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May 23, 2022

Jacki Monson, JD
Chair
National Committee on Vital and Health Statistics
3311 Toledo Road
Hyattsville, MD 20782-2002

Re: Request for NCVHS Review of New and Updated CAQH CORE Operating Rules for Federal Adoption

Dear Ms. Monson:

As the designated Operating Rule Authoring Entity for the HIPAA-mandated electronic transactions¹, [CAQH CORE](#) is requesting review of a set of new and updated operating rules for federal adoption by the National Committee on Vital and Health Statistics (NCVHS). These operating rules were developed and updated through the CAQH CORE multi-stakeholder, consensus-based process and achieved at least 88 percent support from [CAQH CORE Participating Organizations](#), which represent more than 75 percent of insured Americans, including health plans, providers, vendors, state and federal government entities, and standards development organizations. Specifically, the [CAQH CORE Board](#) proposes the following package of CAQH CORE Operating Rules for federal adoption:

- 1. Updated: [CAQH CORE Connectivity Rule vC4.0.0](#)** – This operating rule update establishes consistent connectivity requirements for data exchange across all mandated transactions addressed by CAQH CORE Operating Rules. Specifically, this rule improves security through stronger authentication requirements including the use of OAuth 2.0, and requires support for SOAP, REST, and other API technology, as recommended by NCVHS in 2020.
- 2. Updated: Federally Mandated CAQH CORE Infrastructure Rules** – This update to the mandated CAQH CORE Infrastructure Rules for eligibility, claims status, and electronic remittance advice (ERA) specifies an increase in weekly system availability to align with today's technology and business needs where applicable. The requirements also require use of the most recent version of CAQH CORE Connectivity to ensure continued interoperability between organizations using technology at various stages of maturity and between administrative and clinical systems. The updated infrastructure rules are also incorporated in the CAQH CORE Attachments Prior Authorization and Health Care Claims Infrastructure Rules referenced below.

¹ September 12, 2012 letter from the Secretary of the Department of Health and Human Services (HHS) to the National Committee on Vital and Health Statistics (NCVHS).

- [CAQH CORE Eligibility & Benefits \(270/271\) Infrastructure Rule vEB.2.0](#)
 - [CAQH CORE Claim Status \(276/277\) Infrastructure Rule vCS.2.0](#)
 - [CAQH CORE Payment & Remittance \(835\) Infrastructure Rule vPR.2.0](#)
3. **Updated: [CAQH CORE Eligibility & Benefits \(270/271\) Data Content Rule vEB.2.0](#)** – This operating rule update enhances the exchange of eligibility information between health plans and providers to support industry needs by requiring data related to telemedicine, prior authorization, remaining coverage benefits, tiered benefits, and procedure-level information.
4. **New: CAQH CORE Attachments Operating Rules** – The attachments operating rule sets establish infrastructure and data content requirements for attachments sent to complete a prior authorization request or health care claims submission. The rules are standard agnostic, addressing attachments sent using the X12 275 transaction and additional documentation sent without using the X12 275 (e.g., FHIR Resources, HL7 C-CDA, etc.) to support the convergence of clinical and administrative data.
- [CAQH CORE Attachments Prior Authorization Infrastructure Rule vPA.1.0](#)
 - [CAQH CORE Attachments Prior Authorization Data Content Rule vPA.1.0](#)
 - [CAQH CORE Attachments Health Care Claims Infrastructure Rule vHC.1.0](#)
 - [CAQH CORE Attachments Health Care Claims Data Content Rule vHC.1.0](#)
5. **New: [CAQH CORE Eligibility & Benefits \(270/271\) Single Patient Attribution Data Content Rule vEB.1.0](#)** – This operating rule specifies uniform data and codes for the exchange of patient attribution status between a health plan and a provider to enable seamless notification of an attributed patient to a provider under a value-based care contract within the eligibility workflow.

The table in Appendix A includes the specific rule nomenclature, status, and hyperlinks to directly access each impacted operating rule version based on the above recommendations.

Appendix B of this letter includes a detailed review of each proposed operating rule. Each rule meets the federal definition of operating rules as the “necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications.”²

The CAQH CORE Board proposes this operating rule package for recommendation by NCVHS to the Secretary of the Department of Health and Human Services (HHS) for national adoption for three reasons:

1. Updates to existing federally mandated rules respond to immediate industry need to align requirements with current and emerging business, operational, security, and connectivity best practices, while promoting technological advances within the industry.
2. Consistent with the NCVHS recommendation in 2020, the updated connectivity operating rule supports uniform interoperability requirements across clinical and administrative transactions and builds on industry interest to establish predictable,

² PUBLIC LAW 111-248 – MAR. 23, 2010 <https://www.govinfo.gov/content/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

consistent connectivity mechanisms that enable a standard agnostic approach to implementing operating rules as the industry continues to evolve.

3. These operating rules lay the foundation for an industry in transition, creating common expectations to enhance the exchange of attachments to drive electronic adoption, and taking the first steps to standardize operational challenges within value-based payment models.

Updates to Federally Mandated Rules Respond to Industry Need and Align with Current and Emerging Business Practices

CAQH CORE Connectivity Rule Facilitates Continued Interoperability and Promotes a Standard Agnostic Approach Moving Forward

Following federal mandate by HHS in 2013, the Phase I and Phase II CAQH CORE Connectivity Rules led to a broad industry installed base among HIPAA-covered entities that exchange administrative transactions. The rules specified minimum requirements for connectivity and security, and established a safe harbor where application vendors, providers and health plans can be assured the connectivity method they use will be supported by any HIPAA-covered entity at the time of a request. Ultimately, the CAQH CORE Connectivity Rules became the national standard and safe harbor for healthcare entities to exchange data. As tracked via [CORE Certification](#), health plans representing over 70 percent of insured lives and nearly 100 clearinghouses and vendors have publicly certified via the CORE Certification process that they can exchange healthcare data using the mandated Phase I and II CAQH CORE Connectivity Rules. However, connectivity mechanisms and security sophistication have drastically evolved and advanced beyond what was originally mandated over 10 years ago. Therefore, mandating updated connectivity requirements to align with these advancements is critical to continued interoperability throughout the industry.

Following the August 2020 NCVHS Hearing to review and hear industry feedback on a set of proposed operating rules, NCVHS submitted a [recommendation letter](#) to the Secretary of HHS encouraging CAQH CORE to finalize the latest version of CORE Connectivity under development and bring forward newer security standards and support for emerging technologies including REST, APIs, and OAuth. CAQH CORE and its Participating Organizations incorporated these recommendations into the CAQH CORE Connectivity Rule vC4.0.0, which was unanimously approved in December 2020 by CAQH CORE Voting Participating Organizations. This single, uniform Connectivity Rule, like the federally mandated Phase II CAQH CORE Connectivity Rule, is a safe harbor connectivity method, and can be used with all mandated CAQH CORE Operating Rules supporting needed intersection between clinical and administrative systems. However, by continuing to mandate prior versions of CORE Connectivity, the industry is forced to maintain outdated connectivity and security methods that not only fail to represent current best practices, but also hinder technological growth and interoperability across the industry.

Updates to Federally Mandated Infrastructure Rules

Each CAQH CORE Operating Rule Set includes an infrastructure rule with requirements that establish a uniform approach to exchanging administrative transactions including system availability, acknowledgements, response time, connectivity, and use of a common companion guide templates. Many of the requirements were initially written more than 10 years ago during the early phases of CAQH CORE operating rule development, and as with the connectivity and

security requirements, technology and business needs have significantly evolved since original publication. As such, CAQH CORE proposes the updated CAQH CORE Infrastructure Rules replace the currently federally mandated CAQH CORE Infrastructure Rules for the eligibility and benefits, claim status, and ERA transactions, as well as newly proposed operating rules for prior authorization and health care claims attachments.

The updates to the CAQH CORE Infrastructure Rules reflect the shift in technological landscape since their original mandate while promoting flexibility to make updates in the future. Specifically, the updates include increased system availability to align with modern technology capabilities, requirements to use the CAQH CORE Connectivity Rule vC4.0.0, and a version agnostic CAQH CORE Master Companion Guide to support non-5010 transactions such as those addressed in the CAQH CORE Attachment Operating Rules. The increase in weekly system availability from 86 percent to 90 percent per calendar week reduces system downtime by 364 hours per year and reflects the inherent nature of healthcare as a 24/7 business coupled with the increased maturity in technology over the years to meet the need to exchange data outside regular business hours. Similarly, recognizing today's systems are more integrated than ever, the update includes requirements to use the CAQH CORE Connectivity Rule vC4.0.0. While CORE Connectivity has been successful in promoting interoperability for the exchange of administrative data, the industry continues to require alignment on a common set of protocols as it matures to ensure organizations are implementing the appropriate security measures and can continue to successfully interoperate despite the standard used. Finally, the update to a modifiable CAQH CORE Companion Guide template that supports non-5010 transactions rather than one that is constrained to apply only to the 5010 transaction version facilitates the critical flexibility to transition to new versions of standards, many of which are under development, as the industry continues to look toward the future.

Updates to Federally Mandated Eligibility & Benefits Data Content Rule

Using historical information submitted to the CAQH Index and information gathered from CORE Certification, CAQH estimates the industry has saved over \$55 billion in cumulative savings associated with incremental improvements in standards and operating rule automation since CAQH CORE Operating Rules were federally mandated in 2013. However, to continue to build on these savings, it is critical to recognize and address industry advancements by regularly assessing and enhancing existing requirements. The updated CAQH CORE Eligibility & Benefits Data Content Rule contains significant enhancements to meet evolving business needs since its initial publication.

Although the HIPAA-mandated electronic eligibility & benefits (X12 270/271) transaction experiences high adoption throughout the industry at 89 percent according to the [2021 CAQH Index](#), it is also the transaction with the highest cost savings opportunity across the industry at \$9.8 billion. Such significant savings opportunities for a transaction that enjoys high electronic adoption implies gaps have emerged since the version of the standard and the operating rule requirements were initially developed and implemented. The updates to the data content rule address many of these disparities, including variations in new codes and plan requirements associated with telemedicine, remaining coverage charges, tiered benefits, and prior authorization/certification. Requiring these details will help health plans and providers more readily identify which services or benefits are covered, helping reduce the time and effort spent verifying information moving forward.

Laying the Foundation for an Industry in Transition

New Attachments Rules Provide Immediate Value as Industry Anticipates Mandated Standards

Attachments are the bridge between clinical and administrative data; however, the attachments workflow remains primarily manual. The [2021 CAQH Index](#) found that only 21 percent of attachments are sent electronically using defined standards, the lowest of all measured transactions. Often, the primary pain point cited among industry stakeholders is the lack of mandated attachments standards. The CAQH CORE Attachments Rules provide immediate value as the industry anticipates the release of mandated attachments standards, establishing a common set of standard agnostic specifications to support the exchange of attachments sent with the X12 275 transaction and without using the X12 275 transaction (e.g., HL7 FHIR Resources, HL7 C-CDA, etc.). By supporting both X12 and non-X12 exchange of attachments, the new attachments rules will support exchange across administrative and clinical systems and integrate seamlessly with the anticipated standards.

Operating rules that overlay newly named standards will allow the industry to continue using systems already in place, while enabling a more successful interaction with, and glidepath for, organizations transitioning to emerging standards. Regardless of the standards announced, the industry needs consistent expectations for the data content, infrastructure, and connectivity used to prevent entities from implementing the same standards in different ways as occurred with past mandates. Understanding there may be the need for adjustments to the rules, the CAQH CORE Attachments Operating Rules include built in flexibility to update requirements as the industry evolves, providing the structure for interoperability both now and in the future.

Applying Lessons Learned to Value-Based Payments

Historically, CAQH CORE Operating Rules have addressed operational challenges in the fee-for-service space. However, as value-based payment models continue to transform a sizable portion of the U.S. healthcare economy, it is critical to draw from the lessons learned in the fee-for-service model and establish clearly defined and accurate expectations that ensure consistent exchange of electronic information. Yet, a recent CAQH survey reported that 40 percent of providers did not know or were unable to determine if a patient was attributed to them.³ If not addressed, the variations in data exchange for patient attribution leaves the current environment ripe for repeating the scenario that emerged in the fee-for-service environment more than two decades ago. Much like the operational challenges being encountered today in value-based payments, initial adoption of electronic transactions for fee-for-service payment models was slow, complicated and more costly due to a lack of common rules for uniform use.

Applying lessons drawn from the fee-for-service model the CAQH CORE Single Patient Attribution Data Content Rule establishes a standardized method for the exchange of attribution information, reducing provider time spent determining patient assignments under the value-based payment model. Additionally, building upon the federally mandated CAQH CORE Eligibility & Benefits Operating Rules the rule utilizes the existing base of adoption for the electronic eligibility (270/271) transaction to promote the use of a fully electronic standardized mode of exchange.

³ [Communicating Attribution: Accessibility of Information to Support Value-based Payment Initiatives](#). CAQH Explorations, November 2021.

Operating Rules are a critical tool for promoting interoperability throughout the industry with an estimated cumulative savings of \$18 billion associated with incremental improvements in automation since CAQH CORE Operating Rules were first federally mandated. However, the industry has reached a critical transition point, requiring updates to existing operating rule requirements to support evolving industry business needs and best practices. In addition, new operating rules are needed to lay the groundwork for the interaction with and transition to emerging standards and models of payment. Federal adoption of the new and updated proposed rules would not only facilitate automation of standards released for attachments and transactions used for value-based payment models but would also result in cost savings for existing federally mandated operating rules.

We look forward to presenting the new and updated CAQH CORE Operating Rules at an upcoming NCVHS hearing. Thank you for your consideration of these operating rules for federal adoption. Should you have questions for CAQH CORE, please contact me at atodd@caqh.org or at 202-664-5674.

Sincerely,



April Todd
Senior Vice President, CAQH CORE & Explorations

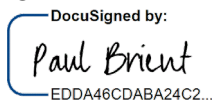


Tim Kaja, MBA
CAQH CORE Board Chair
Senior Vice President, Optum Care

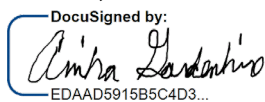
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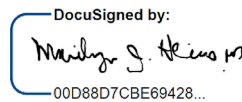
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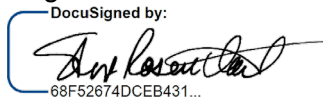
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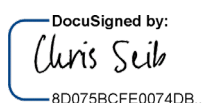
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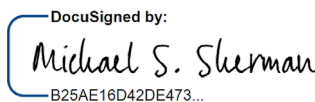
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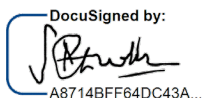
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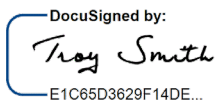
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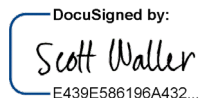
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Christine Gerhardt, Director, CMS National Standards Group
Daniel Kalwa, Deputy Director, CMS National Standards Group
Robin Thomashauer, President, CAQH

Appendix A: Mandated Operating Rules and Transaction Naming Conventions

Appendix A includes details pertaining to the specific rule nomenclature, status, and hyperlinks to directly access each impacted operating rule version based on the above recommendations.

#	Rule Status	Current Mandated Version	Current Operating Rule Name ⁴	Proposed Version
1	Update	<ul style="list-style-type: none"> Phase I CORE 153: Eligibility and Benefits Connectivity Rule v1.1.0 Phase II CAQH CORE 270: Connectivity Rule v2.2.0 	<ul style="list-style-type: none"> CAQH CORE Connectivity Rule vC1.1.0 CAQH CORE Connectivity Rule vC2.2.0 	<ul style="list-style-type: none"> CAQH CORE Connectivity Rule vC4.0.0⁵
2	Update	<ul style="list-style-type: none"> Phase I CORE 152: Eligibility and Benefit Real Time Companion Guide Rule v1.1.0 Phase I CORE 155: Eligibility and Benefits Batch Response Time Rule v1.1.0 Phase I CORE 156: Eligibility and Benefits Real Time Response Time Rule v1.1.0 Phase I CORE 157: Eligibility and Benefits System Availability Rule v1.1.0 	<ul style="list-style-type: none"> CAQH CORE Eligibility & Benefits (270/271) Infrastructure Rule EB.1.0⁶ 	<ul style="list-style-type: none"> CAQH CORE Eligibility & Benefits (270/271) Infrastructure Rule vEB.2.0
		<ul style="list-style-type: none"> Phase II CAQH CORE 250: Claim Status Rule v2.1.0 	<ul style="list-style-type: none"> CAQH CORE Claim Status (276/277) Infrastructure Rule vCS.1.0 	<ul style="list-style-type: none"> CAQH CORE Claim Status (276/277) Infrastructure Rule vCS.2.0
		<ul style="list-style-type: none"> Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule v3.0.0 	<ul style="list-style-type: none"> CAQH CORE Payment & Remittance (835) Infrastructure Rule vPR.1.0 	<ul style="list-style-type: none"> CAQH CORE Payment & Remittance (835) Infrastructure Rule vPR.2.0
3	Update	<ul style="list-style-type: none"> Phase I CORE 154: Eligibility and Benefits 270/271 Data Content Rule v1.1.0 	<ul style="list-style-type: none"> CAQH CORE Eligibility & Benefits (270/271) Data Content Rule vEB.1.0 	<ul style="list-style-type: none"> CAQH CORE Eligibility & Benefits (270/271) Data Content Rule vEB2.0

⁴ In June 2020, CAQH CORE sent a [letter](#) updating NCVHS on the re-structuring of the CAQH CORE Operating Rules from phases to transactions with details on the impact of the transition on each rule set.

⁵ The proposed CAQH CORE Connectivity Rule vC4 establishes a single, uniform rule with consistent connectivity requirements for data exchange across all transactions addressed by CAQH CORE Operating Rules, including the new CAQH CORE Attachments Operating Rules.

⁶ The requirements in the four mandated Phase I Eligibility & Benefits Infrastructure Rules were combined into a single infrastructure rule in 2020 for clarity and consistency.

#	Rule Status	Current Mandated Version	Current Operating Rule Name ⁴	Proposed Version
		<ul style="list-style-type: none"> • Phase II CAQH CORE 260: Eligibility & Benefits Data Content (270/271) Rule v2.1.0 • Phase II CAQH CORE 258: Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule v2.1.0 • Phase II CAQH CORE 259: Eligibility and Benefits 270/271 AAA Error Code Reporting Rules v2.1.0 		
4	New	N/A	N/A	<ul style="list-style-type: none"> • CAQH CORE Attachments Prior Authorization Operating Rules • CAQH CORE Attachments Health Care Claims Operating Rules
5	New	N/A	N/A	<ul style="list-style-type: none"> • CAQH CORE Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0

Appendix B: Overview of New and Updated CAQH CORE Operating Rules

Appendix B includes a detailed review of each proposed operating rule, including specific operating rule requirements and impacts of the requirements.

1. CAQH CORE Connectivity Rule vC4.0.0

The CAQH CORE Connectivity Rule vC4.0.0 was updated in December 2020 to enhance interoperability within the industry and establish a method to ensure successful exchange between administrative and clinical data systems, setting the course for long-term industry interoperability. Specifically, the updates to the rule:

- Add support for the exchange of Attachments transactions.
- Specify TLS 1.2 or higher for security and add OAuth 2.0 as an authorization standard to modernize the security requirements.
- Provide support for REST for X12 and non-X12 exchanges using JSON to exchange REST messages.
- Establish support for specific HTTP Methods, HTTP Error/Status Codes, and specifications for REST error handling.
- Set API Endpoint Naming Conventions.

The impact of mandating these requirements for all HIPAA-covered entities includes:

- Creating a standard agnostic approach to exchanging healthcare information in a uniform manner using SOAP, REST and other API technologies.
- Facilitating the use of existing standards like X12 in harmony with new exchange methods like HL7 FHIR, providing a flexible framework for the industry to move forward.
- Enhancing security requirements to align with industry best practices.

Rule Text: [CAQH CORE Connectivity Rule vC4.0.0](#)

2. Updates to Federally Mandated CAQH CORE Infrastructure Rules

The updates to CAQH CORE Eligibility & Benefits Infrastructure Rule vEB.2.0, CAQH CORE Claims Status (276/277) Infrastructure Rule vCS.2.0, and CAQH CORE Payment & Remittance (835) Infrastructure Rule vPR.2.0 were approved in February 2022 to enhance requirements to align with evolving technology and business needs. Specifically, the updates to the mandated infrastructure rules:

- Require use of the most recent version of CAQH CORE Connectivity vC4.0.0.
- Increase the minimum amount of time that systems must be available to receive and send data from 86 percent per calendar week to 90 percent per calendar week, when applicable.
- Provide for an optional 24 additional hours of system downtime per quarter to accommodate large system migrations, mitigation and more integrated system needs, when applicable.
- Include use of an updated, version agnostic CAQH CORE Master Companion Guide to support non-5010 transactions such as those addressed in the CAQH CORE Attachment Operating Rules.

The impact of mandating these requirements for all HIPAA-covered entities includes:

- Aligning with today's technology and business needs given the 24/7 nature of healthcare and stakeholder needs to exchange data outside of regular business hours.

- Supporting overall greater system availability while allowing for longer, less frequent periods of downtime in recognition that today's systems are more complicated and integrated than in the past.
- Improving access to needed data so providers may better serve the patient at the time of service – improving the revenue cycle, immediacy of care and patient experience.

Rule Text:

- [CAQH CORE Eligibility & Benefits Infrastructure Rule vEB.2.0](#)
- [CAQH CORE Claims Status \(276/277\) Infrastructure Rule vCS.2.0](#)
- [CAQH CORE Payment & Remittance \(835\) Infrastructure Rule vPR.2.0](#)

3. CAQH CORE Eligibility & Benefits (270/271) Data Content Rule vEB.2.0

The CAQH CORE Eligibility & Benefits Data Content Rule vEB.2.0 was approved in February 2022 to enhance the exchange of eligibility and benefit information between health plans and providers through requirements that currently include providing financial information, especially co-insurance, copayment, deductible, remaining deductible amounts, and coverage information for a set of service type and procedure codes. Specifically, the updates to the rule:

- Require use of specific codes to indicate what service or benefit is available for telemedicine.
- Enhance requirements to respond to eligibility and benefit requests at the procedure level of Physical Therapy, Occupational Therapy, Surgery, and Imaging.
- Add 71 new Discretionary STC codes and 55 new Mandatory STC codes for a total of 178 CORE-required STC codes.
- Specify communication of the number of remaining visits/services left on a benefit.
- Provide more granular level data for members of tiered benefit plans.
- Require communication as to whether a prior authorization is required for a CORE-required service or procedure.

The impact of mandating these requirements for all HIPAA-covered entities includes:

- Enhancing the exchange of eligibility information between health plans and providers to support evolving industry needs and address gaps in cost savings that have emerged since the original publication of the requirements.
- Adding more granular information related to telemedicine, prior authorization, remaining coverage benefits, procedure-level information, and tiered benefits.
- Improving pricing and billing practices by providing access to information prior to or at the time of service in real time.

Rule Text: [CAQH CORE Eligibility & Benefits \(270/271\) Data Content Rule vEB.2.0](#)

4. CAQH CORE Attachments Infrastructure Rules (Prior Authorization & Health Care Claims)

The CAQH CORE Attachments Infrastructure Rules for prior authorization and health care claims were approved in February 2022 and apply to the conduct of attachments sent via the X12 v6020X316 275 and additional documentation sent without using the X12 275 transaction. Specifically, the rule requirements:

- Set a minimum amount of time that systems must be available to receive and send data (90 percent per calendar week) and the ability to track and report system downtimes.

- Allow optional use of an additional 24 hours of quarterly downtime to facilitate larger system migrations and updates.
- Require use of acknowledgements to ensure the transaction has been received and will be addressed.
- Lay out a common format that entities must use when providing information about their proprietary data exchange systems via “companion guides”.
- Establish minimums for document size and amount of data that must be supported.
- Provide support for the most recent version of CAQH CORE Connectivity.
- Establish electronic policy access requirements so services requiring additional documentation to adjudicate the claim are easily identifiable (Health Care Claims only).

The impact of mandating these attachments infrastructure requirements for the prior authorization and claims use cases for all HIPAA-covered entities includes:

- Supporting the convergence of clinical and administrative data by aligning electronic exchange for claims and prior authorization to support coverage decisions.
- Providing a standard agnostic approach to exchange attachments, supporting entities where they are along the technology spectrum and ensuring the ability to continue to interoperate.
- Establishing key infrastructure requirements that align with existing CORE Infrastructure Operating Rules and provide the necessary information to uniformly send electronic attachments.

Rule Text:

- [CAQH CORE Attachments Prior Authorization Infrastructure Rule vPA.1.0](#)
- [CAQH CORE Attachments Health Care Claims Infrastructure Rule vHC.1.0](#)

5. CAQH CORE Attachments Data Content Rules (Prior Authorization & Health Care Claims)

The CAQH CORE Attachments Data Content Rules were approved in February 2022 and apply to the conduct of attachments sent via the X12 v6020X316 275 and those sent without using the X12 275 transaction. The rules address one of the largest pain points in the attachments workflow, reassociation or linking the attachment with the original prior authorization or claim transaction. Specifically, the rule requirements:

- Require specific codes and reference data including Code EL to streamline the reassociation of a prior authorization or claim submission to an attachment, reducing the need for manual intervention.
- Establish the use of common CORE Connectivity Headers and data elements when sending additional documentation with the X12 275 transaction and when using non-X12 payloads.
- Require that the appropriate LOINC must be used to request the most specific additional information.

The impact of mandating these data content requirements for claims and prior authorization attachments for all HIPAA-covered entities includes:

- Simplifying reassociation of a claim or prior authorization to an attachment to reduce need for manual intervention whether using X12 or non-X12 methods to send an attachment.
- Enabling consistent, electronic exchange of needed supporting documentation leading to quicker coverage decisions to support patient care.

Rule Text:

- [CAQH CORE Attachments Prior Authorization Data Content Rule vPA.1.0](#)
- [CAQH CORE Attachments Health Care Claims Data Content Rule vHC.1.0](#)

6. CAQH CORE Eligibility & Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0

The CAQH CORE Eligibility and Benefits Single Patient Attribution Data Rule was approved in December 2020 to enable provider notification of an attributed patient under a value-based care contract within the eligibility workflow. Specifically, the rule requirements:

- Build upon the existing CAQH CORE Eligibility & Benefits (270/271) Operating Rule Set.
- Establish a foundation for exchange of explicit attribution status and effective dates of attribution for each of the CORE service type codes required when an X12 270 Request is submitted.
- Require the development of specific written instructions and guidance for providers regarding implementation of the operating rule.
- Specify the data extracted from an X12 271 Response must be displayed to the end user using human-readable text (i.e., Attribution Status: Yes; Attribution Status: No, etc.) to ensure clarity.

The impact of mandating these requirements for all HIPAA-covered entities includes:

- Creating a consistent pathway for providers to receive a single patient's attribution status and avoid the proliferation of proprietary approaches as the value-based payments model continues to expand.
- Aligning data content across the various approaches to enable interoperability and support organizations at various stages of maturity in adopting standards and exchange mechanisms, in turn, avoiding many of the challenges that arose in the fee-for-service space more than two decades ago.

Rule Text: [CAQH CORE Eligibility & Benefits \(270/271\) Single Patient Attribution Data Content Rule vEB.1.0](#)