



# CAQH CORE Update

eSolutions Xchange

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**Bob Bowman, CORE**  
August 30, 2023

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## Today's Speaker



**Bob Bowman**  
Principal of Standards & Interoperability, CAQH CORE

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## Agenda

- CAQH CORE Overview
- Federal Regulatory Activity
- 2023 Operating Rule Development
- CORE Certification Program
- Call to Action

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# CORE Overview

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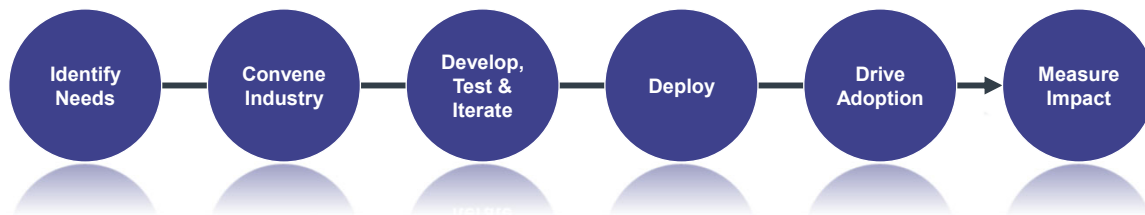
## CAQH CORE Mission & Vision

### 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.



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## CAQH CORE: Who We Are

### 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.

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## 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
- Cantelero Corporation
- CIGNA
- Elevance Health
- Health Care Service Corp
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point2Health
- UnitedHealthGroup

### Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Avallity, LLC
- Averhealth
- Cedar Inc
- CenterHealthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cloud Software Group
- Cognizant
- Conduant
- CSRA
- DXC Technology
- Edifics
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- JP Morgan Healthcare Payments
- NantHealth Nav/Net
- NextGen Healthcare Information Systems, Inc.
- OptumInsight
- PaySpan
- RBC Bank
- PriorAuthNow
- SS&C Health
- Surescripts
- The SSI Group, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Wells Fargo
- Zelus

### 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
- OrioHealth
- Ortho North-East (ONE)
- OSF HealthCare
- Peace Health
- St. Joseph's Health
- Virginia Mason Medical Center

### Integrated Plan/Provider

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

**Account for 75% of total American covered lives.**

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## CAQH CORE Operating Rule Sets Support Electronic Transactions Across the Revenue Cycle

| Rule Set                        | Infrastructure                                      | Connectivity Rule                                      | Data Content                                      | Other                                |   |                                      |
|---------------------------------|---|--|---|--------------------------------------|---|--------------------------------------|
| Eligibility & Benefits          | Eligibility (270/271) Infrastructure Rule           | Connectivity Rule vC1.1.0<br>Connectivity Rule vC2.2.0 | Eligibility (270/271) Data Content Rule           | Single Patient Attribution Data Rule |   |                                      |
| Claim Status                    | Claim Status (276/277) Infrastructure Rule          | Connectivity Rule vC2.2.0                              |   |                                      |   |                                      |
| Payment & Remittance            | Claim Payment/Advice (835) Infrastructure Rule      |  | EFT/ERA (835/CCD+) Reassociation Rule             | EFT/ERA Enrollment Data Rules        | Uniform Use of CARCs and RARCs (835) Rule |                                      |
| Prior Authorization & Referrals | Prior Authorization (278) Infrastructure Rule       | Connectivity Rule vC4.0.0**                            | Prior Authorization (278) Data Content Rule       | Prior Authorization Web Portal Rule  | Attachments Prior Authorization Rules     |                                      |
| Health Care Claims              | Health Care Claim (837) Infrastructure Rule         |  | Health Care Claims Data Content Rule***           |                                      |   | Attachments Health Care Claims Rules |
| Attributed Patient Roster       | Attributed Patient Roster (834) Infrastructure Rule |  | Attributed Patient Roster (834) Data Content Rule |                                      |   |                                      |
| Benefit Enrollment              | Benefit Enrollment (834) Infrastructure Rule        |  |   |                                      |   |                                      |
| Premium Payment                 | Premium Payment (820) Infrastructure Rule           |  |   |                                      |   |                                      |
| Value-based Payment***          |   |  |   |                                      |   |                                      |

Rules in **PURPLE** boxes are federally mandated.

Rules boxed in **BLUE** are new or updated as of February 2022 (updates are not yet federally mandated).

\*\* Connectivity Rule vC4.0.0 can be used to support all rule sets for CORE Certification.

\*\*\* Rules being developed in 2023.

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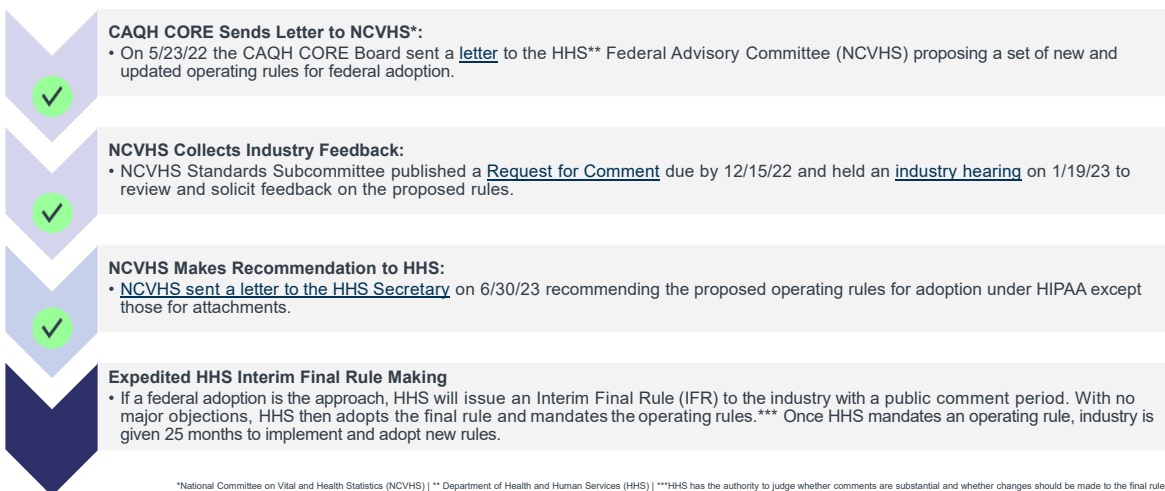
## Federal Regulatory Activity

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## Operating Rule Path to Federal Mandate



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## CORE Proposal to NCVHS

On **May 23, 2022**, CORE submitted a letter to NCVHS asking them to recommend a set of new and updated operating rules to HHS for federal adoption.

| Proposed Operating Rules |  |
|--------------------------|--|
| Updated                  | CORE Eligibility and Benefits (270/271) Infrastructure Rule<br>CORE Claim Status (276/277) Infrastructure Rule<br>CORE Payment and Remittance (835) Infrastructure Rule  |
| Updated                  | CORE Connectivity Rule vC4.0.0   |
| Updated                  | CORE Eligibility and Benefits (270/271) Data Content Rule  |
| New                      | CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule   |
| New                      | CORE Attachments Health Care Claims Infrastructure Rule<br>CORE Attachments Health Care Claims Data Content Rule<br>CORE Attachments Prior Authorization Infrastructure Rule<br>CORE Attachments Prior Authorization Data Content Rule |

Content and benefit of each operating rule was presented at an NCVHS hearing on **January 19, 2023**.

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## NCVHS Recommendation to HHS

On **June 30, 2023** NCVHS made the following rulemaking recommendation to HHS:

| Proposed Operating Rules  | NCVHS Rulemaking Recommendation  |
|---|--|
| Updated<br>CORE Eligibility and Benefits (270/271) Infrastructure Rule<br>CORE Claim Status (276/277) Infrastructure Rule<br>CORE Payment and Remittance (835) Infrastructure Rule  | • <b>Recommended</b> HHS conduct rulemaking to federally adopt                     |
| Updated<br>CORE Connectivity Rule vC4.0.0   | • <b>Recommended</b> HHS conduct rulemaking to federally adopt                     |
| Updated<br>CORE Eligibility and Benefits (270/271) Data Content Rule  | • <b>Recommended</b> HHS conduct rulemaking to federally adopt                     |
| New<br>CORE Eligibility and Benefits (270/271) Single Patient Attribution Data Content Rule   | • <b>Recommended</b> HHS conduct rulemaking to federally adopt                     |
| New<br>CORE Attachments Health Care Claims Infrastructure Rule<br>CORE Attachments Health Care Claims Data Content Rule<br>CORE Attachments Prior Authorization Infrastructure Rule<br>CORE Attachments Prior Authorization Data Content Rule | • <b>Do not</b> conduct rulemaking to adopt  |
| CORE Certification Requirement Language   | • <b>Do not</b> conduct rulemaking to adopt (consistent with past recommendations) |

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## Infrastructure Definitions and Operating Rule Overview



**Infrastructure Operating Rules**


Infrastructure rules apply across transactions – establishing basic expectations on how the US data exchange “system” works; e.g., ability to track response times across all trading partners.

*Note: Infrastructure rules can be used with any version of a standard.*




**Rule Requirements**

Each set of CAQH CORE Operating Rules includes an infrastructure rule with requirements including processing mode, response time, system availability, connectivity, acknowledgements, and companion guides, by transaction.

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## 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   |  |                               | Updates: NCVHS Recommended Infrastructure Rules.  |
|---|--|-------------------------------|---|
| 86% per calendar week   |  | Weekly System Availability    | 90% per calendar week   |
| N/A: Current Mandated CAQH CORE Infrastructure Rules do not include a quarterly system availability requirement |  | Quarterly System Availability | Health plans and their agents may use <b>24 additional hours</b> of system downtime per calendar quarter to accommodate larger system updates and maintenance |
| Phase I & II Connectivity Rules (vC.1.1.0 & vC.2.2.0)   |  | Connectivity                  | Most current CAQH CORE Connectivity Rule (vC.4.0.0)   |
| Companion guides must follow format and flow of CORE Master Companion Guide                                     |  | Companion Guide               | 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

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## Updated CORE Infrastructure Rules Benefits to Industry

**Updated infrastructure rules allow for increased system availability for providers, aligning with modern day business needs.**

### INFRASTRUCTURE

- ✓ **Aligns with today's technology** given the 24/7 nature of healthcare and stakeholder needs to exchange data outside of regular business hours. Updates to system availability requirements increase **up-time by 364 hours annually**.
- ✓ The quarterly system downtime supports overall greater system availability while **allowing for longer, less frequent periods of downtime** in recognition that today's systems are more integrated than in the past.
- ✓ Providers will have **improved access to needed data to better serve the patient at the time of service** - improving the revenue cycle, immediacy of care, and the patient experience.
- ✓ **Aligns requirements to use the CORE Connectivity Rule v4.0.0** to encourage use of both existing and emerging technology.

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## 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

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## Impact of Updated Connectivity Requirements on Transaction Workflows Reflects the Evolution of Best Practice Connectivity Methods Over Time

The CAQH CORE Connectivity Rule vC4.0.0 is a **Safe Harbor** and updates conformance requirements for implementing organizations.

- ✓ Health plans or Clearinghouses must support **all** connectivity methods, SOAP **and** REST.
- ✓ Providers or Vendors must support **at least one** connectivity method, SOAP **or** REST.



Trading partners may also use a mutually agreeable connection to facilitate the exchange of information; however, if a trading partner **requests SOAP or REST exchange**, that method must be accommodated.

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## Newest Version of CORE Connectivity Benefits to Industry



*Aligning technical requirements on how data is transmitted and received between providers and health plans reduces administrative burden across the industry.*

### CONNECTIVITY

- ✓ Aligns the CAQH CORE Connectivity Rule vC4.0.0 to support frameworks proposed in the **CMS and ONC interoperability rules**, including the use of REST and other API technology.
- ✓ Establishes a **Safe Harbor** that aligns with existing IT implementations and supports emerging approaches for exchanging data by **continuing to support SOAP** as an exchange method and **adding support for data exchanged using REST**.
- ✓ Supports the intersection of administrative and clinical data exchange by adding support for the attachments transaction and publishing a **single updated rule to include all transactions that are addressed in CAQH CORE Operating Rules**, including those in development.
- ✓ **Updates the national floor** guiding connectivity communication in the industry.

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## Eligibility & Benefits Definition and Impact of Operating Rules

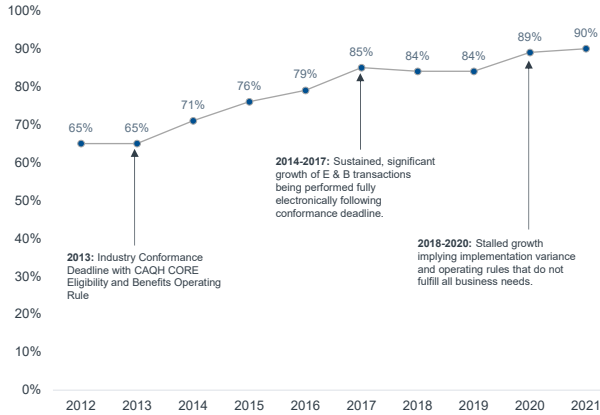
### Eligibility and Benefit Verification Definition

An inquiry from a provider to a health plan or from one health plan to another to obtain eligibility, coverage or benefits associated with the plan and a response from the health plan to the provider.

### The CAQH CORE Eligibility & Benefits Data Content Rule

Requires the submission and return of certain uniform data elements in real time for electronic eligibility, coverage and benefit transactions.

Percent of Fully Electronic Eligibility and Benefit Transactions 2012 - 2021



## 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**.



## Updated and New CORE Eligibility & Benefits Data Content Rules

Benefits to Industry








*By addressing today's business needs, the updated eligibility & benefits operating rules encourage adoption of electronic transactions which provides time and cost savings across the industry.*

### ELIGIBILITY & BENEFITS

- ✓ Updates to the CAQH CORE Eligibility and Benefit Operating Rules ensure pressing industry needs are met while supporting the opportunity to achieve **significant cost and time savings**.
- ✓ According to the 2022 CAQH Index, industry has an opportunity to save **\$11.78** per eligibility and benefit verification transaction when switching from manual to fully electronic transactions.
- ✓ If new versions of standards are introduced, Eligibility and Benefit Operating Rules will be updated, reflecting **ongoing coordination between CORE and standards development organizations**.
- ✓ Confronts emerging industry needs by addressing **telemedicine, prior authorization, and dictating the provision of more granular data** about enrollee benefits and involvement with **value-based payment models**.

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# 2023 Operating Rule Development

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## Multiple Operating Rule Development Efforts Underway and Planned for 2023 Industry Engagement is Critical to Drive Value

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graph LR
    A[Identify Opportunities] --> B[Develop Rule Requirements]
    B --> C[Ballot Rules]
    
```

**Environmental Scans, Industry Surveys, and Advisory Groups** are used to research opportunities for a potential new rule and/or an update to an existing rule.

**Work Groups** develop requirements and **draft rules**. New groups form as CAQH CORE rule development focus changes.

**CAQH CORE Participants** vote on the proposed rule(s). Once quorum and approval levels are achieved, the **CORE Board votes for final approval**.

Health Care Claims

Value-based Payments

CORE Code Combos

EFT/ERA Enrollment Data

NCPDP/CAQH CORE Eligibility

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## 2023 Operating Rule Development Health Care Claims

### 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.

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## 2023 Operating Rule Development Health Care Claims

| Telehealth POS + Modifier Placement   | 277CA Data Alignment   | COB Claim Submission  |
|---|--|---|
| <p><b>CAQH CORE Data Content Operating Rule for the Health Care Claim Transaction - Telehealth Claim Submission</b></p> <ul style="list-style-type: none"> <li>Modifier assignment for POS 10 and 02 is standardized to modifiers 93, 95, or GT.</li> <li>Definitions of POS + modifier combinations are established in an <b>accessible reference</b> resource.</li> </ul> | <p><b>CAQH CORE Data Content Operating Rule for the 277CA Transaction</b></p> <ul style="list-style-type: none"> <li>Claim Status Category Codes (CSCC) and Claim Status Code (CSC) errors and rejection reasons are standardized into business scenarios and code combinations.</li> <li>Standardized data used to associate the 277CA transaction with an 837 transaction.</li> <li>Standardized data used to associate a 277CA error code with an 837 service line item.</li> </ul> | <p><b>CAQH CORE Data Content Operating Rule for the Health Care Claim Submission Transaction</b></p> <ul style="list-style-type: none"> <li>Standardized <b>minimum required data elements</b> for successful processing of COB.</li> <li>Standardized <b>format</b> for listing health plan COB data requirements.</li> <li>Alignment on <b>electronic access</b> of health plan COB data requirements.</li> </ul> |
| <p>Significant because:</p> <ul style="list-style-type: none"> <li>A rule provides needed clarity on place of service and modifier alignment.</li> </ul>  | <p>Significant because:</p> <ul style="list-style-type: none"> <li>Standardized use of the 277CA could increase transaction adoption.</li> <li>With improved data quality and greater transaction adoption comes simplified claim resubmission.</li> </ul>   | <p>Significant because:</p> <ul style="list-style-type: none"> <li>Lack of uniform 837 COB requirements creates additional administrative burden.</li> <li>Uniform data content requirements can remediate questions on payment or care attribution, among other items.</li> </ul>  |

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## 2023 Operating Rule Development Value-based Payments

### Business Challenges

### 2023 CORE Rule Development Group Vision

**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.

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.

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## 2023 Operating Rule Development Value-based Payments

### Benefit Enrollment and Maintenance (X12 v5010X220 834)

**NEW**  
X12 834 (220)  
Data Content

Required and discretionary collection, exchange, and processing of socio-demographic data elements.

1. Race and Ethnicity
2. Member Language
3. Self-reported Gender Identity

Also includes the development of socio-demographic disclosure language to drive informed consent.

**UPDATED**  
X12 834 (220)  
Infrastructure

Substantive, non-substantive, and typographical updates to support additions to the X12 v5010X220 834.

1. Inclusion of socio-demographic disclosure language in the transaction-specific companion guide.

### Attributed Patient Roster (X12 v5010X318 834)

**UPDATED**  
X12 834 (318)  
Data Content

Alignment with X220 Data Content Rule to include collected and processed socio-demographic data elements in the attributed patient roster provided by health plans to providers.

1. Race and Ethnicity
2. Member Language
3. Self-reported Gender Identity

**UPDATED**  
X12 834 (318)  
Infrastructure

Substantive, non-substantive, and typographical updates to support additions to the X12 v5010X318 834.

1. Inclusion of socio-demographic disclosure language in transaction specific companion guide.
2. Addition of real-time processing mode requirements for entities who support that exchange.

### Health Care Claim Submission (X12 v5010222 & 223 837)

**NEW**  
X12 837  
(222/223)  
Data Content

Data content requirements to support the submission of additional claims at a single encounter. Information between initial and additional claims must match.

1. Member ID
2. Rendering Provider NPI
3. Billing Provider NPI
4. Dates of Service

Note that this represents a collaborative effort with the CORE Healthcare Claims Subgroup.

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## New and Upcoming Initiatives EFT/ERA and Eligibility & Benefits

Just Launched:

Support Industry Adoption of EFT with Nacha

Upcoming Opportunity:

Joint Eligibility Rule Development with NCPDP

- Collaboration between CAQH CORE and Nacha, the organization that oversees the ACH Network.
- Task Group will 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.

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

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# CORE Certification Program

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## 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.**

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# CAQH CORE-Certified Health Plans and Vendor Products

## Health Plans

- Aetna
- Alabama Medicaid Agency
- Alameda Alliance for Health
- 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

- ConnectCare
- Contra Costa Health Plan
- County of Riverside – Exclusive Care
- DAKOTACARE
- 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
- Dentega
- EmblemHealth
- Empire Blue Cross Blue Shield Health
- Excellus Health Plan
- First Medical Health Plan
- Florida Division of Medicaid
- Georgia Department of Community Health
- Gold Coast Health Plan
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Health Net
- Healthplex
- 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
- Oklahoma Office of Management and Enterprise Services: Employees Group Insurance Division
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Priority Health
- Providence Health Plan
- Rocky Mountain Health Plans
- Sanford Health Plan
- San Francisco 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
- University of Pittsburgh Medical Center

## Clearinghouses/Vendors

- Ability
- AdminiTEP, LLC
- Aight Solutions, LLC
- assertus
- Athenahealth
- Automated HealthCare Solutions
- Availity, LLC
- Avizzor Health Solutions
- Caprio
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Conduent EDI Solutions
- CVS Health
- Data Dimensions
- Dorado Systems
- ECHO Health, Inc.
- EXSYS
- Ektorato, Inc.
- Eligibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- Experian Health
- FrontRunnerHC
- GE Healthcare
- GH
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHelink
- Helix
- HealthFusion
- HealthTrio
- HIPAA suite
- HMS
- ikaSystems

- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Lowogon
- Medical Present Value, Inc.
- MEDITECH
- National Electronic Attachment, Inc.
- NAVI.net
- Navicare
- NextGen Healthcare
- NoMoreClipboard.com
- NNT DATA Services, LLC
- Office Ally
- Optum
- Optiminsight
- Orbiograph
- Play Span
- Proxessia
- PNS
- PNT Data
- PoriDok
- RealMed Corporation
- Recondo Technology
- Retrace
- Smart Data Solutions
- SS&C Health
- TransUnion Healthcare, LLC
- The SSI Group, Inc.
- TriZetto Provider Solutions
- UHIN
- Tellan
- Veritanex
- Veuu
- XFIN
- Waystar
- Zelis Payments





# Call to Action

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## Call to Action

E-mail [CORE@CAQH.ORG](mailto: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.