.

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However, both the Phase I and Phase II Rules require all entities to support real time. The frequency of submission should not be an issue since it is anticipated that eligibility or claim status inquiries can be submitted as frequently as needed by the provider. Per the CAQH CORE Eligibility and Claim Status Operating Rules, a health plan is required to have its systems supporting eligibility and claim status inquiries available 86% of the time over a calendar week.

Batch processing is optional and not required by the CAQH CORE Eligibility and Claim Status Operating Rules. If, however, batch processing mode is offered, conformance to applicable CAQH CORE Eligibility and Claim Status Operating Rules requirements is required.

3. Do the CAQH CORE Eligibility Operating Rules apply when an entity is providing eligibility transaction services as an Application Service Provider (ASP) for providers and the entity translates the non-standard eligibility transactions in a proprietary format into the standard transaction or vice versa as provided for in [§162.930 Additional Rules for Healthcare Clearinghouses of the HIPAA Transactions Final Rule](#)?

Yes. Since the Phase I and Phase II CAQH CORE Eligibility and Claim Status Operating Rules build on the X12 270/271 transactions, an ASP acting as a provider's health care clearinghouse would have to comply with all of the applicable CAQH CORE Eligibility and Claim Status Operating Rules in order to be conformant with the Phase I and II CAQH CORE Rules.

4. Does my organization have to return eligibility information if the requester of the information does not meet my organization's requirements for patient identification?

The Phase I and Phase II CAQH CORE Eligibility and Claim Status Operating Rules address rules that will improve patient matching rates ([CAQH CORE 258: Normalizing Patient Last Name Rule](#) and [CAQH CORE 259: AAA Error Code Reporting Rule](#)), but do not address/include any rules for your organization's policies on patient identification requirements.

5. Do the CAQH CORE Eligibility and Claim Status Operating Rules apply to Direct Data Entry (DDE)?

No. Per CMS, the ACA-mandated CAQH CORE Eligibility & Claim Status Operating Rules would not apply to DDE transactions; see [CMS FAQ 6117](#) for more information.

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III. CAQH CORE 150: Batch Acknowledgements Rule

*NOTE: The [HHS Final Rule](#) for operating rules for the eligibility and claim status transactions adopts all the Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules **except** those requirements pertaining to the use of Acknowledgements. Entities seeking [CORE Certification](#) must implement all of the CAQH CORE Eligibility and Claim Status Operating Rules applicable to their stakeholder type, **including** those rules & rule requirements pertaining to use of Acknowledgments.*

1. Currently my organization's EDI system only returns an ASC X12 Implementation Acknowledgement (999). If the functional group is rejected, must my system be changed to comply with the CAQH CORE 150: Batch Acknowledgement Rule?

Yes. The [CAQH CORE 150: Batch Acknowledgements Rule Version 1.1.0](#) requires that the health plan or information receiver must always return an ASC X12 Implementation Acknowledgement (999) for all functional groups, whether or not the group is rejected. This requirement allows the provider to know within a reasonable timeframe if the submitted batch of inquiries was accepted by the health plan and will be processed. Likewise, the rule also requires that the provider must always return an ASC X12 Implementation Acknowledgement (999) Functional Acknowledgement for all functional groups whether or not the group is rejected, thereby allowing timely resolution of any issues.

2. My organization's EDI system was developed in-house and does not currently support the TA1. However, our system does support the ASC X 12 Implementation Acknowledgements (999) for rejected functional groups. Is this okay under the CAQH CORE 150: Batch Acknowledgement Rule?

Yes. The [CAQH CORE 150: Batch Acknowledgements Rule Version 1.1.0](#), addresses only the ASC X12 Implementation Acknowledgement (999); therefore your organization's system must be able to return an ASC X12 Implementation Acknowledgement (999) for all functional groups. If it is unable to do so, your organization will need to remediate the system to be in conformance with the CAQH CORE Rule in order to become CORE-certified.

3. If my organization's system is not changed to return the ASC X12 Implementation Acknowledgement (999), can my organization become CORE-certified?

Your organization must successfully complete all of the required certification test scripts required by the [Phase I CAQH CORE Certification Test Suite](#) to become CORE-certified. The test scripts for the [CAQH CORE 150: Batch Acknowledgements Rule Version 1.1.0](#) will test for your system's capabilities to return the ASC X12 Implementation Acknowledgement (999).

4. The TA1 Interchange Acknowledgment is described in the *HIPAA Implementation Guide Appendix B: EDI Control Director*. Do the CAQH CORE Operating Rules require its use?

No. The CAQH CORE Batch and Real Time Acknowledgement Rules do not address the use of the ASC X12 Interchange Acknowledgement TA1.

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IV. CAQH CORE 151: Real Time Acknowledgements Rule

*NOTE: The [HHS Final Rule](#) for operating rules for the eligibility and claim status transactions adopts all the Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules **except** those requirements pertaining to the use of Acknowledgements. Entities seeking [CORE Certification](#) must implement all of the CAQH CORE Eligibility and Claim Status Operating Rules applicable to their stakeholder type, **including** those rules & rule requirements pertaining to use of Acknowledgments.*

1. Does the [CAQH CORE 151: Real Time Acknowledgement Rule](#) mean that my organization’s system must always return both of these types of Acknowledgements: ASC X12 Implementation Acknowledgement (999) and the X12 271 response?

No. For real time inquiries, your organization’s system must return the X12 271 response or an ASC X12 Implementation Acknowledgement (999) when the functional group is rejected, to be conformant with this rule. Thus, your organization’s system must return only one of these transactions, depending on the processing results, not both.

2. Can a clearinghouse or vendor act on behalf of a health plan or provider for real time Acknowledgments?

Yes. Each health plan seeking CORE Certification will have to work with its clearinghouse and/or vendor to jointly complete CORE Certification testing in order for the health plan to be awarded the CORE Certification Seal. A clearinghouse or vendor would not be able to certify “generically” as a health plan and then transfer such certification to any health plan.

3. The TA1 Interchange Acknowledgment is described in the *HIPAA Implementation Guide Appendix B: EDI Control Directory*. Do the CAQH CORE Operating Rules require its use?

No. The CAQH CORE Acknowledgement Rules do not address the use of the ASC X12 Interchange Acknowledgement TA1.

4. Is an acknowledgement necessary if the user sends eligibility data in a proprietary (not an X12 270) format in a real time mode?

Good business practices for electronic message exchange encourage all senders and receivers to appropriately acknowledge receipt and both acceptance/rejection and errors found in any message. Accordingly, the Phase I CAQH CORE Rules are focused on the conduct of the HIPAA-named X12 270/271 transaction sets. CAQH CORE Rules are focused on the ASC X12 standards as well. Thus, the [CAQH CORE 151 Rule](#) only addresses the use of the ASC X12 Implementation Acknowledgement (999) and when to use it when conducting the X12 270/271 transaction sets. Additionally, in order to become CORE-certified, an entity is required to attest to its compliance with HIPAA, which requires the use of the appropriate X12 implementation guides.

5. Are all CAQH CORE Operating Rules with regard to acknowledgement only applicable to scenarios where my organization receives data in an X12 270 format?

Yes. Good business practices for electronic message exchange encourage all senders and receivers to appropriately acknowledge receipt and both acceptance/rejection and errors found in any message. Accordingly, the Phase I CAQH CORE Rules are focused on the conduct of the HIPAA-mandated X12 270/271 transaction

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sets. CAQH CORE Operating Rules are focused on the X12 standards as well. Thus, the CAQH CORE 151 Rule only addresses the use of the ASC X12 Implementation Acknowledgement (999) and when to use it when conducting the X12 270/271 transaction sets. Additionally, in order to become CORE-certified, an entity is required to attest to its compliance with HIPAA, which requires the use of the appropriate X12 implementation guides.

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V. CAQH CORE 152: Companion Guide Rule

1. Why was the [CAQH CORE 152: Companion Guide Rule Version 1.1.0](#) created?

Health plans have independently created companion guides that often vary in format and structure. Such variance can be confusing to trading partners and providers. CAQH CORE adapted its CAQH CORE Master Companion Guide Template based on the CAQH/WEDI Best Practices Companion Guide Template developed jointly in 2003, with input from multiple health plans, system vendors, provider representatives and healthcare/HIPAA industry experts. The template organizes information into several simple sections and provides for a common information flow and format, while at the same time giving health plans the flexibility to tailor the document to meet their particular needs. The template covers a broad range of HIPAA-mandated transaction sets and is not specific to any one of them.

2. Does the CAQH CORE 152 Rule require a change to my entire current Companion Guide documents for the X12 837 claims?

No. Similar to the other Phase I CAQH CORE Operating Rules, the scope of the [CAQH CORE 152: Companion Guide Rule Version 1.1.0](#) is limited to the X12 270/271 eligibility and benefits inquiry/response transactions.

3. Can I combine multiple transaction sets (e.g., X12 270/271 and 276/277) in a single Companion Guide?

Yes. Entities, may, if they wish, combine their Companion Guides for separate transactions into a single document. The flow and format of the [CAQH CORE v5010 Master Companion Guide Template](#) would still need to be followed, but sections could be repeated, tables added for the second transaction, etc., without altering said flow and format.

4. If pursuing CORE Certification, will all of the detailed content of my organization's X12 270/271 Companion Guide be analyzed and evaluated for certification testing?

No. If completing CORE Certification testing, your organization is only required to submit to the CAQH CORE-authorized testing vendor:

1. The Companion Guide's table of contents
2. A page showing your organization's requirements for the presentation of segments, data elements and codes.

Your selected CAQH CORE-authorized testing vendor will assess these documents to determine that your Companion Guide conforms to the CAQH CORE required flow and format.

5. For entities seeking CORE Certification, how does CAQH CORE determine conformance with the CAQH CORE V5010 Master Companion Guide template?

The CAQH CORE 152 and 250 Rules require health plan Companion Guides covering the X12 270/271 and X12 276/277 transactions to follow the format/flow as defined in the [CAQH CORE v5010 Master Companion Guide Template](#).

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As part of CORE Certification testing, CAQH CORE-authorized testing vendors evaluate the following to determine if an entity's Companion Guide(s) conforms to the CAQH CORE 152 & 250 Rules Companion Guide Requirements:

- If the order of the Companion Guide table of contents matches the table in the CAQH CORE v5010 Master Companion Guide Template
- If the Companion Guide format for specifying the X12 270/271 &/or X12 276/277 data content requirements is consistent with the format in the CAQH CORE v5010 Master Companion Guide Template

If a specific section(s) of the CAQH CORE v5010 Master Companion Guide Template is not appropriate for a particular entity's Companion Guide, the CAQH CORE 152 and 250 Rules do allow the entity to exclude this section(s) from their guide.

6. Does the [CAQH CORE 152 Rule](#) require HIPAA covered entities to publish a Companion Guide if they do not currently do so?

No. The CAQH CORE Operating Rules do not require any entity to publish a Companion Guide if they do not already do so. CAQH CORE 152: Companion Guide Rule specifies that should an entity publish a company guide, it must conform to the format/flow as defined in the [CAQH CORE v5010 Master Companion Guide Template](#).

7. Does the CAQH CORE 152 Rule require health plans to request approval from ASC X12 prior to publication of their CORE-compliant Companion Guide(s)?

No. The Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules, as [adopted by HHS](#), do not require any entity to submit its Companion Guide to ASC X12 for review and approval prior to publication.

Entities seeking [CORE Certification](#) are required to submit to the CAQH CORE-authorized testing vendor: 1) The Companion Guide's table of contents and 2) A page showing the organization's requirements for the presentation of segments, data elements and codes. The CAQH CORE-authorized testing vendor will evaluate these documents to determine if they are consistent with the format in the [CAQH CORE v5010 Master Companion Guide Template](#).

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VI. CAQH CORE 153: Connectivity Rule

Please refer to the [Phase II CAQH CORE 270: Connectivity Rule FAQs](#). As the Phase II CAQH CORE 270 Rule builds upon and enhances the Phase I rule, both rules must be combined when determining the overall CAQH CORE Connectivity requirements.

NOTE: The [HHS Final Rule](#) for operating rules for the eligibility and claim status transactions adopts all the Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules **except** those requirements pertaining to the use of Acknowledgements. Entities seeking [CORE Certification](#) must implement all of the CAQH CORE Eligibility and Claim Status Operating Rules applicable to their stakeholder type, **including** those rules & rule requirements pertaining to use of Acknowledgments.

1. How did CAQH CORE decide that HTTP/S is secure and reliable enough to protect the delivery of healthcare information over the Internet?

CAQH CORE solicited input on this topic during the rules-development process from the CORE Technical Work Group members and experts within healthcare and other industries, such as financial services. Based on this input, including the information that other healthcare industry projects, such as the [Markle Foundation's Connecting for Health](#) project and the [CMS Nationwide Health Information Network architecture prototypes](#), are using HTTP/S over the Internet, CAQH CORE determined that HTTP/S is an appropriate choice as the baseline standard for delivery of healthcare information. Email CAQH CORE at CORE@caqh.org for more background information

2. Can payers support other versions of HTTPS as well as v1.1?

Yes. Payers may support other versions, but they must support HTTPS 1.1 in order to achieve CORE Certification. The intent of the [CAQH CORE 153: Connectivity Rule Version 1.1.0](#) is to provide a safe harbor that application vendors can develop towards without needing to get detailed information from every potential payer with whom they would like to connect.

3. Is there a required format in Phase I CAQH CORE for the authorization, date/time, and payload ID to be sent in the HTTP message?

No. CAQH CORE decided not to require a format for these data elements for Phase I. However, in Phase II and future phases, CAQH CORE does require a specific format for sending these data elements. Please speak with your CAQH CORE-authorized certification testing vendor on how they will work with you on CORE Certification testing given your organization's current HTTP format requirements and those used by the certification testing vendor.

4. If implementing SOAP 1.1 with attachments running on top of HTTP/S is compliant, how would an entity seeking CORE Certification that elects this implementation approach satisfy the CORE Certification testing requirements of the rule?

When completing CORE Certification testing with a CAQH CORE-authorized testing vendor, the entity should check the NO REVISIONS NEEDED (not applicable) box for the detailed certification testing script(s) that do not apply when using SOAP (e.g., the 403 error messages tested under the Connectivity Test Script #2 because SOAP requires other types of error messages). As with all the Phase I CAQH CORE Test Scripts, if an entity checks NO REVISIONS NEEDED for a Test Script it will need to indicate to the testing vendor, in writing,

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rationale for why the Test Script does not apply. In this case, the rationale would be that the entity is using SOAP over HTTP/S to transport the X12 transactions.

5. Will all CAQH CORE-authorized testing vendors use the same certification test scripts and the same detailed connectivity method to test the Phase I CAQH CORE Connectivity Rule?

For every rule, including the Phase I Connectivity Rule, each CAQH CORE-authorized testing vendor will use the same test scripts by stakeholder. Additionally, each CORE-certified entity will be responsible for being in compliance with the rules, understanding that not all aspects of rules compliance are tested during CORE Certification testing, e.g., maintaining system availability.

Because the CAQH CORE-authorized testing vendors each operate a little differently with regard to how they connect to their clients, they may use different approaches to test for the detailed CORE Connectivity Test Scripts. The CAQH CORE-authorized testing vendor you select to work with to conduct your CORE Certification testing will provide your organization with the details necessary to complete the CAQH CORE Connectivity Rule certification tests.

6. My organization's security procedures require that clients use a digital certificate to identify themselves. Under the CAQH CORE Operating Rules, can we require that they use the certificate method?

Yes. Phase I CAQH CORE requires that entities use a User ID/Password to authenticate the sender at a minimum. If your organization's policies require a higher level of security, Phase I implementation does not prevent you from implementing additional security mechanisms.

NOTE: These additional mechanisms, like any other additional requirements beyond the CAQH CORE Operating Rules, will not be tested by the CAQH CORE-authorized testing vendors as part of CORE Certification testing. The [Phase II CAQH CORE 270: Connectivity Rule](#) includes requirements for both Username/Password and X.509 Certificates over SSL as submitter authentication standards, with specific conformance requirements for the client (e.g., submitters/providers) and the server (e.g., health plans).

7. What is the recommended method for allowing entities to receive another entity's root public digital certificate?

CAQH CORE does not make recommendations for this process. Please discuss this with your individual trading partners.

8. Batch processing: how long must a responder maintain response files on their system?

CAQH CORE recognizes that every organization has its own record-retention policies and, therefore, does not mandate a strict requirement for retention of response files. However, CAQH CORE recommends that a copy of responses be kept available for a minimum of six months after they are ready in order to support the process of discovery in the case of a complaint against a CORE-certified entity regarding CAQH CORE conformance.

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9. Batch processing: Why not FTP or sFTP for batch transactions instead of HTTP/S?

HTTP/S is robust and has a proven track record with batch transactions. The benefits of a single communication standard were a compelling reason to mandate its availability. Information sources that allow FTP and/or sFTP for batch transactions still can support those transmission methods.

10. Batch processing: Can CAQH CORE provide more specificity for the actual HTTP messages to use in the batch request and response?

CAQH CORE does not specify the batch request/response flow. An example of how it could be implemented is below. Please speak with your CAQH CORE-authorized testing vendor on how they will work with you on this issue during testing. See below for an example.

1. Client (provider or their intermediary) sends an HTTPS POST message with a data content of: something like: <Message><Operation>ListBatchResponses</Operation><FilePattern>*.271</FilePattern></Message>
2. Server (payer or their intermediary) responds with a data content of something like: <Message><FileList><File>20060208_12345.271</File> <File>20060208_543627.271</File></FileList></Message>
3. Client decides which file to retrieve and sends a request like: <Message><Operation>GetFile</Operation> <File>20060208_543627.271</File></Message>
4. And the server sends it back in something like: <Message> <File>20060208_543627.271</File></Message>
5. The client could then request other files or decide they are done.

11. Batch processing: My organization's system can provide an ASC X12 Implementation Acknowledgement (999) back on batch transactions within 20 seconds. Why can't my organization just send the ASC X12 Implementation Acknowledgement (999) in the response to the submission to increase efficiency?

For consistency and ease of development, CAQH CORE decided that it was important to have a single standard. Based on that decision, and the fact that many batch processing information sources cannot commit to having the ASC X12 Implementation Acknowledgement (999) available in 20 seconds, CAQH CORE elected to mandate that the ASC X12 Implementation Acknowledgement (999) not be provided in the HTTP response.

12. Batch processing: Will a receiver be able to re-pickup a file if needed?

CAQH CORE does not specify this, but recommends that information sources allow for re-pickup for at least one month after the initial pickup of a batch response file. Please refer to your own internal policies.

13. Batch processing: Will there be a maximum number of response files that a receiver will be able to pickup in one session due to payload sizes?

CAQH CORE does not set a maximum on the number of response files that a receiver will be able to pickup. Information sources should create policies to specify the limit to the number or size of files that can be picked up and document those policies in their Companion Guide.

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14. Batch processing: Will a payload be able to contain different types of responses?

Yes. CAQH CORE does not specify the different types of responses a payload can contain. Please refer to your own internal policies.

15. Batch processing: How is a batch reply matched with its request without downloading each file and parsing it? Are reply filenames to somehow encode the payload ID?

CAQH CORE does not specify any convention for linking the batch response to the batch request beyond the X12 requirements. Some information sources may provide this information as part of the file name, or as meta-data included in a file listing, and this should be documented in the information source's Companion Guide.

16. Batch processing: Is there a one-to-one correspondence between batch input transmissions and batch output files?

CAQH CORE does not specify the content of the physical file returned by the batch processing. Information sources should specify in their Companion Guide the expected contents of the batch files.

17. Batch processing: Must a batch reply file contain replies for every request in a batch request? Is it an error to omit some?

CAQH CORE does not specify the detailed data content of the X12 271 response, which is addressed by the appropriate implementation guide. According to the X12 271 Technical Report Type 3 (TR3) Implementation Guide, there is no requirement for a batch X12 271 to respond to every request included in a batch X12 270. For the HIPAA-mandated X12 270/271 transaction, details on linking the batch responses to the batch request are described in Sections 1.3.3 Business Uses and 1.3.6 Information Linkage.

18. For the purposes of the re-transmission, what is the definition of a duplicate transaction?

CAQH CORE does not define a duplicate transmission. Please refer to your own internal policies.

19. What happens if a provider's system continues to send duplicate transactions within 15 minutes?

CAQH CORE does not define the recourse for information sources in this case.

20. Is there a retention time period required by the [CAQH CORE 153 Rule](#) for how long the source needs to maintain this transaction tracking information?

CAQH CORE recognizes that every organization has its own record-retention policies and does not mandate a strict requirement for retention of tracking information. To support ongoing tracking of response times and performance measurement, CAQH CORE recommends that entities keep this information for at least 18 months, if that is in accord with the organization's existing policies.

21. Where can I get more information about exchanging data in HTTP/S?

A good general source of information regarding HTTP/S can be found in this link: [Transferring Files Using HTTP and HTTPS](#).

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22. Can my vendor offer HTTP/S on my behalf?

The Phase I CAQH CORE Operating Rules do not require that an entity (provider or health plan) implement the technology directly into their own data center. The Phase I CAQH CORE Rules implicitly acknowledge that both providers and health plans will use technology solutions provided by vendors to accomplish all that must be done. Neither do CAQH CORE Operating Rules require a "direct" connect - meaning that providers connect directly to the health plan's data center and do not connect to any intermediary, such as a clearinghouse. Thus, the Phase I CAQH CORE Rules do not require any specific architecture. Rather, CAQH CORE Operating Rules specify the capabilities that need to be enabled by any CORE-certified entity.

An entity seeking [CORE Certification](#), working with or without their vendor providing the HTTP/S connectivity capability, will have to demonstrate conformance with the Phase I CAQH CORE Connectivity Rule through the CORE Certification testing.

CAQH CORE encourages payers who are using vendors to review their compliance to make sure that they are fully in compliance with both CAQH CORE and HIPAA, particularly the clause in HIPAA that says payers cannot charge more than the cost of telecommunications for handling the connectivity.

23. What is the payload identifier (ID)?

Within the context of the CAQH CORE Connectivity Rule the payload ID is an identifier that uniquely identifies the X12 interchange(s) transported by the HTTP message and is used to allow submitters and information receivers to easily reconcile their records of submissions and responses. CAQH CORE elected to use an ID outside of the X12 message for this purpose because many information receivers' systems separate the HTTP communication processing from the X12 message processing. The payload ID is generated and sent by the entity that initiates the HTTP communication session.

Usually this is the provider or clearinghouse that is sending the request to the health plan or other information source. It is one of the CAQH CORE-required HTTP message parameters (along with authorization information and date and time stamps) and it must be unique to each HTTP message and the X12 interchange(s) being transported by the HTTP message instance. All CORE-certified entities are required to capture, log and be able to report on each HTTP message transporting an X12 interchange and to be able to link the X12 interchange to a specific HTTP message instance. The payload ID (Message Body identifier) is the mechanism used to associate a given instance of an X12 interchange to the HTTP message instance.

24. Is the payload ID outside the X12 interchange?

Yes.

25. Is the payload ID generated and sent by the submitter?

Yes, it is generated by the system that creates the HTTP request message. Typically this is the provider's system or the clearinghouse's system that is working on the provider's behalf.

26. Does the responder need to return the payload ID on the response?

The payload ID does not get carried through to the content of the X12 271 response. In the real time usage, the submitter can link the X12 271 response to the payload ID because the X12 271 response in the real time mode is passed within the same communication session used to send the payload ID and the requesting the X12 270. In

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the batch usage, the acknowledging response to the submission is sufficient to record that a particular payload was successfully delivered.

27. Is the payload ID unique for each transaction sent by the Submitter?

No. It is unique to each HTTP message instance and the payload being transported by HTTP.

28. What should be expected from trading partners regarding the Payload IDs, and how it should be used?

An entity should expect to receive a long, possibly alphanumeric, ID from its trading partners and should be able to store that ID and associate it with each X12 real time messages processed from the trading partner through the supported HTTP communication system. From a technical perspective, most submitters will use some sort of globally unique ID or universally unique ID (GUID or UUID) as their payload ID so receivers should allocate a data field that can contain at a minimum the 128 bits required to store a GUID/UUID. The Phase I CAQH CORE Operating Rules do not specify any detailed requirements in this area.

29. For batch response pick-up, does CAQH CORE intend for this to be a programmatic interface or a human interface?

Under the CAQH CORE Operating Rules, information sources must provide a programmatic interface to allow an automated task whereby the provider's system requests the batch of X12 271 responses be transferred to the provider's system without a need for human intervention.

30. Can a clearinghouse or vendor act on behalf of a health plan for the [CAQH CORE 153: Connectivity Rule](#)?

Yes. Each health plan seeking CORE Certification would have to work with its clearinghouse and/or vendor to jointly complete CORE Certification testing in order for the health plan to be awarded the CORE Certification Seal. A clearinghouse or vendor would not be able to certify "generically" as a health plan and then transfer such certification to any health plan.

31. Can my organization run an X12 270/271 transaction on XML?

An XML-based eligibility inquiry and response equivalent to the X12 270/271 cannot be used in place of HIPAA-mandated standard form as specified in the X12 270/271 TR3. However, your organization can accept the X12 270 into its EDI system either directly from a provider or through a clearinghouse and then convert it into another format for internal processing, e.g., XML or some other proprietary format. Also, for the purposes of the CAQH CORE Connectivity Rule, organizations can specify an XML based message "wrapper" around the X12 Interchange of 270 and 271 transactions.

32. For real time transactions, our system does not automatically resend failed responses, however the client can go in and send the same request manually. Must we prevent the client from being able to resubmit the same request (even manually) for 90 seconds after the original request was sent?

Yes, whether it is an automated or manual re-send, the re-send attempts cannot occur more frequently than what is specified in the CAQH CORE Operating Rule.

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33. How should we respond to the transaction if the date/time and/or payload ID are not present?

Such a message would represent a CAQH CORE non-compliant message. The Phase I CAQH CORE 153: Connectivity Rule does not require such a message to be either rejected or accepted by the receiver. It is the receiver's decision regarding acceptance of a non-compliant message.

34. Is there a more precise definition as to where user ID, Password, date/time and payload ID should appear in the data stream? The document references “HTTP Message Body” and “HTTP Message Header Tags.”

There are no more precise specifications in the Phase I CAQH CORE 153: Connectivity Rule. This decision is left to the message originator.

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VII. CAQH CORE 154: Eligibility & Benefits 270/271 Data Content Rule

Please refer to the [Phase II CAQH CORE 260: Eligibility & Benefits \(270/271\) Data Content Rule FAQs](#). As the Phase II CAQH CORE 260 Rule builds upon and enhances the Phase I rule, both rules must be combined when determining the overall CAQH CORE rule requirements for the X12 270/271 eligibility data content.

1. Does the CAQH CORE Rule require a DTP segment in the X12 270 inquiry at either the subscriber or dependent levels or both?

No. The [CAQH CORE 154: Eligibility & Benefits \(270/271\) Data Content Rule Version 1.1.0](#) does not require that a DTP segment be used. The DTP segment in the X12 270 may be used to request a benefit coverage date 12 months in the past or up to the end of the current month.

2. Does the CORE Rule require a DTP segment in the EQ loop in a 270 Inquiry? Does the CAQH CORE Rule require a DTP segment in the EQ loop in a X12 270 inquiry?

No. The [CAQH CORE 154 Rule](#) does not require that a DTP segment be used. However, the X12 270 may use the DTP segment to request a benefit coverage date up to 12 months in the past or up to the end of the current month.

3. Does the [CAQH CORE 154 Rule](#) allow an inquiry about eligibility dates in the past or future?

Yes. A provider may submit an inquiry asking about eligibility for a health plan for either past or future dates. However, a health plan is not required by the CAQH CORE Rule to report eligibility dates older than 12 months in the past or beyond the end of the current month. When the health plan does not support such an inquiry, it is required to return the X12 271 with the appropriate AAA segment indicating the dates of service requested are outside of its reporting period.

4. Is the 'begin date' the date on which coverage starts or when a patient was enrolled?

The use of code "346" for Plan Begin Date in the X12 271 response required by CAQH CORE means the effective date of health plan coverage actually in operation and in force for the individual. See also [CAQH CORE 154 Rule](#), Section 3.7.

5. Does an X12 271 response that conforms to the [CAQH CORE 154: Eligibility & Benefits \(270/271\) Data Content Rule Version 1.1.0](#) guarantee that the health plan will pay a claim submitted covering the same individual?

No. An X12 271 response from a health plan does not guarantee that the health plan will reimburse the provider for health services if a claim is submitted.

6. When a plan has global deductibles, can a health plan satisfy the CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule Version 1.1.0 to report deductibles by returning a deductible amount applicable globally to the health plan only on the EB segment with service type code 30?

Yes. Many health plans have a single deductible that applies to all benefits provided under that health plan. When this is the situation, a health plan should return a deductible amount only on the EB segment with Service Type Code 30. The [CAQH CORE 154: Eligibility & Benefits \(270/271\) Data Content Rule Version 1.1.0](#) requires the

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use of code "C" Deductible in EB01-1390 Eligibility or Benefit Information data element and use of EB07-782 Monetary Amount to indicate the dollar amount of the deductible for the type of service specified in EB03-1365 service type code. Since Service Type Code 30 is defined to mean health plan benefit coverage, this is the service type code that must be used when returning a global or universal deductible amount that applies to the health plan.

7. How is pre-determination handled?

Phase I CAQH CORE does not address pre-determination.

8. For emergency services, why was Code 86 selected rather than 52?

Code 52 is specific to hospital emergency services; Code 86 is general. CAQH CORE selected Code 86 so that emergency services provided in outpatient/urgent care/walk-in facilities would be included. Code 86 is what is required to be returned. When a health plan has different deductible amounts for hospital emergency medical services they may return an additional EB segment using Service Type Code 52 Hospital-Emergency Medical in addition to the EB segment using Code 86.

9. Some of our older health plans do not have a separate chiropractic benefit but include coverage for this benefit under the physician office visit benefit. In this situation it would be inaccurate to respond to an explicit X12 270 inquiry about chiropractic benefit with a "not-covered" code in EB01 per the CAQH [CORE 154: Data Content Rule](#). How can we respond to an explicit X12 270 inquiry for chiropractic benefit in this situation and not violate the CAQH CORE 154: Data Content Rule?

In this situation the health plan or information source could use multiple EB segments in the 271 response to an explicit X12 270 code 33 inquiry. The first EB segment would be EB01 = V Cannot Process and EB03 = 33 Chiropractic. The second EB segment would be EB01 = 1 Active Coverage and EB03 = 98 Professional (Physician) Office Visit to indicate that chiropractic services are included in the office visit benefit. Subsequent EB segments would then also be returned with the appropriate patient financial responsibility information for deductible, co-pay, co-insurance and in/out-of-network amounts if applicable.

10. Is the test script for the Data Content Rule: "Extract from a valid X12 271 response transaction as defined in the CAQH CORE Rule the data indicating the name of the health plan covering the individual specified in the X12 270 eligibility inquiry," explicitly stated in the [CAQH CORE 154: Eligibility & Benefits 270/271 Data Content Rule](#) as a provider requirement?

No. The requirement for receivers of the X12 271 to have the systems capability to display the content of the X12 271 is stated in the CORE Certification Testing Script #2. The CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule does not explicitly require providers and provider vendors to have this capability.

However, the need for providers and provider vendors to demonstrate this display capability as a requirement of certification was discussed and agreed to by the CORE Participants. The CORE Participants felt that without requiring provider systems to display the required content, requiring the content to be provided by the health plans would not address the business need to make the information usefully available to the providers. This is the rationale for why this requirement is included in the Phase I CAQH CORE Certification Test Suite.

11. The [CAQH CORE 154 Rule](#), Subsection 2.6 – Are all entities required to support explicit request for each of the CORE Service Types? What does 'support' mean? What if most do not apply to my organization?

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The CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule requires all CORE-certified entities to be able to support an explicit inquiry about each of the 12 CAQH CORE-required service types. Support means that an entity must be able to receive and respond to an explicit X12 270 inquiry- an inquiry for only one of the CAQH CORE-required service types, such as 33-Chiropractic. If the health plan does not include coverage for that specific service type (benefit), the health plan must respond with a X12 271 indicating that the specific service type is not covered and return all of the other information required by the CAQH CORE Rule.

12. In the [CAQH CORE 154 Rule](#), can multiple service codes be displayed?

CAQH CORE Rules are specific to “what” data is to be exchanged and what that data represents. Neither the CAQH CORE Rules nor the X12 270/271 Technical Report Type 3 (TR3) Implementation Guide address the displaying of information. Therefore, how the HIS/PMS vendor chooses to “display” this information, is solely under the purview and control of these IT system vendors.

13. Have any other insurance companies expressed concern over the "patient responsibility" representation for coinsurance? My organization is concerned that the 90/70 type of coinsurance percentages used today (representing the percent paid by the insurer) will be confusing when displayed as a 10/30 (switching to "patient responsibility representation"). I believe it is an industry standard for the coinsurance to be displayed as the percent paid by the insurer. If my organization must send coinsurance as member responsibility, can we also display/send an additional coinsurance for the payer responsibility percentage?

The CAQH CORE 154: Eligibility & Benefits (270/271) Data Content Rule does not address how patient financial responsibility information is displayed by the provider's system once the X12 271 is received and the data extracted. Therefore, how the HIS/PMS vendor chooses to “display” this information, is solely under the purview and control of these IT system vendors. The rule only specifies that the co-insurance is returned as the percent that is the patient's responsibility, which is consistent with the proper use of the EB segment.

14. In the [CAQH CORE 154: Eligibility & Benefits \(270/271\) Data Content Rule](#), it says that for several service types (including dental, vision, pharmacy), patient liability amounts (co-pay, coinsurance, deductible) are not required. In the CAQH CORE test bed data several scenarios have actual liability amounts listed. If the X12 271 response that we return does not include this data, will this be acceptable?

Yes, this will be acceptable.

15. Does the history on plan name changes need to be kept? If it's still the same plan from last year but has a different name this year, can the current name be used when replying to a request for last year?

The [CAQH CORE 154 Rule](#) does not address this aspect of a plan name. It only requires the health plan to return the plan name if it is available.

16. Is a health plan required to respond back with the health plan name (assuming it is available within the system[s]) in EB05 element of all EB segments sent back in the response?

Since the [CAQH CORE 154 Rule](#) does not explicitly identify which EB segments are to carry the health plan name, it could appear on all or some of the EB segments returned. Therefore, the health plan should include the name of the health plan (when available) in EB05 ONLY when EB03=30 Health Benefit Plan Coverage and not

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return it redundantly on every other EB segment, unless the name of the health plan is different for a given service type.

17. Can an X12 271 response to an explicit X12 270 Inquiry containing one of the CORE-required Service Type Codes (STCs) identified in Rule Subsection 1.4 provide information about STCs beyond the requested CORE-required STC?

Yes. The CAQH CORE Operating Rules represent a floor and not a ceiling. The CAQH CORE Eligibility & Benefits Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) do not limit a health plan's X12 271 response to only the explicit inquiry STC. If the explicit inquiry STC is on the list of CORE-required STCs, the CAQH CORE 154 and 260 Rules require that health plans include in their X12 271 response the required information for that STC. Additionally, the X12 271 response can include information about other STCs. For a STC that is not required by the CAQH CORE Rules, the ASC X12N v5010 270/271 TR3 requires that health plans respond with the generic inquiry response.

18. What patient financials are health plans required to provide in an X12 271 response to an X12 270 inquiry?

For health plans and information sources, the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) require that an X12 271 response to an X12 270 inquiry include:

- Patient financials for co-insurance, co-payment, and base and remaining deductibles
- Patient financial responsibility for both in-network and out-of-network if the financial amounts are different

19. As the CAQH CORE Eligibility Data Content Rules (CAQH CORE 154 & 260 Rules) do not require that the X12 271 response to an X12 270 inquiry include a specified grouping of Service Type Codes (STCs), are health plans/information sources prohibited from returning such an STC grouping in the X12 271 response?

No. CAQH CORE Operating Rules represent a floor and not a ceiling. The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) do not preclude a health plan from returning additional STCs in the X12 271 Response. A health plan can return additional STCs to ensure that the provider has the level of detail required to meet its specific business needs.

20. Do the CAQH CORE Eligibility Data Content Rules (CAQH CORE 154 & 260 Rules) require health plans to support date ranges in an ASC X12 270 inquiry?

No. The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) do not require support for a date range inquiry. Entities can make individual determinations on whether or not to support this type of inquiry. The CAQH CORE 154 and 260 Rules do require that health plans, vendors, and clearinghouse support X12 270 requests for benefit information at least 12 months into the past and up to the end of the current month. This requirement would include returning benefit information for the current plan period if such a request was received.

21. Why are some Service Type Codes (STCs) identified as “discretionary” in the CAQH CORE Eligibility Data Content Rules (CAQH CORE [154](#) & [260](#) Rules)? What information must a health plan return in response to the “discretionary” STCs?

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For certain STCs, the patient financial data is not required to be returned for some benefits as they are considered carve outs, too general, or are related to sensitive benefits (e.g., behavioral health). The health plan name (if available within its own system), the coverage status of the specific benefit, and the eligibility dates must be returned regardless of whether the health plan or information source is exercising its discretion to not return patient financial responsibility. The discretionary STCs are:

- 1 – Medical Care
- 35 – Dental
- 88 – Pharmacy
- A6 – Psychotherapy
- A7 – Psychiatric – Inpatient
- A8 – Psychiatric – Outpatient
- AI – Substance Abuse
- AL – Vision (Optometry)
- MH – Mental Health

While the CAQH CORE 154 Rule includes STC 30 in the list of discretionary STCs, the CAQH CORE 260 Rule removes STC 30 from the list of discretionary codes.

22. Do the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) require health plans to address the situation where a patient’s benefit coverage changes from the time of the X12 270 Inquiry to the date of service?

No. The CAQH CORE Eligibility & Benefits Data Content Rules do not require that the X12 271 response contain final coverage information which is not subject to change. The X12 271 response data is current as of the date of the X12 271 response. There is no guarantee that the information reported in any given X12 271 response will not change. Changes to coverage can occur due to factors outside the control of the health plan. Any X12 271 response received from a health plan should not be construed to be a guarantee that the health plan will reimburse the provider for health services if a claim is submitted.

23. When do the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) require health plans/information sources to return health plan base and remaining deductible?

The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules require that X12 271 responses to both generic and explicit X12 270 inquiries include patient financial responsibility for co-pay, co-insurance, and health plan base and remaining deductible for each Service Type Code (STC) returned with exceptions for discretionary reporting. The CAQH CORE Eligibility & Benefits Data Content Rules require health plans to return the dollar amount for *both* the base and remaining deductible for all CORE-required STCs listed in Table 4.1.1.1 in [CAQH CORE 260 Rule](#). The health plan may, at its discretion, elect not to return patient financial responsibility information (deductible, co-payment or co-insurance) for [nine discretionary STCs](#). Appendix 1 in CAQH CORE 260 Rule, Section 6.1 specifies all of the CAQH CORE STCs and identifies for which codes return of patient financial responsibility information is mandatory or discretionary.

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VIII. CAQH CORE 155: Batch Response Time Rule

- 1. The maximum response time for the availability of the ASC X12 Implementation Acknowledgement (999) is one hour as specified in [CAQH CORE 155: Batch Response Time Rule](#). What is the maximum response time for HTTP message after a file is dropped off?**

Section 6 of [CAQH CORE 153: Connectivity Rule Version 1.1.0](#) specifies a maximum HTTP Post Reply Message response time of 60 seconds and that any re-transmission not occur sooner than 90 seconds after the original transmission was sent.

- 2. If an X12 270 is received in a batch, does the X12 271 have to be returned in a batch?**

The CAQH CORE Rule does not address this issue. The batch response time rule only requires that a health plan have the batch of responses available by 7:00 AM the next business day following a submission of inquiries by 9:00 PM ET the previous business day. Therefore, the CAQH CORE 155 Rule does not specify whether or not the batch of X12 271 responses must match exactly the batch of X12 270 inquiries.

- 3. Do the time frames still apply if it is an especially large batch? Do the CAQH CORE Rules define the batch size?**

The CAQH CORE 155 Rule does not define batch size. Section 6 of the [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) defines a large batch file (payload) as "A single submission of a message payload that contains more than one X12 Interchange, each of which may contain one or more Functional Groups, each of which may contain one or more X12 transaction sets."

- 4. How should the X12 270/271 transactions be tracked throughout a system/application to demonstrate conformance with the response time requirements specified in the CAQH CORE 155 Rule?**

The CAQH CORE Response Time Rules (CAQH CORE [155](#) & [156](#) Rules) require HIPAA covered entities to capture, log, audit, match, and report the date, time, and control numbers from their own internal systems, and corresponding data received from their trading partners. The auditing requirement is included so that each entity will have the log of data to be used to resolve any issues or concerns. For the 20-second maximum real time response requirement, this log could also be used to identify where a bottleneck may be occurring.

Section 4.3.4 of the [CAQH CORE 270: Connectivity Rule](#) also specifies that, to comply with CAQH CORE 155 and 156 message receivers will be required to track the times of any received inbound messages, and respond with the outbound message for that payload ID. Additionally, message senders must include the CORE Envelope Metadata element Time Stamp (as specified in the CAQH CORE 270 Rule, Section 4.1.2). Other data may be required for auditing purposes; however, this data can be determined by each entity. CAQH CORE recommends that, in order to uniquely identify an X12 transmission, entities store the ISA06, ISA08, ISA13, GS02, GS03, GS06, ST02, TRN02, and if sent in the transaction, the BHT03.

The audit log requirement was purposefully specified at a high level in each rule to enable each entity along the transaction pathway to design and develop its own process for audit handling. Additionally, the rules do not specify how long an entity is to maintain the data for auditing purposes.

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(See “[How Should entities track the X12 270/271 and/or X12 276/277 transactions when using another connectivity method, as permitted by the CAQH CORE Connectivity Safe Harbor?](#)” for guidance on tracking when using a non-CAQH CORE Connectivity method.)

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IX. CAQH CORE 156: Real Time Response Time Rule

1. Why measure conformance based on number of responses returned within a specified timeframe rather than average response time?

Averages can be skewed by outlier responses. The number of responses returned within the specified timeframe gives a better indication of the information source's capabilities.

2. Is there a standard reporting form for the conformance reporting?

No. CAQH CORE does not mandate a particular form.

3. If a CORE-certified information source is communicating with a non-CORE-certified information receiver, does the CORE-certified entity have to respond within the response time window?

Yes. Providers do not have to be certified by CAQH CORE to interact with CORE-certified payers under the CAQH CORE Rules.

4. What is the minimum information from the X12 transaction that needs to be stored? Can the standard provide a recommendation for this data?

CAQH CORE does not specify a minimum. However, to uniquely identify an X12 transmission, CAQH CORE recommends that entities store the ISA06, ISA08, ISA13, GS02, GS03, GS06, ST02, TRN02, and if sent in the transaction, the BHT03.

5. When does the 20-second real time requirement for response time described in the CAQH CORE 156 Rule begin and end? Does the 20-second interval include all hops between trading partners?

The 20-second requirement described in the CAQH CORE [156](#) and [250](#) Rules is the duration for the entire round-trip of the transaction. The 20 seconds begin when the X12 270 Inquiry or X12 276 Request is first submitted, and ends when the X12 271 Response or X12 277 Response is delivered to the provider. All ensuing hops are included in these 20 seconds. Conformance with the rule is determined when 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month. Each HIPAA-covered entity is required to conform to the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules. Each HIPAA covered entity within the transaction flow is bound by the CAQH CORE Rule requirements for meeting the 20-second round trip of the transaction (CAQH CORE recommends no more than 4 seconds per hop).

6. What happens when a real time response is not received within the required 20-second window?

The [CAQH CORE 270: Connectivity Rule](#) requires that the connection remain open for 60 seconds to accommodate any potentially delayed responses. In the event that a specific real time response message is not received within the 20-second window, the requirements described in CAQH CORE 270 Rule, Section 4.3.6, *Response, Timeout and Retransmission Requirements*, would apply.

NOTE: The CAQH CORE 156 and 250 Rules require that 90 percent of all X12 271 and X12 277 responses be returned within the 20-second maximum response time within a calendar month to be in conformance with the rule requirements.

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7. How should the X12 270/271 transactions be tracked throughout a system/application to demonstrate conformance with the response time requirements specified in the CAQH CORE 156 Rule?

The CAQH CORE Response Time Rules (CAQH CORE [155](#) & [156](#) Rules) require HIPAA covered entities to capture, log, audit, match, and report the date, time, and control numbers from their own internal systems, and corresponding data received from their trading partners. The auditing requirement is included so that each entity will have the log of data to be used to resolve any issues or concerns. For the 20-second maximum real time response requirement, this log could also be used to identify where a bottleneck may be occurring.

Section 4.3.4 of the [CAQH CORE 270: Connectivity Rule](#) also specifies that, to comply with the CAQH CORE 155 and 156 Rules, message receivers will be required to track the times of any received inbound messages, and respond with the outbound message for that payload ID. Additionally, message senders must include the CORE Envelope Metadata element Time Stamp (as specified in the CAQH CORE 270 Rule, Section 4.1.2). Other data may be required for auditing purposes; however, this data can be determined by each entity. CAQH CORE recommends that, in order to uniquely identify an X12 transmission, entities store the ISA06, ISA08, ISA13, GS02, GS03, GS06, ST02, TRN02, and if sent in the transaction, the BHT03.

The audit log requirement was purposefully specified at a high level in each rule to enable each entity along the transaction pathway to design and develop its own process for audit handling. Additionally, the rules do not specify how long an entity is to maintain the data for auditing purposes. (See “[How should entities track the X12 270/271 and/or X12 276/277 transactions when using another connectivity method, as permitted by the CAQH CORE Connectivity Safe Harbor?](#)” for guidance on tracking when using a non-CAQH CORE Connectivity method.)

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X. CAQH CORE 157: System Availability Rule

1. My organization includes system availability schedules in our Companion Guide. Does this satisfy the CAQH CORE Operating Rule requirements for system availability reporting?

Partially. CORE-certified health plans (or information sources), clearinghouses/switches or other intermediaries must publish their regularly scheduled system downtime in an appropriate manner (e.g., on websites or in Companion Guides). This allows the healthcare provider to better manage staffing levels. Additionally, the [CAQH CORE 157 Rule](#) outlines requirements for reporting/publishing non-routine downtimes, and unscheduled/emergency downtimes.

2. Does my organization have to send back an eligibility response if my system is down?

As long as your eligibility system is in conformance with the [CAQH CORE 157 Rule](#), then it is not required to send back an eligibility response, either in real time or batch.

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XI. CAQH CORE 250: Claim Status Infrastructure Rule

NOTE: The [HHS Final Rule](#) for operating rules for the eligibility and claim status transactions adopts all the Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules **except** those requirements pertaining to the use of Acknowledgements. Entities seeking [CORE Certification](#) must implement all of the CAQH CORE Eligibility and Claim Status Operating Rules applicable to their stakeholder type, **including** those rules & rule requirements pertaining to use of Acknowledgments.

1. To what specifically does the CAQH CORE 250: Claim Status Rule apply?

The [CAQH CORE 250: Claim Status Rule](#) applies when an entity uses, conducts, or processes the HIPAA-adopted X12 276/277 Health Care Claim Status Request and Response transactions.

2. How does the Phase II CAQH CORE 250: Claim Status Rule relate to the Phase I CAQH CORE Operating Rules?

The [CAQH CORE 250: Claim Status Rule](#) relates to the Phase I CAQH CORE Rules in the following ways:

- The Phase I CAQH CORE Infrastructure Rules, which were created to increase access to the X12 270/271 transactions, also apply to the Claim Status Rule for the X12 276/277 HIPAA transactions. These infrastructure rules address real time and batch response times, the use of the ASC X12 Implementation Acknowledgement (999), system availability, and a common flow/format for a Companion Guide.
- As with the other Phase II CAQH CORE Rules, general CAQH CORE policies also apply to the Phase II CAQH CORE Claim Status Rule as outlined in the Phase II CAQH CORE Policies 200-205, e.g., as in Phase I, there is CORE Certification testing for each stakeholder, a health plan exemption policy for system migration, and entities are required to test only for and meet batch rule requirements if they offer batch.
- All CAQH CORE Rules are a minimum requirement; entities are free to offer more than what is required in the rule. Providers, vendors, clearinghouses, and health plans all need to meet appropriate aspects of the rule and all will be tested via CORE Certification testing.

3. What are the Phase I CAQH CORE infrastructure rules which must be followed in conducting the claim status transaction in Phase II?

Detailed infrastructure requirements for conducting Phase II CAQH CORE Claim Status transactions include compliance with the following Phase I CAQH CORE Rules:

- Batch Acknowledgements (see [CAQH CORE 150](#))
- Real Time Acknowledgements (see [CAQH CORE 151](#))
- Companion Guide (see [CAQH CORE 152](#))
- Eligibility/Benefits Batch Response Time (see [CAQH CORE 155](#))
- Eligibility/Benefits Real Time Response Time (see [CAQH CORE 156](#))
- System Availability (see [CAQH CORE 157](#))

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4. As a vendor offering only claim status transaction support to our clients (we do not use the X12 270/271 eligibility transactions), are we able to seek Phase II CORE Certification for claim status?

Yes, vendors and clearinghouses are only required to certify for the transaction type(s) offered (i.e., eligibility and/or claim status). In your case, upon successful completion of Phase II CORE Certification for claim status, your organization would receive a CORE Certification Seal for Claim Status.

5. Conversely, can an entity become Phase II CORE-certified if it processes the X12 270/271 eligibility transactions, but does not use or process claim status transactions?

Yes, an entity that processes X12 270/271 eligibility transactions, and does not process claim status transactions can become Phase II CORE-certified, that is the Phase II CAQH CORE Operating Rules do not require an organization to conduct, use or process the X12 276/277 claim status transactions if it does not currently do so.

6. As a Phase II CORE-certified entity, will I be required to apply and test for compliance to the Phase II CAQH CORE Patient Identifiers Rules, i.e., Last Name Normalization and AAA Error Code Rules?

No, you are not required to apply the Phase II CAQH CORE Patient Identifiers Rules to the conduct of the claim status transactions as it is specific to the conduct of eligibility/benefits transactions.

7. In implementing the claim status transactions (X12 276/277), can we use Phase I CAQH CORE Connectivity or must we use Phase II CAQH CORE Connectivity?

No, as an entity implementing the X12 276/277 transactions your organization is required to support CAQH CORE Connectivity 270 v 2.2.0 as specified in the CAQH CORE 250 Rule, Section 4.1.

8. How did CAQH CORE decide that HTTP/S is secure and reliable enough to protect the delivery of healthcare information over the Internet?

In Phase I development discussions, CAQH CORE solicited input on this topic from its Technical Work Group members and experts within healthcare and other industries, such as financial services. Based on this input, including the information that other healthcare industry projects, such as the [Markle Foundation's Connecting for Health](#) project and the [CMS Nationwide Health Information Network architecture prototypes](#), are using HTTP/S over the Internet, CAQH CORE determined that HTTP/S is an appropriate choice as the baseline standard for delivery of healthcare information.

9. May payers support other versions of HTTPS in addition to v1.1, as required in the CAQH CORE 270: Connectivity Rule specified in Section 4.1 of the CAQH CORE 250 Rule?

Yes. Payers may support other versions, but they must support HTTPS 1.1 in order to achieve CORE Certification. The intent of [CAQH CORE 270: Connectivity Rule Version 2.2.0](#), which applies to the conduct of this Phase II CAQH CORE Claim Status Rule, is to provide a safe harbor that application vendors can develop towards without needing to get detailed information from every potential payer with whom they would like to connect.

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10. Is there a required format in Phase I CAQH CORE Connectivity for the authorization, date/time, and payload ID to be sent in the HTTP message?

No. CAQH CORE decided not to require a format for these data elements for Phase I. However, in Phase II CAQH CORE and future phases, CAQH CORE does require a specific format for sending these data elements. Please speak with your CAQH CORE-authorized testing vendor on how they will work with you on CORE Certification testing given your organization's current HTTP format requirements and those used by the CAQH CORE-authorized testing vendor.

11. Is an implementation approach that uses SOAP 1.2 with or without attachments, running on top of HTTP/S 1.1, in conformance with the Phase II CAQH CORE Connectivity Rule?

The conformance guidelines for different stakeholder types for implementing the two envelope standards (SOAP 1.2 and HTTP+MIME Multipart) defined in [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) are provided in the rule. SOAP 1.2 is one of the two supported envelope standards, and needs to be implemented over HTTP/S 1.1. The use of attachments is applicable to Batch processing, and is not applicable to Real time processing. Further, the intent of CAQH CORE 270: Connectivity Rule Version 2.2.0 is to provide a safe harbor that application vendors can develop towards without needing to get detailed information from every potential payer with whom they would like to connect.

12. If implementing SOAP 1.1 with attachments running on top Of HTTP/S is compliant, how would an entity electing this implementation approach satisfy the certification testing requirements of the rule?

When testing with a CAQH CORE-authorized certification testing vendor check the NO REVISIONS NEEDED (not applicable) box for the detailed certification testing script(s) that do not apply when using SOAP (e.g., the 403 error messages tested under the Connectivity Test Script #2 because SOAP requires other types of error messages). As with all the Phase II CAQH CORE Certification Test Scripts, if you check NO REVISIONS NEEDED for a Test Script you will need to indicate to the testing vendor, in writing, your rationale for why the Test Script does not apply to you. In this case, you would indicate that you are using SOAP over HTTP/S to transport the X12 eligibility transactions.

13. Will all CAQH CORE-authorized testing vendors use the same test scripts and same detailed connectivity method to test the CAQH CORE Connectivity Rule for entities pursuing CORE Certification?

For every CAQH CORE Rule, including the Connectivity Rule, each CAQH CORE-authorized testing vendor will use the same Certification Test Scripts by stakeholder. Additionally, each CORE-certified entity will be responsible for being in conformance with the rules, understanding that not all aspects of rule conformance are tested during CORE Certification testing, e.g., maintaining system availability. The CAQH CORE-authorized testing vendor you select to work with to conduct your CORE Certification testing will provide your organization with the details necessary to complete the CAQH CORE Connectivity Rule certification tests.

14. My organization's security procedures require that clients use a digital certificate to identify themselves. Under the CAQH CORE Operating Rules, can we require that they use the certificate method?

Yes. Section 4.1.1 of [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) requires health plans to implement one of the two Submitter Authentication Standards, one of which is an X.509 Certificates over SSL.

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15. What is the recommended method for allowing entities to receive another entity's root public digital certificate?

CAQH CORE does not make recommendations for this process. Please discuss this with your individual trading partners.

16. Batch processing: How long must a responder maintain response files on their system?

CAQH CORE recognizes that every organization has its own record-retention policies and, therefore, does not mandate a strict requirement for retention of response files. However, CAQH CORE recommends that a copy of responses be kept available for a minimum of six months after they are ready in order to support the process of discovery in the case of a complaint of non-conformance against a CORE-certified entity.

17. Batch processing: Why not FTP or sFTP for batch transactions instead of HTTP/S?

HTTP/S is robust and has a proven track record with batch transactions. The benefits of a single communication standard were a compelling reason to mandate its availability. Information sources that allow FTP and/or sFTP for batch transactions still can support those transmission methods.

18. Batch processing: My organization's system can provide an ASC X12 Implementation Acknowledgement (999) back on batch transactions within 20 seconds. Why can't my organization just send the ASC X12 Implementation Acknowledgement (999) in the response to the submission to increase efficiency?

For consistency and ease of development, CAQH CORE decided that it was important to have a single standard. Based on that decision, and the fact that many batch processing information sources cannot commit to having the ASC X12 Implementation Acknowledgement (999) available in 20 seconds, CAQH CORE elected to mandate that the ASC X12 Implementation Acknowledgement (999) not be provided in the HTTP response. For consistency and ease of development, CAQH CORE decided that it was important to have a single standard.

19. Batch processing: Will a receiver be able to re- pickup a file if needed?

CAQH CORE does not specify this, but recommends that information sources allow for re-pickup for at least one month after the initial pickup of a batch response file. Please refer to your own internal policies.

20. Batch processing: Will there be a maximum number of response files that a receiver will be able to pickup in one session due to payload sizes?

CAQH CORE does not set a maximum on the number of response files that a receiver will be able to pickup. Information sources should create policies to specify the limit to the number or size of files that can be picked up and document those policies in their Companion Guide.

21. Batch processing: Will a payload be able to contain different types of responses?

CAQH CORE does not specify the different types of responses a payload can contain. Please refer to your own internal policies.

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22. Batch processing: How is a batch reply matched with its request without downloading each file and parsing it? Are reply filenames to somehow encode the payload ID?

CAQH CORE does not specify any convention for linking the batch response to the batch request beyond the X12 requirements. Some information sources may provide this information as part of the file name, or as meta-data included in a file listing, and this should be documented in the information source's Companion Guide.

23. Batch processing: Is there a one-to-one correspondence between batch input transmissions and batch output files?

CAQH CORE does not specify the content of the physical file returned by the batch processing. Information sources should specify in their Companion Guide the expected contents of the batch files.

24. Batch processing: Must a batch reply file contain replies for every request in a batch request? Is it an error to omit some?

CAQH CORE does not specify the detailed data content of the X12 271 response, which is addressed by the appropriate implementation guide. According to the X12 271 Implementation Guide, there is no requirement for a batch X12 271 to respond to every request included in a batch X12 270. For the HIPAA-mandated X12 270/271 transaction, details on linking the batch responses to the batch request are described in Sections 1.3.3 Business Uses and 1.3.6 Information Linkage.

25. For the purposes of the re-transmission, what is the definition of a duplicate transaction?

CAQH CORE does not define a duplicate transaction. Please refer to your own internal policies.

26. What happens if a provider's system continues to send duplicate transactions within 15 minutes?

CAQH CORE does not define the recourse for information sources in this case.

27. Is there a retention time period required by the CAQH CORE Rule for how long the source needs to maintain this transaction tracking information?

CAQH CORE recognizes that every organization has its own record-retention policies and does not mandate a strict requirement for retention of tracking information. To support ongoing tracking of response times and performance measurement, CAQH CORE recommends that entities keep this information for at least 18 months, if that is in accord with the organization's existing policies.

28. Where can I get more information about exchanging data in HTTP/S?

A good general source of information regarding HTTP/S can be found in this link: [Transferring Files Using HTTP and HTTPS](#).

29. Can my vendor offer HTTP/S on my behalf?

The Phase I CAQH CORE Rules do not require that an entity (provider or health plan) implement the technology directly into their own data center. The Phase I CAQH CORE Rules implicitly acknowledge that both providers and health plans will use technology solutions provided by vendors to accomplish all that must be done. Neither do CAQH CORE Operating Rules require a "direct" connect—meaning that providers connect directly to the

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health plan's data center and do not connect to any intermediary, such as a clearinghouse. Thus, the Phase I CAQH CORE Rules do not require any specific architecture. Rather, CAQH CORE Operating Rules specify the capabilities that need to be enabled by any CORE-certified entity.

An entity seeking CORE Certification, working with or without their vendor providing the HTTP/S connectivity capability, will have to demonstrate conformance with the Phase I CAQH CORE Connectivity Rule through the CORE Certification testing.

CAQH CORE encourages payers who are using vendors to review their compliance to make sure that they are fully in compliance with both CAQH CORE and HIPAA, particularly the clause in HIPAA that says payers cannot charge more than the cost of telecommunications for handling the connectivity.

30. Is the payload ID generated and sent by the submitter?

Yes, it is generated by the system that creates the HTTP request message. Typically this is the provider's system or the clearinghouse's system that is working on the provider's behalf.

31. Is the payload ID unique for each transaction sent by the submitter?

No. It is unique to each HTTP message instance and the payload being transported by HTTP.

32. What should be expected from trading partners regarding the payload IDs, and how it should be used?

An entity should expect to receive a long, possibly alphanumeric, ID from its trading partners and should be able to store that ID and associate it with each X12 Real time message processed from the trading partner through the supported HTTP communication system. From a technical perspective, most submitters will use some sort of globally unique ID or universally unique ID (GUID or UUID) as their payload ID so receivers should allocate a data field that can contain at a minimum the 128 bits required to store a GUID/UUID.

33. Can a clearinghouse or vendor act on behalf of a health plan for the [CAQH CORE 270: Connectivity Rule](#)?

Yes. Each health plan seeking CORE Certification will have to work with its clearinghouse and/or vendor to jointly complete CORE Certification in order for the health plan to be awarded the CORE Certification Seal. A clearinghouse or vendor would not be able to certify "generically" as a health plan and then transfer that CORE Certification to any health plan.

34. For real time transactions, our system does not automatically resend failed responses; however the client can go in and send the same request manually. Must we prevent the client from being able to resubmit the same request (even manually) for 90 seconds after the original request was sent?

Yes, whether it is an automated or manual re-send the re-send attempts cannot occur more frequently than what is specified in the CAQH CORE Rule.

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35. How should we respond to the transaction if the date/time and/or payload ID are not present?

Such a message would represent a CAQH CORE non-conformance message. The CAQH CORE Rule does not require such a message to be either rejected or accepted by the receiver. It is the receiver's decision regarding acceptance of a non-conformance message.

36. Does the real time acknowledgement rule for X12 276 claim status inquiries mean that my organization's system must always return both of these types of acknowledgements: ASC X12 Implementation Acknowledgement (999) and the X12 277 response?

No. For real time X12 276 claim status inquiries, your organization's system must return an ASC X12 Implementation Acknowledgement (999) if the functional group is rejected, or the X12 277 response, to be conformant with this rule. CAQH CORE Rules do not address usage of the X12 Interchange Acknowledgement TA1.

37. Can a clearinghouse or vendor act on behalf of a health plan or provider for real time acknowledgments?

Yes. Each health plan seeking CORE Certification will have to work with its clearinghouse and/or vendor to jointly complete CORE Certification in order for the health plan to be awarded the CORE Certification Seal. A clearinghouse or vendor would not be able to certify "generically" as a health plan and then transfer that CORE Certification to any health plan.

38. The X12 Interchange Acknowledgement TA1 is described in the *HIPAA Implementation Guide Appendix B: EDI Control Directory*. Do the CAQH CORE Rules require the use of the X12 Interchange Acknowledgement TA1?

No. The CAQH CORE Acknowledgements Rules do not address the use of the X12 Interchange Acknowledgement TA1.

39. Are all CAQH CORE Operating Rules with regard to acknowledgement only applicable to scenarios where my organization receives data in an X12 276 format?

Good business practices for electronic message exchange encourage all senders and receivers to appropriately acknowledge receipt and either acceptance/rejection and errors found in any message. That said, CAQH CORE 250: Claim Status Rule is focused on the conduct of the HIPAA-named X12 276/277 transaction sets, and the CAQH CORE Operating Rules are focused on the X12 as well. Thus, the CAQH CORE 250 Rule only addresses the use of the ASC X12 Implementation Acknowledgements (999) and when to use it when conducting the X12 276/277 transaction sets. Additionally, in order to meet CORE Certification requirements, an entity is required to attest to its compliance with HIPAA, which requires the use of the appropriate X12 TR3.

40. Currently my organization's EDI System only returns an ASC X12 Implementation Acknowledgement (999) if the functional group is rejected. Must my system be changed to comply with the CAQH CORE Acknowledgement Rule?

Yes. Section 4.3 of the [CAQH CORE 250 Rule](#) requires that the health plan or information receiver must always return an ASC X12 Implementation Acknowledgement (999) for all functional groups, whether or not the group is rejected. This requirement allows the provider to know within a reasonable timeframe if the submitted batch of inquiries was accepted by the health plan and will be processed. Likewise, the rule also requires that the provider

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must always return an ASC X12 Implementation Acknowledgement (999) for all functional groups whether or not the group is rejected, thereby allowing timely resolution of any issues.

- 41. My organization's EDI system was developed in-house and does not currently support the TA1. However, our system does support the ASC X12 Implementation Acknowledgement (999) for rejected functional groups. Is this okay under the CAQH CORE 250 Rule?**

Yes. In accordance with the [CAQH CORE 250 Rule](#) Section 4.3, *Claim Status Batch Acknowledgement Requirements*, only the ASC X12 Implementation Acknowledgement (999) is required to be supported. CAQH CORE Rules do not address the use of the X12 TA1 Interchange Acknowledgement.

- 42. If my organization's system is not changed to always return the ASC X12 Implementation Acknowledgement (999), can my organization become CORE-certified?**

No. Your organization must successfully complete all of the required certification test scripts required by the [Phase II CAQH CORE Certification Test Suite](#) to become CORE-certified.

- 43. In case of batch mode does my organization have to acknowledge the receipt of a batch using the ASC X12 Implementation Acknowledgement (999) even if the data was not sent in the X12 276 format?**

The ASC X12 Implementation Acknowledgement (999) can be used only to acknowledge receipt, acceptance or rejection of X12 transaction sets. It is not designed to be able to report receipt and/or errors, etc. in a proprietary file format. Thus it cannot be used to acknowledge receipt of a non-X12 transaction set.

- 44. When does the 20-second real time requirement for response time described in the CAQH CORE 156 Rule begin and end? Does the 20-second interval include all hops between trading partners?**

The 20-second requirement described in the CAQH CORE 156 and 250 Rules is the duration for the entire round-trip of the transaction. The 20 seconds begin when the X12 270 Inquiry or X12 276 Request is first submitted, and ends when the X12 271 Response or X12 277 Response is delivered to the provider. All ensuing hops are included in these 20 seconds. Conformance with the rule is determined when 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month. Each HIPAA-covered entity is required to conform to the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules. Each HIPAA covered entity within the transaction flow is bound by the CAQH CORE Rule requirements for meeting the 20-second round trip of the transaction (CAQH CORE recommends no more than 4 seconds per hop).

- 45. What happens when a real time response is not received within the required 20-second window?**

The CAQH CORE 270: Connectivity Rule requires that the connection remain open for 60 seconds to accommodate any potentially delayed responses. In the event that a specific real time response message is not received within the 20-second window, the requirements described in CAQH CORE 270 Rule, Section 4.3.6, *Response, Timeout and Retransmission Requirements*, would apply.

NOTE: The CAQH CORE 156 and 250 Rules require that 90 percent of all X12 271 and X12 277 responses be returned within the 20-second maximum response time within a calendar month to be in conformance with the rule requirements.

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46. How should the X12 276/277 transactions be tracked throughout a system/application to demonstrate conformance with the response time requirements specified in the CAQH CORE 250 Rule?

[CAQH CORE 250: Claim Status Rule](#) requires HIPAA covered entities to capture, log, audit, match, and report the date, time, and control numbers from their own internal systems, and corresponding data received from their trading partners. The auditing requirement is included so that each entity will have the log of data to be used to resolve any issues or concerns. For the 20-second maximum real time response requirement, this log could also be used to identify where a bottleneck may be occurring.

Section 4.3.4 of the [CAQH CORE 270: Connectivity Rule](#) also specifies that, to comply with the CAQH CORE 250 Rule, message receivers will be required to track the times of any received inbound messages, and respond with the outbound message for that payload ID. Additionally, message senders must include the CORE Envelope Metadata element Time Stamp (as specified in the CAQH CORE 270 Rule, Section 4.1.2).

Other data may be required for auditing purposes; however, this data can be determined by each entity. CAQH CORE recommends that, in order to uniquely identify an X12 transmission, entities store the ISA06, ISA08, ISA13, GS02, GS03, GS06, ST02, TRN02, and if sent in the transaction, the BHT03. The audit log requirement was purposefully specified at a high level in each rule to enable each entity along the transaction pathway to design and develop its own process for audit handling. Additionally, the rules do not specify how long an entity is to maintain the data for auditing purposes.

(See “[How should entities track the X12 270/271 and/or X12 276/277 transactions when using another connectivity method, as permitted by the CAQH CORE Connectivity Safe Harbor?](#)” for guidance on tracking when using a non-CAQH CORE Connectivity method.)

47. Why measure conformance based on number of responses returned within a specified timeframe rather than average response time?

Averages can be skewed by outlier responses. The number of responses returned within the specified timeframe gives a better indication of the information source’s capabilities.

48. Is there a standard reporting form for the conformance reporting?

No. CAQH CORE does not mandate a particular form.

49. If a CORE-certified information source is communicating with a non-CORE-certified information receiver, does the CORE-Certified Entity have to respond within the response time window?

Yes. Providers do not have to be CORE-certified to interact with CORE-certified payers under the CAQH CORE Rules.

50. If an X12 276 is received in a batch, does the X12 277 have to be returned in a batch?

The CAQH CORE Rule does not address this issue. The batch response time rule only requires that a health plan have the batch responses available by 7:00 AM the next business day following a submission of inquiries by 9:00 PM ET the previous business day. Therefore, the CAQH CORE Rule does not specify whether or not the batch of X12 277 responses must match exactly the batch of X12 276 inquiries.

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51. Do the time frames still apply if it is an especially large batch? Do the CAQH CORE Operating Rules define the batch size?

CAQH CORE does not define batch size. The rule states that all batch inquiries must be compliant with the rule.

52. My organization includes system availability schedules in our Companion Guide. Does this satisfy the CAQH CORE Operating Rule requirements for system availability reporting?

Yes, CORE-certified health plans (or information sources), clearinghouses/switches or other intermediaries must publish their regularly scheduled system downtime in an appropriate manner (e.g., on websites or in Companion Guides). This allows the healthcare provider to better manage staffing levels. Additionally, the CAQH CORE Operating Rule outlines requirements for reporting/publishing non-routine downtimes and unscheduled/emergency downtimes.

53. Does my organization have to send back a claim status response if my system is down?

As long as your claim status system is in conformance with the CAQH CORE System Availability Rule, then it is not required to send back a claim status response, either in real time or batch.

54. Why was the [CAQH CORE 152: Companion Guide Rule Version 1.1.0](#) (which is the basis for the phase ii claim status rule's Companion Guide template requirement) created?

Health plans have independently created Companion Guides that often vary in format and structure. Such variance can be confusing to trading partners and providers. CAQH CORE adapted its [Master Companion Guide Template](#) based on the CAQH/WEDI Best Practices Companion Guide Template developed jointly in 2003, with input from multiple health plans, system vendors, provider representatives and healthcare/HIPAA industry experts. The template organizes information into several simple sections and provides for a common information flow and format, while at the same time giving health plans the flexibility to tailor the document to meet their particular needs. The template covers a broad range of HIPAA-adopted transaction sets and is not specific to any one of them.

55. Can I combine multiple transaction sets (e.g., X12 270/271 and 276/277) in a single Companion Guide?

Yes. Entities, may, if they wish, combine their Companion Guides for separate transactions into a single document. The flow and format of the CAQH CORE v5010 Master Companion Guide Template would still need to be followed, but sections could be repeated, tables added for the second transaction, etc., without altering said flow and format.

56. Will all of the detailed content of my organization's X12 276/277 Companion Guide be analyzed and evaluated for CORE Certification testing?

No. Your organization is only required to submit to the authorized testing vendor:

1. The guide's table of contents and
2. A page showing your organization's requirements for the presentation of segments, data elements and codes.

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Your selected CAQH CORE-authorized testing vendor will assess these documents to determine that your Companion Guide conforms to the CORE required flow and format.

57. For entities seeking CORE Certification, how does CAQH CORE determine conformance with the CAQH CORE v5010 Master Companion Guide Template?

The CAQH CORE 152 and 250 Rules require health plan Companion Guides covering the X12 270/271 and X12 276/277 transactions to follow the format/flow as defined in the [CAQH CORE v5010 Master Companion Guide Template](#).

As part of CORE Certification testing, CAQH CORE-authorized testing vendors evaluate the following to determine if an entity's Companion Guide(s) conforms to the CAQH CORE 152 and 250 Rules Companion Guide Requirements:

- If the order of the Companion Guide table of contents matches the table in the CAQH CORE v5010 Master Companion Guide Template
- If the Companion Guide format for specifying the X12 270/271 &/or X12 276/277 data content requirements is consistent with the format in the CAQH CORE v5010 Master Companion Guide Template

If a specific section(s) of the CAQH CORE v5010 Master Companion Guide Template is not appropriate for a particular entity's Companion Guide, the CAQH CORE Rules do allow the entity to exclude this section(s) from their guide.

58. Does the [CAQH CORE 250 Rule](#), Section 4.7, *Claim Status Companion Guide*, require HIPAA covered entities to publish a Companion Guide if they do not currently do so?

No. The CAQH CORE Eligibility & Claim Status Operating Rules do not require any entity to publish a Companion Guide if they do not already do so. CAQH CORE 250: Claim Status Rule specifies that should an entity publish a company guide, it must conform to the format/flow as defined in the CAQH CORE v5010 Master Companion Guide Template.

59. Does the [CAQH CORE 250 Rule](#) require health plans to request approval from ASC X12 prior to publication of their CORE-compliant Companion Guide(s)?

No. The Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules, as [adopted by HHS](#), do not require any entity to submit its Companion Guide to ASC X12 for review and approval prior to publication. Entities seeking [CORE Certification](#) are required to submit to the CAQH CORE-authorized testing vendor: 1) The Companion Guide's table of contents and 2) A page showing the organization's requirements for the presentation of segments, data elements and codes. The CAQH CORE-authorized testing vendor will evaluate these documents to determine if they are consistent with the format in the [CAQH CORE v5010 Master Companion Guide Template](#).

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XII. CAQH CORE 258: Normalizing Patient Last Name Rule

- 1. In reviewing the rule, I could not find any statement on how hyphenated or apostrophized last names would be handled, e.g., O'Donnell-Griswold? Would it be just Odonnell? Or is this something which is or has been addressed in another CAQH CORE Rule?**

[CAQH CORE 258: Last Name Normalization Rule Version 2.1.0](#) DOES require the removal of both the apostrophe and the hyphen in the O'Donnell-Griswold example cited. The normalized name would be O'DONNELLGRISWOLD. Section 3.7 (3) lists the X12-designated "special characters" of the "Basic Character Set" and the list includes both the apostrophe and the hyphen. Section 4.2.1 of the rule then says "remove the special characters specified in §3.7 in the name element."

- 2. We have a situation in which some beneficiaries may have two last names as in the case of beneficiaries in Puerto Rico in which a married woman will keep her last name and add "de" as the prefix to her husband's last name (e.g., Maria Garcia DeSanchez). Garcia is the maiden name and Sanchez is the married name. How does CAQH CORE propose the handling of patient last name in this situation?**

[CAQH CORE 258: Last Name Normalization Rule Version 2.1.0](#) does not address this specific scenario. Since the characters "De" are not included in the specified set of character strings to be removed, any validation of the last name performed by the health plan would naturally be against what was submitted in the Last Name data element in the X12 270 request against what the health plan maintains in its eligibility system. This is outside the scope of the CAQH CORE Rule.

- 3. With regard to Section 4.2.2–Character Strings To Be Removed During Name Normalization, what recommendations does CAQH CORE have for instances where the last name contains concatenated last name + suffix? For example, with the patient name JAMES C POMP II, last name may be stored as "POMP II". How can we tell if the last name should be "Pomp" And Not "Pompii" and strip the "II" by mistake? While the instance of a Jr./Sr. suffix can easily be identified, others such as "MD" and "RN" will be more difficult to identify as in the case of a name ending in "RN" like "BURN"). In most cases the last names are concatenated with suffixes and not in a separate field and not easily identifiable.**

The CAQH CORE 258 Rule includes the character string "II" in the set of specified character strings to be removed during normalization (Section 4.2.2.) Additionally, the rule in Section 4.2.1 defines how to normalize the last name, to wit: "To normalize the submitted and stored last name remove all of the character strings specified in Section 4.2.1 when they are preceded by one of the punctuation values specified in Section 4.2.3 and followed by a space or when they are preceded by one of the punctuation values specified in Section 4.2.3 and are at the end of the data element and remove the special characters specified in Section 3.7 in the name element. If the last name as submitted and as stored is not delimiting the suffix using one of the specified punctuation values or store the suffix separately, the normalization logic will not remove the character string "II". The CAQH CORE Rule does not specify HOW an entity must store a last name, but does make recommendations on this issue in Sections 4.1.1 and 4.1.2.

- 4. If a health plan receives the subscriber ID number and the subscriber last name in the X12 270 inquiry, does the health plan have to use the subscriber last name or can they ignore the subscriber last name when processing the X12 270 Inquiry?**

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The CAQH CORE 258 Rule does not require that a health plan use the patient's last name in its search and matching logic for locating an individual within its systems. Further, the rule does not specify the search criteria used by a health plan (or information source) to identify a patient in its systems. That is, when the last name is not used in the health plan's search/match logic – the rule does not apply – and if the health plan receives the patient's unique ID number in an X12 270 eligibility inquiry, it may use or ignore the name or other demographic data about the individual if not needed or used to uniquely locate that individual in the plan's systems.

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XIII. CAQH CORE 259: AAA Error Code Reporting Rule

1. Can a health plan/information source return a AAA error segment that contains only the first error condition detected or must they return as many AAA segments as there are errors in the X12 270?

A health plan/information source is required to return a AAA segment for each error condition that it detects in a X12 270 request, as described in sections 4.3-4.5 of the rule.

2. Is the receiver of the X12 271 response expected to be able to detect all AAA segment error conditions reported by the vendor/health plan and display them to an end user?

Yes, the receiver of the X12 271 response, i.e., the system that originated the X12 270 inquiry, is required to detect all combinations of error conditions from the AAA segments in the X12 271 responses, as defined in Table 4.5-1 Error Reporting Codes & Requirements, and to display to the receiving system's end user text that uniquely describes the specific error condition(s) and data elements returned by the health plan in the X12 271 response.

3. When a health plan's search criteria detects errors during its subscriber/dependent verification editing process, does the CAQH CORE 259: AAA Error Reporting Rule specify in what loop (subscriber or dependent) the error should be reported?

[CAQH CORE 259: AAA Error Code Reporting Rule Version 2.1.0](#) identifies 17 error conditions, some of which may occur in the subscriber loop and others which may occur in the dependent loop. Section 4.4 of the CAQH CORE 259 Rule states that "when a health plan detects any of the specified error conditions it must return an appropriate AAA segment for each error detected and return other data elements as specified." Thus, the health plan would determine the loop in which to return the appropriate AAA error codes required by the CAQH CORE Rule.

4. Does the CAQH CORE 259: AAA Error Code Reporting Rule require a health plan to validate DOB?

No, this CAQH CORE Rule does not require a health plan (or information source) to validate a DOB; however, when a DOB is validated and errors are found, the receiver of the X12 270 inquiry is required to return an X12 271 response as specified in the rule.

5. Does the CAQH CORE 259: AAA Error Code Reporting Rule require that entities use specific AAA03 error codes for specific errors?

Yes, the rule specifically identifies the AAA03 error codes that must be returned for each error condition, which may occur in either or both of the Subscriber or Dependent loops (refer to Rule Section 4.5 and the Error Reporting Codes & Requirements Table).

6. Does this rule require specific search or match criteria logic to be used when validating member demographic data?

No, the CAQH CORE 259: AAA Error Code Reporting Rule does not require a health plan/information source to use any specific search and match criteria or logic.

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7. Is a health plan or information source required to return an X12 271 response with the specified AAA error codes for each test script for the CAQH CORE 259: AAA Error Code Reporting Rule specified in the CORE Certification test suite?

No. Due to the variability in search and match logic and the data elements used by health plans and information sources, some health plans and information sources may actually match the member in the X12 270 Inquiry test case rather than return the expected AAA error code in the X12 271 Response. An entity seeking CORE Certification can successfully pass the test for this rule by generating at least one X12 271 Response with an AAA Error Code for at least one of the certification test scripts.

8. How does a health plan identify the correct error condition description to return when multiple error conditions are mapped to the same code?

CAQH CORE 259 Rule, Section 3.1, *What the Rule Applies To*, notes that the rule defines a standard way to report errors that prevent health plans (or information sources) from responding with the eligibility information for the requested patient or subscriber. The rule requires use of a unique error code, wherever possible, for a given error condition so that the re-use of the same error code is minimized. Where this is not possible, the goal (when re-using an error code) is to return a unique combination of one or more AAA segments along with one or more of the submitted patient identifying data elements such that the provider will be able to determine as precisely as possible what data elements are in error and take the appropriate corrective action. The CAQH CORE Rule does not require error condition descriptions to be returned.

9. What must the receiver of the X12 271 display when receiving multiple AAA error codes?

CAQH CORE 259 Rule, Section 4.2, *Basic Requirements for Receivers of the v5010 271*, identifies basic requirements for the “receiver” of the X12 271 response. These requirements include that the “receiver” must “display to the end user text that uniquely describes the specific error condition(s) and data elements returned by the health plan in the v5010 271”. The receiver may exercise discretion regarding the actual text to be displayed as long as the wording of the text displayed accurately represents the AAA03 error code and the corresponding Error Condition Description without changing the meaning and intent of the error condition description.

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XIV. CAQH CORE 260: Eligibility & Benefits Data Content (270/271) Rule

Please refer to the [Phase I CAQH CORE 154: Eligibility & Benefits \(270/271\) Data Content Rule FAQs](#). The Phase II CAQH CORE 260 Rule builds upon and enhances the Phase I rule, therefore we recommend that you familiarize yourself with these foundational Questions and Answers as they will, in large part, provide a basis for understanding the Phase II rule.

1. What is the relationship between the CAQH CORE Eligibility & Benefits Data Content (270/271) Rules (CAQH CORE [154](#) & [260](#) Rules) in Phase I and Phase II?

The Phase I CAQH CORE 154: Eligibility & Benefits Data Content (270/271) Rule provides an important first step toward improving eligibility and benefits verification. It outlines a set of requirements for health plans to return base patient financial responsibility amounts related to deductible, co-pay and co-insurance for a set of 12 services in the X12 271 eligibility response transaction. It also includes requirements for vendors, clearinghouses and providers to transmit and use this financial data.

The Phase II CAQH CORE 260: Eligibility & Benefits Data Content (270/271) Rule extends and enhances the Phase I X12 271 response transaction by requiring the return of remaining deductible amounts for both the Phase I CORE-required 12 service type codes and an additional 39 other service type codes. The Phase II CAQH CORE Rule also requires, in addition to base patient financial responsibility, that year- to-date remaining or accumulated amounts be returned for explicit benefits eligibility requests.

2. My health plan supports X12 270 Eligibility Inquiries using diagnosis/procedure codes in addition to Service Type Codes. Are we required to return comprehensive benefit level details in our X12 271 response as if the X12 270 Inquiry were a generic inquiry using Service Type Code 30 when we receive an X12 270 eligibility inquiry that includes diagnosis/procedure codes?

No. The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) do not address the use of diagnosis/procedure codes in either an X12 270 eligibility inquiry or an X12 271 response. Therefore, the health plan or information source can determine data content for an X12 271 response to such an X12 270 inquiry.

3. As a health plan, if I receive an X12 270 request for a service type not required by the Phase II CAQH CORE Data Content (270/271) Rule *and* the plan does not support that service type, are we required to respond and, if so, how?

Yes. If a request is submitted for a service type that is not required by this rule, and the receiving health plan does not support the service type(s), that health plan is required to respond as required by the X12 270/271 TR3 in Section 1.4.7.1.

4. As a health plan, are we required to respond to explicit benefit inquiries? We do not currently return patient financial responsibility information, i.e., co-pay and deductible, for several behavioral health-related benefits/services that are required.

Yes, [CAQH CORE 260: Eligibility & Benefits \(270/271\) Data Content Rule Version 2.1.0](#) requires that entities, at a minimum, return the coverage status for each specific benefit (service type) included in a X12 270 eligibility request that is required in response to an explicit inquiry (see Table 4.1.1.2 in the Rule). That is, even if you are

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exercising your company's discretion not to return patient financial liability information for one of the listed "discretionary" service types, you must return the health plan coverage status for that code in the EB01 segment in the 2110C or 2110D loop, as appropriate.

5. As a health plan, does the rule require that we return patient financial responsibility (i.e., co-pay and deductible) in the X12 271 response if we currently do not do so?

Yes. The CAQH CORE 260 Rule requires that a health plan must return patient financial responsibility information for co-insurance, co-payment, and both base and remaining deductible (including in and out-of-network variance, if applicable) for each Service Type Code returned in the X12 271 Response.

6. If a health plan chooses not to respond with co-payment to one of the optional codes (e.g., 35-Dental, 88-Pharmacy, Or AL- Vision), does this mean it should still respond with coinsurance and deductible for these optional codes?

No. If your organization chooses to respond with active/inactive only, then your organization should not return any of the patient liability types. As detailed in the rule's subsections, 2.3.1, 2.3.2 and 2.3.3, the health plan may choose not to provide the patient liability information for certain service types and instead return active/inactive information only. However, if the health plan chooses to return patient liability information, it must do so for all three required patient liability types (co-payment, co-insurance and deductible) as applicable to the product.

7. Do the CAQH CORE Eligibility Data Content Rules specify that the range of dates applicable to deductibles that may be returned in an X12 271 eligibility response must be for a full year, or can the range of dates be for less than a full year?

[CAQH CORE 260: Eligibility & Benefits \(270/271\) Data Content Rule Version 2.1.0](#) does not restrict the range of dates applicable to deductibles to be a full year. The CAQH CORE Rule requires that a begin date applicable to deductibles must be returned for the health plan coverage and that alternatively a range of dates may be returned. The range of dates is determined by the health plan and may be less than or greater than a full year. See §4.1.4.

8. As the CAQH CORE 154 and 260 Rules do not require that the X12 271 Response to an X12 270 inquiry include a specified grouping of service type codes (STCs), are health plans/information sources prohibited from returning such an STC Grouping in the X12 271 Response?

No. CAQH CORE Operating Rules represent a floor and not a ceiling. The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) do not preclude a health plan from returning additional STCs in the X12 271 Response. A health plan can return additional STCs to ensure that the provider has the level of detail required to meet its specific business needs.

9. Why does the rule require health plans to return patient remaining deductible information only for the current time period when health plans are required to return the other patient benefit information for a date up to 12 months in the past or the end of the current month?

The CAQH CORE 154 Rule, which is extended and modified by CAQH CORE 260, requires health plans to provide patient benefit coverage information in response to an X12 270 eligibility inquiry either up to 12 months in the past or up to the end of the current month.

Health plans are not required to return remaining deductible for past time periods as it would not be feasible for a health plan to attempt to reconstruct what the remaining deductible may have been for any date in the past.

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Similarly, it would be not be possible for health plans to project what the remaining deductible could be at a future date.

10. Do the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) require health plans to support date ranges in an ASC X12 270 inquiry?

No. The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (154 & 260) do not require support for a date range inquiry. Entities can make individual determinations on whether or not to support this type of inquiry. The CAQH CORE 154 and 260 Rules do require that health plans, vendors, and clearinghouse support X12 270 requests for benefit information at least 12 months into the past and up to the end of the current month. This requirement would include returning benefit information for the current plan period if such a request was received.

11. Why are some Service Type Codes (STCs) identified as “discretionary” in the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules)? What information must a health plan return in response to the “discretionary” STCs?

For certain STCs, the patient financial data is not required to be returned for some benefits as they are considered carve outs, too general, or are related to sensitive benefits (e.g., behavioral health). The health plan name (if available within its own system), the coverage status of the specific benefit, and the eligibility dates must be returned regardless of whether the health plan or information source is exercising its discretion to not return patient financial responsibility. The discretionary STCs are:

- 1 – Medical Care
- 35 – Dental
- 88 – Pharmacy
- A6 – Psychotherapy
- A7 – Psychiatric – Inpatient
- A8 – Psychiatric – Outpatient
- AI – Substance Abuse
- AL – Vision (Optometry)
- MH – Mental Health

While the CAQH CORE 154 Rule includes STC 30 in the list of discretionary STCs, the CAQH CORE 260 Rule removes STC 30 from the list of discretionary codes.

12. Can CAQH CORE provide more detailed definitions for the 51 CORE-required Service Type Codes (STCs) beyond what is provided in CAQH CORE 260 Rule, Table 4.1.1.1, *CORE-Required Service Types for an Explicit Inquiry*?

A CAQH CORE Operating Rule cannot change or modify the meaning or definition of any X12 standard or code. To assist the industry with a common understanding of some of the CORE-required STCs, CAQH CORE developed supplemental descriptions. These supplemental descriptions are for guidance only to aid in a common industry understanding of the STCs, as noted in Footnote #2 in Table 4.1.1.1 of the rule. Clarification or interpretation of the definition of a Service Type Code can be obtained from ASC X12 via its online [ASC X12 Interpretation Portal](#).

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13. Do the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) require health plans to address the situation where a patient’s benefit coverage changes from the time of the X12 270 Inquiry to the date of service?

No. The CAQH CORE Eligibility & Benefits Data Content Rules *do not* require that the X12 271 response contain final coverage information which is not subject to change. The X12 271 response data is current as of the date of the X12 271 response. There is no guarantee that the information reported in any given X12 271 response will not change. Changes to coverage can occur due to factors outside the control of the health plan. Any X12 271 response received from a health plan should not be construed to be a guarantee that the health plan will reimburse the provider for health services if a claim is submitted.

14. What are the requirements for health plans to return eligibility and benefit data, including coverage status and patient financial information, for benefits that are not directly administered by the health plan (e.g., pharmacy benefits, vision services, etc.)?

Health plans that have carved out certain benefits to another entity may not have the patient financial data available to respond to an X12 270 inquiry. The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) identify certain benefits as discretionary for reporting patient financial responsibility for carved out benefits. In the situation that a health plan has carved out benefit to another entity, the health plan has the discretion of reporting the patient financial data. This does not preempt the requirement for a health plan to return the other required data in the X12 271 response (i.e. health plan name, status, etc.).

15. When do the CAQH CORE Eligibility & Benefits (270/271) Data Content Rules (CAQH CORE [154](#) & [260](#) Rules) require health plans/information sources to return health plan base and remaining deductible?

The CAQH CORE Eligibility & Benefits (270/271) Data Content Rules require that X12 271 responses to both generic and explicit X12 270 inquiries include patient financial responsibility for co-pay, co-insurance, and health plan base and remaining deductible for each Service Type Code (STC) returned with exceptions for discretionary reporting. The CAQH CORE Eligibility & Benefits Data Content Rules require health plans to return the dollar amount for both the base and remaining deductible for all CORE-required STCs listed in Table 4.1.1.1 in the [CAQH CORE 260 Rule](#). The health plan may, at its discretion, elect not to return patient financial responsibility information (deductible, co-payment or co-insurance) for [nine discretionary STCs](#). Appendix 1 in the CAQH CORE 260 Rule, Section 6.1 specifies all of the CAQH CORE STCs and identifies for which codes return of patient financial responsibility information is mandatory or discretionary.

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XV. CAQH CORE 270: Connectivity Rule

Please refer to the [Phase I CAQH CORE 153: Connectivity Rule FAQs](#). The Phase II CAQH CORE 270: Connectivity Rule builds upon and enhances the Phase I rule, therefore we recommend that you familiarize yourself with these Phase I “foundational” Questions and Answers as they will, in large part, provide a solid basis for understanding the Phase II rule.

NOTE: The [HHS Final Rule](#) for operating rules for the eligibility and claim status transactions adopts all the Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules **except** those requirements pertaining to the use of Acknowledgements. Entities seeking [CORE Certification](#) must implement all of the CAQH CORE Eligibility and Claim Status Operating Rules applicable to their stakeholder type, **including** those rules & rule requirements pertaining to use of Acknowledgments.

1. Does the reference to “270” in the name of the CAQH CORE Connectivity Rule mean that the rule is required only for conduct of the X12 270 eligibility transaction?

No. The number 270 within the rule name is the rule number and is not a reference to X12 270 eligibility transaction. The [CAQH CORE 270: Connectivity Rule Version 2.2.0](#), is payload agnostic, and is designed to carry any X12 v4010 and v5010 administrative transaction payload as well as any other non-X12 payload.

2. How do the envelope standards in the CAQH CORE 270: Connectivity Rule relate to the ones that have been chosen by ONC, HITSP, HL7, and IHE?

The [CAQH CORE 270: Connectivity Rule](#) is based on the use of SOAP+WSDL or HTTP+MIME Multipart envelopes for transport and routing, and on the use of username/password or X.509 Client Certificate based authentication over SSL for submitter authentication. The SOAP+WSDL envelope option, and the X.509 Client Certificate based authentication option are well aligned with the direction of ONC, HITSP, HL7 and IHE. The HTTP+MIME Multipart envelope was chosen due to its large installed base in this industry. Since the difference in complexity of these two standards is not significant, it is expected that there will be convergence on a single envelope standard and a single authentication standard in the long term.

3. It is my understanding that HITSP T85 (Administrative Transport To Health Plan) is based on the CAQH CORE 270: Connectivity Rule. Does this mean that if I am Phase II CORE-certified I will meet HITSP T85 requirements?

No. Though HITSP T85 (Administrative Transport to Health Plan) uses the Phase II CAQH CORE 270: Connectivity Rule, this does not mean that by being Phase II CORE-certified you will meet HITSP T85 requirements. The [CAQH CORE 270: Connectivity Rule](#) specifies the use of the public Internet using HTTP with SSL as the minimum security for the communications channel, using specific envelopes, and metadata and submitter authentication methods. HITSP T85 instead uses HITSP/T17 Secured Communications Channel, which exceeds the requirements of the CAQH CORE 270: Connectivity Rule. For instance, HITSP T17 uses Transport Layer Security (TLS) instead of SSL. The CAQH CORE 270: Connectivity Rule provides a safe harbor specifying minimum requirements, but does not preclude the use of other methods for securing the communications channels.

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4. What is the relationship between the CAQH CORE Connectivity Rules in Phase I and Phase II?

The [Phase I CAQH CORE 153: Connectivity Rule](#) provided an important first step toward connectivity by including requirements for: Use of HTTP/S transport protocol over the public Internet, Use of a specified minimum data set of metadata outside the X12 payload, e.g., date/time and payload ID, Response times, acknowledgements and error notification.

[Phase II CAQH CORE 270: Connectivity Rule](#) builds upon the Phase I foundation continuing to provide a safe harbor for CORE-certified entities while including more definitive requirements beyond the transport level to the message envelop level. These enhancements in the Phase II CAQH CORE 270: Connectivity Rule provide requirements for encapsulating an expanded set of metadata needed for routing, submitter identification/authentication and auditing. Additionally, the Phase II CAQH CORE Connectivity requirements for message envelope and submitter authentication standards usage will significantly reduce the variation that exists in current implementations, thus supporting greater interoperability between trading partners.

5. What is the CAQH CORE Connectivity “Safe Harbor”?

The CAQH CORE Connectivity Safe Harbor requirements that a health plan must use if requested by a provider are described in [CAQH CORE 270 Rule](#), Section 5, *CORE Safe Harbor*. The CAQH CORE Connectivity Safe Harbor specifies connectivity methods that application vendors, providers, and health plans can be assured will be supported by any HIPAA covered entity and/or a CORE-certified entity, meaning that the entity is capable and ready at the time of the request by a trading partner to exchange data using the CAQH CORE Connectivity Rule. The rule does not require entities to remove existing connections that do not match the rule, nor does it require that all covered entities use this method for all new connections. In some circumstances, you and your trading partners may decide to continue to use your current connection; *however, you must implement the capability to use the CAQH CORE Connectivity Safe Harbor and be capable and ready to use it when requested.*

6. Why were two envelope standards chosen in the [CAQH CORE 270: Connectivity Rule](#)?

After extensive analysis of the open standards currently in use for enveloping messages or payloads, e.g., X12 transactions or other types of data, the CAQH CORE Connectivity & Security Subgroup selected HTTP MIME Multipart and SOAP + WSDL as the two standards that both met the majority of CAQH CORE’s agreed-upon criteria and were in wide use in the marketplace. Further lengthy discussions of the pros and cons of each envelop methodology confirmed considerable argument for each standard meeting the industry’s needs with no clear winner emerging.

The Subgroup debated the advantages and challenges associated with forwarding a single envelope standard rule versus one which included both of these standards and whether a single standard facilitated better interoperability. The Subgroup came to a consensus on the two envelope standards as it is believed to allow broader acceptance for the future installed base. The Subgroup also agreed that a single message envelope standard will be a goal for future phases to reach. Conformance guidance is provided as part of the CAQH CORE Connectivity Rule for all stakeholders to implement one or both of these envelope standards.

7. Why were two authentication standards chosen in the [CAQH CORE 270: Connectivity Rule](#)?

The CAQH CORE Connectivity & Security Subgroup evaluated the connectivity implementations used by its members, including what types of submitter authentication methods were being used. The results showed widespread use of both username/password and X.509 client certificate authentication. Though username/password is the base requirement with Phase I and is widely implemented across the industry, X.509

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Certificates was agreed to be an important step toward ensuring data security over the public Internet and a direction in which the industry is heading. Similar to the decision on envelope standards, a decision was made to allow both authentication standards with the necessary conformance guidance for all stakeholders.

8. Does CAQH CORE have plans to converge on a single envelope/authentication standard in future phases?

CAQH CORE expects that in future phases CAQH CORE requirements will include single, specific standards in both of these areas. The Phase II inclusion of two envelope and authentication standards and appropriate conformance requirements greatly improves the situation in the marketplace by reducing variation in options currently available and in use. This phased step will provide the basis for a more informed decision when considering single standard recommendations moving forward.

9. If my organization wants to conform with the Phase II CAQH CORE Operating Rules, which authentication standards are applicable?

Conformance requirements for implementing Submitter Authentication Standards are provided in Section 4.1 of [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) by key stakeholder categories acting in either the Client or Server role. Briefly, the requirements for these stakeholder categories are: health plans and health plan vendor, acting as the Server, must support one of the two submitter authentication standards. Healthcare Providers, provider vendors and clearinghouses, acting as the Client must implement the client portions of authentication for both submitter authentication standards.

10. We have a private network (e.g., VPN connection) for eligibility transactions. Can we use the SOAP or HTTP-MIME multipart envelopes over this network and get Phase II CORE-certified?

No. Although the use of SOAP or HTTP/MIME envelopes over private networks like VPNs is possible, the CAQH CORE 270 Rule requires the use of HTTP/S over the public Internet. The Phase I CAQH CORE 153: Connectivity Rule was based on use of the public Internet for transport, and the Phase II CAQH CORE Connectivity Rule builds on Phase I, while retaining the same underlying transport.

11. We use a non-TCP/IP network (e.g., X.25, Frame Relay). Can we use the SOAP or HTTP/MIME envelopes over these networks and get Phase II CORE-certified?

The [CAQH CORE 270 Rule](#) is applicable only to the public Internet, which is a TCP/IP based network. The Phase I CAQH CORE Connectivity Rule was based on use of the public Internet (which is TCP/IP based) for transport, and the Phase II CAQH CORE Connectivity Rule builds on Phase I, while retaining the same underlying transport.

12. Is the [CAQH CORE 270: Connectivity Rule](#) applicable only to the ANSI X12 270/271 transactions?

No. The CAQH CORE 270 Rule is applicable to and may be used when a CORE-certified entity is exchanging any X12 administrative transaction whether or not the transaction has been mandated under HIPAA. An entity that is Phase II CORE-certified is required to support the Phase II CAQH CORE 270: Connectivity Rule as a safe harbor (see Rule Section 5) when exchanging the X12 270/27, X12 276/277, and the ASC X12 Implementation Acknowledgement (999) transactions addressed in the CAQH CORE Operating Rules.

13. What about non-X12 payloads? Can the same envelope and authentication standards be applied to those payloads?

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Yes. The [CAQH CORE 270 Rule](#) is designed to be payload agnostic, and as such it is expected, though not required, that CORE-certified entities will use this methodology for payloads other than eligibility and claim status, specifically for other X12 administrative transactions or other content such as HL7 clinical messages or personal health records.

14. What is the URL of the WSDL Schema for the SOAP+WSDL implementation?

The URL for the Phase II CAQH CORE 2.2.0-compliant XML Schema specification file, CORERule2.2.0.xsd, for use within the WSDL specification is available at <http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd>. The URL of the Phase II CAQH CORE 2.2.0 WSDL schema is: <http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl>.

15. If I make changes to the WSDL to implement my client or server, will I still be able to get CORE-certified?

Only those changes to the WSDL that preserve the structure and syntax of the message envelope are allowed. All field names, data types and syntax of existing fields must stay the same.

16. I need to add some extra fields as part of the message envelope. Is this allowed?

Adding extra fields is in conformance with the CAQH CORE Connectivity Rule when this is done within the HTTP+MIME envelope option.

However, additional fields are likely to cause interoperability problems unless trading partners agree on their syntax and semantics, hence the use of such extra fields is discouraged. If fields are added to an HTTP+MIME envelope, such additions should be defined in the entity's Companion Guide.

17. I would like to use this SOAP+WSDL, but I wish to also have additional SOAP headers that are not in this specification. Is this allowed?

Adding SOAP Headers is compliant with the [CAQH CORE 270 Rule](#). The use of custom SOAP Headers may cause interoperability issues unless trading partners agree on their syntax and semantics, hence the use of such fields are discouraged. Instead, the use of open standards based SOAP Headers such as WS-Security is encouraged. If used, the SOAP Header elements (or open standards that specify the SOAP Header elements) should be specified in the entity's Companion Guide.

18. What version of the WS Basic Profile is required by the CAQH CORE Operating Rules?

While the [CAQH CORE 270 Rule](#) references the WS-I Basic Profile 1.1 in the appendix, the rule itself does not specify which version of the Basic Profile is to be used given that no specific version was ubiquitously adopted in the industry at the time the rule was approved. When the CAQH CORE 270 Rule was developed the Basic Profile Version 1.1 did not support other requirements for CORE Connectivity, e.g., WSDL 1.1, SOAP 1.2, and MTOM. For version 2.2.0 of the CORE Connectivity Rule, compliance with any version of the WS-I Basic Profile is an implementation level decision. Future versions of the CAQH CORE Connectivity Rule will consider the version of the Basic Profile that may exist at the time of such CAQH CORE Rule revisions.

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19. I am not planning to use all fields in the message envelope. Do I still need to have all the fields in the envelope?

Yes. You are required to use each of the metadata element fields flagged as “Required” in Table 4.2.2, *Table of CORE Required Metadata*, specifically as indicated for both real time and batch mode processing.

NOTE: Some fields may be optional, as specified in Table 4.2.2. For example, the Error Code and Error Message fields are only required in the Response message for real time and batch as these fields are not used in the Request message.

20. What are my SenderID and ReceiverID values? Where can I obtain them?

SenderID and ReceiverID Values are unique identifiers associated with your organization. They are intended for message routing and processing, or for transaction auditing, or as a reference to a business agreement by a message receiver. CAQH CORE recommends using OIDs from organizations like HL7 or IANA, but you may use other forms of organizational identifiers as well. Section 6.2 of [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) has the URLs of HL7 OID Registry and the IANA OID registration page where organizations can obtain the OIDs.

21. I need to add a different payload type/processing mode value than what is listed in the CORE Phase II Connectivity Rule. Is this allowed?

This is not allowed for ASC X12 payloads. Section 4.4.4 in [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) has a table with a normative and comprehensive set of all payload types for X12 payloads.

Yes, for non-X12 Payloads. The naming convention for non-X12 payloads such as HL7 and NCPDP payloads is also defined in this section.

22. Who issues the username/password for use with authentication?

The username and passwords are issued by the organization that is in the role of a Server, or by a third party that is handling user identity management on behalf of the Server organization. This is the Server to which requests (e.g., X12 270) are sent, such as a Health Plan or Clearinghouse.

23. Are there any guidelines/restrictions on the username and passwords that can be used?

The length of username and password should not exceed 50 characters. Beyond this, the [CAQH CORE 270 Rule](#) does not specify guidelines/restrictions on the username and passwords.

24. Who issues the client certificates for the X.509 client certificate-based authentication?

Client Certificates may be issued by a trusted third party called a Certificate Authority (CA) such as VeriSign or Entrust, or by the entity that is receiving connections.

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25. Are there any guidelines/restrictions on the use of specific certificate authorities?

CAQH CORE has not specified guidelines/restrictions on the use of certificate authorities at this time. Client certificates used for node authentication over SSL can be issued by the organization that is receiving connections, or by a third party certificate authority that is trusted by the organization to issue these certificates on its behalf.

26. My organization requires the use of Transport Layer Security (TLS) for transport security. Can a CORE conformant envelope be used over TLS?

Since SSL is far more prevalent today than TLS, [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) specifies the use of HTTP over SSL. This does not preclude the optional use of TLS 1.0 (or a higher version as required for FIPS 140 compliance) for connectivity with trading partners that require FIPS 140 compliance. CORE Certification requires testing with SSL 3.0 for transport security.

27. We would like to implement the SOAP envelope but would like to use SOAP 1.1. Is this a valid approach to reaching CAQH CORE conformance?

The SOAP+WSDL interfaces in the [CAQH CORE 270 Rule](#) must be implemented over SOAP 1.2 for CAQH CORE conformance. An organization may choose to additionally also offer the same interfaces over SOAP 1.1, but these would not be considered CAQH CORE conformant.

28. We need to add some new error codes and messages that are not listed in the [CAQH CORE 270 Rule](#). Is this allowed?

Yes, new error codes and messages may be added when there is an error condition that is not addressed using the error codes listed in the CAQH CORE 270 Rule. In such cases, we recommend using standards based error codes (e.g., SOAP faults) to the extent possible. If custom error codes and messages are used, they should be described in the Entity Specific Connectivity Guide, and they should preserve the naming conventions of the error codes in the CAQH CORE 270 Rule.

29. What is the maximum size of each batch file that can be sent?

The [CAQH CORE 270 Rule](#) does not specify a size limit on batch files. If your implementation imposes a limit, this should be described in your Connectivity Guide.

30. I am using the [CAQH CORE 270 Rule](#) for exchanging SOAP real time transactions. The payload includes non-printable characters. What are the issues I need to be aware of?

When sending or receiving payloads that contain non-printable characters; e.g., separator characters in an X12 Interchange, or in a non-X12 Interchange payload, using SOAP real time request/response envelope, the payload must be base64 encoded. In a future CAQH CORE phase, the use of MTOM will be considered for attaching payloads to SOAP real time request/response.

31. To meet the [CAQH CORE 270 Rule](#) requirements for real time processing, what is the minimum set of payload types that must be supported?

Real time processing mode is required for all payload types (transactions) that are currently addressed by a CAQH CORE Rule, i.e., X12 270/271 eligibility and X12 276/277 claim status. Batch processing mode is optional for

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both of these transactions. [CAQH CORE 270: Connectivity Rule Version 2.2.0](#) applies to *both* the X12 270/271 and the X12 276/277 transactions.

32. To meet the [CAQH CORE 270 Rule](#) requirements for batch processing, what is the minimum set of payload types that must be supported?

Batch processing mode is optional for all payload types. If an organization does perform batch processing, and is seeking CORE Certification for Phase II CAQH CORE Connectivity using batch processing, one of the following payload types must be supported: 1) Mixed payload, 2) X12 270/271, or 3) X12 276/277.

33. In the SOAP+WSDL envelope option, why is the real time request/response payload defined as `type=xs:string` and the batch counterparts are defined as `base64Binary`?

1. CORE Participants' consensus was to use SOAP's MTOM feature only for batch SOAP transactions. For real time SOAP transactions, payload is sent in-line within the envelope.
2. The real time XSD/WSDL schemas were based on implementation examples from CORE members (from Phase I connectivity), which had `xs:string` for the payload type. Some implementations use CDATA tag to embed strings that should not be XML encoded. Note that `xs:string` could be used to populate any ASCII string including `base64`.
3. The `base64Binary` data type for payload was adopted for batch transactions to use MTOM to optimize the payload (SOAP processors optimize `base64Binary` data types when using MTOM).

34. I have a suggestion to update field X or to add field Y to the envelopes defined in the Phase II CAQH CORE Connectivity Rule. What is the process for doing this?

Please submit your request to CAQH CORE. Your request will be considered by the CORE membership for inclusion in a future phase of CAQH CORE operating rules.

35. Currently the `PayloadType` values provided within the [CAQH CORE 270: Connectivity Rule](#) have X12 values listed; e.g., X12_270_004010X092A1. What are the corresponding `PayloadType` values for transactions using NCPDP payloads?

The values for the `PayloadType` for NCPDP transactions have been defined by NCPDP and upon their approval will appear in a new publication of the NCPDP External Code List. This list will be available to NCPDP members in the "Members" section of the website at www.ncpdp.org. Non-members may obtain all NCPDP documents with membership; please see www.ncpdp.org or contact the NCPDP office at 480-477-1000, or via email at ncpdp@ncpdp.org.

NOTE: As of Phase II CAQH CORE, only real time NCPDP transactions are supported by the `PayloadType` values defined by NCPDP. CAQH CORE is working with NCPDP to identify requirements to be addressed in a future phase of CAQH CORE.

36. In the [CAQH CORE 270 Rule](#), when passing a username and password as the authentication tokens, can the password be passed in the clear or encrypted? Are both variants allowed or does core specify one or the other?

The CAQH CORE 270 Rule does not specify the use of password digests. The underlying transport is HTTP/S (per the Phase I CAQH CORE Connectivity Rule), and this provides encryption/confidentiality of the envelope

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and payload contents in transit. The non-normative examples show how username/password authentication has been implemented by early implementers.

37. The *Entity-Specific Connectivity Guide* (Section 4.3.7 of the [CAQH CORE 270 Rule](#)) states that details of the message format and supported transactions, such as returning a list of files to be picked up for batch transactions, can be specified in a Connectivity Companion Guide. Does this mean that we can make any custom extensions to the envelope metadata and message exchanges, and as long as such extensions are specified in a Companion Guide, can we get certified for Phase II CAQH CORE Connectivity?

No. By design, the CAQH CORE 270 Rule is highly prescriptive in the envelope metadata and message interactions because the CORE Participants need a Connectivity Rule that provides a high degree of interoperability. Entities may implement custom extensions which must be described in a Companion Guide, but such extensions are not compliant with the CAQH CORE 270 Rule's normative specifications (i.e., XSD, WSDL) and are therefore considered as non-CAQH CORE connectivity interfaces. Consistent with the Safe Harbor principle (defined extensively in Phase I and Phase II CAQH CORE Connectivity Rules), a CORE-certified entity can implement custom extensions and/or support additional connectivity methods as long as it has implemented one connectivity interface that is fully and exactly as specified in the CAQH CORE Connectivity Rule. This gives CORE-certified partners the assurance they can use their CAQH CORE Connectivity interfaces to connect.

38. Does the CAQH CORE 270 Rule require the use of the MAC address?

Yes. The field constraints or value-sets for PayloadID are specified in [CAQH CORE 270](#), Section 4.4.2, *Table of CORE Envelope Metadata*. Specifically, the rule specifies "PayloadID will conform to ISO UUID standards (described at <ftp://ftp.rfc-editor.org/in-notes/rfc4122.txt>), with hexadecimal notation, generated using a combination of local timestamp (in milliseconds) as well as the hardware (MAC) address, to ensure uniqueness."

39. What is the specific method for an entity to conform to the [CAQH CORE 270 Rule](#) audit log requirements?

The CAQH CORE 270 Rule does not specify a method for capturing and logging data. The rule only specifies what data must be captured and logged. The method for how to capture and log is determined by the implementer. CAQH CORE 270 Section 4.3.4 requires that, to comply with the CAQH CORE 155, 156, and 250 Rules message response requirements, receivers must track the date, time, and payload ID of any received inbound messages and respond with the outbound message for that Payload ID. Additionally, message senders must include the CAQH CORE Envelope Metadata element Time Stamp (as specified in the CAQH CORE 270 Rule, Section 4.1.2). Other data may be required for auditing purposes; however, this data can be determined by each entity. CAQH CORE 270 Rule recommends that, in order to uniquely identify an X12 payload, entities store the ISA06, ISA08, ISA13, GS02, GS03, GS06, ST02, TRN02, and if sent in the transaction, the BHT03.

While the CAQH CORE Rules do not require entities to deliver this information to any other entity, the data required to be logged would be used to resolve any issues or concerns regarding the overall response time. The CAQH CORE Rules do not specify how long an entity is to retain the data for auditing purposes.

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40. How should entities track the X12 270/271 and/or X12 276/277 transactions when using another connectivity method, as permitted by the CAQH CORE Connectivity Safe Harbor?

When a health plan uses another connectivity method, as permitted by the [CAQH CORE 270: Connectivity Rule](#) Safe Harbor, CAQH CORE recommends that the health plan still implement the audit log requirements of CAQH CORE 270 Rule, Section 4.3.4. This log can be used to resolve any issues or concerns regarding compliance and to identify where a bottleneck may occur in meeting the 20-second maximum real time and batch response time requirements.

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XVI. Resources for Implementing the CAQH CORE Eligibility & Claim Status Operating Rules

1. What resources are available to assist my organization with implementation of the Phase I & II CAQH CORE Eligibility & Claim Status Operating Rules?

CAQH CORE has a number of resources and tools available at no cost to assist entities with implementation of the CAQH CORE Eligibility & Claim Status Operating Rules.

- CAQH CORE has developed an [Analysis & Planning Guide for Adopting the CAQH CORE Eligibility & Claim Status Operating Rules](#) to assist entities with determining with which CAQH CORE rule requirements their organization will need to comply, which CAQH CORE Rule requirements are outsourced, and with identifying the remediation necessary to ensure conformance of outsourced functions. The Analysis & Planning Guide includes three tools:
 - *CAQH CORE Stakeholder & Business Type Evaluation* to determine your organization's stakeholder type(s) and understand the role of your intermediaries that conduct the eligibility and/or claim status transactions
 - *CAQH CORE Systems Inventory & Impact Assessment Worksheet* to assess your organization's external and internal systems that conduct eligibility and/or claim status transactions and are impacted by the CAQH CORE Operating Rules
 - *CAQH CORE Gap Analysis Worksheet* to determine the level of system(s) remediation necessary for your organization to adopt the business requirements of the CAQH CORE Operating Rules
- CAQH CORE holds frequent education sessions with various industry partners on implementation of the CAQH CORE Operating Rules. Information on upcoming sessions and materials (both slides & audio) from past sessions is available on the [CAQH website](#). CAQH CORE also holds free monthly industry-wide [Town Hall calls](#) to update the industry on CAQH CORE activities.
- [CORE Certification](#) also offers a useful resource for entities to ensure successful implementation of applicable CAQH CORE Eligibility & Claim Status Rule requirements. CORE Certification has been embraced by many entities given its value in assisting with CAQH CORE Operating Rule adoption and ensuring the greatest ROI is achieved with trading partners. Currently, [over 60 organizations and vendor products](#) are CORE-certified and several more are in the pipeline to achieve CORE Certification this year. CORE Certification testing with a CAQH CORE-authorized testing vendor is available online at no cost to entities.
- For each phase of CAQH CORE Operating Rules, a CORE Certification Master Test Suite is developed that outlines all of the requirements for entities seeking CORE Certification on the rule phase. These test suites include information about key concepts such as the role of trading partners that also apply for general adoption of the CAQH CORE Eligibility & Claim Status Operating Rules, beyond CORE Certification. The test suites are available online: [Phase I](#) and [Phase II](#).

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CAQH CORE is the authoring entity for two sets of ACA Section 1104 mandated Federal operating rules.

This document is for informational purposes only; in the case of a discrepancy between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take(s) precedence.

**CAQH Committee on Operating Rules for Information Exchange (CORE)
FAQs Part C: CAQH CORE Eligibility & Claim Status Operating Rules**

XVII. Phase I & Phase II CORE Certification

For policies and procedures related to achieving Phase I & Phase II CORE Certification, including guidance on completing Phase I & II CORE Certification testing, please see [CAQH CORE FAQs Part F: ACA Section 1104 Certification, CORE Certification, Proposed CORE HIPAA Credential, and CORE Endorsement](#).

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