



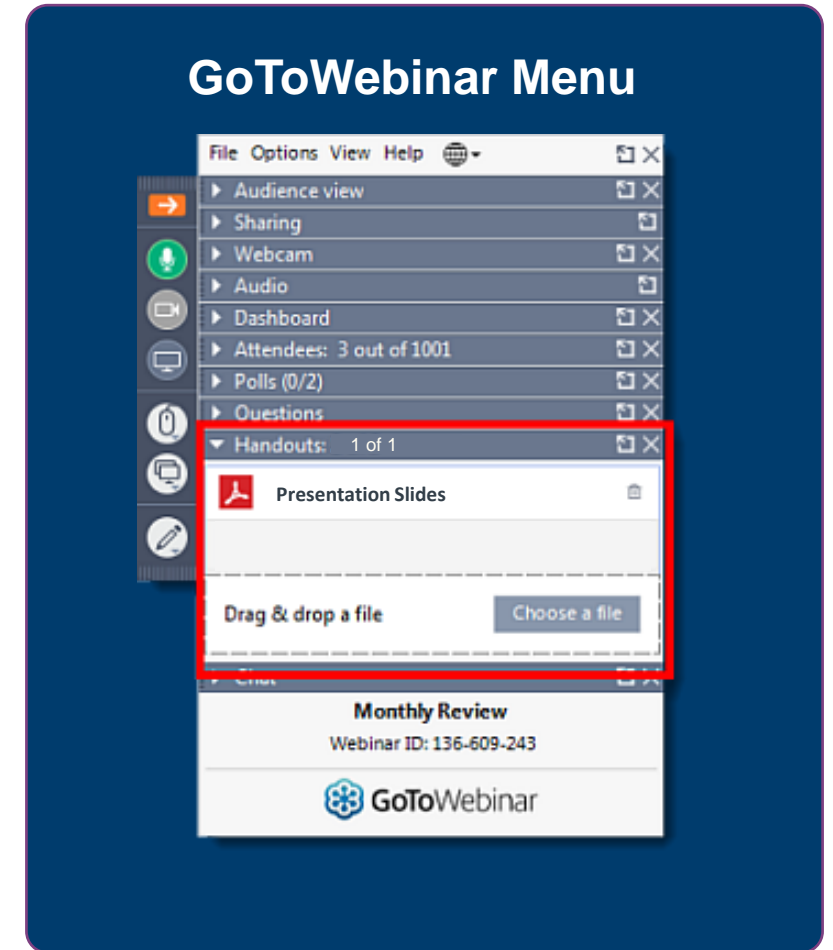
CAQH CORE September Town Hall

CORE Staff

September 6, 2023

Webinar Logistics

- Accessing webinar materials:
 - Download the presentation slides from the “Handouts” section of the GoToWebinar menu.
 - An e-mail will be sent to all attendees and registrants in the next 1-2 business days with information on how to access slides and today’s recording.
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Join us for **CAQH Connect 2023**, an event bringing together healthcare industry experts, thought leaders, and executives from the nation's government, health plans, and industry associations.

September 27-29, 2023, *Westin Georgetown, Washington, D.C.* [Register Here!](#)



Agenda

- CAQH CORE Overview
- Federal Regulatory Activity
- Summer Issue Brief Releases
- 2023 Operating Rule Development
- Call to Action

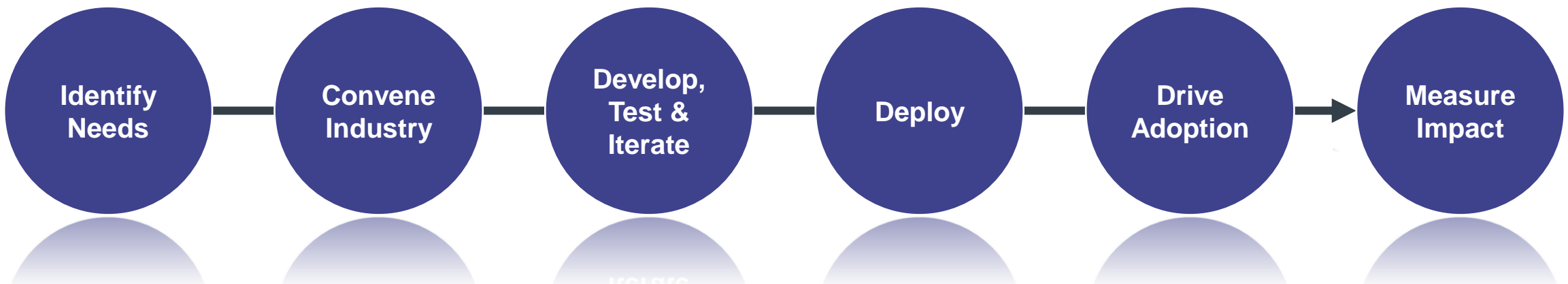
CORE Overview

Mission

Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

Vision

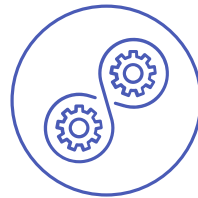
An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.



Committee on Operating Rules for Information Exchange



Federally Designated by the Department of Health and Human Services (HHS) as the National Operating Rule Authoring Entity for all HIPAA mandated administrative transactions.



Develop business rules to help industry effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.



Multi-stakeholder Board Members include health plans, providers, vendors, and government entities. Advisors to the Board include SDOs.

More than 100 CAQH CORE Participating Organizations

Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- UnitedHealthGroup

Integrated Plan/Provider

- Highmark Health (Highmark, Inc.)
- Kaiser Permanente
- Marshfield Clinic/Security Health Plan of Wisconsin, Inc.

Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Averhealth
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduit
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- JP Morgan Healthcare Payments
- NantHealth NaviNet
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelis

Providers

- American Hospital Association (AHA)
- American Medical Association (AMA)
- Aspen Dental Management, Inc.
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association (HFMA)
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

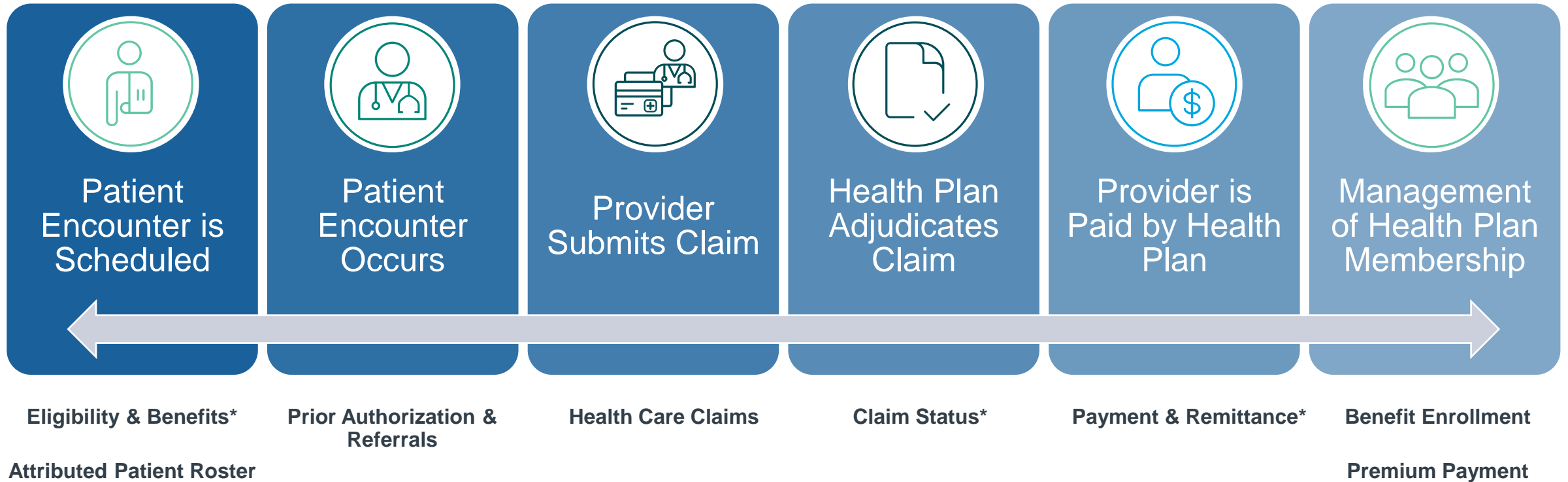
Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- Healthcare Business Association of New York (HCBA)
- HL7
- NACHA The Electronic Payments Association
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Preferra Insurance Company Risk Retention Group
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission (URAC)
- Work Group for Electronic Data Interchange (WEDI)

Account for 75% of total American covered lives.

CAQH CORE Operating Rules Support Key Revenue Cycle Functions

Operating Rule Definition: The “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”



**Rule Set Contains Federally Mandated Operating Rules*

CORE Certification

Ensuring Conformance with Operating Rule Requirements

What is
CORE
Certification?

CORE Certification is obtained when an entity has demonstrated that its **IT system or product is operating in conformance** with CAQH CORE Operating Rules for specific transaction(s).

Which
organizations
can become
CORE-
Certified?

CAQH awards CORE Certification Seals to entities that **create, transmit or use** the healthcare administrative and financial transactions addressed by the CAQH CORE Operating Rules.

How can
Certification
support
compliance?

It is the **responsibility of a covered entity to ensure business associate compliance** with HIPAA requirements; many entities require CORE Certification as a condition of contracting.

410 Certifications have been awarded to date. Consider CORE Certification for your organization.

CAQH CORE-Certified Health Plans and Vendor Products

Health Plans

- Aetna
- Alabama Medicaid Agency
- Alaska Department of Health and Social Services
- All Savers Insurance
- American Postal Workers Union Health Plan
- Anthem
- Anthem Colorado
- Anthem Connecticut
- Anthem Indiana
- Anthem Kentucky
- Anthem Maine
- Anthem Nevada
- Anthem New Hampshire
- Anthem Ohio
- Anthem Virginia
- AultCare
- Blue Cross of California
- Blue Cross Blue Shield of Georgia
- Blue Cross Blue Shield of Missouri
- Blue Cross Blue Shield of Nebraska
- Blue Cross Blue Shield of North Carolina
- BlueCross BlueShield of Tennessee
- Blue Cross Blue Shield of Wisconsin
- Boston Medical Center Health Plan
- CalOptima
- Centene Corporation
- Cigna
- ConnectiCare
- Contra Costa Health Plan
- County of Riverside – Exclusive Care
- Delta Dental of California
- Delta Dental of Delaware
- Delta Dental District of Columbia
- Delta Dental Insurance Company
- Delta Dental of New York
- Delta Dental of Pennsylvania
- Delta Dental of Puerto Rico
- Delta Dental of West Virginia
- Dentegra
- Empire Blue Cross Blue Shield
- Excellus Health Plan
- Georgia Department of Community Health
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Net
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Inland Empire Health Plan
- Kaiser Permanente Colorado
- Kaiser Permanente Washington
- MaineCare
- Medical Card System
- Medical Mutual of Ohio
- MVP Health Care
- National Association of Letter Carriers Health Benefit Plan
- Nebraska Medicaid
- New Hampshire Medicaid
- North Dakota Department of Human Services
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Rocky Mountain Health Plans
- Sanford Health Plan
- Santa Clara Family Health Plan
- Security Health Plan
- SummaCare
- Sutter Health Plus
- Texas Medicaid
- Trillium Community Health Plan
- UnitedHealthcare Life Insurance Company
- UnitedHealthGroup

Clearinghouses/Vendors

- Ability
- AdminisTEP, LLC
- Alight Solutions, LLC
- assertus
- Athenahealth
- Availity, LLC
- Avizzor Health Solutions
- Capario
- Cerner/Healthcare Data Exchange
- Change Healthcare
- Claim.MD
- Conduent EDI Solutions
- CVS Health
- Data Dimensions
- Dorado Systems
- ECHO Health, Inc.
- EIXSYS
- Eldorado, Inc.
- Eligibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- Experian Health
- FrontRunnerHC
- GE Healthcare
- Gi4
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHelink
- HeW
- HealthFusion
- HealthTrio
- HFMI LLC
- HIPAAsuite
- HMS
- ikaSystems
- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Loxogon
- Medical Present Value, Inc.
- National Electronic Attachment, Inc.
- NAviNet
- Navicare
- NextGen Healthcare
- NoMoreClipboard.com
- NTT DATA Services. LLC
- Office Ally
- Optum
- OptumInsight
- Orbograph
- Palmetto GBA
- Pay Span
- Phreesia
- PNS
- PNT Data
- PokitDok
- pVerify
- RealMed Corporation
- Recondo Technology
- Retrace
- Smart Data Solutions
- SS&C Health
- TransUnion Healthcare, LLC
- The SSI Group, Inc
- TriZetto Provider Solutions
- UHIN
- Tallan
- Ventanex
- Veuu
- XIFIN
- Waystar
- Zelis Payments

Federal Regulatory Activity

Operating Rule Path to Federal Mandate



CAQH CORE Sends Letter to NCVHS*:

- On 5/23/22 the CAQH CORE Board sent a [letter](#) to the HHS** Federal Advisory Committee (NCVHS) proposing a set of new and updated operating rules for federal adoption.



NCVHS Collects Industry Feedback:

- NCVHS Standards Subcommittee published a [Request for Comment](#) due by 12/15/22 and held an [industry hearing](#) on 1/19/23 to review and solicit feedback on the proposed rules.



NCVHS Makes Recommendation to HHS:

- [NCVHS sent a letter to the HHS Secretary](#) on 6/30/23 recommending the proposed operating rules for adoption under HIPAA except those for attachments.



Expedited HHS Interim Final Rule Making

- If a federal adoption is the approach, HHS will issue an Interim Final Rule (IFR) to the industry with a public comment period. With no major objections, HHS then adopts the final rule and mandates the operating rules.*** Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

*National Committee on Vital and Health Statistics (NCVHS) | ** Department of Health and Human Services (HHS) | ***HHS has the authority to judge whether comments are substantial and whether changes should be made to the final rule.

NCVHS Recommendation to HHS

On **June 30, 2023** NCVHS made the following rulemaking recommendation in a [letter](#) to HHS:

Proposed Operating Rules		NCVHS Rulemaking Recommendation
Updated	CORE Eligibility and Benefits (270/271) Infrastructure Rule CORE Claim Status (276/277) Infrastructure Rule CORE Payment and Remittance (835) Infrastructure Rule	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
Updated	CORE Connectivity Rule vC4.0.0	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
Updated	CORE Eligibility and Benefits (270/271) Data Content Rule	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
New	CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule	<ul style="list-style-type: none"> • Recommended HHS conduct rulemaking to federally adopt
New	CORE Attachments Health Care Claims Infrastructure Rule CORE Attachments Health Care Claims Data Content Rule CORE Attachments Prior Authorization Infrastructure Rule CORE Attachments Prior Authorization Data Content Rule	<ul style="list-style-type: none"> • Do not conduct rulemaking to adopt
	CORE Certification Requirement Language	<ul style="list-style-type: none"> • Do not conduct rulemaking to adopt (consistent with past recommendations)

Advancement of X12 Standards

In a separate letter, NCVHS did not recommend adopting updated versions of the X12 standards for claims (837) and remittance advice (835).

Updated CORE Infrastructure Rules

Eligibility, Claim Status & Remittance



Overview: The mandated CAQH CORE Infrastructure Rules* for eligibility, claim status, and remittance advice provide safe harbor connectivity and security standards and dictate requirements for system availability, uniform use of acknowledgements and processing time requirements. Updates provide enhanced security, greater system availability, flexibility to accommodate multiple payloads and conformance with the most current CORE Connectivity Rules.

Existing: HIPAA-mandated Infrastructure Rules

86% per calendar week
N/A: Current Mandated CAQH CORE Infrastructure Rules do not include a quarterly system availability requirement
Phase I & II Connectivity Rules (vC.1.1.0 & vC.2.2.0)
Companion guides must follow format and flow of CORE Master Companion Guide

Weekly System Availability
Quarterly System Availability
Connectivity
Companion Guide

Updates: NCVHS Recommended Infrastructure Rules.

90% per calendar week
Health plans and their agents may use 24 additional hours of system downtime per calendar quarter to accommodate larger system updates and maintenance
Most current CAQH CORE Connectivity Rule (vC.4.0.0)
Updates include support for the non-X12 transactions to accommodate multiple standards

*CAQH CORE Eligibility & Benefits (270/271) Infrastructure Rule; CAQH CORE Claims Status (276/277) Infrastructure Rule; CAQH CORE Payment & Remittance (835) Infrastructure Rule

Newest Version of CORE Connectivity



Overview: The **CAQH CORE Connectivity Rule vC4.0.0** is a single, uniform Connectivity Rule that supports administrative and clinical data exchange. The rule updates and aligns CAQH CORE connectivity & security requirements to support REST and other API technology, building upon prior versions of CAQH CORE Connectivity.

Existing: HIPAA-mandated Connectivity Rule

Key Requirements:

- Use of **public internet** connection and **HTTP transport** standards to establish an industry **Safe Harbor**
- Employs **Username and Password** with optional use of **digital certificate** for authentication
- Use of both **SOAP and MIME** messaging standards
- **Defined metadata** to relieve burden of implementation and reduce variances across industry
- Supports **batch** and **real time** interactions meeting industry needs
- Specifies **error handling** processes and messaging requirements
- Requires development and implementation of a **capacity plan**

Updates: NCVHS Recommended Connectivity Rule

Updates:

- Continues **Safe Harbor** Connectivity requirements to support **SOAP messaging standards**
- Incorporation of HTTPS and more stringent security standards – **TLS 1.2 or higher**
- Requirement to use digital certificate for authentication – **X.509**
- Implementation of stronger authorization standards – **OAuth 2.0**
- Add support for the exchange of **Attachments transactions** – including **X12 275, HL7 C-CDA, FHIR, etc.**

and

Addition of REST standards in vC4.0.0:

- Support for standard-agnostic REST style web resources
- Messaging in human-readable JAVA format
- Support for API integration and versioning standards for CORE Connectivity

Updated and New CORE Eligibility & Benefits Data Content Rule



Overview: The **CAQH CORE Eligibility & Benefits Data Content Rule Update** enhances the exchange of eligibility information between health plans and providers through requirements including providing financial information, especially co-insurance, co-payment, deductible, remaining deductible amounts, and coverage information for a set of service types in real time.

Existing: HIPAA-mandated Eligibility & Benefits Data Content Rule

Respond in **real-time response** (20 seconds or less) or next day for a batch response time.

Support detailed responses for **52 Service Type Codes (STCs)**.

Return **patient financial responsibility** for co-pay, co-insurance and deductible.

Return benefit information at **least 12 months into the past**, up to the end of the current month.

Use **standard characters**, cases, prefixes and suffixes for last names.

Follow defined reporting of errors using **AAA error codes**.

Updates and New NCVHS Recommended Eligibility & Benefits Data Content Rules

Return detailed eligibility and benefit information for **tiered benefit coverage**.

Support **126 additional STCs**.

Return **maximum and remaining benefits** for 10 STCs.

Indicate if included STCs or procedure codes require **prior authorization** or certification.

Use CMS place of service codes when service is available through **telehealth**.

Return eligibility and benefit information at the **procedure code level** for PT, OT, surgery, and imaging.

New: Single Patient Attribution Data Content Rule requires returning **patient attribution status and effective dates of attribution**.

Final Step to Federal Mandate

CAQH CORE Sends Letter to NCVHS*:

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NCVHS Collects Industry Feedback:

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Expedited HHS Interim Final Rule Making

- If a federal adoption is the approach, HHS will issue an Interim Final Rule (IFR) to the industry with a public comment period. With no major objections, HHS then adopts the final rule and mandates the operating rules.*** Once HHS mandates an operating rule, industry is given 25 months to implement and adopt new rules.

CORE will be launching a dedicated website for all NCVHS recommended rules to keep industry up to date and informed.

Summer Issue Brief Releases

Summer 2023: CAQH Issue Brief Highlight

Delegated Management Vendors and the Automation Opportunity



Increasing Transparency of Healthcare Charges: It's a Manual Process



2023 Operating Rule Development

2023 Operating Rule Development Efforts

Initiative	Identify Opportunities	Develop Rule Requirements	Ballot Rules
Health Care Claims Data Content	✓	In Progress	
Value-based Payments Data Content	✓	In Progress	
CORE Code Combinations	✓	<i>Ongoing Maintenance</i>	
EFT/ERA Enrollment Data	✓	Just Launched	
NCPDP/CORE Medication Eligibility	✓	Launching Soon	

Business Challenges

Inconsistent Data

Information shared in claim transactions between providers and payers varies significantly, increasing administrative burden and requiring manual intervention for claims management.

Increasing Denial Rates

According to the Change Healthcare 2022 Revenue Cycle Denials Index, the average initial denial rate across 1,500 hospitals in the United States was almost 12% in the first half of 2022 compared to just 10% in 2020 and 9% in 2016.

2023 CORE Rule Development Group Vision

Establish **data content requirements** for transactions supporting claim submission, acknowledgment, and error reporting to help avoid rejections and costly downstream appeals.

Environmental scanning and additional research conducted in 2022 and early 2023 identified preliminary opportunities to address business challenges.

The Subgroup launched on April 13, 2023 to begin evaluating opportunity areas for rule development..

Health Care Claims Rule Development Focus Areas

Telehealth POS + Modifier Placement

DRAFT CORE Data Content Operating Rule for the Health Care Claim Transaction - Telehealth Claim Submission

- Modifier assignment for POS 10 and 02 is standardized to modifiers 93, 95, or GT.
- Definitions of POS + modifier combinations are established in an **accessible reference** resource.

Significant because:

- A rule provides needed clarity on place of service and modifier alignment.

277CA Data Alignment

DRAFT CORE Data Content Operating Rule for the 277CA Transaction

- Claim Status Category Codes (CSCC) and Claim Status Code (CSC) errors and rejection reasons are standardized into business scenarios and code combinations.
- Standardized data used to associate the 277CA transaction with an 837 transaction.
- Standardized data used to associate a 277CA error code with an 837 service line item.

Significant because:

- Standardized use of the 277CA could increase transaction adoption.
- With improved data quality and greater transaction adoption comes simplified claim resubmission.

COB Claim Submission

DRAFT CORE Data Content Operating Rule for the Health Care Claim Submission Transaction

- Standardized **minimum required data elements** for successful processing of COB.
- Standardized **format** for listing health plan COB data requirements.
- Alignment on **electronic access** of health plan COB data requirements.

Significant because:

- Lack of uniform 837 COB requirements creates additional administrative burden.
- Uniform data content requirements can remediate questions on payment or care attribution, among other items.

Business Challenges

Inconsistent Data.

Data-sharing is integral to success in VBP; however, exchanging key data such as SDOH information between industry stakeholders lacks standardization, thus hindering efficient data exchange and negatively impacting patient care.

Limited Results.

A recent [report](#) from the Center for Medicare and Medicaid Innovation (CMMI) shows that VBP programs produce only modest cost-savings without significant improvements in care quality.

Program Complexity.

Coordinating a population of patients across the spectrum of care poses difficulties that could be eased by defining terms and definitions across VBP programs.

2023 CORE Rule Development Group Vision

Leverage **HIPAA-mandated benefit enrollment and claim transaction** to facilitate uniform exchange of socio-demographic information and strengthen interoperability in VBP by aligning technical infrastructure requirements and industry terminology.

Environmental scanning and additional research conducted in 2022 and early 2023 identified preliminary opportunities to address business challenges.

The Subgroup launched on April 27, 2023 to begin evaluating opportunity areas for rule development..

Value-based Payment Rule Development Focus Areas

Strengthened Exchange of Socio-demographic Data

NEW DRAFT Benefit Enrollment and Maintenance (X220) Data Content Rule

UPDATED DRAFT Benefit Enrollment and Maintenance (X220) Infrastructure Rule

UPDATED DRAFT Attributed Patient Roster (X318) Data Content and Infrastructure Rules

- **Impactful** socio-demographic data inclusions, standardizing exchange.
- Enhanced **health plan-to-provider** exchange of socio-demographic information.
- Infrastructure rules **inclusive of value-based payment** requirements.

Significant because:

- Generates **usable** socio-demographic data for VBP designers and participants.
- Addresses with **CMMI** evaluations that data availability and quality slows health equity progress.

Empowered Engagement with VBP Methodologies

NEW DRAFT Health Care Claim (X221 / X222) Submission Data Content Rule

- **Alignment** of industry requirements for additional claim submissions.
- **Structure** for the inclusion of information supporting value-based methodologies, such as risk adjustment.
- Component of a **suite** of operating rule requirements to reduce burden.

Significant because:

- Enhances **reporting of non-medical factors** increasingly used for quality and risk adjustment.
- Encourages **greater provider engagement** in the administration of VBP by easing reporting.

Created a Framework for Semantic Interoperability

NEW DRAFT CORE Framework for Semantic Interoperability in Value-based Payment Models

- **Clarity** around disparate concepts and terms prevalent in VBP.
- **Resource** for industry stakeholders to reference and for CAQH CORE to better define VBP in operating rules.
- Functions as a **compilation** of disconnected industry efforts.

Significant because:

- Centers language used in VBP that can otherwise **confuse contracting or policy efforts**.
- Creates a **basis for CAQH CORE Operating Rules** and aligns disparate industry initiatives.

5 NEW or UPDATED Operating Rules and 1 CORE and Industry Resource to drive automation and adoption of value-based payment models.

Business Needs

Industry stakeholders requested that CORE make substantive adjustments to the enrollment data sets to **improve the ability to detect fraud and support streamlined workflows.**

Ongoing need to drive payment and remittance automation through **greater adoption of EFT/ERA standards.**

2023 CORE Rule Development Group Vision

Explore updating operating rules intended to **simplify provider enrollment for EFT and ERA through consistent data requirements** and electronic enrollment methods to address security and other business needs.

In Q2 of 2023, **CORE conducted industry interviews to evaluate current and emerging business needs** to improve EFT/ERA enrollment which identified five opportunity areas for Task Group consideration.

The Task Group launched on August 15, 2023 to begin evaluating opportunity areas for rule updates.

EFT/ERA Enrollment Data Rules Update

Five Opportunity Areas



Enhancement to Data Sets



Revise and improve data element groups and elements.



Flexible Data Sets



Enable flexible arrangement and externalization of data sets.



Fraud Detection



Strengthen fraud detection capabilities through the addition of new data elements.



Bulk Enrollment



Facilitate efficient enrollment across multiple entities.



Notification of Enrollment, Disenrollment, or Updates



Establish clear requirements for notifying providers of enrollment, disenrollment, or updates.



Launching Soon: Joint Eligibility Rule Development with NCPDP

- Collaboration between CAQH CORE and the National Council for Prescription Drug Programs (NCPDP).
- Task Group will consider the development of **updated eligibility (X12 270/271) data content operating rule requirements** to support exchange of detailed coverage and benefit information for medication covered under the medical benefit.

Reminder: Ask our speakers your questions by typing in the “Questions” pane on the lower right hand corner of your screen.



Call to Action

E-mail CORE@CAQH.ORG to Get Involved!



Become a CORE Participant

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



Become CORE Certified

Demonstrate conformance and commitment to streamlining administrative data exchange.



Be an Advocate

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.

Upcoming Events



Webinars

X12 and CORE Education Series: X12/CORE Education Series: 837 Transaction & Claims Operating Rules

- September 21st, 1:00-2:00pm ET

Interoperability in value-based care: Standardizing information exchange using CORE Operating Rules

- October 18th, 2:30-3:30pm ET

X12 and CORE Education Series: 270/271 Transaction and Eligibility & Benefits Operating Rules

- October 24th, 2:00-3:00pm

CORE Q4 Town Hall

- November 1st, 2:00-3:00pm

Operating Rules: An Essential Conduit for Administrative and Clinical Interoperability

- November 30th, 2:00-3:00pm



Conferences

HBMA 2023 Fall Revenue Cycle Management Conference

- Opportunities for Improving the Healthcare Claims Process with CAQH CORE Operating Rules
- *Indianapolis, IN*
- September 26th, 3:30-4:30pm ET

2023 WEDI National Conference

- *Washington, DC*
- CORE Session Information TBA



CAQH Connect 2023

- *Washington, DC*
- September 27-29th
- [Register Here!](#)

Thank you for joining us!

*E-mail **CORE@CAQH.ORG** to Get Involved!*