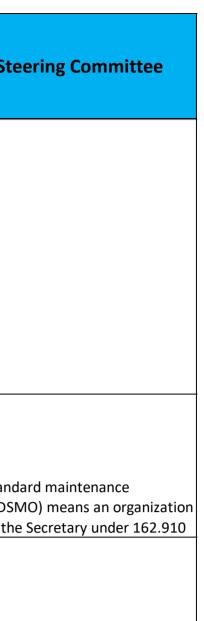| METRIC	CAQH CORE	HL7	NACHA	NCPDP	X12	Dental Content Committee (DCC)	NUBC, NUCC	DSMO Steering Committee
Type of Organization	Authoring Entity for Operating Rules (ORAE).	Standards Development Organization (SDO) aka Standard Setting Organization (SSO) named as a DSMO under 162.910.	Standards Development Organization (SDO) and operating rule authoring entity.	Standards Development Organization (SDO) aka Standard Setting Organization (SSO) named as a DSMO under 162.910.	Standards Development Organization (SDO) aka Standard Setting Organization (SSO) named as a DSMO under 162.910.	Data Content Committees; named as a DSMO under 162.910	Data Content Committees; named as a DSMO under 162.910	Comprised of the DSMOs as designated by the Secretary under 162.910. DSMO Steering committee operates under a Memorandum of Understanding (MOU) to comply with the process requirements to make recommendations for a proposed modification to an existing standard or proposed new standard to the Secretary, as required under 162.910 (c).
Accreditation Type (ANSI, ISO, etc.)	None required by legislation	ANSI	ISO	ANSI	ANSI	NA	NA	NA
Adopted Standards or Operating rules under HIPAA and/or ACA	Operating Rules for eligibility, claim status, Electronic Funds Transfer and Electronic Remittance Advice (Phase I, II, III). Phase IV submitted to NCVHS for claims, enrollment/disenrollment, premium billing but not recommended to HHS. Available for voluntary use. Phase V for Prior Authorization under development.	No HL7 standard adopted to date for administrative transactions; C-CDA available and used on voluntary basis for attachments.	Standard and operating rules adopted for Electronic Funds Transfer.	Pharmacy related transactions for claims, eligibility and non-retail pharmacy referrals; Medicaid subrogation. Electronic prior authorization transaction for Medicare Part D program recently published in proposed rule.	Non-pharmacy administrative transactions such as claims, eligibility, referrals, remittance advice, prior authorization, claim status and health care attachments	**DCC:** Sponsored by the ADA. Responds to requests for action on standard transaction data content submitted through the DSMO process; proposes transaction data content revisions specific to dental services;	**NUBC:** Unincorporated Association +H7 **NUCC:** Maintains national standard content and data definitions for professional health care claims and related encounter data (US), including the 1500 Claim Form, NUCC 1500 Instruction Manual, and 1500 - 837P Crosswalk. Also maintains the Health Care Provider Taxonomy and Provider Characteristics code sets. Named in HIPAA as 1 of 4 organizations the Secretary of HHS is to consult for the adoption of standards.	
Submits to DSMO before NCVHS?	No	Yes	No	Yes	Yes	NA	NA	NA
Consultation Requirements with other stakeholders/SDOs	Yes	No	No	No	No	No	No	Yes
When can industry use updated versions of products?	Voluntary use upon availability	Voluntary use of new transaction if one has not been adopted. May not use modified version of standard for transaction that has been adopted, except under an approved federal pilot if the organization is a participant in the pilot.	NACHA is a 501 (c)(3) organization with a Board and Advisory Group. The Advisory Group serves in a formal capacity, with a cross-section of non-financial institution entities including fintechs, processors and end users of the ACH Network to communicate directly with the NACHA Board of Directors on ACH payment priorities, needs and capabilities from the	Voluntary use of new transaction if one has not been adopted. May not use modified version of standard for transaction that has been adopted, except under an approved federal pilot if the organization is a participant in the pilot.	Voluntary use of new transaction if one has not been adopted. May not use modified version of standard for transaction that has been adopted, except under an approved federal pilot if the organization is a participant in the pilot.	**DCC** does not issue any work products; only adjudicates DSMO content	**NUBC:** As soon as code becomes effective. **NUCC:** Updated NUCC 1500 Instruction Manual released yearly on July 1; effective immediately. Updates to the Health Care Provider Taxonomy and Provider Characteristics code sets released Janaury 1 and July 1; effective April 1 and October 1, respectively.	NA
Governance	CAQH CORE Board has 13 Voting Members (5 Providers, 5 Health Plans, and 3 "Others", i.e., Vendor, Clearinghouse, Bank, etc.) and 5 Non-Voting Advisors (i.e., SDOs and Others). CAQH CORE rule development is governed by a multi-level process that requires approval by Subgroups, Work Groups and the Full CAQH CORE Voting Membership.	HL7 is a 501 c(6) organization. The HL7 Board of Directors is responsible for the strategic direction of the organization. Technical Governance is provided by the HL7 Technical Steering Committee which oversee work of all of the individual work groups.	Board of Trustees has supervision, control and general charge of the business of the Council. It establishes and modifies the Council's policies and executes the purposes of the Council, has discretion for the disbursement of funds, establishes the strategic direction, appoints the standardization committee, and has final authority on all industry	The X12 Board defines the overall direction and strategy of the organization, maintains a policy based governance system, oversees corporate policy and procedure compliance, protects the organization's assets, and supervises, controls, and directs the organizational affairs of X12.		**DCC:** ADA serves as Secretariat to the Dental Content Committee. DCC operates under a set of rules designed to ensure participation by a representative cross section of industry stakeholders. ADA appoints chair, vice	NUBC: is sponsored by the American Hospital Association (AHA). The AHA designates the Chair of the NUBC. The AHA is the Secretariat of the NUBC who maintains the UB-04 Data Specifications Manual. **NUCC:** AMA is the Secretariat. Has Bylaws establishing membership, responsibilities, voting, and structure.	Membership comprised of the 3 SDOs and 3 DCCs. MOU is self-renewing. Changes to the MOU, including additional signatories, must be approved by three-fourths majority of the Steering Committee, and by HHS. Modifications can be made to the MOU to keep the Change Request management system aligned with industry and regulatory needs. Any party may withdraw from the
Workgroup structure	Operating rules are developed through multi-level process. Level 1: CAQH CORE Subgroups - open to industry Level 2: CAQH CORE Work Groups Level 3: Full CAQH CORE Voting Membership (paid) Level 4: CAQH CORE Board	Members and non-members can participate in HL7's work groups. All HL7 members are entitled to vote on all standards. Per ANSI rules, non-members pay for the privilege of voting. Work groups reconcile all comments received for the standards they create through a consensus process outlined in HL7's Governance and Operations Manual and HL7's Essential Requirements.	NACHA has standing work groups for development of ACH Operating Rules. Participation in the Rules Work Group is open to direct members of NACHA or their representatives and ACH Operators	NCPDP members may participate and vote with no additional fees. Non-members may participate. Members and non-members engaged in workgroups inform development and vetting of standards and operating rules. All comments must be reconciled.	X12 work groups are comprised of business process and technical expert volunteers who focus on a particular transaction or business function. They are subordinate to task groups which are in turn subordinate to an X12 subcommittee, such as X12N. Members and non-members may participate in workgroup development; must secure access to on-line workgroups and website. Voting rights for members only; one per organizational member.	**DCC:** Consists of Chair, Vice Chair, and voting members. A member of ADA staff serves as Secretary. Some non-voting observers attend conference calls as well for purposes of reporting to other DSMOs	**NUBC:** NUBC includes a balance of national payer and provider organizations as well as representatives from standard setting bodies, and other national committees and associations NUBC includes a balance of national payer and provider organizations as well as representatives from standard setting bodies, and other national committees and associations. **NUCC:** Committee has set membership categories and member organizations; 3 standing subcommittees (Administrative, Code, and Data/1500); and ad hoc subcommittees are formed and closed as needed. There is a formal appeals process for decisions made by the NUCC. Two in-person meetings held yearly are open to the public. Monthly conference calls are for members only. Subcommittees are open to interested non-members.	Must meet Regulatory Process requirement: a) Open public access; b) Coordination with other DSMOs, c) provide appeals process. Additionally, must provide Expedited process to address content needs identified within the industry, if appropriate. Maintain adopted standards; Receive and process requests for adopting a new standard or modifying an adopted standard
Voting Process	Formal voting, with required quorums and approval percentages, occurs at Levels 2, 3, and 4 of the CAQH CORE rule development process. At all the levels, approval occurs via: Level 1 (CAQH CORE Subgroups): Informal	HL7 balloting process approves or return standards to applicable workgroup.	Request for changes to the operating rules are submitted to the Rules and Operations committee for review and if approved assigned to a standing rules work group. The rules work group reviews the request and depending on the complexity of the change request will	Work groups develop standards/revisions on regular schedule each year. Electronic ballots are issued twice a year. Changes advance to a ballot for consensus group vote.	Revisions to X12 standards are reviewed/approved through regularly scheduled electronic committee ballots (3 per year). Work groups create implementation guides tied to a specific version of the standard. The implementation guides are	**DCC:** Formal voting with quorum required. Roberts Rules of Order govern the procedures.	**NUBC:** One vote per member organization. Total voting members = 22. **NUCC:** Full committee - 1 vote per member organization; subcommittees - 1 vote per member	90 day review process
Cost of Standards/OR	Free to entire industry	HL7's standard are licensed free of charge to members and non-members like.	Membership required to access the standard; cost for non-members	Membership required to access the standard or implementation guides/ technical reports; cost for non-members	Anyone can license X12 work products. Cost is based on the access method and intended use.	**DCC:** NA	**NUBC:** The UB-04 Data Set is licensed in various ways under various fee structures based on intended use. The fee for a single user license is $160. **NUCC:** No fees for any work products.	N/A

METRIC	CAQH CORE	HL7	NACHA	NCPDP	X12	Dental Content Committee (DCC)	NUBC, NUCC	DSMO Steering Committee
Development and Maintenance	For new rules, CAQH CORE conducts research, including environmental scan. CAQH CORE Advisory Groups conduct preliminary prioritization of draft rule opportunity areas for Subgroup consideration. CAQH CORE Subgroups and Pilots are responsible for development and/or testing of draft rule language requirements. Draft rules are referred to the respective CAQH CORE Work Group for review, discussion and, if appropriate, approval. Once approved via Work Group ballot, draft rules move forward to the Full CAQH CORE Voting Membership and then to the CAQH CORE Board for final review and approval.	Work groups determine need for new or updates to existing standards. The scope and timeline for development of new standards or updates is proposed as a new project, which requires approval by the Work Group, Steering Division and Technical Steering Committee. Once approved as a project, new or updated material is developed Draft ballot is created and released for ballot. Members and non-members who join the ballot pool may vote.	Proposed rule changes can be submitted by anyone. Rules work groups review and develop business cases for proposals but also works with outside consultants to conduct research on more complex rules proposals.	Business need presented in Data Element Request Forms (DERFs) or New Project Requests. Workgroups maintain and update standards via the NCPDP Data Element Request Form (DERF). Any person or group may submit a DERF. Maintenance of a standard is accomplished through the NCPDP DERF process also. DERFs are reviewed and adjudicated 4 times a year. Once the DERF is approved at the work group level, a ballot is prepared according to the semi-annual ballot schedule after February and August Work Group meetings.	X12 subcommittees jointly maintain X12's standards via an approved consensus process. An updated version of the EDI Standard is published annually. Implementation guides describing a specific business use are updated through workgroups comprised of volunteers. The implementation guides are approved via a series of votes by successive X12 groups with specific responsibilities. **NOTE: As revised, this statement describes the current process; however, X12 has initiated new policies that will change the maintenance process.	DCC: NA	NUBC: The UB Manual was developed by the NUBC. The NUBC as formed in 1975 to develop and maintain a single institutional billing standard. The first version of the UB (UB-82) was approved in 1982. **NUCC:** Code Subcommittee manages requests for Health Care Provider Taxonomy and Provider Characteristics codes. Data/1500 Subcommittee manages requests for changes to the 1500 Claim Form and NUCC 1500 Instruction Manual. All changes are subject to approval by the full committee.	N/A
Maintenance	All CAQH CORE Operating Rules are maintained. Substantive revisions to any CAQH CORE rule requirement requires approval via the formal voting process. Some rules also include specific, ongoing rule-required maintenance conducted by a designated Task Group.	Maintenance is handled by the work group that developed the standard.	Maintenance of the operating rules and standards are handled through the NACHA rule making process.	Same as Development and Maintenance	see development and maintenance process.	DCC: NA	**NUBC:** Two in-person meetings held yearly are open to the public. Conference calls scheduled on a monthly basis as needed. Only NUBC members and invited guests may attend. At meetings, the NUBC entertains and deliberates change requests to the UB-04 Manual. The UB-04 is the external data set incorporated in the institutional electronic health care claim (837I). The effective dates of changes vary, but a minimum of five month's lead time is the norm. The NUBC publishes an updated version of the UB-04 manual annually on July 1. **NUCC:** Updated NUCC 1500 Instruction Manual released yearly on July 1; effective immediately. Updates to the Health Care Provider Taxonomy and Provider Characteristics code sets released Janaury 1 and July 1; effective April 1 and October 1, respectively.	
Timelines	New Operating Rules: The process for new CAQH CORE rule development can take between 6-18 months depending on the complexity and business issues addressed. Maintenance of Existing Operating Rules: CAQH CORE has an established Task Group process to update all operating rules as needed. Additionally, some CAQH CORE Rules have specific requirements for conducting periodic, routine maintenance which can take 30-60 days.	Standards are developed and updated as needed. Documents are typically published 6-18 months following the ballot, depending upon the number of ballot participants, the comments received, and the identification of a specification as a standard for trial use (STU) or a normative standard.	Standards are updated as needed, and could take up to 9 months; it depends on the changes that are being made.	Standards are balloted twice a year. If there are no substantive categorized ballot comments, a standard can be produced every 6 months. If a recirculation ballot is required (a comment was categorized as substantive), the standard would be produced every 9 months. The exception to this is the NCPDP External Code List (ECL) which can be updated 4 times a year and does not require a ballot.	X12's current process for maintenance/publication of implementation guides is that maintenance requests are gathered for an undefined period of time and then processed en masse into an updated implementation guide. The tipping point for a new version is somewhat subjective and based on the perceived value of the enhancements to the industry. Based on the length of current federal approval cycle, X12 has been encouraged to include as many maintenance requests as possible before producing a new version	DCC meets on an adhoc basis for now. At times when there was a lot of DSMO activity they would meet monthly.	NUBC: See maintenance **NUCC:** See maintenance	Triggered by change request submission.
Triggers - what drives need for updates and/or adoption?	• Business changes impacting one or more segments of industry • Technological advances or discoveries • Federal or state law or regulation requires a change • Number of change requests submitted by industry • CAQH CORE Board direction CAQH CORE responds to all of these drivers, and may prioritize or address all or some more than others depending on the circumstances.	Stakeholder submits business need not meet by current standard, messaging or document transaction.	Managing network efficiency and payment system risk; business changes; change requests from stakeholders that revise standard or operating rules. NACHA rarely has regulatory change requirements but those are implemented when they are received.	Change requests submitted by Stakeholders. Business changes impacting one or more segments of industry. Reason: needs not meet by current standard/implementation guide or external code list.	Any stakeholder submits a description of a business need not meet by current standard, technical report or external code list.	DCC - NA	**NUBC:** The UB is updated on a continual process based on change requests. The NUBC publishes a full updated version of the UB-04 manual annually on July 1. **NUCC:** Reviews 1500 Claim Form for potential changes based on release of updated version of 837P. NUCC 1500 Instruction Manual, Health Care Provider Taxonomy code set, and Provider Characteristics code set changes are made based on industry needs.	Change request submission, by SDO or industry stakeholder.
Testing, Evaluation or Piloting prior to recommendation for adoption	In 2019, CAQH CORE incorporated a pilot process into Level 1 of the operating rule development process to facilitate testing and ROI measurement of potential new operating rules or updates to existing operating rules. The first pilot is being conducted related to the prior authorization process and incorporates initial testing of operating rules for attachments, connectivity, and work flow integration options for use of the X12 and HL7 standards.	Most normative standards will be piloted during a Standard for Trial Use period that may last anywhere from 12 months to several years. Occasionally there may be a government need to ballot and publish a normative standard without a trial use period.	Pilot programs can be conducted on some new applications and uses of existing standards.	Not required.	Not required. Voluntary pilots have been conducted for at least one of the transactions, such as attachments.	DCC: NA	**NUBC:** New paper formats tested for OCR capabilities before implem+G22entation. **NUCC:** Limited testing was done on the 02/12 1500 Claim Form prior to its submission to CMS for approval. No established process for piloting or testing.	NA

METRIC	CAQH CORE	HL7	NACHA	NCPDP	X12	Dental Content Committee (DCC)	NUBC, NUCC	DSMO Steering Committee
Enforcement	Government-driven: All HIPAA-covered entities are required to comply with the ACA-mandated CAQH CORE Operating Rules (Phases I, II, and III, excluding Acknowledgments requirements). CAQH CORE-driven: Separate from and independent of any HHS compliance processes, CAQH CORE has a transparent certification program that includes testing as well as enforcement via a compliant process. CAQH CORE offers voluntary CORE Certification to health plans, providers, clearinghouses, and software/services vendors. Per the CORE Certification Enforcement Policy, any healthcare provider that is exchanging	HL7 standard not adopted yet	While HHS responsible for managing HIPAA enforcement through complaint driven process. NACHA enforces the rules & guidelines for the ACH Network and developed a enforcement process which went through the rulemaking process and was voted upon by the members. An entity can submit a violation. If the violation is not corrected a violator will receive a fine based on the violation.	HHS responsible for managing HIPAA enforcement through complaint driven process. In addition, NCPDP members have established a process that identifies the steps that should be followed when there is a suspected misapplication of an NCPDP standard(s). More information on this process can be obtained at http://www.ncpdp.org/Resources/Hipaa-Compliance.aspx	X12 does not have an enforcement process. Implementers can request information about how a transaction set should be formatted or used via our Request for Information (RFI) process but this is not technically "enforcement."	DCC - NA	**NUBC:** None by NUBC. Misuse of UB-04 data falls under HIPAA enforcement and is the responsibility of the Government to oversee. **NUCC:** 1500 Claim Form is not named in regulation. Widespread industry adoption has been driven by CMS' required use of the form. NUCC 1500 Instruction Manual is not mandated and payers may issue their own instructions. Use of Health Care Provider Taxonomy and Provider Characteristics code sets is payer driven. If taxonomy codes are used in claims, they must be reported in the 837P following the TR3 requirements.	N/A
Definitions (if necessary)							**NUBC:** The NUBC maintains definitions for terms for providers that are included in the 837I. **NUCC:** Maintains definitions for terms for Providers and Individuals that are included in the 837P.	DSMO: Designated standard maintenance organization (DSMO) means an organization designated by the Secretary under 162.910

Background on Roles for SDOs, ORAE, and DSMOs