

## CORE Overview

CAQH Committee on Operating Rules for Information Exchange (CAQH CORE).

CAQH, an unprecedented nonprofit alliance of health plans and trade associations, is simplifying healthcare administration through industry initiatives that:

- Promote quality interactions between plans, providers and other stakeholders
- Reduce costs and frustrations associated with healthcare administration
- Facilitate administrative healthcare information exchange
- Encourage administrative and clinical data integration

CORE operating rules will allow providers to submit a request, using the electronic system of their choice, to obtain a variety of coverage information for any patient and from any participating health plan. Providers will receive more consistent and predictable data, regardless of health plan.

- Working in collaboration they are building consensus on a set of operating rules that will:
  - Enhance interoperability between providers and payers
  - Streamline eligibility, benefits, and claim data transactions
  - Reduce the amount of time and resources providers spend on administrative functions - time better spent with patients. Sets of operational rules
  - These rules are in addition to the Implementation Guide or TR3 Rules

### Phase I

#### Eligibility and Benefits Rules

- 150 - Batch Acknowledgements
- 151 - Real Time Acknowledgments
- 152 - Companion Guide

- 153 - Connectivity Rule
- 154 - 270/271 Data Content Rule
- 155 - Batch Response Time Rule
- 156 - Real Time Response Time Rule
- 157 - System Availability Rule

#### Phase II

- 250 - Claim Status Rule
- 258 - Normalizing Patient Last Name Rule
- 259 - AAA Error Code Reporting Rule
- 260 - Eligibility & Benefits Data Content [270/271] Rule
- 270 - Connectivity Rule