Analysis & Planning Guide for Implementing the CORE Attributed Patient Roster Operating Rules
March 2024

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1. Introduction: Analysis & Planning for Attributed Patient Roster Operating Rule Implementation

This CORE Attributed Patient Roster Analysis & Planning Guide is a resource for entities preparing to implement the CORE Attributed Patient Roster Operating Rules. A solid understanding of the CORE Attributed Patient Roster Operating Rules, combined with an effective planning effort, is the basis for a successful implementation project.

This document provides guidance for project managers, business analysts, system analysts, architects, and other project staff to complete the first step of a typical systems development life cycle: Systems Analysis & Planning. The purpose of this guide is to enable project managers and other staff to:

- Understand the applicability of the CORE Attributed Patient Roster Operating Rules requirements to your organization's systems and business processes that support the use of the X12 v5010X318 Plan Member Reporting (834) transaction.
- Identify and inventory all impacted internal systems, business processes (manual and automated) and functions/processes outsourced to an agent[1] (e.g., Business Associate) that process the transactions or perform other requirements of the CORE Attributed Patient Roster Operating Rules.
- Perform a detailed rule requirement gap analysis to identify system(s) that may require remediation in order to conform to the CORE Attributed Patient Roster Operating Rule requirements and to identify business processes which may be impacted by the CORE Attributed Patient Roster Referrals Operating Rules (e.g., need for internal testing, project management, additional resources, etc.).

The appendices of this Analysis & Planning Guide include the following:

- **Stakeholder & Business Type Evaluation**: Use to determine your stakeholder type(s) and understand the role of your agents (Business Associates) that process the transactions and will be affected by the Attributed Patient Roster Operating Rule requirements.
- **Systems Inventory & Impact Assessment Worksheet**: Use to perform a high-level inventory of all internal systems, business processes (manual and automated) and functions/processes outsourced to an agent that process the transactions and are impacted by the CORE Attributed Patient Roster Operating Rules.
- **Gap Analysis Worksheet**: A deep-dive analysis used to determine the level of system(s) remediation necessary for implementing the business requirements of the CORE Attributed Patient Roster Operating Rules.

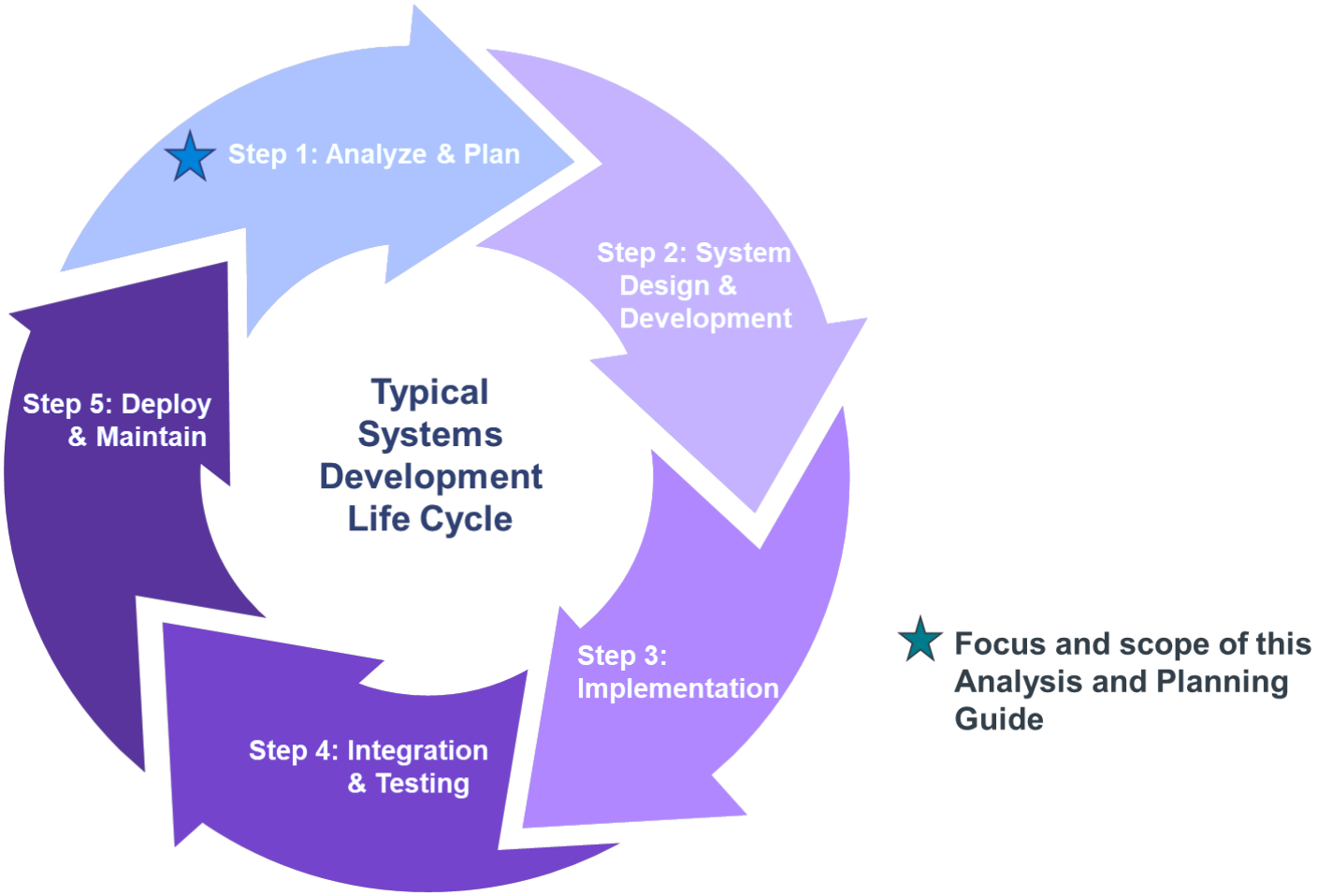
NOTE:

- The CORE Attributed Patient Roster Operating Rules reference three stakeholder categories: Provider or its agent; Health Plan or its agent; HIPAA-covered entity or its agent. This document references examples of these stakeholder categories to assist with applicability and implementation; these examples include clearinghouses and vendors. Please note that some stakeholder types are not necessarily HIPAA-covered entities (e.g., software or service vendors) and may not be directly required to implement the rule requirements but may need to because of being an agent of a HIPAA-covered entity.

[1] One who agrees and is authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship. Source: West's Encyclopedia of American Law, edition 2. Copyright 2008 The Gale Group, Inc. All rights reserved. The term "agent" as used in this document describes entities that provide outsourced functions/activities on behalf of HIPAA-covered health plans or providers, (e.g., Business Associate). The full definition of Business Associate can be found in the **Electronic Code of Federal Regulations** (Title 45, Subtitle A, Subchapter C, Part 160.103).

2. Systems Development Life Cycle

The diagram below illustrates a typical systems development life cycle (SDLC) for developing or remediating information systems. SDLC includes five key steps, beginning with analysis and planning through deployment and ongoing maintenance. This Analysis & Planning Guide is scoped to assist your organization in the first step of an SDLC for the implementation of the CORE Attributed Patient Roster Operating Rules given Step 1 sets the stage for all other steps. Note: The impacted system(s) may include an in-house developed system, commercial off the shelf (COTS)/cloud-based system, or a solution outsourced to a third party. The "system" in certain cases may also be a manual process or even include activities performed on your behalf by one or more agents.



3. Analysis & Planning for the CORE Attributed Patient Roster Operating Rules: Key Tasks

The following table outlines the key tasks necessary to complete Step 1, Analyze & Plan, of a Systems Development Life Cycle. When the analysis and planning is completed, you will have created a high-level systems impact analysis and developed a detailed project plan for adopting CORE Attributed Patient Roster Operating Rules requirements.

<table>
<tr><th colspan="2">Analysis and Planning: Key Tasks</th></tr>
<tr><th>Task</th><th>Activity</th></tr>
<tr><td>Task A – Complete Staff Education and Training on the CORE Attributed Patient Roster Operating Rules</td><td>• Thoroughly review and understand the CORE Attributed Patient Roster Operating Rules.
• Conduct general education and awareness of the CORE Attributed Patient Roster Operating Rules for the impacted areas in your organization (see the additional resources section of this document for the tools available to educate staff on the CORE Attributed Patient Roster Operating Rules).</td></tr>
<tr><td rowspan="3">Task B – Determine Your Organization’s Stakeholder & Business Type(s) (Stakeholder & Business Type Evaluation)

CORE Attributed Patient Roster Operating Rule requirements are tied to applicable stakeholder type(s): provider, health plan, a HIPAA-covered entity, or their respective agents.

Please note that some stakeholder types are not necessarily HIPAA-covered entities (e.g., software or service vendors) and may not be directly required to implement the rule requirements but may need to because of being an agent of a HIPAA-covered entity.</td><td>• Determine your stakeholder and business type(s) to understand which CORE Attributed Patient Roster Operating Rules apply to your organization.
• Understand the role of agents that provide services or process the transactions on your behalf.
• Consider the following bullets in the sections below based on your stakeholder type(s):</td></tr>
<tr><td>• If your organization is a <u>health plan</u> that conducts X12 v5010X318 Plan Member Reporting (834) Transaction:
– The majority of the CORE Attributed Patient Roster Operating Rule requirements will apply to you.
– Health plans that outsource a portion or all the CORE Attributed Patient Roster Operating Rule requirements to an agent to process may have some unique implementation considerations. Depending on the scenario between the health plan and its agent(s), the health plan may not need to implement some rule requirements directly while the agent will need to implement them on behalf of the health plan. The health plan may have a different agent(s) to consider when implementing the CORE Attributed Patient Roster Operating Rules.</td></tr>
<tr><td>• If your organization is a <u>provider</u>:
– You likely are outsourcing some of the CORE Attributed Patient Roster Operating Rules requirements to an agent. Provider organizations using a clearinghouse, a software vendor, or a third-party billing/collection service to process the patient attribution transactions with health plans may have some unique implementation considerations, as the clearinghouse/software vendor/billing/collection services is performing some functions on behalf of the provider as an agent.</td></tr>
</table>

Analysis and Planning: Key Tasks	
Task	**Activity**
	• If your organization is a clearinghouse: – If a health plan and/or provider outsource(s) certain functions to you to perform on their behalf, you are responsible for implementing all CORE Attributed Patient Roster Operating Rule requirements which have been outsourced to you. In this scenario, your organization will need to work with your business partners to determine applicable rule requirements.
	• If your organization is a software or services vendor: – You may be responsible for incorporating many of the CORE Attributed Patient Roster Operating Rule requirements into your services or software as a result of providing software or services solutions to a HIPAA-covered entity even though you are not considered an agent of a HIPAA-covered entity. – Note: If your services or software are provider-facing, you will have a unique set of requirements to implement that are different than health plan-facing services or software.
Task C – Conduct a Systems Inventory (Systems Inventory & Impact Assessment Sheet)	*Relative to your stakeholder type(s):* • Identify and inventory all impacted internal systems, business processes (manual and automated) and functions/processes outsourced to an agent that processes the X12 v5010 834 transaction. • Determine which functions for each identified impacted system and business process are in-house developed and maintained, commercial-off-the-shelf (COTS)/cloud-based system or outsourced to an agent. • Determine potential options for addressing the CORE Attributed Patient Roster Operating Rule requirements applicable to your stakeholder type(s) (e.g., remediate an in-house developed system, replace, or upgrade any COTS/cloud-based system, or work with the vendor to ensure they meet CORE Attributed Patient Roster Operating Rule requirements).
Task D – Conduct Detailed Rule Requirements Gap Analysis (Gap Analysis Worksheet)	• Identify the impacted systems (identified via the *Systems Inventory & Impact Assessment Worksheet*) responsible for satisfying each requirement of the CORE Attributed Patient Roster Operating Rules. • Identify and document any gaps between the existing system's capability and each rule requirement. • Identify and document any business process which may also be impacted by the CORE Attributed Patient Roster Operating Rule requirements and to what extent the process is impacted.

Analysis and Planning: Key Tasks	
Task	**Activity**
Task E – Develop a Detailed Project Plan	• A detailed project plan typically outlines steps for completion of the following key activities as Steps 2-5 of the System Development Life Cycle: – Determine required resources to complete the project (i.e., estimate resources, time, system release schedules, and money). – Develop a detailed Functional Requirements Document. – Create a detailed Systems Design Document describing, in detail, the required functions and capabilities necessary to implement the CORE Attributed Patient Roster Operating Rules. – Implement necessary system(s) enhancements. – Test impacted systems to ensure conformance to the requirements set forth in the Functional Requirements Document. – Deploy (i.e., implement system(s) into production environment). – Conduct trading partners implementation testing.

4. Additional Resources

Beyond the information provided in this CORE Analysis & Planning Guide, there are additional resources for entities preparing to implement the CORE Attributed Patient Roster Operating Rules:

- **CORE Attributed Patient Roster Operating Rules**
- **Operating Rules Implementation Resources** from CORE and its partners to help you implement the CORE Operating Rules.
- **Attributed Patient Roster CORE Certification Test Suite** (developed for CORE Certification but the same concepts, e.g., role of trading partners, apply for general adoption of the CORE Operating Rules).
- **CORE FAQs.**
    - If your question is not answered by the FAQ, email question to **CORE@caqh.org** to have it entered into the formal CORE Request Process.
- Upcoming CORE **Education Sessions** (as well as presentations and recordings from previous sessions).
- **X12 Interpretation Portal** Information related to the meaning, use, and interpretation of X12 Standards, Guidelines, and Technical Reports, including implementation guidelines for the transactions can be obtained from X12.

Entities seeking to implement the CORE Attributed Patient Roster Operating Rules are encouraged to note the following:

- The CORE Attributed Patient Roster Operating Rules assume that any HIPAA-covered entity implementing the operating rules is compliant with HIPAA; HIPAA compliance is not defined by CORE.
- The CORE Attributed Patient Roster Operating Rule requirements are specific to either a HIPAA-covered entity or its respective agent(s). The applicability of a specific CORE Attributed Patient Roster Operating Rule requirement may vary according to trading partner relationship, contracted services, and other arrangements. If you have specific questions concerning applicability, please **contact CORE Staff**.

CORE staff is available to assist with questions about understanding the requirements of the CORE Attributed Patient Roster Operating Rules regarding your stakeholder type(s); gap analysis and systems remediation are the responsibility of the implementing entities.

5. Appendix

Appendix A: CORE Stakeholder & Business Type Evaluation

Purpose: After becoming educated on the CORE Attributed Patient Roster Operating Rules, you will need to determine your stakeholder type(s). The *CORE Attributed Patient Roster Stakeholder & Business Type Evaluation* below will assist you in determining which CORE Attributed Patient Roster Operating Rules apply to your organization and to generally consider which trading partners you need to work with on planning and implementation. Knowing your stakeholder type(s) will help you complete the *Systems Inventory & Assessment Worksheet.*

NOTE: Applicability of a specific rule requirement may vary according to trading partner relationship, contracted services, and other arrangements.[2] Some example business models include:

- Provider direct-to-health plan connection:
  - Health plan implements all applicable requirements of the CORE Attributed Patient Roster Rules.
  - Provider sends and receives the 834 transaction as required by the CORE Attributed Patient Roster Rules.
- Provider-to-agent connection:
  - Provider outsources X12 v5010X318 Member Plan Reporting (834) transaction to an agent (e.g., clearinghouse/financial services organization).
  - Agent (e.g., provider-facing clearinghouse or billing company) acts as a proxy for provider's CORE Attributed Patient Roster conformance for the contracted services.
- Health plan-to-agent connection:
  - Health plan outsources the receipt, return or elements of X12 v5010X318 Member Plan Reporting (834) transaction to an agent (e.g., clearinghouse, business associate, or utilization management organization).
  - Health plan agent acts as a proxy for health plan's CORE Attributed Patient Roster conformance for the contracted services.
- Single/dual clearinghouse-to-health plan connection:
  - Provider outsources 834 data content to a clearinghouse.
  - Provider-facing clearinghouse acts as a proxy for provider's CORE Attributed Patient Roster conformance for the contracted service.
  - Health plan outsources 834 data content functions to a clearinghouse.
  - Health plan-facing clearinghouse acts as a proxy for health plan's CORE Attributed Patient Roster conformance for the contracted services.

Key Takeaway: Understand what aspects of your business and/or outsourced functions are impacted by the CORE Attributed Patient Roster Operating Rules; e.g., products, business lines, etc.

[2] The CORE Attributed Patient Roster Operating Rule requirements are tied to applicable stakeholder type(s): provider, health plan, a HIPAA-covered entity, or their respective agents. This document references examples of these stakeholder categories to assist with applicability and implementation. Please note that some stakeholder types that are part of the entities involved in exchanging the Attributed Patient Roster transaction are not necessarily a HIPAA-covered entity. Some stakeholders (software or service vendors) may not be directly required to implement the rule requirements but may need to as a result of being an agent of a HIPAA-covered entity.

Stakeholder & Business Type Evaluation		
Question	**Points for Consideration**	**Your Response**
1. What is your stakeholder type(s): health plan, provider, vendor, clearinghouse? (See question 3 for more information on other trading partners)	The Attributed Patient Roster CORE Certification Test Suite defines four stakeholder types that implement the operating rules: health plan, clearinghouse, provider, and vendor; the applicability of specific CORE Attributed Patient Roster Operating Rule requirements vary according to stakeholder type. Please reference Section 2 of the Attributed Patient Roster CORE Certification Test Suite for further information.	
2. What role and responsibilities does my organization have for implementing the CORE Attributed Patient Roster Operating Rules, given our stakeholder type(s)? (e.g., 834 transaction for patient/provider attribution information)	The CORE Attributed Patient Roster Operating Rules outline the specific roles and responsibilities for each stakeholder type; review CORE Attributed Patient Roster Operating Rule text for more detail.	
3. Does my organization rely on other organizations (e.g., software vendors, clearinghouses, business associates) to assist with processing the 834 transaction for patient/provider attribution information?	The applicability of a specific CORE Attributed Patient Roster Operating Rule requirement may vary according to trading partner relationship, contracted services, and other arrangements. If your organization relies on a software vendor or a clearinghouse or other business associate to meet any of the CORE Attributed Patient Roster Referrals Operating Rule requirements, you will need to coordinate with that entity as part of your pre-implementation planning and outline applicability of each requirement to the vendor, clearinghouse or business associate. See Section 4 of this document (above) for additional resources. Ensure appropriate business associate agreements are in place with necessary stakeholders.	

Appendix B: CORE Systems Inventory & Impact Assessment Worksheet

Purpose: After you complete the *Stakeholder & Business Type Evaluation,* your next step is to complete the *CORE Systems Inventory & Impact Assessment Worksheet* which enables you to identify and inventory all impacted systems that process X12 v5010X318 Member Plan Reporting (834) transaction.

This assessment worksheet helps identify your systems impacted by the implementation of the CORE Attributed Patient Roster Operating Rules, including in-house developed and maintained systems, COTS/cloud-based systems, and those functions outsourced to a third party. While completing this analysis you should also consider potential options for addressing applicable CORE Attributed Patient Roster Operating Rule requirements (e.g., remediate an in-house developed system, replace, or upgrade any COTS/cloud-based system, or work with third-party vendor).

Instructions:

1. In the second column of the worksheet, note if one of your system(s) is impacted by each rule and list the name of the impacted system(s).
    - **NOTE**: The impacted system(s) may include an in-house developed system, COTS/cloud-based system, or a capability outsourced to a third party. The “system” in certain cases may also be a manual process.
2. In the third column, identify potential options for addressing the rule requirements for each impacted system(s).
3. Use the worksheet findings to inform completion of the *Gap Analysis Worksheet* for any identified system impacted by the rule requirements.

Key Takeaway: Understand how many of your systems/products are impacted by each CORE Attributed Patient Roster Operating Rule and understand with which vendors you will need to coordinate.

CORE Systems Inventory & Impact Assessment Worksheet			
CORE Prior Authorization & Referrals Operating Rule	**Are One or More Systems/Processes Impacted?** *(Yes/No; Name of Impacted System/Process)*	**Is the System/Process In-House, COTS/Cloud-based, or Outsourced to a Third Party?**	**Potential Options to Address Rule Requirements** *(e.g. remediate an in-house developed system, replace or upgrade any COTS/cloud-based system, work with third party vendor to ensure they meet CORE Operating Rule requirements, or update manual processes or user documentation/training)*
CORE Attributed Patient Roster (X12 005010X318 834) Data Content Rule			
CORE Attributed Patient Roster (X12 005010X318 834) Data Content Rule vAPR2.0			
CORE Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule			
CORE Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule vAPR3.0			
CORE Connectivity Rule			
CORE Connectivity Rule vC4.0.0 (HTTPS Safe Harbor; continued support for SOAP and added support for REST; authorization: OAuth 2.0; security: TLS 1.2)			

Appendix C: CORE Gap Analysis Worksheet

Purpose: After the *Systems Inventory & Impact Assessment*, the next task is for entities to determine the level of system(s) remediation necessary for adopting the business and technical requirements of the CORE Attributed Patient Roster Operating Rules using the *CORE Gap Analysis Worksheet*. Each rule requirement in the *Gap Analysis Worksheet* includes a section reference for the corresponding operating rule for more detail.

NOTES:

- For more detail on rule requirements, refer to the actual CORE Operating Rule text, which takes precedence over this worksheet.
- If your entity has identified more than one impacted system you may need to complete a *Gap Analysis Worksheet* for each system.

Instructions:

1. The *Gap Analysis Worksheet* contains each CORE Attributed Patient Roster Operating Rule Requirement in the first column by CORE Operating Rule. In the second column, enter the system(s) impacted by the CORE Attributed Patient Roster Operating Rule Requirement. If there is no system impacted by the requirement, enter N/A.
    - **NOTE**: The impacted system(s) may include an in-house developed system, a COTS/cloud-based system, or a capability outsourced to a third party or business associate.
2. In the third column note if the system currently meets the CORE Attributed Patient Roster Operating Rule Requirement or not.
3. In the fourth column, briefly describe any gap between the CORE Attributed Patient Roster Operating Rule Requirement and the system under evaluation, if applicable. The high-level findings from the *Systems Inventory & Impact Assessment* inform the input in this column.
4. In the fifth column estimate the effort required to remediate the impacted system(s). This can include the type of skilled resource required, the number of such resources, and the potential hours required to fill the gap identified.
5. In the sixth column identify and describe any impacted business process. These often include potential training and education of staff, clients, and other users of the system's new capabilities.
6. In the seventh column estimate and describe the effort required to revise the impacted business process. This can include the type of skilled resources required, the number of such resources, and the potential hours required to fill the gap identified.
7. The results of the completed *Gap Analysis Worksheet* will allow for the development of a detailed project plan.

Key Takeaway: Understand the level of system(s) remediation necessary for adopting each CORE Attributed Patient Roster Operating Rule requirement.

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
CORE Attributed Patient Roster (X12 005010X318 834) Data Content Rule vAPR.2.0							
	Basic Rules for Providers, Information Receivers, Health Plans & their Agents (§4.1)						
1	A health plan and its agent administering a value-based health plan must electronically deliver a current roster of patients covered by the VBP contract using the X12 v5010X318 834 transaction to: • Identify the provider receiving the roster in Loop 1000B – Receiver Name And • Identify the Subscribers and Dependents covered by the value-based health plan as specified in Table 1: Applicable Loops and Segments – Patient (Subscriber/Dependent) Identifying Data Elements And • Identify the details of the value-based health plan as specified in Table 2: Applicable Loops and Segments – Value-Based Health Plan Coverage And • Identify the attributed provider as specified in Table 3: Applicable Loops and Segments – Attributed Provider Identifying Information						
	Identification of Health Plan Contract (§4.2)						
2	A health plan and its agent must return the appropriate Health Plan Coverage information for each Subscriber and Dependent as specified in Table						

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	2: Applicable Loops and Segments – Value-Based Health Plan Coverage segments and data elements.						
	Identification of Attributed Provider for Subscriber/Dependent (§4.3)						
3	A health plan and its agent must return the appropriate Attributed Provider Information for each Subscriber and Dependent as specified in the Table 3: Applicable Loops and Segments – Attributed Provider Identifying Information segments and data elements.						
CORE Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule vAPR.3.0							
	Plan Member Reporting for Attributed Patient Roster Connectivity Requirements (§4.1)						
1	An entity must be able to support the most current published and adopted version of the CORE Connectivity Rule.						
	System Availability Requirements (§4.2.1)						
2	System availability must be no less than 90 percent per calendar week. This will allow for health plan and its agent, clearinghouse/vendor or other intermediary system updates to take place within a maximum of 17 hours per calendar week for regularly scheduled downtime.						
	Reporting Requirements (§4.2.2.1, §4.2.2.2, §4.2.2.3, §4.2.2.4, §4.2.2.5)						
3	A HIPAA-covered health plan and its agent must publish its regularly scheduled system downtime in an appropriate manner (e.g., on websites or in Companion Guides) such that the HIPAA-covered health plan's trading partners can determine the health plan's system availability so that staffing levels can be effectively managed.						

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
4	For non-routine downtime (e.g., system upgrade), a HIPAA-covered health plan and its agent must publish the schedule of non-routine downtime at least one week in advance.						
5	For unscheduled/emergency downtime (e.g., system crash), a HIPAA-covered health plan and its agent are required to provide information within one hour of realizing downtime is needed.						
6	No response is required during scheduled, non-routine or unscheduled downtime(s).						
7	Each HIPAA-covered health plan and its agent establishes its own holiday schedule and publish it in accordance with the rule requirements above.						
	Plan Member Reporting for Attributed Patient Roster Real Time Processing Mode Requirements (§4.3)						
8	Maximum response time for the receipt of an X12 v5010X231 999 transaction from the time of submission or receipt of an X12 v5010X318 834 must be 20 seconds when processing in Real Time Processing Mode.						
9	Each HIPAA-covered entity or its agent must support this maximum response time requirement to ensure that at least 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month.						
10	Each HIPAA-covered entity or its agent must capture, log, audit, match, and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners.						

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	Plan Member Reporting for Attributed Patient Roster Real Time Processing Mode Acknowledgement Requirements (§4.3)						
11	When an X12 v5010X318 834 has been submitted in Real Time Processing Mode by any entity, a X12 v5010 999 must be returned to indicate the acceptance, acceptance with errors, or rejection of the Functional Group of an X12 v5010 834.						
	Plan Member Reporting for Attributed Patient Roster Batch Processing Mode Requirements (§4.5)						
12	Maximum response time for availability of X12 v5010X231 999 transaction when processing an X12 v5010X318 834 transaction submitted in Batch Processing Mode by 9:00 pm Eastern Time of a business day by a health plan or its agent must be no later than 7:00 am Eastern Time the third business day following submission.						
13	Each HIPAA-covered entity or its agent must support this maximum response time requirement to ensure that at least 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month.						
14	Each HIPAA-covered entity or its agent must capture, log, audit, match, and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners.						
	Plan Member Reporting for Attributed Patient Roster Batch Processing Mode Acknowledgement Requirements (§4.6, §4.6.1)						
15	When an X12 v5010X318 834 has been submitted in Batch Processing Mode by any entity, an ASC X12C v5010 999 must be returned to indicate the acceptance, acceptance with errors, or rejection of the Functional Group of an ASC X12N v5010 834.						

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
16	A health plan must be able to accept and process an X12 v5010 999 for a Functional Group of X12 v5010X318 834 transactions.						
17	When a Functional Group of X12 v5010X318 834 transactions is either accepted with errors or rejected, the X12 v5010 999 must report each error detected to the most specific level of detail supported by the X12 v5010 999.						
	Plan Member Reporting for Attributed Patient Roster Companion Guide (§4.7)						
18	If a HIPAA-covered health plan or its agent publishes a companion guide covering the X12 v5010X318 834 transaction for the use of exchanging attributed patient rosters, the companion guide must follow the format/flow as defined in the CORE Master Companion Guide Template for HIPAA transactions.						
19	If a HIPAA-covered health plan or its agent publishes a companion guide for the X12 v5010X318 834 transaction, it must include a language disclosure in the appendix that explains how socio-demographic information collected at enrollment, renewal, and maintenance is collected, exchanged, processed, and used. The disclosure must be hyperlinked in the table of contents for easy access.						
	Minimum Monthly Requirement to Send Roster (§4.8)						
20	A CORE-certified health plan or its agent must send (or make available for pick-up) an updated patient roster via the X12 v5010X318 834 transaction to those providers for whom a value-based contract is in effect at least once per month. An updated roster removes patients no longer attributed to provider and adds new patients attributed to the provider since last						

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
	transaction with effective dates of attribution included and new effective dates for attributed patients where applicable. The timing of the receipt of the X12 v5010X318 834 transaction by the provider is to be determined by trading partner agreement to support the business needs of both parties.						
CORE SOAP Connectivity Rule vC4.0.0							
	Message Envelope Requirement (§4.1)						
1	Requires the use of SOAP+WSDL.						
	Submitter Authentication Requirement (§4.1.1)						
2	Requires the use of X.509 Client Authentication (mutual authentication) over TLS 1.2 or higher.						
	Submitter Authorization Requirements (§4.1.2)						
3	Requires support for OAuth 2.0 Client Authorization over TLS 1.2 or higher						
	Real Time and Batch Payload Attachment Handling (§4.1.4)						
4	Payload must be sent as an MTOM encapsulated object.						
	Required Transport Method (§4.2.1)						
5	HIPAA-covered entities or their agents must implement HTTP/S Version 1.1 over the public Internet.						
6	Receivers must perform the role of an HTTP/S server; Senders must perform the role of an HTTP/S client.						

Rule Req. #	CORE Operating Rule Requirement	System/Process Impacted *(Based on results from System Inventory and Impact Analysis Worksheet; if no impact enter 'N/A')*	System/ Process Currently Meets the Requirement *(Yes/No)*	Gap *(Briefly describe gap)*	Estimated System/ Process Remediation Effort *(Required number, type of skilled resource, person hours required)*	Business Processes Impacted *(Briefly describe)*	Business Processes/ Documentation Revisions Required & Effort Estimates
7	All information exchanged between the client and server is encrypted by a session-level private key negotiated at connection time.						
	Real Time Requests (§4.2.3)						
8	Real Time requests must include a single inquiry or submission as specified in the transaction's corresponding CORE Infrastructure Rule.						
	Batch Submission (§4.2.4)						
9	Batch requests are sent in the same way as Real Time requests.						
10	Response must be only the standard HTTP message indicating whether the request was accepted or rejected.						
11	Message receivers must not respond to a batch submission with an ASC X12 response such as a 5010 X12 999 in the HTTP response to the batch request, even if their systems' capabilities allow such a response.						
12	All ASC X12 responses must be available for pick up by the message sender (client) in accordance with the respective CORE Infrastructure Rule for the transaction.						
	Batch Response Pickup (§4.2.5)						
13	Batch responses must be picked up after the message receiver has had a chance to process a Batch submission in the timeframes specified in the transaction's corresponding CORE Infrastructure Rule.						

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	Error Handling (§4.2.6)						
14	The appropriate HTTP error or status codes and SOAP Faults as applicable to the error/status situation must be used.						
	Tracking of Date and Time and Payload ID (§4.2.8)						
15	Servers are required to track the times of any received inbound messages, and respond with the outbound message for that Payload ID.						
16	Clients must include the date and time the message was sent in the CORE metadata element Time Stamp.						
	Capacity Plan (§4.2.9.1, §4.2.9.2)						
17	A HIPAA-covered entity or its agent's messaging system must have a capacity plan such that it can receive and process a large number of single concurrent Real Time transactions via an equivalent number of concurrent connections which must be received, processed and the appropriate response provided within response time requirements specified in the transaction's corresponding CORE Operating Rule.						
18	A HIPAA-covered entity or its agent's messaging system must have the capability to receive and process large Batch transaction files which must be received, processed and the appropriate response provided within the time specified in the applicable CORE Operating Rule.						

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	Response Time, Time Out Parameters, and Re-transmission (§4.2.10)						
19	If the HTTP Post Reply Message is not received within the 60 second response period, the client system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.						
20	Client system should submit no more than 5 duplicate transactions within the next 15 minutes if no response is received after the second attempt.						
21	If the additional attempts result in the same timeout termination, the client system should notify the submitter to contact the receiver directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.						
	Publication of Entity-Specific Connectivity Companion Document (§4.3)						
22	Servers must publish detailed specifications in a Connectivity Companion Document on the entity's public web site.						
	Envelope Metadata (§4.4.2)						
23	The Envelope Metadata specified in Table 4.4.2 pertains to the Message Envelope SOAP+WSDL. With the exception of *ErrorCode* and *ErrorMessage* fields, which are only sent in the response, the CORE required envelope metadata for the request and response are required to be identical.						
	Processing Mode (§4.4.3.1)						
24	A HIPAA-covered entity or its agent must support the transaction processing mode requirements specified in the *COREProcessingModePayloadTypeTables.docx* companion document when exchanging						

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	transactions in conformance with this CORE Connectivity Rule vC4.0.0.						
25	The Processing Mode requirements specified also apply when a HIPAA-covered entity or its agent are exchanging the transactions addressed by this rule using any other connectivity method as permitted by the CORE Safe Harbor.						
	Enumeration of Payload Type Fields (§4.4.3.2)						
26	A HIPAA-covered entity or its agent must support the requirements for identifying the payload (*PayloadType)* carried within the content of the Message Envelope as specified in the *CORE ProcessingModePayloadTypeTables.docx* companion document to this CORE Connectivity Rule v4.0.0						
CORE REST Connectivity Rule vC4.0.0							
	API Interface Format Requirement (§5.1.1)						
1	HIPAA-covered entities and their agent must use JavaScript Object Notation (JSON) for REST Interfaces.						
	Authentication Requirement (§5.1.2)						
2	Requires the use of X.509 Client Authentication (mutual authentication) over TLS 1.2 or higher.						
	Submitter Authorization Requirements (§4.1.2)						
3	Requires support for OAuth 2.0 Client Authorization over TLS 1.2 or higher						

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	Transport Method (§5.2.1)						
4	HIPAA-covered entities and their agents must be able to implement HTTP/S Version 1.1 over the public internet.						
	Request and Response Handling (§5.2.2)						
5	Request and response handling for both Synchronous Real-time and Asynchronous Batch Process.						
	Error Handling (§5.2.6)						
6	Message receiver must notify the message sender if the request was successfully handled during the processing of HTTP headers and processing of the payload.						
	Tracking of Date and Time and Payload (§5.2.8)						
7	Servers are required to track the times of any received inbound messages and respond with the outbound message for that Payload.						
8	Clients must include the date and time the message was last modified.						
	Capacity Plan (§5.2.9., §5.2.11)						
9	A HIPAA-covered entity or its agent's messaging system must have a capacity plan such that it can receive and process a large number of single concurrent Synchronous Real Time transactions via an equivalent number of concurrent connections which must be received, processed and the						

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	appropriate response provided within response time requirements specified in the transaction's corresponding CORE Operating Rule.						
10	A HIPAA-covered entity or its agent's messaging system must have the capability to receive and process large Batch transaction files which must be received, processed and the appropriate response provided within the time specified in the applicable CORE Operating Rule.						
	Specifications for REST API Uniform Resource Identifiers (URI) Paths (§5.3.1, §5.3.2)						
11	Servers are required to communicate the version of the CORE Connectivity Rule implemented and version of the REST API through the URI Path, per Table 5.3.1.						
12	Requires entities to use standard naming conventions for REST API endpoints to streamline and support uniform REST implementations.						
	REST HTTP Request Method Requirements (§5.4)						
13	Requires entities to use of HTTP Methods listed in Table 5.4 to indicate the desired action to be performed for a given resource.						

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	REST HTTP Metadata, Descriptions, Intended Use and Values (§5.5)						
14	Entities are required to use the metadata specified in Table 5.5 for HTTP Requests and HTTP Responses for REST Exchanges.						
	Publication of Entity-Specific Connectivity Companion Document (§5.7)						
15	Servers must publish detailed specifications in a Connectivity Companion Document on the entity's website.						