



Micky Tripathi, Ph.D., MPP National Coordinator for Health IT  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C St SW, Floor 7  
Washington, DC 20201

Re: CORE Comments to the Request for Review and Comment of the 2024 Interoperability Standards Advisory (ISA)

Dear Dr Tripathi,

CORE appreciates the opportunity to add new developments and address discrepancies during the Interoperability Standards Advisory (ISA) open comment period. This valuable undertaking reinforces the role of the ISA as a recognized source of information for standards, implementation specifications, operating rules, and other utilities that support interoperability and security in the exchange of healthcare information.

The CAQH Committee on Operating Rules for Information Exchange (CORE) is a non-profit, national multi-stakeholder collaborative that drives the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among provider, payers, and consumers. CORE participating organizations represent 75% insured Americans, including health plans, providers, electronic health record (EHR) and other vendors/clearinghouses, state and federal government entities, associations, and standards development organizations. CORE is designated by the Secretary of the Department of Health and Human Services (HHS) as the Operating Rule Authoring Entity for HIPAA-mandated administrative transactions. Operating rules are developed by CORE participants via a multi-stakeholder, consensus-based process.

CORE recommends several edits to the ISA that promote consistent operating rule naming conventions and highlight recent updates to the operating rule set. These updates are divided into two sections.

1. **Section 1** aligns operating rule nomenclature on the ISA website directory with those included in the operating rule descriptions.
2. **Section 2** contains essential edits to each operating rule subsection ensuring accuracy and reflecting recent updates.

Thank you for your time and consideration of the presented edits. Please contact me directly at [rgoldstein@caqh.org](mailto:rgoldstein@caqh.org) or 510-368-2948.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Goldstein". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rachel Goldstein  
Vice President, CORE



**CAQH CORE Comments to the Request for Review and Comment of the 2025 Interoperability Standards Advisory (ISA)**

**Section 1: Typographical Edits to Standardize Operating Rule Nomenclature on the ISA Website**

Several CORE Operating Rule titles on the ISA Website: “[Operating Rules to Support Administrative Transactions](#)” require minor, typographical edits. Please refer to **Figure 1** for the current presentation on the ISA website. **Table 1** shows recommended edits to the CORE Operating Rule names. These changes ensure consistency and reflect updates made to the operating rule set by CORE Participating Organizations.

**Figure 1: “Operating Rules to Support Administrative Transactions” Current Listing**



**Table 1: Select Edits to “Operating Rules to Support Administrative Transactions”**

Current	Replace with
CAQH CORE Operating Rules to Support Claim Status	CAQH CORE Operating Rules for Claim Status
CAQH® CORE Operating Rules for Benefit Enrollment and Disenrollment	CAQH CORE Operating Rules for Benefit Enrollment and Maintenance
CAQH® CORE Operating Rules for Premium Payments	CAQH CORE Operating Rules for Premium Payments
CAQH® CORE Operating Rules for Prior Authorization and Referrals	CAQH CORE Operating Rules for Prior Authorization and Referrals



## **Section 2: Edits and Additions to Individual CORE Operating Rule Pages**

Edits in this section are principally focused on ensuring accuracy of how CORE Operating Rules are present in the tables and descriptions on the detailed operating rule pages. Edits fall into 3 primary categories, denoted as follows:

- **Updates:** Edits and additions are highlighted with a gray background
- **Deletions:** Proposed removals are shown using ~~strikethrough text~~.
- **Hyperlinks:** Hyperlinks included in this letter are meant for inclusion in the ISA.

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**A. CAQH CORE Operating Rules for the Exchange of an Attributed Patient Roster**

**Table Header Edits**

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<del>CAQH@CORE-Operating Rules for the Exchange of an Attributed Patient Roster: Data Content and Infrastructure</del>	Final	Production	●○○○○○	No	Free	Yes
Operating Rules	<a href="#">CORE Attributed Patient Roster (X12 005010X318 834) Data Content Rule vAPR.2.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CORE Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule vAPR.3.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>

**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of standard transactions. They may include certain requirements to help implement the transaction in a more uniform way across health plans, and to ensure a more complete set of information in the response.
- In 2023, the CORE Operating Rules for Exchange of an Attributed Patient Roster were updated to facilitate the secure, standardized exchange of member socio-demographic information collected during enrollment to a health plan.



- Operating rules for the electronic exchange of a roster of patients attributed to the provider under a value-based contract are available for voluntary use by covered entities.
- [Testing or certification](#) with operating rules is voluntary and available through CORE. CORE maintains [free tools](#) to support operating rule implementation. Additionally, CORE offers [educational webinars](#) on its website.



**B. CAQH CORE Operating Rules for ~~Benefit Enrollment and Disenrollment~~ Benefit Enrollment and Maintenance**

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
<del>Operating Rules</del>	<del>CAQH@CORE- Operating Rules for Benefit Enrollment and Disenrollment: Infrastructure</del>	<del>Final</del>	<del>Production</del>	<del>●●●○○</del>	<del>No</del>	<del>Free</del>	<del>Yes<sup>5</sup></del>
<del>Operating Rules</del>	<del>CAQH CORE- Benefit Enrollment (834)- Infrastructure Rule Version BE.2.0</del>	<del>Final</del>	<del>Production</del>	<del>●●●○○</del>	<del>No</del>	<del>Free</del>	<del>Yes<sup>6</sup></del>
Operating Rules	<a href="#">CORE Benefit Enrollment &amp; Maintenance (834) Data Content Rule Version BEM.1.0</a>	Final	Production	●●●○○	No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CORE Benefit Enrollment and Maintenance (834) Infrastructure Rule Version BE.3.0</a>	Final	Production	●●●○○	No	Free	<a href="#">Yes</a>

**Table Header Edits**

**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for HIPAA standard transactions were ~~included~~ added as a requirement of the Patient Protection and Affordable Care Act of 2010, under ~~s~~Section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of ~~HIPAA administrative~~ standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between ~~covered entities~~ health plans and providers, and to ensure a more complete set of information in the response.



- CORE has developed operating rules for Benefit Enrollment and Maintenance which are available for voluntary use by covered entities. These have not yet been adopted through rulemaking by HHS.
- In 2023, new and updated CORE Benefit Enrollment and Maintenance Operating Rules were developed and approved by CORE Participants to facilitate the secure and standard collection and exchange of member socio-demographic information at the point of member enrollment into a health plan, or during maintenance of member data.
- [Testing or certification](#) with operating rules is voluntary and available through CORE. CORE maintains [free tools](#) to support operating rule implementation. Additionally, CAQH CORE offers [educational webinars](#) on its website.

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**C. CAQH CORE Operating Rules for Premium Payments**

**Table Header Edits**

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
<del>Operating Rules</del>	<del><a href="#">CAQH@CORE Operating Rules for Premium Payments</a></del>	<del>Final</del>	<del>Production</del>	<del>●○○○○○</del>	<del>No</del>	<del>Free</del>	<del><a href="#">Yes</a></del>
Operating Rules	<a href="#">CAQH CORE Premium Payment (820) Infrastructure Rule Version PP.2.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>

**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for **HIPAA standard transactions** were ~~included~~ added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of ~~the adopted HIPAA~~ standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, ~~and~~ to ensure a more complete set of information ~~in the response.~~ ~~and more consistent use of the adopted standards.~~
- HHS has adopted operating rules for Eligibility and Benefits and Claim Status (2011), and Electronic Funds Transfer and Electronic Remittance Advice (2013).
- As of ~~2022~~23, HHS had not adopted Operating Rules for other HIPAA standards, including Benefits Enrollment and Disenrollment, Premium Billing, Health Care Claims, and Prior Authorization.
- ~~CAQH~~ CORE has developed Operating Rules for Premium Payments which are available for voluntary use by covered entities.
- Testing or certification** with operating rules is voluntary and available through ~~a vendor contracted to CAQH CORE.~~ ~~There is a fee for certification, however,~~ CAQH CORE maintains [free tools](#) to support operating rule implementation. Additionally, CAQH CORE offers [educational webinars](#) ~~which are archived~~ on its website.





D. CAQH CORE Operating Rules for Prior Authorization and Referrals

Table Header Edits

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<del>CAQH@CORE Operating Rules for Prior Authorization and Referrals: Data Content, Infrastructure</del>	Final	Production	●○○○○○	No	Free	<u>Yes</u> <sup>6</sup>
Operating Rules	<a href="#">CAQH CORE Prior Authorization &amp; Referrals (278) Data Content Rule Version PA.1.0</a>	Final	Production	●●●○○○	No	Free	<u>Yes</u>
Operating Rules	<a href="#">CAQH CORE Prior Authorization &amp; Referrals (278) Infrastructure Rule Version PA.3.0</a>	Final	Production	●●●○○○	No	Free	<u>Yes</u>
Operating Rules	<a href="#">CAQH CORE Prior Authorization Web Portal Rule Version PA.1.0</a>	Final	Production	●●●○○○	No	Free	<u>Yes</u>
Operating Rules	<a href="#">CAQH CORE Attachments Prior Authorization Data Content Rule Version PA.1.0</a>	Final	Production	●●●○○○	No	Free	<u>Yes</u>



Operating Rules	<a href="#">CAQH CORE Attachments Prior Authorization Infrastructure Rule Version PA.1.0</a>	Final	Production	●●●○○	No	Free	<a href="#">Yes</a>
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**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under Section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, and to ensure a more complete set of information in the response.
- The CORE Prior Authorization and Referrals Operating Rules are available for voluntary use by covered entities.
- In 2022, the CORE Operating Rules for Prior Authorization and Referrals were updated to support the electronic exchange of attachments and medical information.
- CORE Operating Rules for Eligibility & Benefits further support streamlined prior authorization by requiring health plans and their agents to indicate whether a service requires prior authorization during eligibility verification in real-time, at the point-of-care.
- ~~Updates to the CORE Operating Rules for Eligibility & Benefits allow health plans to indicate whether a service requires prior authorization during eligibility verification in real-time, at the point-of-care. This update to the CORE Operating Rule for Eligibility and Benefits was recommended for federal adoption by NCVHS to HHS in 2023. When rulemaking is scheduled, it will be publicized in the Unified Agenda.~~
- [Testing or certification](#) with operating rules is voluntary and available through CORE. CORE maintains [free tools](#) to support operating rule implementation. Additionally, CORE offers [educational webinars](#) on its website.



**E. CAQH CORE Operating Rules for Connectivity**

**Table Edits**

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<a href="#">CAQH CORE Operating Rules for Connectivity</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>

**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

**NO SUGGESTED TEXT EDITS**

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F. CAQH CORE Operating Rules for Eligibility & Benefits

Header Table Edits

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<del>CAQH CORE Operating Rules for Eligibility and Benefits: Data Content, Infrastructure and Single Patient Attribution</del>	Final	Production	<del>●●●○○</del>	Yes	Free	Yes
Operating Rules	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Data Content Rule Version EB.1.0</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Infrastructure Rule Version EB.1.0</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Data Content Rule Version EB.2.0</a>	Final	Production	●●●●○	Yes-No	Free	<a href="#">Yes</a>



Operating Rules	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Infrastructure Rule Version EB.2.0</a>	Final	Production	●●●●○	<del>Yes</del> -No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Eligibility &amp; Benefits (270/271) Single Patient Attribution Data Content Rule vEB.1.0</a>	Final	Production	●●●●○	<del>Yes</del> -No	Free	<a href="#">Yes</a>

**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of ~~the~~ standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, and to ensure a more complete set of information in the response.
- In 2012 HHS adopted CORE Operating Rules for Eligibility and Benefits, which were incorporated by reference at §162.920.
- Prior versions of the adopted operating rules for Eligibility and Benefits are available on the [CAQH CORE Mandated Operating Rules website](#) and are incorporated by reference at § 162.920.
- In 2022, The CAQH CORE Operating Rules for Eligibility & Benefits were updated to align with current industry business requirements to better support complex benefit design, telehealth, and support for the implementation of value-based payment initiatives.
- These updates also support the identification of prior authorization requirements for services queried during eligibility verifications in real-time, at the point of care.
- ~~Updated and new CORE Operating Rules for Eligibility & Benefits were recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023. Covered entities may refer to the Unified Agenda to determine when these updates will be included in an HHS regulation. A regulation will provide an implementation date.—~~
- [Testing, or certification](#) with the operating rules is voluntary and available through CORE. CORE maintains [free tools](#) to support operating rule implementation. Additionally, CORE offers [educational webinars](#) on its website.



**G. CAQH CORE Operating Rules for Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)**

**Header Table Edits**

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<del>CAQH@CORE Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)</del>	Final	Production	●●●○○	Yes	Free	Yes
Operating Rules	CAQH CORE EFT Enrollment Data Set	Final	Production	●●●●○	Yes	Free	<u>Yes</u> <sup>6</sup>
Operating Rules	<a href="#">CAQH CORE Payment &amp; Remittance (835) Infrastructure Rule Version PR.1.0</a>	Final	Production	●●●●○	Yes	Free	<u>Yes</u>
Operating Rules	<a href="#">CAQH CORE Payment &amp; Remittance (835) Infrastructure Rule Version PR.2.0</a>	Final	Production	●●●●○	<del>Yes</del> No	Free	<u>Yes</u>



Operating Rules	<a href="#">CAQH CORE Payment &amp; Remittance EFT Enrollment Data Rule Version PR.1.0</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE – required Maximum EFT Enrollment Data Set Companion Document</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Payment &amp; Remittance EFT Enrollment Data Rule Version PR.2.0</a>	Final	Production	●●●●○	No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Payment &amp; Remittance ERA Enrollment Data Rule Version PR.1.0</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a> <sup>6</sup>
Operating Rules	<a href="#">CORE-required Maximum ERA Enrollment Data Set Companion Document</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CORE Payment &amp; Remittance ERA Enrollment Data Rule Version PR.2.0</a>	Final	Production	●●●●○	No	Free	<a href="#">Yes</a>



Operating Rules	<a href="#">CORE Payment &amp; Remittance Uniform Use of CARCs and RARCs (835) Rule vPR.1.1</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Payment &amp; Remittance (CCD+/835) Reassociation Rule Version PR.1.0</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>

**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010 (ACA), under section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of standard transactions. They include requirements to help implement the transaction in a more uniform way between health plans and providers and ensure a more complete set of information in the response.
- The EFT/ERA rules support the uniform use of combinations for certain Claim and Remark Codes ([CARCs and RARCs](#)), as well as use of certain standard data elements for [enrolling](#) providers
- In 2013, HHS adopted CORE Operating Rules for EFT and ERA, which were incorporated by reference at §162.920.
- Prior versions of the adopted operating rules for EFT and ERA Enrollment are available on the [CAQH CORE Mandated Operating Rules website](#) and are incorporated by reference at § 162.920.
- Updated and new CORE Operating Rules for ERA were recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023.
- In 2023, the CORE EFT and ERA Enrollment Data Rules were updated to align data set elements with industry needs, implement fraud and abuse prevention measures, support bulk enrollment, ensure timely notification requirements, and accommodate alternative payment methods.
- [Testing or certification](#) with the operating rules is voluntary and available through CORE. CORE maintains [free tools](#) to support operating rule implementation. Additionally, CORE offers [educational webinars](#) on its website.





H. CAQH CORE Operating Rules for Health Care Claims

Header Table Edits

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
<del>Operating Rules</del>	<del>CAQH@CORE Operating Rules for Health Care Claims</del>	<del>Final</del>	<del>Production</del>	<del>●○○○○○</del>	<del>No</del>	<del>Free</del>	<del>Yes</del>
Operating Rules	<a href="#">CAQH CORE Health Care Claim (837) Infrastructure Rule Version HC.2.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CORE Health Care Claims (837) Data Content Rule Version HC.1.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Attachments Health Care Claims Infrastructure Rule Version HC.1.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Attachments Health Care Claims Data Content Rule Version HC.1.0</a>	Final	Production	●●●○○○	No	Free	<a href="#">Yes</a>



Operating Rules	<a href="#">CORE Claim Acknowledgment Data (277CA) Content Rule Version CA.1.0</a>	Final	Production	●●●○○	No	Free	<a href="#">Yes</a>
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**“Limitations, Dependencies, and Preconditions for Consideration” Line Edits**

- Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers and ensure a more complete set of information in the response.
- The CAQH CORE Health Care Claims Operating Rules are available for voluntary use by covered entities.
- In 2023, CORE Operating Rules for Health Care Claim Submission (837) and Claim Acknowledgment (277CA) Data Content were developed and approved by CORE Participants. The rules standardize the information included on a claim and the information health plans include that communicates claim submission errors. Both rules are available for voluntary use by covered entities.
- HHS has adopted operating rules for Eligibility and Benefits and Claim Status (2011), and Electronic Funds Transfer and Electronic Remittance Advice (2013).
- HHS has not adopted Operating Rules for other HIPAA transaction standards, including Health Care Claims, Prior Authorization, Premium Billing, and Enrollment/Disenrollment.
- [Testing or certification](#) with operating rules is voluntary and available through CORE. CORE maintains [free tools](#) to support operating rule implementation. Additionally, CORE offers [educational webinars](#) on its website.



I. CAQH CORE Operating Rules for ~~to Support~~ Claim Status

Header Table Edits

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Operating Rules	<del>CAQH@CORE- Operating Rules for Claim Status</del>	<del>Final</del>	<del>Production</del>	<del>●●●●○</del>	<del>Yes</del>	<del>Free</del>	<del>Yes<sup>6</sup></del>
Operating Rules	<a href="#">CAQH CORE Claim Status (276/277) Infrastructure Version CS.1.0</a>	Final	Production	●●●●○	Yes	Free	<a href="#">Yes</a>
Operating Rules	<a href="#">CAQH CORE Claim Status (276/277) Infrastructure Rule Version CS.2.0</a>	Final	Production	●●●●○	No	Free	<a href="#">Yes</a>

“Limitations, Dependencies, and Preconditions for Consideration” Line Edits

- Operating rules for HIPAA standard transactions were added as a requirement of the Patient Protection and Affordable Care Act of 2010, under section 1104, Administrative Simplification.
- Operating rules are intended to support and enhance the use of ~~the~~ standard transactions. They may include certain requirements to help implement the transaction in a more uniform way between health plans and providers, and to ensure a more complete set of information in the response.
- In 2012 HHS adopted CORE Operating Rules for Claim Status, which were incorporated by reference at §162.920.
- Prior versions of the adopted operating rules are available on the [CAQH CORE Mandated Operating Rules website](#) and incorporated by reference at §162.920.



- Updated and new CORE Operating Rules for Claim Status were recommended for Federal adoption by the National Committee of Vital Health and Statistics (NCVHS) to the Department of Health and Human Services (HHS) in June 2023
- [Testing, or certification](#) with the operating rules is voluntary and available through CORE, however, CORE maintains [free tools](#) to support operating rule implementation. Additionally, CORE offers [educational webinars](#) on its website.