



Phase I CAQH CORE Glossary
version 1.1.1 July 2013

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INTRODUCTION: This glossary of terms has been developed for CAQH CORE's Phase I Rules and Policies related to the healthcare eligibility benefit inquiry and response.

- Where the definition of the term is from a source outside of CAQH CORE, the source is noted in italics under the bolded term.
- A few terms are defined in the Phase I CAQH CORE Operating Rules and therefore reference the rule itself.
- Unless otherwise defined here, definitions for any terms or data elements referenced in the Rules are taken from the HIPAA-adopted ASC X12 005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) Technical Report Type 3 Implementation Guide (hereafter X12 v5010 270/271).

Term	Definition
Batch (Batch Mode, Batch Processing Mode)	Batch mode is when the initial (first) communications session is established and maintained open and active only for the time required to transfer the batch ASC X12 v5010 Interchange, which may contain one or more Functional Groups containing one or more X12 v5010 Transaction Sets, and receive the acknowledgement that the file was successfully received. The next (second) communications session is established at a later time and maintained open and active only for the time required to retrieve the batch ASC X12 v5010 Interchange containing one or more Functional Groups containing one or more X12 v5010 Transaction Sets and acknowledge that the file was successfully received. Alternatively, at the discretion of the trading partners, the communications session may be maintained open and active for a period of time to be mutually defined between the trading partners following the successful transfer of any file of data. “Fast batch” or any batch that is converted to real time by the receiver is required to meet the CAQH CORE requirements for batch.
Benefit Begin Date (X12 v5010 271 Data Element #1365 Service Type Code 348)	<i>CORE Supplemental Description:</i> The date on which coverage for a specific benefit begins. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CAQH CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
Business Day	A day consisting of the 24 hours commencing with 12:00 am (Midnight or 0000 hours) of each designated day through 11:59 pm (2359 hours) of that same designated day. ¹ The actual calendar day(s) constituting business days are defined by and at the discretion of each health plan.
Calendar Week	From 12:01 am Sunday to 12:00 am the following Sunday. ²
Certification	Acknowledgement that a validation was completed and the criteria established for issuing certificates (brands) was met. In the context of CAQH CORE, it is a process consisting of an official acknowledgment that CAQH CORE Operating Rules conformance testing (validation) ³ was successfully completed and the criteria for issuing the CORE-certified Seal was met.
Chiropractic (X12 v5010 271 Data Element #1365 Service Type Code 33)	<i>CORE Supplemental Description:</i> Professional services which may include office visits, manipulations, lab, x-rays, and supplies. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is

¹ See Phase I CAQH CORE 155: Eligibility and Benefits Batch Response Time Rule version 1.1.0.

² See Phase I CAQH CORE 157: Eligibility and Benefits System Availability Rule version 1.1.0.

³ Source: Overview of Conformance Testing document developed by NIST Information Technology Laboratory Software Diagnostics & Conformance Testing Division (January 25, 1999)

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Term	Definition
	sufficiently clear and commonly understood.
Clearinghouse	A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and “value-added” networks and switches, that processes or facilitates the processing of health information received from another entity or provides other services that facilitate the exchange, delivery or transfer of electronic health information between organizations. Used interchangeably with the terms “SWITCH” and “INTERMEDIARY” in the context of CAQH CORE Operating Rules. ⁴
Conformance	The fulfillment of a product, process or service of specified requirements. In the context of CAQH CORE, it is the demonstration that the software/system meets the specified requirements set forth in a CAQH CORE Operating Rule. ⁵
Conformance Clause	A section of a specification that defines at a high level, the requirements, criteria, or conditions to be satisfied in order to claim conformance. In the context of CAQH CORE, it is the language in a CAQH CORE Operating Rule that defines at a high level the requirements criteria or conditions that must be satisfied in order to claim conformance and/or demonstrate conformance during CORE Certification testing. ⁶
Conformance Criteria	Requirements indicating the behavior, action, capability that constitutes implementation of the function. In the context of CAQH CORE, it is the requirements set forth in a CAQH CORE Operating Rule indicating the behavior, action or capability that constitutes actual implementation of the function and/or demonstrates conformance during CORE Certification testing. ⁷
Conformance Testing (Validation)	A way to determine directly or indirectly that a set of relevant requirements are fulfilled. In the context of CAQH CORE, the term “Certification Testing” is used to mean the same as Conformance Testing. ⁸
Dental Care (X12 v5010 271 Data Element #1365 Service Type Code 35	<i>CORE Supplemental Description:</i> Benefits for services, supplies or appliances for care of teeth. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
Emergency Services (X12 v5010 271 Data Element #1365 Service Type Code 86)	<i>CORE Supplemental Description:</i> Medical services and supplies provided by physicians, Hospitals, and other healthcare professionals for the treatment of a sudden and unexpected medical condition or injury which requires immediate medical attention. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood. ⁹
Hospital Inpatient (X12 v5010 271 Data Element #1365 Service Type Code 48)	<i>CORE Supplemental Description:</i> Hospital services and supplies for a patient who has been admitted to a hospital for the purpose of receiving medical care or other health services. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service

⁴ Source: *Code of Federal Regulations. Title 45: Public Welfare. Subtitle A: Department of Health and Human Services Part 160: General Administrative Requirements. 160.103: Definitions.* http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr160_02.html

⁵ NIST January 25, 1999

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

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Term	Definition
	type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
Hospital Outpatient (v5010 271 Data Element #1365 Service Type Code 50)	<i>CORE Supplemental Description:</i> Hospital services and supplies for a patient who has not been admitted to a hospital for the purpose of receiving medical care or other health services. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
IETF	The Internet Engineering Task Force (IETF) is charged with developing and promoting <u>Internet</u> standards, in particular, those of the <u>TCP/IP protocol suite</u> . The IETF has grown into a large open international community of network designers, operators, vendors, and researchers concerned with the evolution of the Internet architecture and the smooth operation of the Internet. Formally an activity under the umbrella of the <u>Internet Society</u> . The IETF is overseen by the Internet Architecture Board. ¹⁰
Intermediary	A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and “value-added” networks and switches, that processes or facilitates the processing of health information received from another entity or provides other services that facilitate the exchange, delivery or transfer of electronic health information between organizations. Used interchangeably with the terms “SWITCH” and “CLEARINGHOUSE” in the context of CAQH CORE Operating Rules. ¹¹
May (to indicate requirement level in a specification)	This word, or the adjective "OPTIONAL," means that an item is truly optional. One vendor may choose to include the item because a particular marketplace requires it or because the vendor feels that it enhances the product while another vendor may omit the same item. An implementation which <i>does not</i> include a particular option MUST be prepared to interoperate with another implementation which <i>does</i> include the option, though perhaps with reduced functionality. In the same vein, an implementation which <i>does</i> include a particular option MUST be prepared to interoperate with another implementation which <i>does not</i> include the option (except, of course, for the feature the option provides.) ¹²
Medical Care (X12 v5010 271 Data Element #1365 Service Type Code 1)	<i>CORE Supplemental Description:</i> Medical care services to diagnose and/or treat medical condition, illness or injury. Medical services and supplies provided by physicians and other health care professionals. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
Must (to indicate requirement level in a specification)	This word, or the terms "REQUIRED" or "SHALL", means that the definition is an absolute requirement of the specification. ¹³
Must Not (to indicate requirement level in a specification)	This word, or the terms "NOT REQUIRED" or "SHALL NOT", means that the definition is a specific prohibition of the specification. ¹⁴
Not Recommended (to	This phrase, or the phrase "SHOULD NOT", means that there may exist valid reasons in

¹⁰ The Internet Engineering Task Force. <http://www.ietf.org>

¹¹ Code of Federal Regulations. Title 45: Public Welfare. Subtitle A: Department of Health and Human Services Part 160: General Administrative Requirements. 160.103: Definitions. http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr160_02.html

¹² The Internet Engineering Task Force. Key words for use to Indicate Requirement Levels RFC. 2119. <http://www.ietf.org/rfc/rfc2119.txt>. March 1997.

¹³ IETF RFC. 2119.

¹⁴ Ibid.

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Term	Definition
indicate requirement level in a specification)	particular circumstances when the particular behavior is not acceptable or useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label. ¹⁵
Not Required (to indicate requirement level in a specification)	This word, or the terms "MUST NOT" or "SHALL NOT", means that the definition is a specific prohibition of the specification. ¹⁶
Optional (to indicate requirement level in a specification)	This word, or the adjective "MAY", means that an item is not required. One vendor may choose to include the item because a particular marketplace requires it or because the vendor feels that it enhances the product while another vendor may omit the same item. An implementation which does not include a particular option MUST be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same vein an implementation which does include a particular option MUST be prepared to interoperate with another implementation which does not include the option (except, of course, for the feature the option provides.) ¹⁷
Pharmacy (X12 v5010 271 Data Element #1365 Service Type Code 88)	<i>CORE Supplemental Description:</i> Drugs and supplies dispensed by a licensed Pharmacist, which may include mail order or internet dispensary. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
Professional (Physician) Visit-Office (X12 v5010 271 Data Element #1365 Service Type Code 98)	<i>CORE Supplemental Description:</i> Professional services of a Physician or other Health Care Professional during an office visit. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.
Real Time (Real Time Mode, Real Time Processing Mode)	Real Time mode is when an immediate response to an inquiry is required and a single communications session is established and maintained open and active until the required X12 acknowledgement is received by the entity initiating the communications session. Communication is complete when the session is closed. A Real Time inquiry is limited to one X12 v5010 eligibility request transaction set inquiring about one individual, one Functional Group containing only one X12 v5010 transaction set, and one Interchange containing only one Functional Group. ¹⁸
Recommended (to indicate requirement level in a specification)	This phrase, or the phrase "SHOULD", means that there may exist valid reasons in particular circumstances when the particular behavior is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label. ¹⁹
Rejection	An acknowledgment that communicates that an electronic transaction has not been successfully received. ²⁰
Required (to indicate requirement level in a specification)	This word, or the terms "MAY" or "SHALL", means that the definition is an absolute requirement of the specification. ²¹

¹⁵ IETF RFC. 2119.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ See Phase I CAQH CORE: 150 & CAQH CORE: 151 Eligibility and Benefits System Batch and Real Time Acknowledgements version 1.1.0.

²¹ IETF RFC. 2119.

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Term	Definition
Shall (to indicate requirement level in a specification)	This word, or the terms "MUST" or "REQUIRED", means that the definition is an absolute requirement of the specification. ²²
Shall Not (to indicate requirement level in a specification)	This word, or the terms "MUST NOT" or "NOT REQUIRED", means that the definition is a specific prohibition of the specification. ²³
Should (to indicate requirement level in a specification)	This phrase, or the phrase "RECOMMENDED", means that there may exist valid reasons in particular circumstances when the particular behavior is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label. ²⁴
Should Not (to indicate requirement level in a specification)	This phrase, or the phrase "NOT RECOMMENDED", means that there may exist valid reasons in particular circumstances when the particular behavior is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behavior described with this label. ²⁵
Switch	A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and “value-added” networks that processes or facilitates the processing of health information received from another entity or provides other services that facilitate the exchange, delivery or transfer of electronic health information between organizations. Used interchangeably with the terms “CLEARINGHOUSE” and “INTERMEDIARY” in the context of CAQH CORE Operating Rules. ²⁶
System Availability	The amount of time various components of a computer system are up and available for processing as required. In the context of CAQH CORE, it includes all necessary components of a system required to process an X12 v5010 270 inquiry and return the required X12 v5010 271 response(s). ²⁷
Validation (Conformance Testing)	The process, policy and procedures necessary to perform certification testing in accordance with a prescribed procedure and official test suite. In the context of CQH CORE, this process uses the CORE Certification Master Test Suite and incorporates the CORE Certification and Enforcement Policies and CORE Pledge. ²⁸
Vision (Optometry) (X12 v5010 271 Data Element #1365 Service Type Code AL)	<i>CORE Supplemental Description:</i> Routine vision services furnished by an optometrist. May include coverage for eyeglasses, contact lenses, routine eye exams, and/or vision testing for the prescribing or fitting of eyeglasses or contact lenses. The CORE supplemental descriptions (clarification/meaning) are for guidance until definitive clarified definitions can be obtained within the ASC X12 standards. They provide a general understanding of the specific services which are included in each service type, but the description may not be all inclusive. No CORE description is provided for Service Type Codes where there was agreement among the CORE Participants that the ASC X12 Standard Code Definition is sufficiently clear and commonly understood.

²² IETF RFC. 2119..

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Code of Federal Regulations. Title 45: Public Welfare. Subtitle A: Department of Health and Human Services Part 160: General Administrative Requirements. 160.103: Definitions.

²⁷ See Phase I CAQH CORE: 157 Eligibility and Benefits System Availability Rule version 1.1.0

²⁸ NIST, January 25, 1999